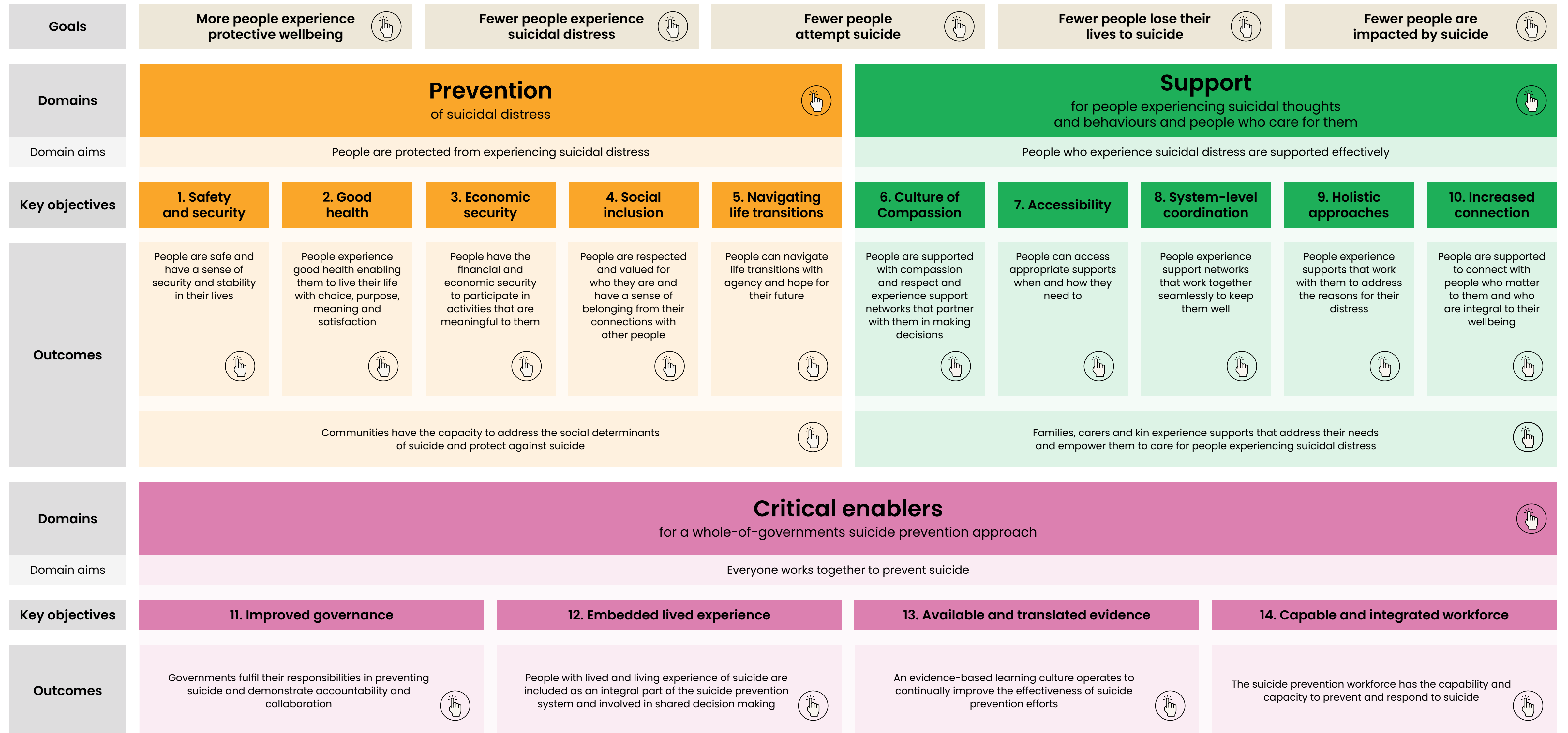


National Suicide Prevention Outcomes Framework

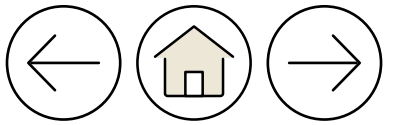
Outcomes Map




Suicide Prevention Goals and Outcomes



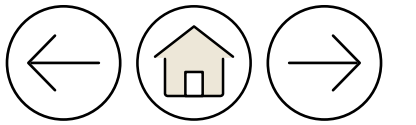
Suicide Prevention Goals




Goal	Description	Qualitative questions ¹	Indicators	Quantitative data measures 
<p>More people experience protective wellbeing</p>	<p>This goal is about increasing the number of people who are protected against suicide through increasing the rate of wellbeing in the population.</p> <p>It recognises that an effective suicide prevention system aligned to the National Suicide Prevention Strategy 2025–2035 should focus on increasing wellbeing as a protective factor. Building wellbeing includes addressing the social determinants of suicide in the Prevention Domain and the positive outcomes of a more effective support system, such as, agency and hope.</p> <p>People told us it was critical that suicide prevention in Australia evolves to recognise that prevention starts with building protective factors and intervening before people become distressed and think about suicide.</p> <p>Measurement of this goal looks at how wellbeing is currently experienced by the general population, whether this experience is protective for suicide distress, and how this is experienced by people from groups who are disproportionately impacted by suicide.</p>	<p>Are people in Australia describing experiences of wellbeing where protective factors reduce drivers of distress?</p> <p>Is there evidence of hope and wellbeing described as protective factors that reduce distress, particularly for people from disproportionately impacted groups?</p>	<p>Increased wellbeing, especially for groups that are disproportionately impacted by suicide.</p> <p>Increased hope, especially for groups that are disproportionately impacted by suicide.</p>	<p>The average national Personal Wellbeing Index score. The average National Wellbeing Index score.</p> <p>The proportion of Australians aged 15 years and over who felt hopeful in the last 4 weeks.</p> <p>The proportion of Australians 18 years and over who have a high level of satisfaction with their future security</p>

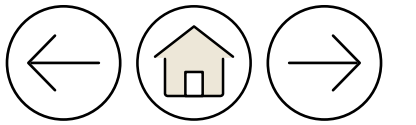
¹The tables for the goals and the outcomes are different for the qualitative questions. For the goals, the qualitative questions are at the goal level. For the outcomes, the qualitative questions are at the outcome level, with qualitative prompts at the indicator level.


Suicide Prevention Goals



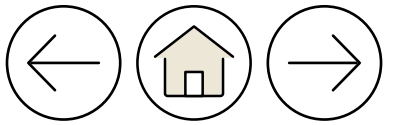
Goal	Description	Qualitative questions	Indicators	Quantitative data measures 
Fewer people experience suicidal distress	<p>This goal is about reducing the rate of suicidal distress and thoughts in the Australian population.</p> <p>It recognises that a more effective suicide prevention system aligned with the National Suicide Prevention Strategy 2025-2035 will ultimately result in fewer people experiencing suicidal distress.</p> <p>People told us it was critical to look at suicidal distress, thoughts and planning to improve understanding about drivers and facilitate opportunities for the suicide prevention system to intervene earlier.</p> <p>Measurement of this goal looks at whether people receive what they need early in their distress and prior to experiencing suicidal thoughts and planning, and how this is experienced by people from groups who are disproportionately impacted by suicide.</p>	<p>Are people in Australia receiving what they need early in their distress and prior to suicidal thoughts and planning?</p> <p>Is there evidence of the suicide prevention system intervening to address distress early, particularly for people from disproportionately impacted groups?</p>	<p>Reduced rates of suicidal distress, thoughts of suicide and suicide planning, especially for groups that are disproportionately impacted by suicide.</p>	<p>The average monthly rate of national ambulance attendances for suicidal ideation, currently excluding WA and SA.</p> <p>The proportion of Australians aged 16–85 years who made a suicide plan in the last 12 months.</p> <p>The proportion of Australians aged 16–85 years who have experienced serious thoughts about taking their own life in the last 12 months.</p>


Suicide Prevention Goals



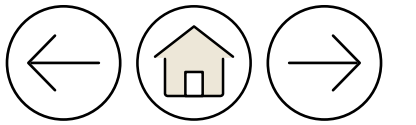
Goal	Description	Qualitative questions	Indicators	Quantitative data measures 
Fewer people attempt suicide	<p>This goal is about reducing the rate of suicide attempts and self-harm in the Australian population.</p> <p>It recognises that a more effective suicide prevention system aligned with the National Suicide Prevention Strategy 2025-2035 will ultimately result in fewer people attempting suicide and self-harming.</p> <p>People told us it was critical to look at suicide attempts and self-harm to improve understanding and facilitate opportunities for the suicide prevention system to intervene earlier.</p> <p>Measurement of this goal looks at whether people receive what they need early in their distress and prior to attempting suicide, and how this is experienced by people from groups who are disproportionately impacted by suicide.</p>	<p>Are people in Australia receiving what they need early when they are in suicidal distress?</p> <p>Is there evidence of the suicide prevention and aftercare system intervening to address suicidal distress early, particularly for people from disproportionately impacted groups?</p>	<p>Reduced rates of self-harm and suicide attempts, especially for groups that are disproportionately impacted by suicide.</p>	<p>The average monthly rate of national ambulance attendances for suicide attempts and self-injury, currently excluding WA and SA.</p> <p>The proportion of Australians aged 16-85 years who attempted suicide within the last 12 months.</p>


Suicide Prevention Goals



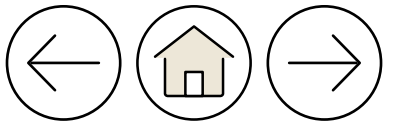
Goal	Description	Qualitative questions	Indicators	Quantitative data measures 
Fewer people lose their lives to suicide	<p>This goal is about reducing the rate of suicide in the Australian population.</p> <p>It recognises that a more effective suicide prevention system aligned with the National Suicide Prevention Strategy 2025-2035 will ultimately result in fewer people losing their lives to suicide.</p> <p>People told us that it was critical to continue to look at rates of death by suicide, as ultimately this was what suicide prevention is all about. People also said that death by suicide needs to be considered along with other suicidal behaviours.</p> <p>Measurement of this goal looks at whether people receive what they need to avert their death by suicide, and where suicide does happen, whether the prevention system learns from this and works to reduce impact, particularly for people from groups who are disproportionately impacted by suicide.</p>	<p>Are people in Australia receiving what they need to avert suicide and, where suicide does occur, are there mechanisms to improve systems?</p> <p>Is the suicide prevention system continuing to evolve to better serve Australians through learnings from those who died by suicide, particularly for disproportionately impacted groups?</p>	<p>Reduced suicide rates especially for groups who are disproportionately impacted by suicide.</p>	<p>The number of deaths by suicide.</p>

Suicide Prevention Goals

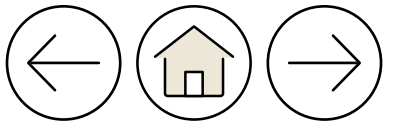




Goal	Description	Qualitative questions	Indicators	Quantitative data measures 
Fewer people are impacted by suicide	<p>This goal is about reducing the impact of suicide on the Australian population.</p> <p>It recognises that a more effective suicide prevention system aligned with the National Suicide Prevention Strategy 2025-2035 will ultimately result in fewer people being impacted by suicide.</p> <p>People told us that being impacted by suicide, through individual or community exposure or bereavement, can lead them to feel distressed and suicidal themselves. Therefore, reducing the impact of suicide on people will contribute to reduction in rates of suicidal distress, thoughts, attempts and deaths.</p> <p>Measurement of this goal looks at whether people who are exposed or bereaved to suicide receive what they need to reduce any impact they may experience, particularly for people from groups disproportionately impacted by suicide.</p>	<p>Are Australians who are exposed to suicidal thoughts, or suicide planning, attempt or death receiving the support they need?</p> <p>Is there evidence of the suicide prevention and postvention system intervening early to support those exposed to, or impacted by, suicide and suicide bereavement, particularly for disproportionately impacted groups?</p>	<p>Reduced rates of and impact from suicide bereavement.</p> <p>Reduced rates of exposure to and impact of suicide.</p>	<p>The proportion of Australians aged 16–85 years who were close to someone who took or attempted to take their own life in the last 12 months.</p> <p>Nil identified at this time.</p>

Prevention Outcomes



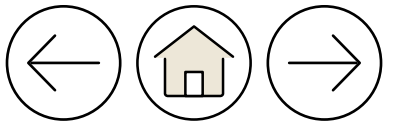
Prevention Outcomes




Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Description	Outcome qualitative question ²	Indicators 
1. Safety and security	People are safe and have a sense of security and stability in their lives	<p>This outcome is about people being safe in their relationships, homes, online environments, communities and workplaces and free from threats to their safety.</p> <p>It recognises that feeling safe and secure will help to build wellbeing and protect against suicide. People told us that with increased safety, they feel more in control of their lives, more hopeful about their future, and able to genuinely connect with others in meaningful and supportive relationships.</p> <p>Measurement of this outcome provides an understanding of people’s experiences and perceptions of personal safety and security and the impact this has on people’s wellbeing and experiences of suicidal distress.</p>	<p>How does personal safety and security influence people’s current wellbeing and experiences of suicidal distress?</p>	<p>Increase in actual and perceived physical and psychological safety</p> <p>Increase in safety in the workplace</p> <p>Increase in online safety</p> <p>Decrease in family, domestic and sexual violence</p> <p>Decrease in adverse childhood experiences</p> <p>Decrease in community and societal violence</p>

²For each outcome there is a qualitative question at the outcome-level and qualitative questions at an indicator-level. These questions work together to measure the outcome. Having the two levels of questions supports a top-down (outcome-level) approach and a bottom-up (indicator-level) approach to data collection, analysis and reporting. This means people can tell their story focused on the outcome, the indicators or both.

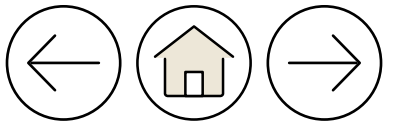
Prevention Outcomes




Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts ³	Quantitative data measures
1. Safety and security	People are safe and have a sense of security and stability in their lives	Increase in actual and perceived physical and psychological safety	Do people feel safe and more secure, both physically and psychologically? Have people's recent sense of being more (or less) physically and psychologically safe influenced their wellbeing and experiences of suicidal distress? How and why?	The proportion of Australians, aged 15 years and over, who are satisfied with how safe they feel. The rate of recorded offenders of acts intended to cause injury.
		Increase in safety in the workplace	Do people experience safety in their workplace and, if not, what contributes to feelings of being unsafe? Have people's recent feelings of being more (or less) safe in their workplace influenced their wellbeing and experiences of suicidal distress? How and why?	The proportion of Australians aged 15 years and over who have experienced workplace sexual harassment in the last 12 months. The proportion of Australians aged 15 years and over who worked in the previous 12 months and experienced a work-related injury or illness. The proportion of serious workers' compensation claims, both physical and psychological.
		Increase in online safety	Do people feel safe online? Do they feel free from bullying, privacy exploitation, cybercrime? Have people's recent feelings of being safe or not safe online influenced their wellbeing and experiences of suicidal distress. How and why?	The proportion of Australians aged 18–85 years who feel confident about how to stay safe online. The proportion of Australians aged 18–85 years who have experienced online harm or negative content in the last 12 months. The proportion of Australians aged 18 years and over who were victims of cybercrime.

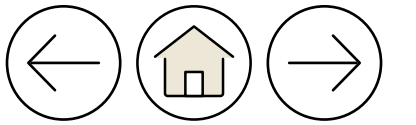
³ The qualitative questions and indicator prompts represent the constructs being measured and inform the analysis of the data. The actual questions that people are asked when collecting the data are plainer language and tailored for the audience.



Prevention Outcomes



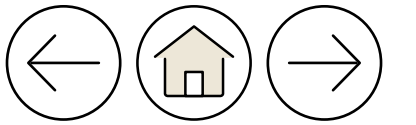
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts ³	Quantitative data measures
1. Safety and security	People are safe and have a sense of security and stability in their lives	Decrease in family, domestic and sexual violence	Do people feel safe in their relationships? Do they feel free from experiences of family, domestic and sexual violence? Have people's recent feelings of being more (or less) safe from experiences of family, domestic and sexual violence impacted their wellbeing and experiences of suicidal distress. How and why?	The national number of victims of family and domestic violence related sexual assault in Australia. The proportion of Australian, aged 18 years and over who have experienced physical and/or sexual family and domestic violence since the age of 15.
		Decrease in adverse childhood experiences	Do people experience childhood adversity? Does adversity impact their feelings of safety and security? Have people's childhood experiences of adversity influenced their experiences of suicidal distress into adolescence and adulthood. How and why?	The number of Australian children in out-of-home care. The proportion of Australian children in contact with the child protection system who became subjects of substantiated maltreatment. The proportion of Australians aged 18 years and over, who witnessed violence towards a parent by a partner before the age of 15.
		Decrease in community and societal violence	Do people experience violence in their community? Does violence in the community (directed to them or others) impact on their feelings of safety and security? Have people's recent feelings of being more (or less) safe from violence in their community impacted their wellbeing and experiences of suicidal distress? How and why?	The number of complaints to the Australian Human Rights Commission under the Disability Discrimination Act, Sex Discrimination Act, Racial Discrimination Act, Age Discrimination Act and Australian Human Rights Commission Act. The proportion of Australians aged 15 years and over who experienced selected personal crime in the last 12 months prior to the survey. The proportion of Australians, aged 18 years and over, who experienced physical violence in the last 12 months.


Prevention Outcomes



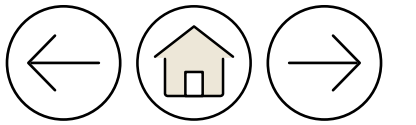
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
2. Good health	People experience good health enabling them to live their life with choice, purpose, meaning and satisfaction	<p>This outcome is about people achieving their optimal physical and mental health and wellbeing.</p> <p>It recognises that when people experience positive health outcomes, whether from improved health or reduced injury or illnesses, and there is a reduction in the harms associated with gambling, alcohol and other drugs, this contributes to wellbeing and protects against suicide.</p> <p>People told us that with good physical and mental health (relative to their lived experience and circumstances), they can make more choices about how they live their lives and engage in activities that give them greater meaning and satisfaction.</p> <p>Measurement of this outcome provides an understanding of people's experience of overall health (both physical and mental) and quality of life (purpose and meaning), and the impact this has on people's wellbeing and experiences of suicidal distress..</p>	How does overall health (physical and mental) and quality of life (purpose and meaning) influence people's life satisfaction, wellbeing and experiences of suicidal distress?	<ul style="list-style-type: none"> Increase in quality of life and life satisfaction Increase in positive physical and mental health Decrease in the harms associated with alcohol and other drugs Decrease in the harms associated with gambling


Prevention Outcomes



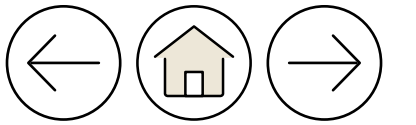
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
2. Good health	People experience good health enabling them to live their life with choice, purpose, meaning and satisfaction	Increase in quality of life and life satisfaction	Do people experience quality of life and life satisfaction? Are they able to make choices about how they live their lives and engage in activities that are meaningful to them? Have people experienced recent changes in their quality of life? If so, what changes, why have these changes occurred, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The average health-adjusted life expectancy for Australians. The average life satisfaction of Australians aged 15 years and over. The proportion of Australians aged 15 years and over who experienced at least one personal stressor in the last 12 months. The proportion of Australians with one or more chronic health conditions.
		Increase in positive physical and mental health	Do people experience their physical and mental health as being satisfactory to them? Are they able to make choices to improve their mental and physical health when and if needed? Have people experienced recent changes in their physical and mental health? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The proportion of Australians who are engaging in regular physical activity. The proportion of Australians aged 15 years and over who rate their health as good or excellent. The proportion of Australians aged 18 years and over who are experiencing high or very high levels of psychological distress (K10) in the last 12 months. The proportion of Australians who have been happy and felt calm and peaceful in the last 4 weeks.



Prevention Outcomes



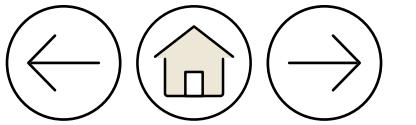
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
2. Good health	People experience good health enabling them to live their life with choice, purpose, meaning and satisfaction	Decrease in the harms associated with alcohol and other drugs	Do people experience their alcohol and/or other drug use as harmful? Does this impact their health, relationships, employment or community participation? Have people experienced recent changes in their alcohol and/or other drug use? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The national risk score indicating substance dependence and harmful and hazardous substance use for Australians aged 14 years and over for alcohol, cannabis, methamphetamine and amphetamine and opioids. The proportion of total disease burden attributable to tobacco, alcohol and illicit drug use nationally.
		Decrease in the harms associated with gambling	Do people engage in gambling they describe as harmful? Does this impact their health, relationships, employment or community participation? Have people experienced recent changes in their gambling activities? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The proportion of Australians aged 18 years and over who were classified at some risk of gambling harm. The total gambling expenditure (net losses) in Australia.


Prevention Outcomes



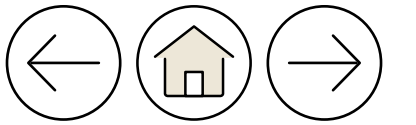
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
3. Economic security	People have the financial and economic security to participate in activities that are meaningful to them	<p>This outcome is about people being financially and economically secure.</p> <p>It recognises that this is not simply about people having more money. Rather, it is about providing people with better opportunities in education, employability and income support. This leads to increased security around income and housing, builds wellbeing and protects against suicide. This is especially true for people experiencing acute income and housing insecurity and chronic economic disadvantage.</p> <p>People told us that when they have increased economic security, they have greater choice and more opportunities to enrol in education, have meaningful employment, experience stability in how and where they live, and feel they are providing stability to their loved ones and contributing to their communities.</p> <p>Measurement of this outcome provides an understanding of people's financial and economic security and the influence this has on people's wellbeing and experiences of suicidal distress.</p>	How does economic security in relation to the ability to participate in activities that are meaningful to them influence people's wellbeing and experiences of suicidal distress?	<p>Increase in economic security</p> <p>Increase in stable, secure, safe and affordable housing</p> <p>Increase in engagement in meaningful education, employment and activities</p> <p>Increase in financial literacy and resilience</p>


Prevention Outcomes



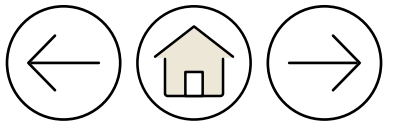
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
3. Economic security	People have the financial and economic security to participate in activities that are meaningful to them	Increase in economic security	<p>Do people experience financial security?</p> <p>Do they feel economically stable?</p> <p>Have people experienced recent changes in their economic security? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>Average Community Economic Wellbeing Index score.</p> <p>Average Household Financial Wellbeing Index score.</p> <p>The average Australian housing costs compared to household gross income.</p> <p>The proportion of Australians aged 15 years and over living in households that experienced at least one cash flow problem in the last 12 months prior to the survey.</p>
		Increase in stable, secure, safe and affordable housing	<p>Do people have the housing they require to feel stable, secure and safe? Is this affordable to them?</p> <p>Have people experienced recent changes in their housing security? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>The national homelessness rate.</p> <p>The proportion of Australians who reported being satisfied or very satisfied with their current dwelling.</p> <p>The proportion of households on income support receiving Commonwealth rent assistance who are in rental stress.</p> <p>The proportion of low-income households paying rent or mortgages above the 30% affordability indicator.</p>



Prevention Outcomes



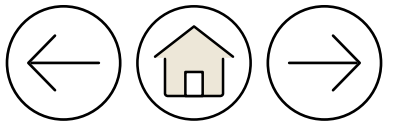
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
3. Economic security	People have the financial and economic security to participate in activities that are meaningful to them	Increase in engagement in meaningful education, employment and activities	Do people have choice and opportunities in education, employment and activities which are meaningful to them? Have people experienced recent changes in their engagement in meaningful activities, including education and employment? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The average self-rated job satisfaction for Australians. The national employment and workforce participation rates of the Australian population aged 15 years and over. The national school attendance rates for years 1–10. The national unemployment, long-term unemployment and underemployment rates of the Australian population aged 15 years and over.
		Increase in financial literacy and resilience	Do people have confidence in their financial literacy and resilience? Have people experienced recent changes in their financial literacy and resilience? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The proportion of Australians who feel prepared to make effective financial decisions. The proportion of Australian households unable to raise emergency funds. The proportion of Australians experiencing financial stress.


Prevention Outcomes



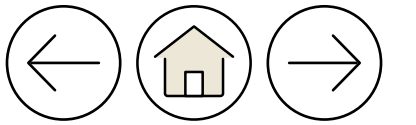
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
4. Social inclusion	People are respected and valued for who they are and have a sense of belonging from their connections with other people	<p>This outcome is about people being valued by and connected with other people.</p> <p>It recognises that with greater social capital and connections, people are valued and recognised in their communities, and their sense of self-worth increases through these community connections. It also recognises that people need meaningful and genuine connections with other people to feel valued, accepted and included. Being valued and connected builds wellbeing and protects against suicide.</p> <p>People told us that when they meaningfully connect with other people, have their role and contributions recognised, and can participate in community and culture without judgement or stigma, they have a stronger identity, feel more self-worth and are more likely to know how to live without distress.</p> <p>Measurement of this outcome provides an understanding of people's experience and perception of belonging, inclusion, and connection to their communities, and the impact this has on people's wellbeing and experiences of suicidal distress.</p>	<p>How does belonging, inclusion and connection within their communities influence people's wellbeing and experiences of suicidal distress?</p>	<p>Increase in people's experience of social inclusion and community connection</p> <p>Decrease in people experiencing loneliness</p> <p>Decrease in experiences of discrimination, stigma and exclusion</p>



Prevention Outcomes



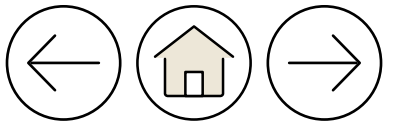
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
4. Social inclusion	People are respected and valued for who they are and have a sense of belonging from their connections with other people	Increase in people's experience of social inclusion and community connection	<p>Do people experience inclusion and connection in their social lives and communities? Do they have meaningful and genuine connections with others?</p> <p>Have people experienced recent changes in how they feel included and connected within their social lives and community? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>The average satisfaction score for feeling part of the local community for Australians aged 15 years and over.</p> <p>The national index score for a sense of belonging.</p> <p>The proportion of Australians aged 15 years and over who were involved in social groups and/or community support groups within the last 12 months prior to the survey.</p> <p>The proportion of Australians aged 15 years and over who were involved in voluntary work.</p>
		Decrease in people experiencing loneliness	<p>Do people feel lonely? If so, what are the contributors to loneliness?</p> <p>Have people experienced recent changes in feeling lonely? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>The proportion of Australians aged 15 years and over who often feel lonely or very lonely.</p> <p>The proportion of people who know how to get access to services to address loneliness.</p>
		Decrease in experiences of discrimination, stigma and exclusion	<p>Do people experience discrimination, stigma or exclusion? Do they feel valued, accepted and included?</p> <p>Have people experienced recent changes in their feelings of being discriminated, stigmatised and excluded? Have they experienced recent changes in feeling valued, accepted and included? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>The proportion of Australians who were made to feel different or as though they did not belong in the last 12 months.</p> <p>The proportion of Australians aged 15 years and over who have experienced discrimination in the last 12 months.</p> <p>The proportion of positive attitudes towards multiculturalism and diversity in Australia.</p>


Prevention Outcomes



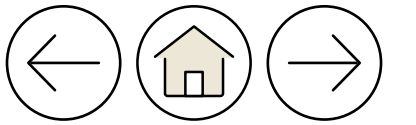
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
5. Navigating life transitions	People can navigate life transitions with agency and hope for their future	<p>This outcome is about people experiencing less distress during life transitions such as leaving school, moving communities and homes, changing relationships, losing loved ones, coming out, changing faith, transitioning from the Australian Defence Force, losing or retiring from employment, or moving to Australia as a refugee or migrant. It also includes the distress people and communities can experience from disasters and emergencies.</p> <p>It recognises that life changes can disrupt a person's sense of purpose, identity, support networks and safety, especially when combined with other stressors. It also recognises that taking action before, during and after transitions helps people stay connected, supported and less at risk of suicidal distress.</p> <p>People told us that when they are more knowledgeable and supported to deal with transitions, they feel safer, less distressed about the transition, more in control of their lives, and more hopeful and confident about their future.</p> <p>Measurement of this outcome provides an understanding of people's confidence in navigating key life transitions or disruptive life events and the impact this has on people's wellbeing and experiences of suicidal distress.</p>	How empowered are people to navigate life transitions with confidence and hope for the future, and how does this influence their wellbeing and experiences of suicidal distress?	<p>Increase in resilience, agency and self-confidence to navigate challenging life transitions</p> <p>Decrease in suicidal distress from life stressors associated with life transitions</p> <p>Decrease in loss of and disruption to existing support networks</p>



Prevention Outcomes



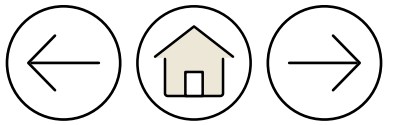
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
5. Navigating life transitions	People can navigate life transitions with agency and hope for their future	Increase in resilience, agency and self-confidence to navigate challenging life transitions	Do people have resilience, agency and self-confidence to manage life transitions if and when they occur? Have people experienced recent changes in how they manage life transitions? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	Australia's national resilience score. The average score for feeling a sense of control over life events (locus of control).
		Decrease in suicidal distress from life stressors associated with life transitions	Do people describe stressors related to life transitions impacting their suicidal distress? Have people experienced recent changes in how they manage life stressors? If so, why, and how have these changes impacted their wellbeing and suicidal distress?	The average psychological distress of Australians aged 15 years and over who have experienced life course transitions in the last 12 months. The proportion of Australians who experienced elevated levels of distress in the last 12 months.
		Decrease in loss of and disruption to existing support networks	Do people have networks that are meaningful to them that support them when they experience life transitions? Have people experienced recent changes in their networks when life transitions occur? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?	The proportion of Australians who had face-to-face contact with family or friends living outside their household. The proportion of Australians who are very satisfied with the relationship they choose as most important or meaningful to them


Prevention Outcomes



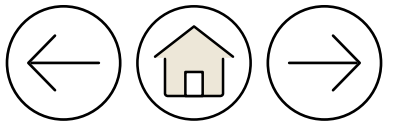
Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
Communities	Communities have the capacity to address the social determinants of suicide and protect against suicide	<p>This outcome is about communities having the capacity to address the social determinants of suicide such as community violence, racism, stigma and discrimination, while building protective factors against suicide such as inclusivity, cohesion and connection.</p> <p>It recognises that community violence, stigma and discrimination lead to people feeling unsafe and marginalised, which can lead to suicidal distress, particularly when combined with other stressors. It also recognises that strong, inclusive communities help people to thrive. Communities, particularly marginalised ones, benefit from being able to take targeted action to address social determinants and strengthen their protective capability against suicide.</p> <p>People told us that the communities they belong to strongly shape how they see themselves, which can be both helpful and unhelpful when experiencing suicidal distress. People said that the strongest communities are those that are diverse, where people feel included and listened to, and everyone is supported to participate fully. Collaboration between government, services and business helps build these environments and promote safety and connection.</p> <p>Measurement of this outcome provides an understanding of people's perceptions of their communities' capacity and willingness to address the social determinants that contribute to suicidal distress and the impact this has on people's wellbeing and experiences of suicidal distress.</p>	How does community capacity to address and respond to social factors influence people's current wellbeing and experiences of suicidal distress?	<p>Increase in community inclusivity and cohesiveness, especially for groups disproportionately impacted by suicide</p> <p>Decrease in community violence, stigma and discrimination, especially for groups disproportionately impacted by suicide</p> <p>Increase in the capacity of communities to address the social determinants of suicide</p>

Prevention Outcomes



Domain	Prevention of suicidal distress 			
Domain aim	People are protected from experiencing suicidal distress			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
Communities	Communities have the capacity to address the social determinants of suicide and protect against suicide	Increase in community inclusivity and cohesiveness, especially for groups disproportionately impacted by suicide	<p>Do people describe their community as inclusive and cohesive? Does this vary for groups that are disproportionately impacted by suicide?</p> <p>Have people experienced recent changes in the inclusivity and cohesiveness of their community? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>The national Social Cohesion Index score.</p> <p>The national Social Inclusion Index score</p>
		Decrease in community violence, stigma and discrimination, especially for groups disproportionately impacted by suicide	<p>Do people experience violence, stigma and discrimination within their community? Does this vary for groups that are disproportionately impacted by suicide?</p> <p>Have people experienced recent changes in community violence, stigma and discrimination? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>Measure of public attitudes and stigma towards suicide using the Stigma of Suicide Scale.</p>
		Increase in the capacity of communities to address the social determinants of suicide	<p>Do people describe their community as having the capacity to address social determinants of suicide, such as community violence, racism, stigma and discrimination?</p> <p>Have people experienced recent changes in the response of their community to social determinants of suicide? If so, why, and how have these changes impacted their wellbeing and experiences of suicidal distress?</p>	<p>The proportion of Australians who say they are either very prepared or extremely prepared to support someone who is showing signs of suicidal thoughts.</p>

Support Outcomes



Domain

Support for people experiencing suicidal thoughts and behaviours and people who care for them

Domain aim

People who experience suicidal distress are supported effectively

Key Objectives

6. Culture of Compassion

People are supported with compassion and respect and experience supports that partner with them in making decisions



7. Accessibility

People can access appropriate supports where, when and how they need to



8. System-level coordination

People experience support networks that work together seamlessly to keep them well



9. Holistic approaches

People experience supports that work with them to address the reasons for their distress



10. Increased connection

People are supported to connect with people who matter to them and who are integral to their wellbeing

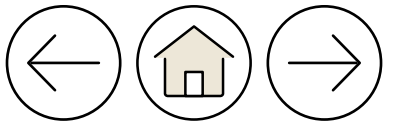




Outcomes

Families, carers and kin experience supports that address their needs and empower them to care for people experiencing suicidal distress

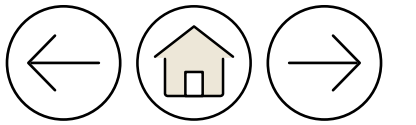



Support Outcomes



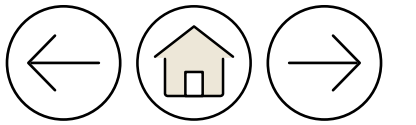
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
6. Culture of compassion	People are supported with compassion and respect and experience supports that partner with them in making decisions	<p>This outcome is about suicide prevention supports that respond to people with compassion and respect.</p> <p>It reflects the importance of recognising a person's unique context and lived experience, and the need for people to feel understood, valued and heard when seeking support. It recognises that if supports do this, people would have more positive experiences and outcomes and would be more likely to seek support again.</p> <p>People told us they would seek out supports they trust to treat them with respect and genuine care and work with them to shape care around their specific needs.</p> <p>Measurement of this outcome provides an understanding of whether people experience compassionate, respectful, caring and partnered supports when disclosing or seeking help for suicidal distress, and the impact this has on people's wellbeing and experiences of suicidal distress.</p>	Are supports compassionate, demonstrating respect and genuine care in partnering with people, and how does this influence their experiences of suicidal distress and wellbeing?	<p>Decrease in experiences of stigma associated with suicide and suicidal distress</p> <p>Increase in experiences where supports respond with compassionate care</p>



Support Outcomes



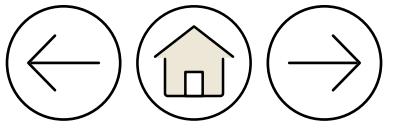
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
6. Culture of compassion	People are supported with compassion and respect and experience supports that partner with them in making decisions	<p>Decrease in experiences of stigma associated with suicide and suicidal distress</p> <p>Increase in experiences where supports respond with compassionate care</p>	<p>Do people describe experiences of stigma related to their suicidal distress?</p> <p>Have people experienced recent changes in the experience of stigma? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p> <p>Do people describe their supports as being compassionate, in that their supports make them feel understood, valued, heard and empowered?</p> <p>Have people experienced recent changes in how compassionate their supports are? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	<p>The proportion of Australians with personal lived experience of a mental health challenge reporting experience of unfair treatment.</p> <p>The proportion of Australians aged 18 years and over with lived experience of a mental health challenge who experienced mental health-related stigma and discrimination in the past 12 months.</p> <p>The average consumer-rated positive experiences of care score.</p> <p>The proportion of Australians aged 15 years and over admitted to hospital in the last 12 months who felt that the hospital doctors and specialists showed respect.</p> <p>The proportion of Australians aged 15 years and over admitted to hospital in the last 12 months who felt that the hospital doctors and specialists listened carefully.</p> <p>The proportion of Australians aged 15 years and over admitted to hospital in the last 12 months who felt that the hospital doctors and specialists spent enough time with them.</p>

Support Outcomes



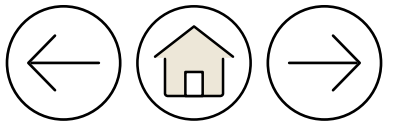
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
7. Accessibility	People can access appropriate supports where, when and how they need to	<p>This outcome is about suicide prevention supports being readily accessible when and where they are needed, as well as being inclusive, culturally safe and appropriate for those that need them.</p> <p>It recognises that for supports to be effective, there is a need to address general barriers to access such as cost, location and wait times, as well as to meet the specific needs of groups who are disproportionately impacted by suicide.</p> <p>People told us that if they could trust that supports were accessible and appropriate, they would have greater choice about where, when and how they seek support and would engage with them more.</p> <p>Measurement of this outcome provides an understanding of whether people experience accessible, available, and appropriate supports when wanting help for suicidal distress, and the impact this has on people's wellbeing and experiences of suicidal distress.</p>	How does accessibility, availability and appropriateness of suicide prevention supports influence people's experiences of suicidal distress and wellbeing?	<p>Increase in experiences of supports that are timely, affordable and geographically accessible for all communities</p> <p>Increase in community awareness and understanding of available suicide prevention supports</p> <p>Decrease in experiences of barriers to accessing the supports people needed</p> <p>Increase in experiences where supports are culturally safe, identity-affirming, and inclusive for all communities</p>


Support Outcomes



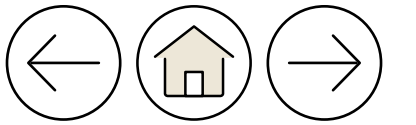
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
7. Accessibility	People can access appropriate supports where, when and how they need to	Increase in experiences of supports that are timely, affordable and geographically accessible for all communities	Do people experience supports that are timely, affordable and geographically accessible? Have people experienced recent changes in the timeliness, affordability and accessibility of supports? If so, why, and how have these changes impacted their suicidal distress and wellbeing?	Measure of service availability and timeliness. Measure of the distribution of service use per population across Medicare Benefits Schedule (MBS) services delivered in state and territory specialised community services and hospitals.
		Increase in community awareness and understanding of available suicide prevention supports	Are people aware of the suicide prevention supports that are available to them? Have people experienced recent changes in their awareness of suicide prevention supports? If so, why, and how have these changes impacted their suicidal distress and wellbeing?	The proportion of Australians who did not seek any support for their wellbeing due to not knowing what support was available.



Support Outcomes



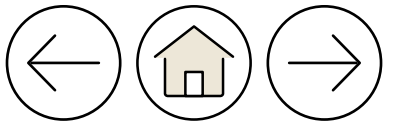
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
7. Accessibility	People can access appropriate supports where, when and how they need to	<p>Decrease in experiences of barriers to accessing the supports people needed</p> <p>Increase in experiences where supports are culturally safe, identity-affirming, and inclusive for all communities</p>	<p>Do people experience barriers that hinder or prevent them from accessing support?</p> <p>Have people experienced recent changes in the type, number or degree of barriers that hinder or prevent them from accessing support? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p> <p>Do people from diverse groups experience supports that are culturally safe, identity-affirming and inclusive?</p> <p>Have people experienced recent changes in the inclusiveness of supports? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	<p>The proportion of Australians aged 15 years and over who at least once delayed or did not see a GP due to wait times.</p> <p>The proportion of Australians aged 15 years and over who at least once delayed or did not see a GP when needed in the last 12 months due to costs.</p> <p>The proportion of Australians aged 15 years and over who at least once delayed or did not see a medical specialist when needed in the last 12 months due to costs.</p> <p>Measure of people's experiences of feeling safe while being supported by services.</p> <p>The proportion of Australians aged 16–85 years who had consultations with health professionals for mental health, who needed information about mental illness, treatment and services and perceived their needs were fully met.</p>

Support Outcomes



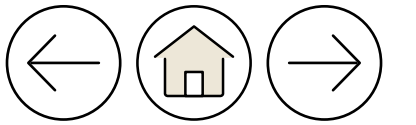
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
8. System-level coordination	People experience support networks that work together seamlessly to keep them well	<p>This outcome is about suicide prevention supports working together to improve how people experience care from multiple providers.</p> <p>It recognises that for supports to be effective, there is a need to reduce the burden people experience when navigating between and coordinating care from multiple providers, as well as to ensure those providers work together to deliver comprehensive, coordinated and continuous care.</p> <p>People told us that if they could trust their supports to work together proactively for their benefit, it would reduce their distress, increase their engagement and make sure there were fewer gaps for them to fall through.</p> <p>Measurement of this outcome provides an understanding of people’s experiences when navigating multiple supports or services and the impact this has on people’s wellbeing and experiences of suicidal distress.</p>	How does seamless care coordinated across services and supports influence people’s suicidal distress and wellbeing?	<p>Increase in experiences where supports help people to navigate between multiple providers</p> <p>Increase in experiences of coordinated and continuous care across multiple providers</p>



Support Outcomes



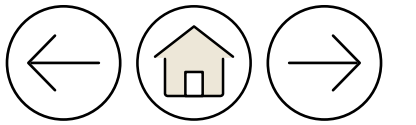
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
8. System-level coordination	People experience support networks that work together seamlessly to keep them well	Increase in experiences where supports help people to navigate between multiple providers	Do people experience supports that help them navigate between multiple services and providers? Have people experienced recent changes in how they are supported to navigate multiple providers? If so, why, and how have these changes impacted their suicidal distress and wellbeing?	The proportion of Australians aged 18 years and over who felt the healthcare system was always or usually easy to navigate. The proportion of carers who say they are able to navigate government systems to access the support they need as a carer.
		Increase in experiences of coordinated and continuous care across multiple providers	Do people describe their care as coordinated, continuous and not fragmented? Have people experienced recent changes in the degree to which their care feels coordinated? If so, why, and how have these changes impacted their suicidal distress and wellbeing?	Measure of community care before and after hospital care or self-harm presentation. The proportion of Australians aged 15 years and over who saw three or more health professionals for the same condition, and who said that at least one health professional helped coordinate care.


Support Outcomes



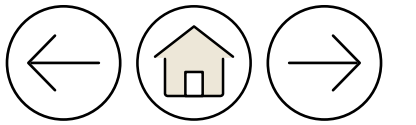
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
9. Holistic approaches	People experience supports that work with them to address the reasons for their distress	<p>This outcome is about suicide prevention supports responding to people’s needs to reduce their immediate distress, as well as address the underlying reasons for it.</p> <p>It recognises that people’s experience of suicide is unique and supports must address the specific needs and reasons for each person’s distress. It further recognises that people’s distress is more likely to be reduced by addressing the underlying reasons for it rather than just managing their symptoms of distress.</p> <p>People told us that they would trust supports that see them as a whole person instead of as someone who was suicidal and work with them to form a broader and longer-term tailored approach to their safety.</p> <p>Measurement of this outcome provides an understanding of people’s experiences of accessing supports that address both their immediate suicidal distress and the underlying factors contributing to it, and the impact this has on people’s wellbeing and experiences of suicidal distress.</p>	<p>Do supports work with people to address the underlying causes of their distress, and how do these experiences influence suicidal distress and wellbeing?</p>	<p>Increase in experiences where supports holistically address the issues contributing to suicidal distress</p> <p>Increase in inclusion of supports across the service sectors</p>



Support Outcomes



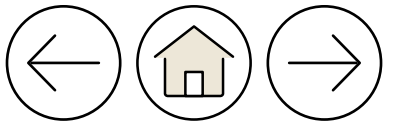
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
9. Holistic approaches	People experience supports that work with them to address the reasons for their distress	Increase in experiences where supports holistically address the issues contributing to suicidal distress	<p>Do people describe experiencing supports that acknowledge and holistically address the broader issues contributing to their suicidal distress (such as housing, relationships, trauma, substance use or financial stress)?</p> <p>Have people experienced recent changes in the provision of their holistic supports? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	Nil identified at this time.
		Increase in inclusion of supports across the service sectors	<p>Do people describe having a network of supports from across different service sectors (such as health, social services, education, justice)?</p> <p>Have people experienced recent changes in the composition of their network of supports and services? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	Nil identified at this time.


Support Outcomes



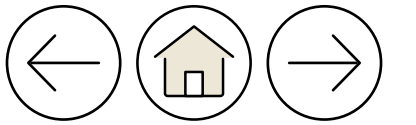
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
10. Increased connection	People are supported to connect with people who matter to them and who are integral to their wellbeing	<p>This outcome is about suicide prevention supports that are inclusive of family, carers and kin, friends and supporters. This includes chosen family structures, community-based caregivers and social supports that connect people with their community, culture and social networks for both immediate and longer-term support.</p> <p>It recognises that people have loved ones and communities that care about them, and that re-connecting after experiencing suicidal distress can be difficult but rewarding. It also recognises that these connections contribute to wellbeing and protect against future suicidal distress.</p> <p>People told us that they would trust supports that help them reinforce longer-term relationships with desired community, ethnocultural groups and social networks, including family, carers and kin. This helps maintain their wellbeing and provides continued support after contact with formal services ends.</p> <p>Measurement of this outcome provides an understanding of whether supports connect people to their social networks, community and culture following experiences of suicidal distress, and the impact this has on people's wellbeing and experiences of suicidal distress.</p>	<p>Do people experience assistance to foster stronger connections to support networks, including individuals, community and culture, and how do these connections influence experiences of suicidal distress and wellbeing?</p>	<p>Increase in the inclusion of families, carers and kin in people's support</p> <p>Increase in connections with family, kin, support networks and community for people experiencing suicidal distress</p>



Support Outcomes



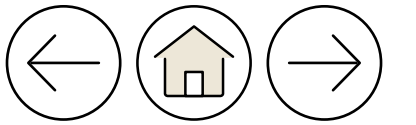
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
10. Increased connection	People are supported to connect with people who matter to them and who are integral to their wellbeing	Increase in the inclusion of families, carers and kin in people's support	<p>Do people experience the inclusion of their family, carers and kin in their support?</p> <p>Have people experienced recent changes in relation to the inclusion of their family, carers and kin in their support? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	<p>Measure of consumer, carer and family experience of care, including consumer-rated assessments of service effectiveness, appropriateness and impact across all service sectors.</p> <p>The proportion of Australians caring for someone using mental health services who felt they were involved in the planning and decisions.</p> <p>The proportion of carers who felt recognised by service providers and included as partners in care.</p>
		Increase in connections with family, kin, support networks and community for people experiencing suicidal distress	<p>Do people feel more connected to the people who matter to them, such as their desired community, ethnocultural groups, and social networks, including family, carers and kin?</p> <p>Have people experienced recent changes in their connection with people who matter to them? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	<p>The proportion of Australians aged 15 years and over who said they had someone outside their household to confide in.</p> <p>The proportion of Australians aged 15 years and over who said they can get support in a time of crisis from people living outside the household.</p>


Support Outcomes



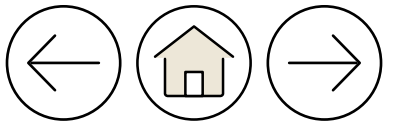
Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
Families, carers and kin	Families, carers and kin experience supports that address their needs and empower them to care for people experiencing suicidal distress	<p>This outcome is about suicide prevention supports that are empowering for family, carers and kin, friends and supporters. This includes chosen family structures, community-based caregivers and non-biological support systems.</p> <p>It recognises that family, carers and kin need support to address negative impacts of their caring role, protect their wellbeing and enable them to effectively provide support to the people they care about.</p> <p>People told us that they would trust supports that ensure family, carers and kin are recognised and supported.</p> <p>Measurement of this outcome provides an understanding of whether families, carers, and kin receive the support they need to provide care and address any impacts they may be experiencing in providing care to someone experiencing suicidal distress.</p>	Do families, carers and kin receive the support they need to both provide care and to address the impacts they experience while caring for a person experiencing suicidal distress?	<p>Increase in capability and capacity of families, carers and kin to effectively support people experiencing suicidal distress</p> <p>Increase in experiences of supports that address the needs of family, carers and kin who provide support to people experiencing suicidal distress</p>

Support Outcomes

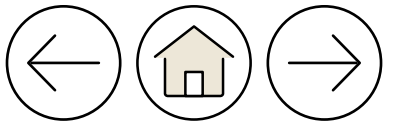




Domain	Support for people experiencing suicidal thoughts and behaviours and people who care for them 			
Domain aim	People who experience suicidal distress are supported effectively			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
Families, carers and kin	Families, carers and kin experience supports that address their needs and empower them to care for people experiencing suicidal distress	<p>Increase in capability and capacity of families, carers and kin to effectively support people experiencing suicidal distress</p> <p>Increase in experiences of supports that address the needs of family, carers and kin who provide support to people experiencing suicidal distress</p>	<p>Do people feel that families, carers and kin feel supported to effectively care for the person experiencing suicidal distress?</p> <p>Have people experienced recent changes in the support they receive in providing care? If so, why, and how have these changes impacted their distress and wellbeing?</p> <p>Do people experience supports that address the needs of family, carers and kin who provide support to people experiencing suicidal distress?</p> <p>Have people experienced recent changes in the recognition of and support for families, carers and kin? If so, why, and how have these changes impacted their suicidal distress and wellbeing?</p>	<p>The proportion of carers given advice soon after becoming a carer about the support and services available to them.</p> <p>The proportion of carers of someone using mental health services who felt they were provided with all the information they needed.</p> <p>The proportion of carers of someone using mental health services who were asked about their own needs as a carer.</p> <p>The proportion of carers who reported unmet need for carer support services.</p>

Critical enablers Outcomes

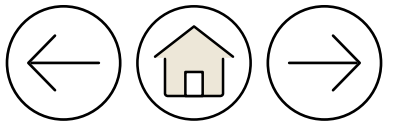



Critical enablers Outcomes



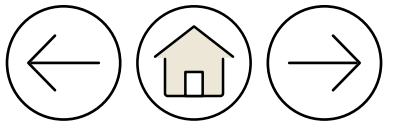
Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
11. Improved governance	Governments fulfil their responsibilities in preventing suicide and demonstrate accountability and collaboration	<p>This outcome is about strengthening suicide prevention through defined and agreed responsibilities and accountabilities across government portfolios and all levels of government.</p> <p>It recognises that governments are leaders in suicide prevention in Australia. This includes identifying how portfolios beyond health can expand prevention efforts into the social and economic determinants of suicide, and how all levels of government can work together to improve the reach and effectiveness of regional efforts.</p> <p>People told us that to achieve real and sustained change, governments need to take responsibility for suicide prevention, be transparent and accountable for their actions and lead the way for others to effectively contribute. People said they need to see a whole-of-government approach to suicide prevention to be confident that suicide prevention will improve.</p> <p>Measurement of this outcome provides insight into how stakeholders and people with lived experience perceive accountability and responsibility for suicide prevention occurring across governments and portfolios.</p>	<p>Is there evidence that accountability and responsibility for suicide prevention occurs across levels of government and portfolios?</p>	<p>Evidence of the implementation of a whole-of-governments approach to suicide prevention</p> <p>Evidence that governments are taking evidence-based action and monitoring progress of suicide prevention goals</p> <p>Evidence that governments are collaborating to increase effectiveness of suicide prevention efforts</p>



Critical enablers Outcomes



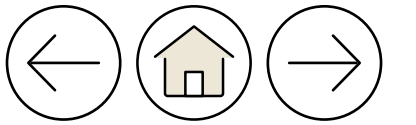
Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
11. Improved governance	Governments fulfil their responsibilities in preventing suicide and demonstrate accountability and collaboration	Evidence of the implementation of a whole-of-governments approach to suicide prevention	How has a whole-of-governments approach to suicide prevention been implemented?	<p>All governments are progressing a whole-of-government approach to suicide prevention through strategic planning.</p> <p>The National Suicide Prevention Strategy 2025-2035 is being implemented.</p> <p>There are sufficient formal mechanisms in place that define the responsibilities for a whole-of-governments suicide prevention approach.</p>
		Evidence that governments are taking evidence-based action and monitoring progress of suicide prevention goals	How are governments taking evidence-based action and monitoring progress towards suicide prevention goals?	<p>The implementation and performance of formal government mechanisms for suicide prevention are being monitored and reported on.</p> <p>The implementation of the <i>National Suicide Prevention Strategy 2025-2035</i> is being monitored and reported on.</p> <p>The <i>National Suicide Prevention Outcomes Framework</i> is published with regular reporting against it.</p>
		Evidence that governments are collaborating to increase effectiveness of suicide prevention efforts	How are governments collaborating to increase the effectiveness of suicide prevention efforts?	<p>Published policy documents on suicide prevention demonstrate evidence that governments and portfolios are collaborating to progress the whole-of-governments approach to suicide prevention.</p> <p>The implementation of the <i>National Suicide Prevention Strategy 2025-2035</i> is being monitored and reported on.</p>


Critical enablers Outcomes



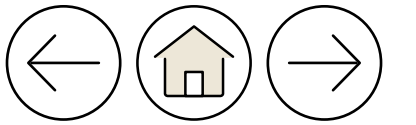
Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
12. Embedded lived experience	People with lived and living experience of suicide are included as an integral part of the suicide prevention system and involved in shared decision making	<p>This outcome is about strengthening suicide prevention by placing the voice of people with lived and living experience of suicide and groups that are disproportionately impacted by suicide at its centre through valued and meaningful engagement, consultation and shared decision making.</p> <p>It recognises that people who use suicide prevention supports and their family, carers and kin are best placed to know what is working, what is not and opportunities for improvement. The insights provided by people with lived and living experience of suicide are critical to the effective prevention of suicide. To be guided by these insights in a meaningful way, there needs to be a systematic approach to building the capability of everyone involved and ensuring organisational structures and culture support shared decision making.</p> <p>People told us that they would trust a suicide prevention system that values lived experience insights, hears diverse voices, addresses power imbalances, and ultimately makes sure people and communities have a say in what happens to them. People said that they need to see governments meaningfully and safely consulting with diverse groups and people with lived and living experience of suicide about what is needed and what is working or not working, to be confident that suicide prevention will be more effective.</p> <p>Measurement of this outcome will provide insight into how people with lived and living experiences of suicide experience their involvement in the design and delivery of suicide prevention activities, and to what extent they feel decision making is shared.</p>	How are people with lived and living experience of suicide involved in the design and delivery of suicide prevention activities, and to what extent do they feel that decision making about suicide prevention is shared?	<p>Evidence that governments are embedding lived experience insights in suicide prevention</p> <p>Evidence that people with lived and living experience of suicide are supported to participate safely and effectively</p> <p>Evidence that lived experience is recognised as a valued source of evidence</p> <p>Evidence that a diversity of lived experience perspectives contributes to the design, delivery, implementation and evaluation of suicide prevention activities</p> <p>Evidence that people with lived and living experience of suicide meaningfully participate in the design, delivery, implementation and evaluation of suicide prevention activities</p>


Critical enablers Outcomes



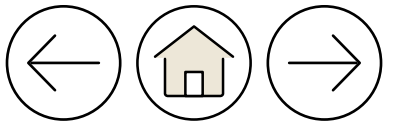
Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
12. Embedded lived experience	People with lived and living experience of suicide are included as an integral part of the suicide prevention system and involved in shared decision making	Evidence that governments are embedding lived experience insights in suicide prevention	How are governments embedding lived experience insights in suicide prevention?	Published policy documents on mental health and suicide prevention demonstrate evidence of co-creation between government and stakeholders.
		Evidence that people with lived and living experience of suicide are supported to participate safely and effectively	How are people with lived and living experience of suicide supported to participate safely and effectively?	Governments, stakeholders and lived experience representatives can report on activities they are doing to support embedding lived expertise into suicide prevention decision making.
		Evidence that lived experience is recognised as a valued source of evidence	How is lived experience recognised as a valued source of evidence?	People with a lived and living experience of suicide report they are recognised by governments and stakeholders as a valued source of evidence used to inform suicide prevention activity.



Critical enablers Outcomes



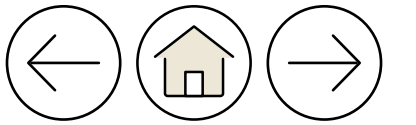
Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
12. Embedded lived experience	People with lived and living experience of suicide are included as an integral part of the suicide prevention system and involved in shared decision making	<p>Evidence that a diversity of lived experience perspectives contributes to the design, delivery, implementation and evaluation of suicide prevention activities</p> <p>Evidence that people with lived and living experience of suicide meaningfully participate in the design, delivery, implementation and evaluation of suicide prevention activities</p>	<p>How does a diversity of lived experience perspectives contribute to the design, delivery, implementation and evaluation of suicide prevention activities?</p> <p>How do people with lived and living experience of suicide meaningfully participate in the design, delivery, implementation and evaluation of suicide prevention activities?</p>	<p>Nil identified at this time.</p> <p>Governments, stakeholders and lived experience representatives can report about how lived expertise has informed the design and delivery of high quality and effective suicide prevention activities (e.g. there's an increase in lived and living experience participation).</p>


Critical enablers Outcomes



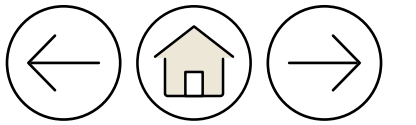
Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
13. Available and translated evidence	An evidence-based learning culture operates to continually improve the effectiveness of suicide prevention efforts	<p>This outcome is about strengthening suicide prevention in Australia by developing a learning and evaluation culture that continually improves how suicide prevention is delivered.</p> <p>It recognises that for suicide prevention to be effective, regular evidence-based decisions are required about what is working, what is not working and how best to make improvements. It also recognises that research should consider community needs and people's lived and living experiences, and that suicide may present differently for groups who are disproportionately impacted by suicide.</p> <p>To do this, there needs to be a strategic and coordinated approach to learning, including greater access to high-quality, fit-for-purpose data, research and evaluation. It also requires embedded processes to support the timely translation of information into policy and practice.</p> <p>People told us that they would trust approaches to suicide prevention that focus on continual improvement, demonstrate the evidence for change, encourage research and innovation, and lead to practical and timely improvements. People said they needed to see governments fostering a learning culture in suicide prevention to be confident that suicide prevention will be more effective.</p> <p>Measurement of this outcome provides insight into whether regular reporting informs continuous improvement through the design and delivery of evidence-based suicide prevention.</p>	<p>Does regular reporting inform continuous improvement through the design and delivery of evidence-based suicide prevention activities?</p>	<p>Increased confidence that continuous improvement in suicide prevention is prioritised</p> <p>Evidence of regular and transparent public reporting on the effectiveness of suicide prevention</p> <p>Increased confidence in the availability and use of quality evidence to inform suicide prevention decision making</p>



Critical enablers Outcomes



Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
13. Available and translated evidence	An evidence-based learning culture operates to continually improve the effectiveness of suicide prevention efforts	Increased confidence that continuous improvement in suicide prevention is prioritised	How is the government embedding a learning culture that values research, innovation and continuous improvement in suicide prevention?	Innovation is supported to build knowledge to address evidence gaps through funding and evaluation of new suicide prevention activities or approaches. Stakeholders can demonstrate what activities have occurred and the progress made towards building an evidence-based learning culture in suicide prevention.
		Evidence of regular and transparent public reporting on the effectiveness of suicide prevention	How regularly, transparently and publicly does the government report on the effectiveness of suicide prevention efforts?	Nil identified at this time.
		Increased confidence in the availability and use of quality evidence to inform suicide prevention decision making	How is high quality evidence used to inform suicide prevention decision making?	Stakeholders can demonstrate increased use of evidence in decision making


Critical enablers Outcomes



Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Description	Outcome qualitative question	Indicators 
14. Capable and integrated workforce	The suicide prevention workforce has the capability and capacity to prevent and respond to suicide	<p>This outcome is about strengthening suicide prevention through nationally coordinated workforce planning and development to achieve a capable and sustained workforce.</p> <p>It recognises that the suicide prevention workforce is diverse and spans across roles, disciplines and settings within and beyond health. This includes the peer workforce, comprising people who have lived and living experience of suicide with appropriate support in their roles. Consistent processes are needed to support and integrate the workforce to deliver effective suicide prevention.</p> <p>People told us that they would have greater trust in suicide prevention if there was a more organised approach to service funding and delivery, and if they were confident that there was an ongoing focus on recruiting, training and retaining people in the suicide prevention workforce. People said they needed to see governments taking action to build an integrated and competent suicide prevention workforce to be confident that suicide prevention will be more effective.</p> <p>Measurement of this outcome looks at how governments are ensuring that suicide prevention is delivered by a capable, integrated and sustainable workforce.</p>	How are governments supporting capability, integration and sustainability of the suicide prevention workforce, including the peer workforce, to be effective in their work?	<p>Evidence that governments are building an integrated, capable and sustainable suicide prevention workforce</p> <p>Evidence that the people who work in suicide prevention are supported and equipped to be effective in their role</p> <p>Evidence that the suicide prevention workforce can provide support when, where and how it is needed</p>

Critical enablers Outcomes



Domain	Critical enablers for a whole-of-governments suicide prevention approach 			
Domain aim	Everyone works together to prevent suicide			
Key Objective	Outcome	Indicators	Indicator qualitative prompts	Quantitative data measures
14. Capable and integrated workforce	The suicide prevention workforce has the capability and capacity to prevent and respond to suicide	Evidence that governments are building an integrated, capable and sustainable suicide prevention workforce	How are governments building an integrated, capable and sustainable suicide prevention workforce?	Nil identified at this time.
		Evidence that the people who work in suicide prevention are supported and equipped to be effective in their role	How are people who work in suicide prevention supported and equipped to be effective in their role?	Measure of the satisfaction and wellbeing of the mental health workforce. Training is provided and supported for people who work in suicide prevention.
		Evidence that the suicide prevention workforce can provide support when, where and how it is needed	How confident is the suicide prevention workforce that they can provide support when, where and how it is needed?	Measure of the distribution of the mental health workforce. Measure of the growth of the mental health workforce. The distribution of the suicide prevention peer workforce. The number of suicide prevention peer workers. The suicide prevention system is building workforce capability.