National Suicide Prevention Outcomes Framework

Data Overview

Australian Government

National Suicide Prevention Office

Acknowledgements

Acknowledgement of Country

The National Suicide Prevention Office (NSPO) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work and learn.

Recognition of lived experience

The NSPO recognises the individual and collective contributions of those with lived and living experience of suicide. People who have survived suicide attempts, cared for a person in suicidal crisis, or have lost a loved one to suicide demonstrate tremendous generosity through providing their expertise and insights. Every person's journey is unique and makes a valued contribution to Australia's commitment to suicide prevention system reform.

Recognition of contributions

The NSPO works closely with stakeholders in the development of all its work, including the National Suicide Prevention Outcomes Framework (Outcomes Framework). This includes members of the NSPO Lived Experience Partnership Group, the NSPO Advisory Board, the Jurisdictional Collaborative Forum, the Outcomes Framework Collaborative, the NSPO Scientific Advisors, sector and peak organisations, and Commonwealth portfolios. We acknowledge the work of the Australian Institute of Health and Welfare (AIHW) and the Manna Institute, University of New England in establishing the multi- and mixed-method approach, and the Centre for Social Research in Health and the Social Policy Research Centre, University of New South Wales in developing the qualitative data approach. We thank all those who share their time and expertise with us so generously.

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A note on language

The way we speak about suicide and self-harm has a major influence on how the community understands and responds to people who are experiencing suicidal thoughts and behaviours. It also impacts on the existence and degree of stigma and shame around suicide.

While there is ongoing debate about the words used in suicide prevention, the Outcomes Framework has drawn on the insights of people with lived and living experience of suicide, evidence-informed resources, research, and the knowledge of sector experts to guide the language used to describe aspects of suicide.

Sources of support

Please be aware the *Data Overview* contains information about suicide that may be distressing. Please take care of yourself as you read it and ask for help if needed. Support is always available. Below are options for online and telephone information and support in Australia.

Lifeline
13 11 14
Lifeline.org.au

Suicide Call Back Service
1300 659 467
Suicidecallbackservice.org.au

Defence Member and Family Helpline
1800 624 608

MensLine Australia
1300 789 978
Mensline.org.au

ReachOut
au.reachout.com

13YARN
13YARN (13 92 76)

QLife
1800 184 527
Qlife.org.au

Kids Helpline
1800 551 800
Kidshelpline.com.au

Medicare Mental Health
Medicarementalhealth.gov.au

headspace
1800 650 890
headspace.org.au

Open Arms
1800 011 046
openarms.gov.au

Beyond Blue
1300 224 636
Beyondblue.org.au

Standby Support After Suicide
1300 727 247
standbysupport.com.au

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Data Overview

This *Data Overview* provides a high-level description of the approach being taken to the collection, analysis and reporting of data in the *National Suicide Prevention Outcomes Framework* (Outcomes Framework)[1]. This *Data Overview* should be read with the *Outcomes Framework Overview*.

The data approach is a partnership between the National Suicide Prevention Office (NSPO), the Australian Institute of Health and Welfare (AIHW) and senior qualitative researchers at the University of New England (UNE).

The AIHW provides a more detailed and technical description of the data approach here (Link).

Types of data in the Outcomes Framework

Quantitative data (**numbers**) are regularly collected and reported at a national level in the form of surveys, such as the *General Social Survey* or the *Household Income and Labour Dynamics in Australia longitudinal survey* (HILDA), and data collections, such as *Your Experience of Services* or the *National Housing Assistance Data Repository*.

By using data that is already being collected (secondary data), the Outcomes Framework can build on the work that is already happening, while also finding opportunities to improve this data. Data improvements that are needed will be addressed through the Data Quality & Improvement Plan (a component of the Outcomes Framework in development).

Qualitative data (**stories**) are not regularly collected at a national level. The Outcomes Framework collects new (primary) data in addition to using whatever existing (secondary) data is available across the country.

Primary data includes people telling their stories and/or answering questions about their experiences that relate to the goals, outcomes and indicators of the Outcomes Framework. For example, experiences of support following a suicide attempt, how economic challenges influence experiences of suicidal distress, and to what extent people feel lived experience is part of decision making.

Existing (secondary) data, which includes publicly available published stories, reports, podcasts and/or blogs, has limitations because it is not designed to be data in the first place and often has a narrow context. However, secondary data is important to support the primary data sources and provide an idea of people's attitudes towards and experiences of suicide.

Table 1. Description of quantitative and qualitative data

	Quantitative Data[2]	Qualitative Data[2]
Description	Information that can be measured, counted and expressed with numbers	Descriptive information that is not easily measured with numbers
Key questions	How many? How often? How much?	What? Why? How?
Characteristics	Objective, structured, fixed and statistical	Subjective, open-ended, contextual and interpretive
Examples	Age, e.g. 25 years Service satisfaction rating, e.g. 2 out of 5 Household income, e.g. $85,000	Feedback on how services were experienced, e.g. the supports were helpful because... Description of what is influencing experience of suicide, e.g. people said they are feeling less distressed because their economic circumstances have improved
Examples	National surveys, administrative datasets	Stories, interviews, focus groups, panels and open-ended survey questions
Analysis	Statistics, graphs	Identifying themes and patterns

How the data will be collected

For quantitative data, people are encouraged to participate in existing national and local surveys that aim to collect people's thoughts and experiences on things such as wellbeing, mental health and suicide prevention, and feedback on the delivery of services. These data points are important not only for their primary purpose (for example, national reports on population health), but they are also vital for the Outcomes Framework to be able to measure change.

For qualitative data, people can contribute their story in different ways, such as through online open-ended surveys and/or participation in focus groups and panels. Panels are especially important for the Outcomes Framework as they consist of the same people telling their story every couple of years, which supports a better understanding of change over time.

To help people tell their stories, qualitative questions have been designed to ask about experiences at the outcome level and the 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.

Everyone is encouraged to tell their stories, especially people with lived and living experience of suicide, families, carers and kin, service providers, and representatives from peak bodies and governments. The aim is to collect stories that cover the wide range of suicidal experiences and behaviours, the breadth of the determinants that drive suicide, the common and different experiences of communities and groups disproportionately impacted by suicide, and the experiences of people who are making decisions about or delivering suicide prevention supports.

For secondary qualitative data, anyone who publishes information about suicide prevention is encouraged to continue to do so knowing that their information can contribute to the Outcomes Framework's measurement of change.

Both the method and the qualitative questions were designed in consultation with people with lived and living experience of suicide, government and sector representatives, and senior qualitative researchers.

How often the data is collected and analysed

How often data is collected and analysed for the Outcomes Framework is influenced by several factors.

Quantitative data is collected and reported at set intervals, such as annually or every few years, depending on the data source. Qualitative data is collected specifically for the Outcomes Framework, allowing for a more purposeful cadence. The deepest understanding comes when the quantitative and qualitative data are used together. Therefore, qualitative data collection is aligned with the timing of quantitative data wherever possible.

Some goals and outcomes are going to progress at different speeds. So, data is collected on a schedule that is calibrated with the pace at which change is likely to occur.

Data collection timing is also linked to the schedule of reporting. The reporting is designed to maximise the value of Indicator and Insight reports for governments, the sector and the community. More detail on reporting timeframes is provided in the *Outcomes Framework Overview* and Monitoring & Reporting Plan (a component of the Outcomes Framework in development).

How the data will be presented

The purpose of the Outcomes Framework is to understand progress towards achieving the goals and outcomes through measuring change in the indicators to inform advice to governments on what improvements are needed for the suicide prevention system.

The quantitative data describes change through comparing numbers such as frequencies, rates, percentages and proportions between points in time. This shows the size and direction of change. For example, the rates of suicide attempts have reduced by 10% from year A and year B.

The qualitative data describes change through the common themes and patterns in people's stories of their experiences and changes over time. For example, people are feeling less distress due to improvements in their economic security and health. People's stories are combined to develop case studies that show the impact suicide prevention is having on people. The aim is that people can see their experience in the themes and case studies, but they are written so no specific person is identified.

Indicator reporting focuses on describing both the quantitative and qualitative changes at outcome and indicator levels as outlined in the *Outcomes Framework Overview* and Monitoring & Reporting Plan. This can be used by stakeholders to track effectiveness and performance at an activity level and make evidence-informed decisions about programs and supports.

Insight reporting focuses on describing progress at goal and Domain levels using a mix of quantitative and qualitative data. This is used by the NSPO to report progress at a system level and informs the advice to government about what improvements are needed for the suicide prevention system.

Improving the data approach over time

The Outcomes Framework is designed to improve with each round of data collection, analysis and reporting.

The National Suicide Prevention Outcomes Framework Data Quality Framework[3] provides the standards for data in the Outcomes Framework and helps identify what needs to be improved, either in the design of the primary data method or with a specific secondary data measure. The decision about data quality is made in partnership between the NSPO, the AIHW, people with lived and living experience of suicide, and representatives from government and the sector.

This informs the Data Quality & Improvement Plan (a component of the Outcomes Framework in development), which outlines what is required to make the primary and secondary data sources more fit-for-purpose for the Outcomes Framework over its life.

Finally, each round of Indicator and Insight reporting will identify whether the data method or quality needs improvement, which will be included in the Data Quality & Improvement Plan. This process is done in partnership between the NSPO, the AIHW, people with lived and living experience of suicide, and representatives from government and the sector.

References

1. National Suicide Prevention Office. National Suicide Prevention Outcomes Framework Overview. Canberra: 2025. Available here: https://www.mentalhealthcommission.gov.au/national-suicide-prevention-outcomes-framework-overview
2. Australian Bureau of Statistics. Quantitative and qualitative data. Accessed 7 May 2026. Available here: https://www.abs.gov.au/statistics/understanding-statistics/statistical-terms-and-concepts/quantitative-and-qualitative-data
3. National Suicide Prevention Office. *National Suicide Prevention Outcomes Framework Data Quality Framework*. Canberra: 2026. Available here: https://www.mentalhealthcommission.gov.au/nspo/publications/national-suicide-prevention-outcomes-framework-data-overview

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For more information regarding this document,
please contact: nspo@nspo.gov.au