

National Suicide Prevention Outcomes Framework

Outcomes Map



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 *Outcomes Map* 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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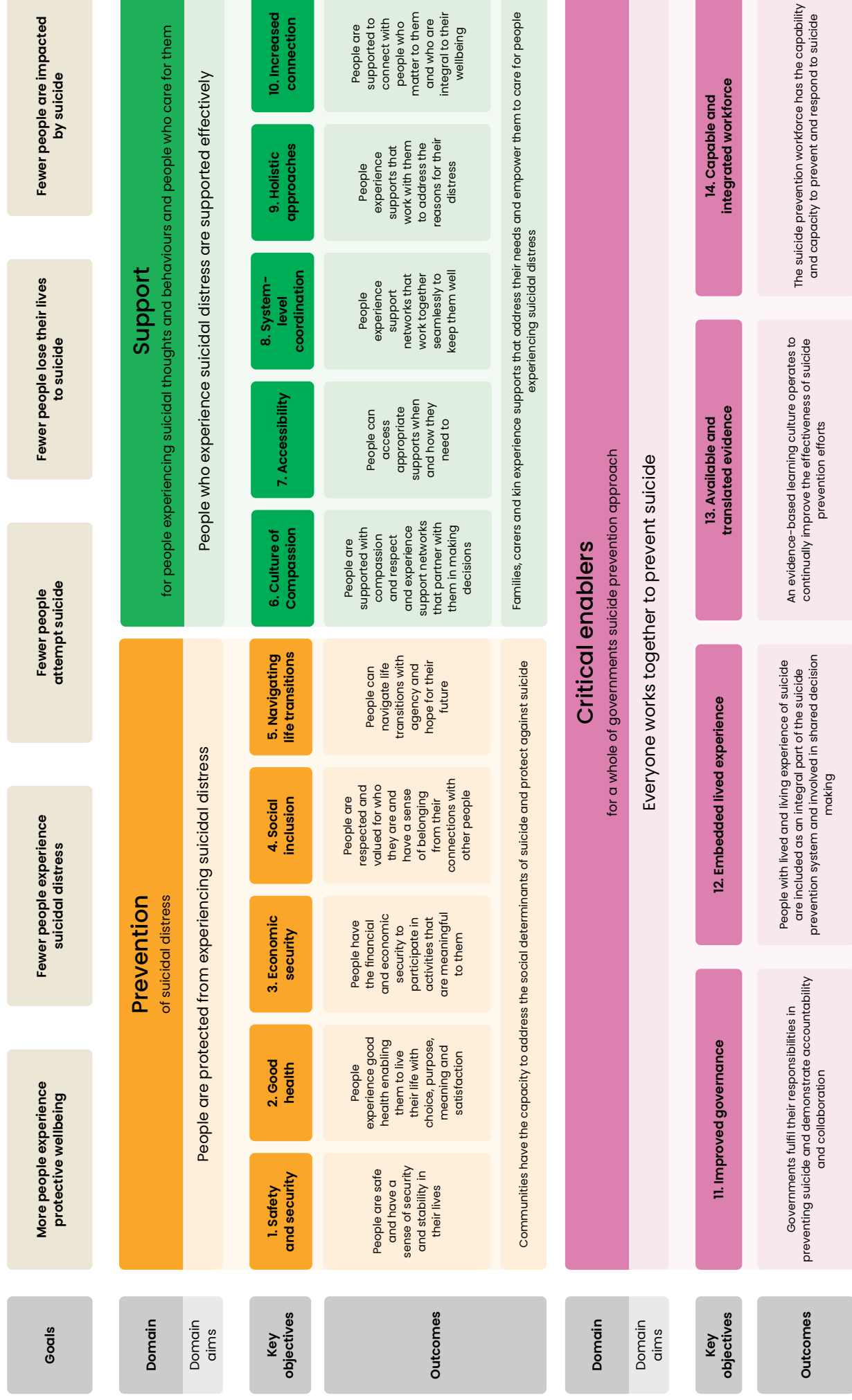
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Suicide Prevention Outcomes Map

Interactive Outcomes Map available at:
www.mentalhealthcommission.gov.au/outcomes-map





Outcomes Map

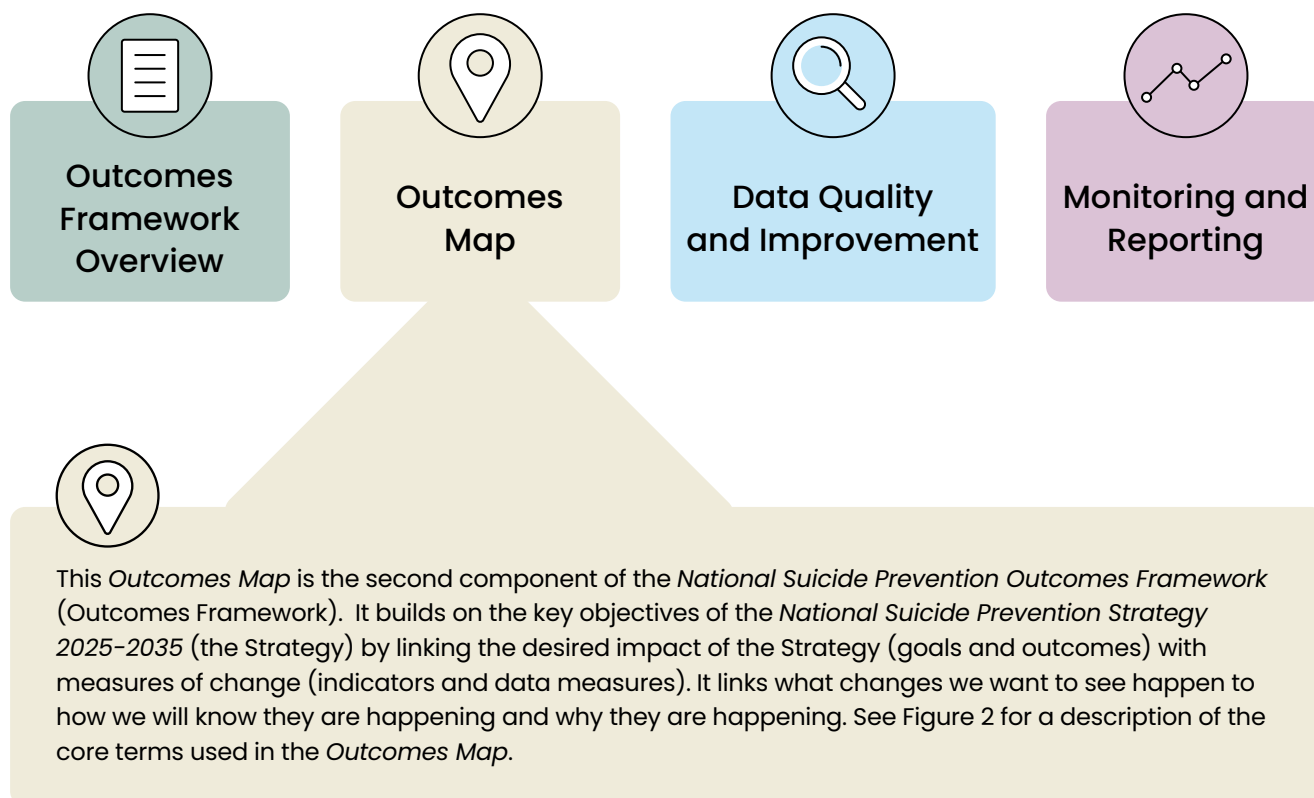


Figure 1. Components of the *National Suicide Prevention Outcomes Framework*.

The goals and outcomes in the *Outcomes Map* were designed in partnership with people with lived and living experience of suicide to make sure that it measures what is important to people. Additionally, the indicators and data measures have been extensively consulted on to make sure they are robust, meaningful and usable for a wide variety of people.

While the *Outcomes Map* is centred on understanding the impact of the Strategy, the goals and outcomes are universal to suicide prevention and therefore also provide visibility of how other reforms contribute to progress.

The *Outcomes Map* uses both quantitative (**numbers**) and qualitative (**stories**) data to better understand what changes have occurred as well as how these changes are being experienced by individuals and communities. This provides a more comprehensive and deeper understanding of what is working and what is not working in terms of suicide prevention efforts in Australia. For more information about the data approach being used for the Outcomes Framework, see the *National Suicide Prevention Outcomes Framework Data Overview*.

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As a member of the Lived Experience Partnership Group, I have been privileged to be involved in the development of the outcomes and indicators that underpin the Outcomes Framework. Measuring the outcomes and understanding people’s experiences will provide meaning to what is needed to drive essential change in the suicide prevention space and measure progress against the key objectives in the National Suicide Prevention Strategy.

– Imbi Pyman

NSPO Lived Experience Partnership Group

Goals are ultimately what we want suicide prevention to achieve

Outcomes describe what success looks like in suicide prevention for people

Indicators describe the changes needed to achieve the outcomes

Data measures are used to understand whether change has happened

Figure 2. Description of the core terms used in the *Outcomes Map*

Aims

The aims of the Outcomes Map are:

- To provide a clear description of the goals and outcomes of the Outcomes Framework, making it easier to understand what impact is expected
- To define the indicators and data measures being used in the Outcomes Framework to measure change so they are available for everyone
- To show the links between the goals, outcomes, indicators and data measures and how this represents the theories of change that underpin the Strategy and Outcomes Framework
- To provide a means for everyone to have a shared understanding of the goals and outcomes for suicide prevention that can be applied to their work.



What is new about the Outcomes Map

The *Outcomes Map* introduces new approaches to measuring progress in suicide prevention at a national level. The new approaches change the way success in suicide prevention is understood and enable evidence-based decisions.

The Outcomes Map brings the Strategy to life

The goals and outcomes in the Outcomes Map translate the Strategy into statements of success.

The *Outcomes Map* has an outcome for each Key Objective in the Strategy, and two added outcomes in the Prevention and Support Domains. In the Prevention Domain, the added outcome is about how prepared and able a community is to take action to prevent suicidal distress. In the Support Domain, the added outcome is about making sure family, carers and kin have what they need to support people experiencing suicidal distress and are well supported themselves.

These outcomes have been added to enable measurement of outcomes not just at an individual level, but also in the context of impacts for broader community, family, carers and kin who are central to effective suicide prevention.

Success is measured using strengths-based person-centred goals and outcomes

The goals and outcomes in the Outcomes Map change the way we measure success from what activity is happening to whether it works for people.

The *Outcomes Map* takes the Key Objectives in the Strategy and translates them into strengths-based, person-centred goals and outcomes.

These goals and outcomes are co-designed to be person-centred. They reflect people's experiences of suicide and suicidal distress, and their experiences with suicide prevention and support activities, making them more meaningful and more helpful in informing efforts to improve.

The *Outcomes Map* takes a strengths-based approach, meaning the goals and outcomes focus on strengths and positive attributes rather than deficits and limitations. This means they are more enduring and meaningful and set a vision of what should be achieved through further reform.

See Table 2 for examples of how person-centred, strengths-based outcomes differ from more traditional ones.

Both numbers and stories are used to measure change

People's stories are used as evidence alongside numbers.

The Outcomes Framework uses both quantitative data (**numbers**) and qualitative data (**stories**) to make sure the information collected and reported is robust and matters to people. *National Suicide Prevention Outcomes Framework Data Overview* provides more information on the approach to quantitative and qualitative data.

Together, these two data types provide a more complete and accurate picture. Quantitative data focuses on providing an understanding of how much change is happening, for example, whether fewer people are experiencing suicidal distress. Qualitative data focuses on why the change is happening, for example, whether people are feeling less distress due to experiencing better health and economic security outcomes.

The use of a mix of numbers and stories also allows findings to be confirmed through different types of data, increases how valid and reliable the results are and provides a deeper understanding of not just what progress is occurring, but why.

Using both quantitative and qualitative data to measure a national suicide prevention strategy is a new and innovative approach, and one that will require learning and adjustment over time.

Provides a longer-term and deeper understanding of suicide prevention

The Outcomes Framework provides the opportunity for a deeper understanding of the suicide prevention system. This allows long-term strategic decisions to be made.

Improvements to the suicide prevention system can take time to result in better outcomes. Progress can also happen at a different pace across the goals and outcomes in the *Outcomes Map*.

The *Outcomes Map* takes these factors into account. The goals and outcomes describe the long-term vision for the suicide prevention system. Reporting on their progress provides the evidence that helps people to make longer-term strategic decisions about what needs to happen in suicide prevention.

Measuring success at an activity level is useful for simple attribution, for example, being able to show that a specific program results in change. However, it does not work at a system level due to how complex attribution is. This means our current understanding of the suicide prevention system is limited.

The *Outcomes Map* goals and outcomes provide more than just activity monitoring. The *Outcomes Map* provides a deeper understanding of the suicide prevention system and better sense-making of the complex issues in suicide and how different factors work together.

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Using people’s experiences to help us understand the numbers is a huge step. Instead of just understanding the number of people who presented to a GP while experiencing distress, we will be able to understand if the support they received was helpful and if they need to change to be helpful every time, for every person. One of my recent experiences highlights this perfectly, I reached out to a GP and the receptionist recognised I was feeling distressed, even though I didn’t say it. They managed to get me a same day appointment with my regular GP, who was able to help me to build on my own strengths. They didn’t look at it from a risk perspective rather it was about supporting me to connect with my networks, to enable what has worked for me in the past, and taking time to regularly check in. Using stories in the Outcomes Framework, means we can learn about what made that difference and why, just like in my story. Access to peoples lived experience, real insights into what works and what isn’t helpful, is what will shift the dial and help us improve supports across the board.

– Heather Nowak

NSPO Lived Experience Partnership Group



Table 1. Examples of how outcomes in the Outcomes Map differ from traditional outcomes

	Traditional outcomes with quantitative measures	Strengths-based, person-centred outcomes with quantitative and qualitative measures
Prevention Domain: Key Objective 2 Good health	Outcome: Australians have improved health Measure: • Better health outcomes in the population	Outcome: People are well enough to live their life with choice, purpose, meaning and satisfaction Measure: • Better health outcomes in the population AND • People's quality of life, life satisfaction and agency • Changes to people's quality of life, life satisfaction and agency • Impact of people's quality of life, life satisfaction and agency on their wellbeing and suicidal distress
Support Domain: Key Objective 7 Accessibility	Outcome: There is improved access to suicide prevention supports Measure: • The type, location, reach and use of supports	Outcome: People can access appropriate supports where, when and how they need to Measure: • The type, location, reach and use of supports AND • Whether people experience supports that are timely, affordable and local • Changes to the timeliness, affordability and accessibility of supports • The impact of this experience on people's safety and suicidality
Critical Enabler 11 Improved governance	Outcome: Suicide prevention governance is improved Measure: • The implementation status of Critical Enabler actions in the Strategy and other associated work	Outcome: Governments fulfil their responsibilities in preventing suicide and promote collaboration and accountability Measure: • The implementation status of Critical Enabler actions in the Strategy and other associated work AND • People's experience of governance changes in government • The impact this has on people's capability to deliver supports • People's experience of the supports being provided



Accessing the Outcomes Map

There are many layers of information contained within the *Outcomes Map* and not everyone will need to access the same level of detail. Therefore, the *Outcomes Map* is provided in different formats to support it being used by a wide range of different stakeholders based on their needs.

The first format is a more descriptive presentation that is layered by the goals, outcomes, indicators and data measures, such as the one-page visual depicted at the beginning of this document, as well as the interactive PDF.

These versions can be used to navigate through the layers to explore the *Outcomes Map* as deeply

as needed. This format supports the use of the *Outcomes Map* in presentations, articles, policy documents and other communication materials.

The second format is a more technical text-dependent version available at the Australian Institute of Health and Welfare Outcomes Framework technical workbook in Microsoft Excel, which provides more detail and expands the information provided about the source of the data measures and their governance and quality. This version can be used to better understand the data that underpins the *Outcomes Map*.



Using the Outcomes Map to improve suicide prevention efforts

The *Outcomes Map* is an important part of the Outcomes Framework and is essential for the NSPO to be able to report on the suicide prevention system.

It has also been deliberately designed for use by a broad range of stakeholders in a range of different ways.

These are outlined below, including practical examples to help with program and service planning, delivery and reporting. Table 2 provides a summary of this information for each stakeholder group.

- **System-level and strategic planning of suicide prevention in Australia.** The *Outcomes Map* describes what suicide prevention in Australia is aiming to achieve through the goals and outcomes. Therefore, the *Outcomes Map* can be used when developing strategies, plans and agreements by governments, across portfolios and by non-government organisations.
- **Connected monitoring and reporting of suicide prevention in Australia.** There are many governments, regions and organisations who monitor progress in suicide prevention. The *Outcomes Map* provides an overarching logic for connecting these efforts together. It can be used across contexts to encourage consistent approaches to monitoring and reporting. The national Indicator and Insight reports can also be

used to complement more localised monitoring and reporting.

- **Identifying research priorities.** The strength of the connections between goals, outcomes, indicators and data measures in the *Outcomes Map* can be used to identify which connections need more evidence and are priorities for further research. This can be used to shape how grant programs describe their research topics and how proposals are assessed.
- **Improving the design and evaluation of suicide prevention and support programs.** The *Outcomes Map* can be used to link suicide prevention and support programs to national and long-term goals and outcomes. Linking will help define what a program does by itself and how it collectively contributes to suicide prevention. The *Outcomes Map* can also be used to connect a program with longer-term goals and outcomes to better measure its effect over time.
- **Clearer logic to underpin how the performance of programs and services are reported.** The goals and outcomes in the *Outcomes Map* provide a basis for setting expectations and tracking performance. Funders can ask program owners and service providers to explain how their program and service supports the goals and outcomes in the *Outcomes Map*, and how the goals and outcomes will be used to report on how the programs and services are working.

- **Provides a shared language between the system and people.** The *Outcomes Map* is not meant to speak for people's own experiences or replace the inclusion of lived and living experience into suicide prevention, but it can help with this. Where relevant, people with lived and living experience of suicide can draw on the language or the structure of the *Outcomes Map* to help others achieve a shared understanding of their personal experiences. This will help with advocacy work and when working with governments and non-government organisations, especially if they are also using the *Outcomes Map* to frame their perspectives. Using the *Outcomes Map* language and structure will be especially useful when people are providing their stories for Outcomes Framework data collection.
- **Telling a fuller story about suicide prevention in Australia.** The *Outcomes Map* can broaden how we talk about progress in suicide prevention beyond examining how many people we are losing to suicide alone. Each death is tragic, but focusing on this alone can make people feel hopeless about suicide prevention. The goals highlight the importance of preventing deaths by suicide, as well as suicide attempts and distress, and reducing the impacts of suicide. The outcomes focus on people's experiences and whether suicide prevention is making a difference in their lives. Progress towards these goals and outcomes can be seen as real achievements to be celebrated within the suicide prevention sector.

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Suicide is such a personal experience. It's very much shaped by structural and societal factors, things that we can collectively do something about. In having suicide only talked about in terms of rates and activity, it doesn't give any voice to the personal experience. I would love to see the *Outcomes Map* not just being used to monitor the national strategy, and not just by the National Suicide Prevention Office or governments. While the strategy is speaking to government responsibility, it also speaks to the responsibility that we all have to work together to help create lives where people want to live and don't feel that they need to die by suicide.

– Jo Riley OAM

NSPO Lived Experience Partnership Group

Table 2. Examples of how the Outcomes Map can be used by different stakeholders

	How the Outcomes Map can be used	What this will help with
Service providers	Link service outputs and program logic to the suicide prevention goals and outcomes in the <i>Outcomes Map</i>	Improve program design, evaluation and practice, and demonstrate alignment to agreed goals and outcomes
Community organisations	Link organisational purpose and advocacy to goals, outcomes and indicators to demonstrate how the work contributes	Align advocacy and initiatives to national goals and outcomes
People with lived and living experience of suicide	Provides a shared language and structure between governments, organisations, researchers and people	Strengthen the shared understanding of suicide experiences between the system and people, and help increase the use of lived experience insights
Governments	Link policy proposals and impact to goals, outcomes and indicators to demonstrate how the policy or program contributes	Inform policy, funding and performance of suicide prevention efforts
Researchers	Identify the connections in the Theory of Change or the goals and outcomes that require more evidence and use this to frame research proposals	Strengthen relevance of research to goals and outcomes and the connections between them
Funders	Link funding to demonstrated contribution to goals and outcomes and progress towards their achievement	Frame investment around shared impact goals and outcomes
Media	Use the goals and outcomes to shape communication about suicide prevention and use the Outcomes Framework reporting to describe progress in suicide prevention	Provide a broader and more meaningful way to talk about suicide prevention and progress

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As a lived experience community, we can use the *Outcomes Map* as a tool, when we're out and about, doing advocacy and connecting, both within our communities, and with the government and the sector. The *Outcomes Map* provides a shared language around what the outcomes are that we're looking for, so that we can start pushing that system to better collect that information that we need to ensure that our needs are being met in a more real way.

– Jordan Frith

NSPO Lived Experience Partnership Group

Development of the Outcomes Map

The *Outcomes Map* was developed in stages. The first stage focused on what should be measured and the second on how to do the measuring.

During the first stage, the co-design of goals, outcomes and indicators explored people's perspectives on what mattered without being influenced by data limitations or other constraints.

For the second stage, development of the quantitative and qualitative data measures was driven by the agreed goals, outcomes and

indicators. This expanded the scope of the data being considered well beyond the usual data sources for suicide prevention.

In both stages the NSPO engaged people with lived and living experience of suicide, governments, sector leads and peak bodies, research and evaluation experts, policy makers, and service providers, in partnership with the AIHW, as well as the NSPO Advisory Board, Lived Experience Partnership Group and Scientific Advisors.

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What struck me most about developing the *Outcomes Map* was the depth of the process. The co-design explored numerous impacts of suicide on a wide scope, and yet never lost sight of what it was trying to achieve. The Lived Experience Partnership Group had genuinely robust conversations, the kind where you leave knowing something better came out of it. That collaborative principle is reflected in the outcomes themselves, strengths-based, person-centred and meaningful to the people they are designed to serve. This is not a framework built in a boardroom. It was earned through real engagement, real dialogue, and real lived experiences.

– Chris Trupp

NSPO Lived Experience Partnership Group



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