National Suicide Prevention Outcomes Framework for Northern Queensland

phn NORTHERN QUEENSLAND
An Australian Government Initiative

GOALS

- More people experience protective wellbeing
- Fewer people experience suicidal distress
- Fewer people attempt suicide
- Fewer people lose their lives to suicide
- Fewer people are impacted by suicide

DOMAINS

Prevention
of suicidal distress

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

DOMAIN AIMS

People are protected from experiencing suicidal distress

People who experience suicidal distress are supported effectively

KEY OBJECTIVES / OUTCOMES

01 Safety and security	02 Good health	03 Economic security	04 Social inclusion	05 Navigating life transitions	06 Culture of compassion	07 Accessibilty	08 System-led coordination	09 Holistic approaches	10 Increased connection	15 Postvention
Connectedness, including belonging to community, leads to greater safety and security. Local priorities reflect the diversity of its population, including programs that encourage community connection, secure housing and freedom from violence.	Quality physical and mental health care means timely, affordable and culturally safe services wherever people live—including remote and rural areas—with strong connections between hospitals, GPs, ACCHOs and community.	Economic security—including stable jobs and help for people experiencing economic hardship—protects against distress and suicide. Locally, plans also focus on supporting people affected by industry changes.	Everyone needs to feels valued, respected and connected. Local plans reduce stigma and foster belonging through community events, cultural activities and support for groups at higher risk of isolation.	Major life transitions—such as leaving school, relocation or retirement—are high-risk moments. Local plans provide support for young people, families and workers facing change, helping them build resilience and find connection.	Empathy and practical help reduces stigma and encourages hope. Locally, plans prioritise lived experience in service design, equip frontline staff with trauma training, and promote peer support.	Overcoming barriers like distance, transport and digital connectivity are key to providing the right support at the right time and in the right place. Plans promote local culturally safe services, after-hours support and clear pathways to seek help.	Coordination means continuity of care. Local plans encourage system integration and understanding between social, health and community services to ensure people experience one system, not many siloes.	Holistic support means supporting the whole person—physical, mental, social, emotional, cultural and spiritual. The plans achieve this by prioritising wraparound, culturally nuanced local programs and services.	Simple, repeated acts of connection are protective against suicide. Locally, this can look like BBQs, local events and school programs, and peer support for frontline workers and present and former Australian Defence Force members.	The Northern Queensland SPCAPs contribute to postvention through upstream capacity building and coordination. As well as reducing stigma, this encourages community ownership and sustainable support of people who have lost loved ones to suicide.

Communities can address the social determinants of suicide and be protective against suicide

Families, carers and kin experience supports that address their needs and work with them with caring for others experiencing suicidal distress

DOMAINS

Critical enablers

Everyone works together to prevent suicide

DOMAIN AIMS

Enablers for a whole-of-government suicide prevention approach

KEY OBJECTIVES / OUTCOMES

11 Improved governance	12 Embedded lived experience	13 Available and translated evidence	14 Capable and integrated workforce
Good governance prioritises empowering local people with lived experience to lead local actions. It supports community ownership, shared goals and accountability.	Lived experience is at the heart of the Northern Queensland plans, through reference groups, steering committees and leadership. Lived experience shapes every aspect of the plans, from design through to evaluation.	Decisions are based on the best available data and research, and translated through a lens of local knowledge to ensure programs and practices make sense for local communities. This includes culturally adapted resources and shared evaluation data.	Locally, the plans focus on upskilling volunteers and paid workers beyond the health network with intervention and response skills such as psychological first aid. This includes people with lived experience entering the peer workforce.