



Suicide Prevention in Austria (SUPRA)



14.11.2023

SUPRA (Suizidprävention Austria)

- » Long tradition of suicide prevention in Austria:
- » 1910: Wiener Rettungsgesellschaft (postvention)
- » 1930: Suicide Prevention in schools (Viktor Frankl)
- » 1948: „Lebensmüdenfürsorge“ (Erwin Ringel)
- » 1960: Foundation of IASP in Vienna (Erwin Ringel)
- » 1975: Foundation of Kriseninterventionszentrum
- » 2000: Austrian Suicide Prevention Plan (Gernot Sonneck)
- » 2012: SUPRA + Coordinating Centre at GÖG (Austrian Public Health Institute)

SUPRA (Suicide Prevention Austria)



Eine Initiative des
Bundesministeriums für Soziales, Gesundheit,
Pflege und Konsumentenschutz

SUPRA
Suizidprävention Austria

SUPRA (SuizidPRevention Austria)

- » 70 pages expert paper containing:
 - » International papers (WHO, OECD, ...)
 - » Metanalysis of national suicide prevention plans
 - » Sociology and epidemiology of suicide in Austria
 - » Cost benefit calculation
 - » 10 working areas of suicide prevention
 - » Development of a national strategy

→ Not a strategy but a broad description of what should or could be done in Austria

The challenge

- » the paper does not go into details on:
 - » prioritisation of measures,
 - » responsibility for implementation,
 - » recommended target goals or
 - » outcome indicators.

→ In order to convince decision makers to foster suicide prevention in a federally structured country like Austria all this information is crucial – especially in times of limited resources

Implementation: Double Strategy

- 1. Do what can be done:** goals and measures that were easy to achieve were conducted immediately **“Quick Wins”** (national suicide report, conferences, applications for support, webpage, concept for gatekeeper trainings, ...)
- 2. Development of a structured concept for implementation:**
 - ➔ panel of leading experts ➔ 6 columns = 6 strategic and 18 operative goals were identified, 70 measures, target sizes, indicators and responsibilities were described.



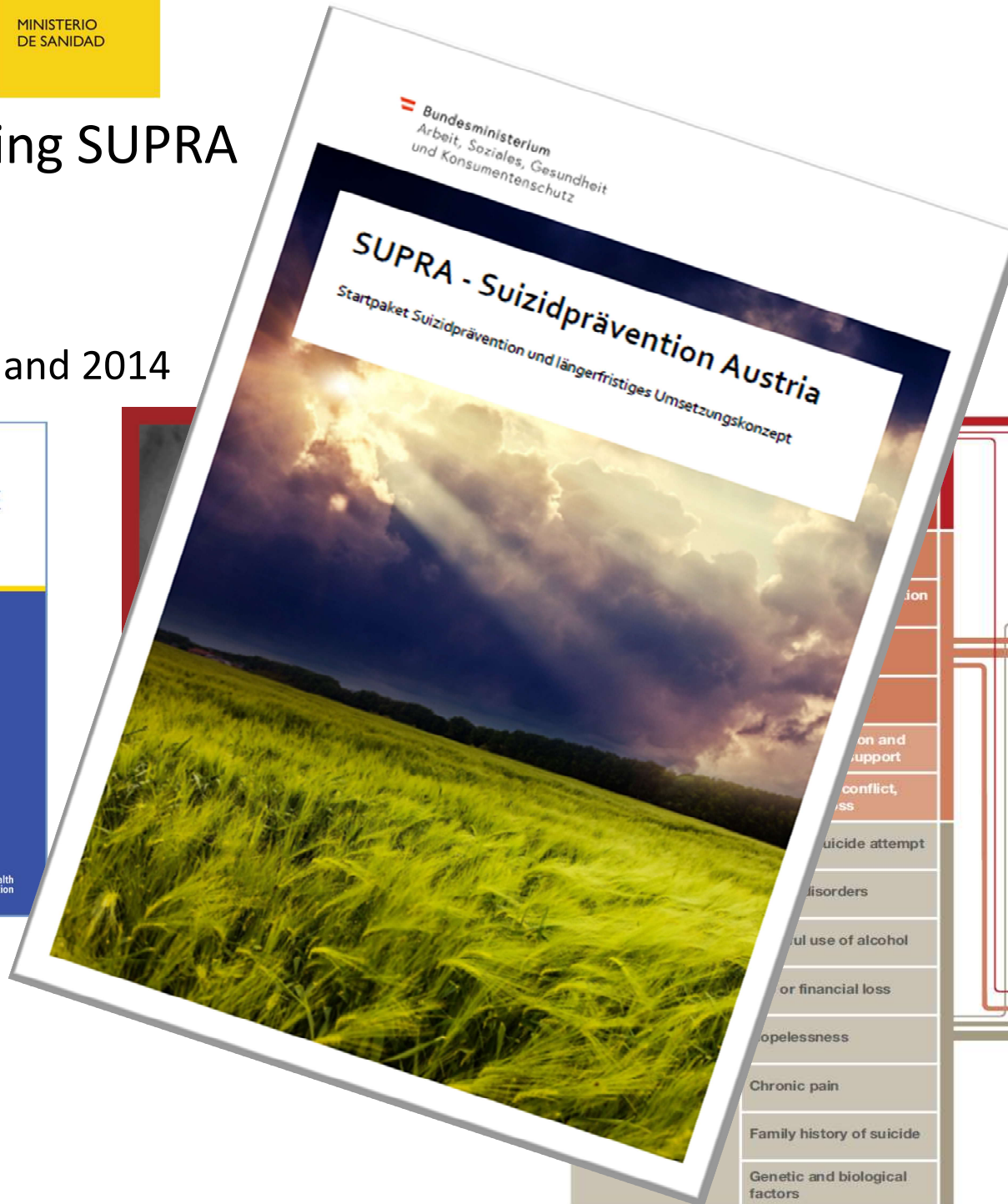
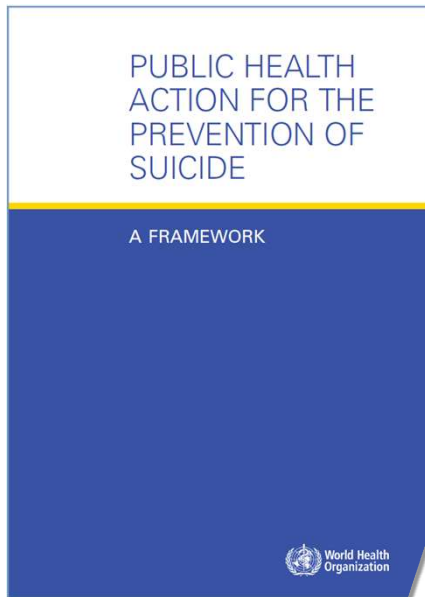
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Structuring SUPRA

WHO 2012 and 2014





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Extract: implementation concept

SUPRA - SUicide PRevention Austria: Columns - Objectives - Actions

Column: Coordination and organisation

Strategic objective 1: Suicide prevention in Austria is organisationally embedded and coordinated

		Implementation by	measurand	target value
1.1.	Suicide prevention is embedded in organisational and coordination structures at federal and regional level and is coordinated			
1.1.1.	Continuation of the SUPRA Coordination Unit at federal level	BMASGK	Continuation of the coordination office is ensured	1
1.1.2.	Embedding suicide prevention in an existing organisational/coordination structure of the countries (e.g. psychiatry coordination, addiction/drug coordination, social psychiatric services, suicide prevention officer ...)	federal states	Suicide prevention is integrated into an existing organisational/coordination structure in each federal state	3

Column: Support and treatment

Strategic objective 2: People at risk of suicide and risk groups are supported or treated as needed.

		Implementation by	measurand	target value
2.1.	Gatekeepers are competent in dealing with people at risk of suicide and risk groups			
2.1.1.	Development of a gatekeeper training concept (who should be trained when by whom and in what form)	federal government, SUPRA, ÖGS, federal states	Training concept is available	1
2.1.2.	Standardised/quality assured training documents are provided by the Working Group "Gatekeeper Trainings" ÖGS/SUPRA for SUPRA cooperation partners.	SUPRA, ÖGS	Training documents are available, rules for provision are defined	1
2.1.3.	Development and implementation of a "Train-the-trainer" programme	federal government, SUPRA, ÖGS, federal states	Train-the-trainer training is offered - Number of registered trainers per federal state / population / suicide rate	to be determined
2.1.4.	Nationwide training and further education of gatekeepers by registered trainers (incl. inclusion of the topic in the training programmes/curricula of the individual health and social professions)	federal government, federal states, ÖGS	Number of gatekeepers trained per federal state / population / suicide rate	to be determined
2.2.	Sufficient psychosocial supply and care structures are provided for risk groups (emergency and stabilisation)			
2.2.1.	Establishment of a nationwide crisis emergency number (0-24h) for adults and for children/young people, which redirects to the existing (or to be created) facilities (technical cross-reference TEWEB)	federal government, federal states, supporting organisations	Crisis telephone numbers are set up and assured for the long term	1
2.2.2.	Expansion / interlinking of online crisis services (online counselling) both for adults and for children/young people	BMASGK, federal states, supporting organisations	Online offerings have been expanded and are secured for the long term	1
2.2.3.	Ensuring, establishing, expanding and coordinating (low-threshold, anonymous, multilingual) nationwide coverage: - psychiatric crisis services (24h) - psychosocial / psychotherapeutic crisis intervention centres - follow-up care after emergency contact - inpatient and/or day-care psychosocial crisis intervention facilities (24h) for both adults and children/adolescents	BMASGK, federal states, SI, supporting organisations	Emergency psychiatric services, psychosocial/psychotherapeutic crisis intervention centres, post-emergency care after emergency contact and inpatient and/or day-care psychosocial crisis intervention facilities for adults as well as children/young people are established throughout the country	1
2.2.4.	Nationwide coordinated offers after losses and catastrophes (central hotline, clearing, emergency psychological teams) for adults as well as for children/youths	BMASGK, BMI, federal states, supporting organisations	Offers after losses and catastrophes are coordinated and established across all regions	1
2.2.5.	Develop and ensure sufficient supporting interpretation services for actions 1-4 (e.g. video interpretation)	BMASGK, BMEIA, BMI, federal states, supporting organisations	Sufficient interpretation services are provided for measures 1-4	1
2.3.	Sufficient psychosocial supply and care structures are provided for risk groups (coping and prevention).			
2.3.1.	Expanding/developing psychosocial counselling/care/treatment services for particularly vulnerable target groups (e.g. LGBTI, victims of violence, survivors of suicide, prisoners, ex-prisoners, addiction, poisoning)	federal government, federal states, SI, supporting organisations	Offers developed/established	1
2.3.2.	Support, promotion and networking of self-help offers	federal government, federal states, SI, supporting organisations	Support, promotion and networking are established	1
2.3.3.	Developing/establishing of special programmes, including proactive, outreach programmes for "remote" / hard-to-reach target groups (e.g. lonely young and old, chronically ill, people with multiple problems,	federal government, federal states, SI,	Special programs developed/established	1

starting package suicide prevention

column	Regional level	Federal level	Implementation within
1	Organizational embedding of suicide prevention into an existing organisational/coordination structure of the federal states (e. g. psychiatry coordination,...)	Expansion of the SUPRA coordination office at federal level	1 year
2	Building on existing offers: One non-confessional 24/7 crisis telephone number per state	National hotline that automatically redirects to the countries' crisis telephone numbers	1 year
	Financing/Implementation of SUPRA/ÖGS-Gatekeeper-Programme	Financing of SUPRA/ÖGS train-the-trainer programme	2 years
3	Identification and safeguarding of hot spots	Start the discussion process on legal measures/guidelines: Weapons, medicines, construction and transport standards	2 years
4	Information events/seminars for regional media in order to disseminate the media guidelines/ assignment of a person responsible for the media in each federal state	Papageno-Media-Award (incl. distribution of media guidelines)	1 year
5	Implementation of suicide prevention in schools: YAM/Vorarlberg model (integration in Eigenständig Werden, Plus, Klartext)	Support by BMBWF and BMASGK	2 years
6	Contribution to the establishment of expertise/database by the federal states (e. g. with regard to hot spots) in cooperation with SUPRA/ÖGS-	Implementation of SUPRA/ÖGS-WG-quality assurance	1 year

Lessons learned /recommendations

- » Initiative of the federal ministry of health
- » National coordination (e.g. public health institute – synergies!!!) and regional coordination
- » Carry out situation and needs analysis (SANA)
- » Build on existing initiatives / do not re-invent the wheel
- » Broad involvement of relevant stakeholders
- » Clear objectives (+target sizes, indicators and responsibilities)
- » Create “easy to eat” pieces for decision makers
- » Use formats decision makers are familiar with
- » Don’t fight windmills – go where the energy is
- » Diplomacy and snowball effect
- » Monitoring of implementation



Key facts

- » Geographical scope: national (multilevel)
- » Timeframe: continuous (starting in 2012)
- » Initiative/Financing: Federal Ministry of Labour, Social Affairs, Health and Consumer Protection
- » Implementation: Coordination centre (national public health institute) + national/regional/local players
- » Goals: 6 strategic, 18 operative goals, 70 measures (including target sizes, indicators, responsibilities) → starting package
- » Target populations: universal, selective, indicated prevention
- » Evidence: evidence based (as far as possible)
- » Evaluation: on project/actions basis+ annual report (indicators/target sizes)

Key facts II

- » Stakeholders: broad stakeholder involvement – based on already existing initiatives
- » Annual budget: coordination centre: ~ € 80.000 (aim is to use synergies and convince others)
- » Outcomes: annual suicide report, prevention web-portal, gatekeeper train-the-trainer programme, media-award, special programmes for risk groups (older, young, men), safeguarding hot-spots, school programmes, boost for regional programmes.
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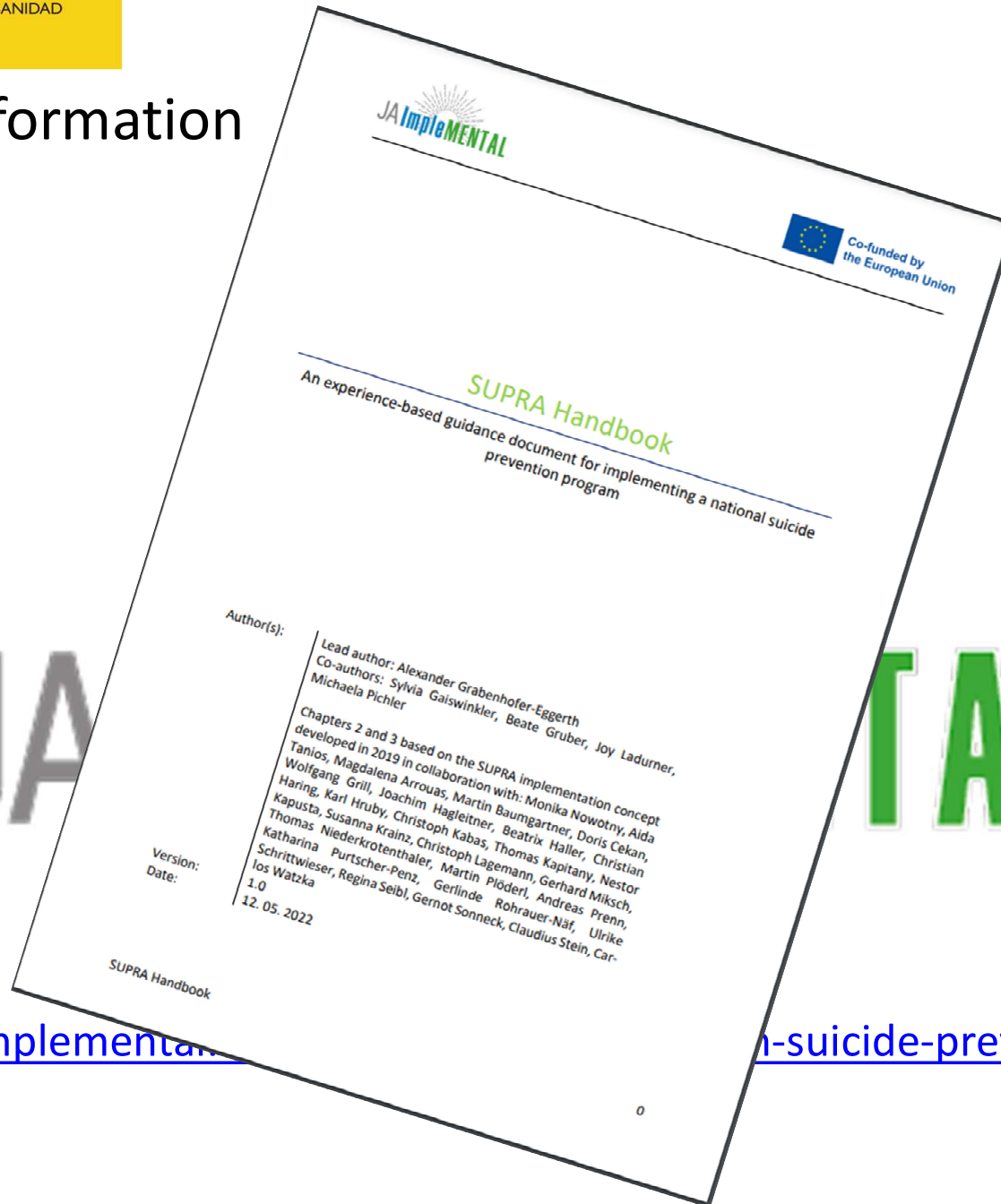


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Further Information



<https://ja-implemental.org>

<https://ja-implemental.org/suicide-prevention-supra/>

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