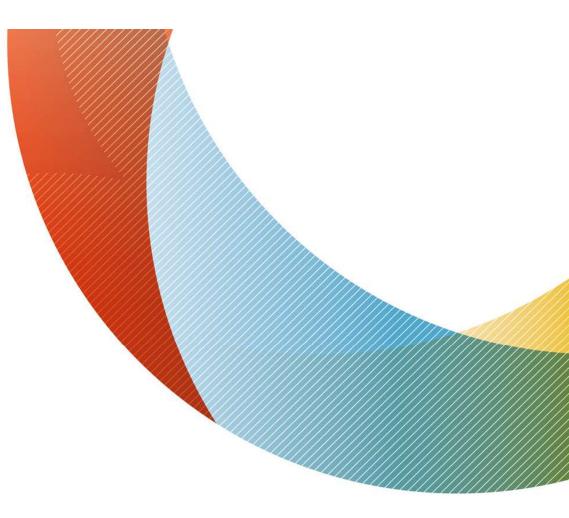
SUPRA – SUicide PRevention Austria

Mag. Alexander Grabenhofer-Eggerth

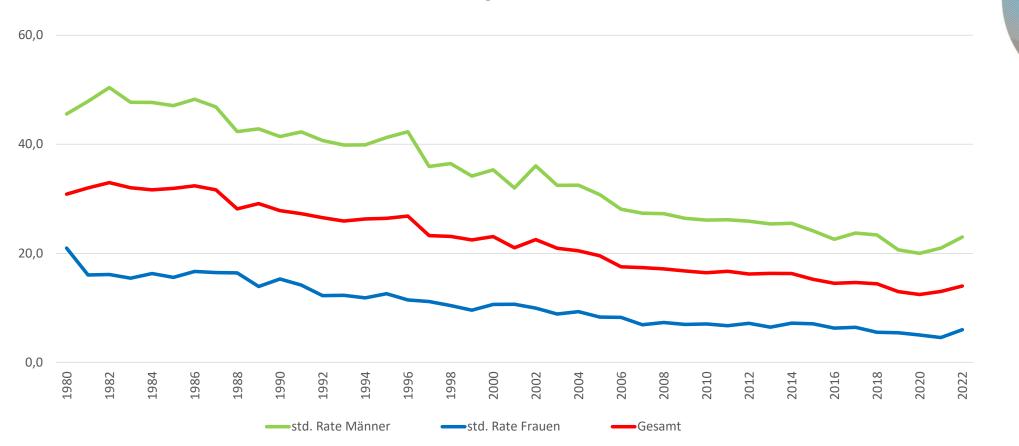
REITOX Academy, November 28th 2023



SUPRA 🕬 Suizidprävention Austria

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





Suicide rates in Austria per 100.000

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

SUPRA - key facts

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 Crisis Intervention Centre Vienna (Ringel/Sonneck)
- 2000: Austrian Suicide Prevention Plan (Sonneck)

→ 2012: SUPRA-Programme + Coordination Centre (@National Public Health Institute/GÖG)



SUPRA - How everything started...



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Original SUPRA-paper

70 pages expert paper containing:

- International papers (WHO, OECD, ...)
- Metanalysis of national suicide prevention plans
- Sociology end 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 of SUPRA – double strategy

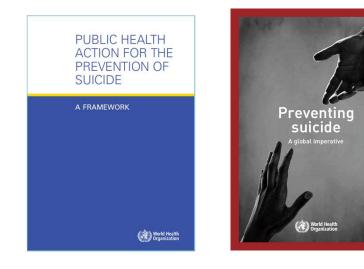
In 2012 SUPRA was published and the "coordination centre" was established at the GÖG (Austrian Public Health institute) by the Austrian federal ministry of health \rightarrow main purpose: Implementation of SUPRA

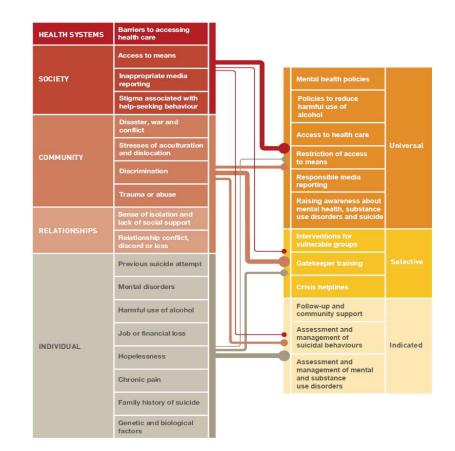
- **Do what can be done ("Quick Wins"):** goals and measures that were easy to achieve were conducted immediately (national suicide report, conferences, applications for support, webpage, concept for gatekeeper trainings, ...)
- Development of a structured concept for implementation: panel of leading experts, inspired by the ongoing health care system reform



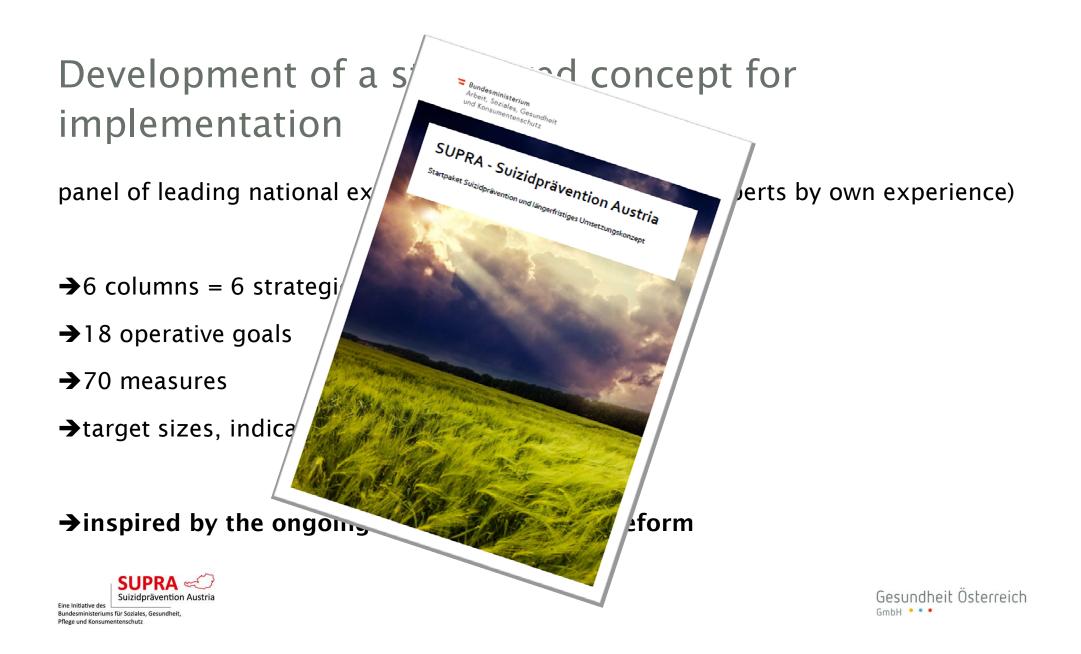
Important background material

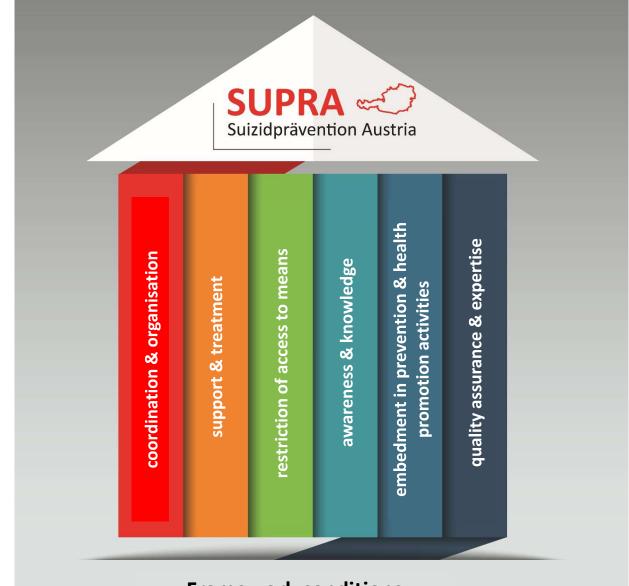
WHO 2012 i.e. 2014





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Framework conditions

6 columns



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									
1.1.	Suicide prevention is embedded in organisational and coordination structures at federal and regional level and is coordinated	Implementation by	measurand	target value						
1.1.1.	Continuation of the SUPBA 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)		Suicide prevention is integrated into an existing organisational/coordination structure in each federal state	9						
	Column: Support and treatment Strategic objective 2: People at risk of suicide and risk groups are supported or treated as needed.									
2.1.			measurand	target value						
2.1.1.		federal government, SUPRA, ÖGS, federal states	Training concept is available	1						
2.1.2.		SUPRA, ÖGS	Training documents are available, rules for provision are defined	1						
2.1.3.		federal government, SUPRA, ÖGS, federal states	Train-the-trainer training is offered - Number of registered trainers per federal state / population / suicide rate							
2.1.4.			Number of gatekeepers trained per federal state / population / suicide rate	to be determined						
2.2.		Implementation by	measurand	target value						
2.2.1.		federal government, federal states, supporting organisations	Crisis telephone numbers are set up and assured for the long term	1						
2.2.2.	· · · · · · · · · · · · · · · · · · ·	organisations	Online offerings have been expanded and are secured for the long term	1						
2.2.3.	 psychiatric crisis services (24h) psychosocial / psychotherapeutic orisis intervention centres follow-up care after emergency contact inpatient and/or day-care psychosocial orisis intervention facilities (24h) for both adults and children/adolescents 	organisations	Emergency psychiatrio services, psychosocial/psychotherapeutic orisis intervention centres, post-emergency care after emergency contact and inpatient and/or day-care psychosocial orisis intervention facilities for adults as well as children/young people are established throughout the country	1						
2.2.4.		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.			measurand	target value						
2.3.1.		federal government, federal states, SI, supporting organisations	Offers developed/established	1						
2.3.2.		federal government, federal states, SI, supporting organisations	Support, promotion and networking are established	1						
2.3.3.			Special programs developed/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, Sl, | Special programs developed/established Pflege und Konsumentenschutz

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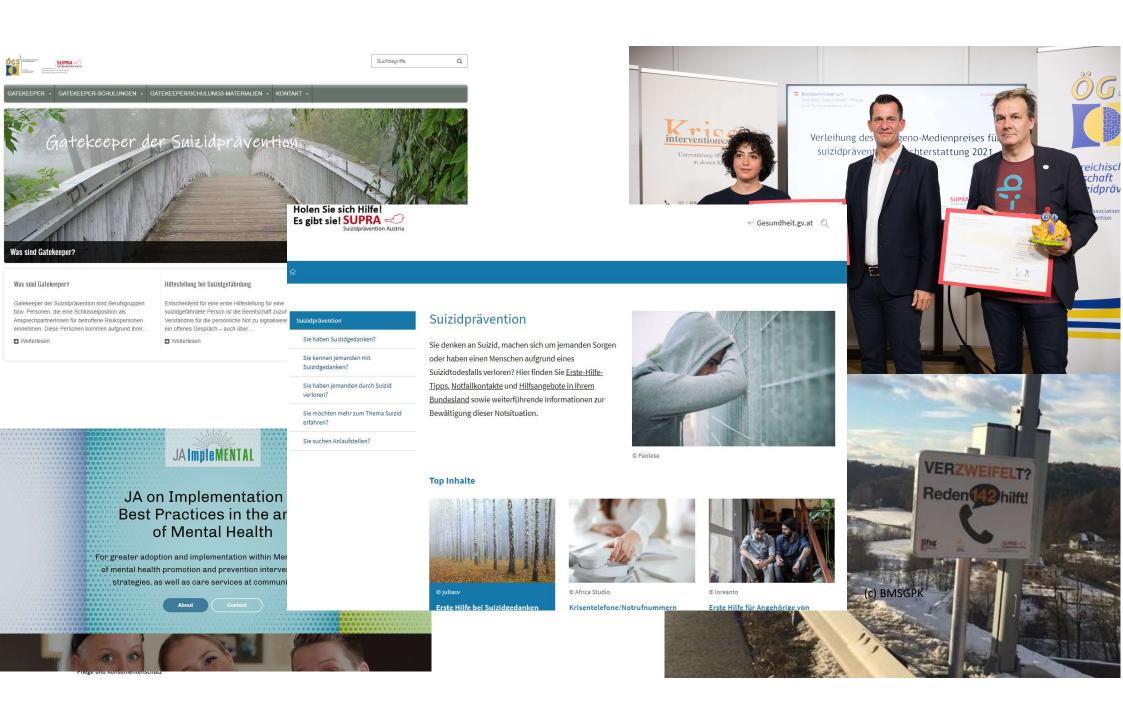
Starting package suicide prevention

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 BMSGPK	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-WG quality assurance.	Implementation of SUPRA/ÖGS-WG-quality assurance	1 year

Outcomes, achievements, current priorities

- annual suicide report/ monitoring
- national conferences
- prevention web-portal www.suizid-praevention.gv.at
- gatekeeper train-the-trainer programme / training of gatekeepers
- Papageno-media-prize
- special programmes for risk groups (older, young, men)
- safeguarding hot-spots
- school programmes
- Postvention guidelines
- boost for regional programmes
- European best practice model Joint Action ImpleMENTAL
- National telephone helpline
- Upscaling of crisis centres in Austria
- Law on assisted suicide







Bundesministeriums für Soziales, Gesundheit, Pflege und Konsumentenschutz

Lessons learned /recommendations 1

- Initiative of the Federal Ministry of Health
- National coordination (e.g. Public health institute synergies!!!) and regional coordination
- Carry out situation analysis
- Build on existing initiatives / do not re-invent the wheel
- Broad involvement of relevant stakeholders
- Clear goals (+target sizes, indicators and responsibilities)
- Create "easy to eat" pieces for decision makers



Lessons learned /recommendations 2

- Use formats decision makers are familiar with
- Don't fight windmills go where the energy is
- Don't be a flagship project
- Think long-term and enduring
- do not expect any praises
- Diplomacy and snowball effect
- Monitoring of implementation



Addiction Prevention - Collaboration and challenges

- Addiction prevention is well organized in Austria for about 25 years including an umbrella organisation (ARGE Suchtvorbeugung)
- Coordination units for prevention and addiction in each of the 9 independent regions of Austria (sometimes so called PSY-coordination in one person or unit)
- Nationwide evaluated programmes in schools (but unknown coverage) collaboration with suicide prevention in at least 4 regions
- Lot of funding for health promotion and "primary prevention" mostly just for "innovation" but not for prevention programmes (esp. not for selective, indicated)
- Often similar processes and risk factors behind suicide and addiction
- Much more synergies between both fields might be used (→ national mental health strategy)





Eine Initiative des Bundesministeriums für Soziales, Gesundheit, Pflege und Konsumentenschutz Many thanks for your attention!

For further questions ...

Mag. Alexander Grabenhofer-Eggerth Head of Department Psychosocial Health

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https://ja-implemental.eu/supra-handbook/

