## The challenge of implementation of suicideprevention-actions across European countries

**Setting the scene** 



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### **Content of presentation**

- - Overview of the project
- Work package "Suicide Prevention"
  - O Results of Situation Analysis and Needs Assessment
  - Common and individual challenges
  - Different policy frameworks
- ▶ Challenges and facilitators in the countries





#### JA ImpleMENTAL

- > 2 best practices were selected by the Steering Group on Promotion & Prevention (Member States):
  - O Mental healthcare delivery system reform in Belgium
  - Suicide Prevention Austria SUPRA
    - lead: Austria, Czechia
    - 17 countries (14 implementing, 3 participating/non-implementing)

Further information: <a href="https://ja-implemental.eu/">https://ja-implemental.eu/</a>





# JA ImpleMENTAL WP 6 Suicide Prevention (SP), SUPRA

> SUPRA is 1 of 2 technical WPs of JA ImpleMENTAL

WP6 "Transfer and pilot implementation of (selected elements of) of Austrian Best Practice on Suicide Prevention (SP) "SUPRA"

- Lead: GÖG/Austria, Co-Lead: MoH/Czech Republic
- Partners from 17 [14 of them implementing] countries: Austria, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, Greece, Hungary, Iceland, Lithuania, Malta, Norway, Serbia, Slovenia, Spain and Sweden,





#### Differences in policy frameworks

- ▶ 15 (of 17participating) countries committed to implement prioritized measures/actions and to develop i.e. revise a national SP strategy
- 9 countries had a national and/or regional SP strategy in place when JA started
- 6 had no specific SP-strategy in place
- Numerous public and private stakeholders involved in suicide prevention at national/regional level





## Steps in the project

- Record and assess the current situation in the field of SP in each country/region → situation analysis (SA), national country profiles (CPs)
- Needs assessment (+ define prioritized strategic and/or operative actions to be taken) (NA) →SWOT-analysis, national country profiles
- Develop/revise a/the national SP strategy → draft/revised strategy





#### Situation Analysis and Needs Assessment

- Countries completed Situation Analysis (SA) questionnaire with 61 indicators
  - O General country information, epidemiology of suicidal behaviour, health care availability, related policy and research, vulnerable groups
- - Condensed version of SA
  - O Including:
    - SWOT analysis
    - Including implementation success factors/facilitators and barriers
    - Prioritised measures
    - Next steps





### Findings: Common challenges

- Gap between ambitions and resources
- Competing interests (school environment)
- > Stakeholder involvement
- Too many objectives
- Stigma
- Expensive private treatment of MH problems
- Threats of policy cycle
- No funding allocated for implementation of national suicide prevention policy





## Findings: Specific challenges

- Low continuity of care among child and adolescent and adult services (EST)
- Project based funding for community services (EST)
- Anti-psychiatric and "anti-antidepressant" campaigns in the media and on the internet (HUN)
- Availability of MH specialists (MAL)
- Problematic social and healthcare frontier. Insufficient collaboration between the Ministry of Health and the Ministry of Labour and Social Affairs (CZE)
- Wide network of actors active in health promotion (ICE)
- Small, less fragmented country; centralised governance (SLO)
- ➢ Alcohol culture (SLO)





#### **Findings: Common facilitators**

- ▶ Involving stakeholders
- Contribution to adoption of EBP
- Adopted policy document
- Networking with international community
- Awareness raising





#### What you will hear in the next 40 minutes

- Three examples of different stages of the development in terms of national strategy (including 1 perspective from outside of the JA)





#### Thank you for your attention!

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