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SUPRA Handbook

An experience-based guidance document for implementing a national suicide prevention program

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Contents

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Abbreviations

AKS	Forum österreichischer Gesundheitsarbeitskreise, Forum of Austrian Health Working Groups
APA	Austria Presse Agentur, Austria Press Agency
ARGE	Arbeitsgemeinschaft (z. B. ARGE Suchtvorbeugung), umbrella organisation of addiction prevention offices in Austria
ASFINAG	Autobahnen- und Schnellstraßen-Finanzierungs-Aktiengesellschaft, Austrian Motorway Financing Company
BMSGPK	Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, Federal Ministry of Social Affairs, Health, Care and Consumer Protection
BMBWF	Bundesministerium für Bildung, Wissenschaft und Forschung, Federal Ministry of Education, Science and Research
BMEIA	Bundesministerium für Europäische und internationale Angelegenheiten, Federal Ministry of European and International Affairs
BMG	Bundesministerium für Gesundheit, Federal Ministry of Health
BMI	Bundesministerium für Inneres, Federal Ministry of the Interior
BMVIT	former Bundesministerium für Verkehr, Innovation und Technologie now Bundesministerium für Klimaschutz, Umwelt, Energie, Mobilität, Innovation und Technologie. Federal Ministry of Climate Action, Environment, Energy, Mobility, Innovation and Technology
BPK	bereichsspezifisches Personenkennzeichen, sector-specific personal-identifier (ssPIN)
BVB	Bezirksverwaltungsbehörden, district administration
DW	Development Work
EU	Europäische Union, European Union
FFG	Österreichische Forschungsförderungsgesellschaft, Austrian Research Promotion Agency
FGÖ	Fonds Gesundes Österreich, Austrian Health Promotion Fund
GFA	Gesundheitsfolgenabschätzung, Health Impact Assessment
GÖG	Gesundheit Österreich GmbH, Austrian National Public Health Institute Gesundheit Österreich GmbH
HVB	Hauptverband der Sozialversicherungsträger, Main Association of Austrian Social Insurance Institutions
I	Indicated Prevention
IASP	International Association for Suicide Prevention
IW	Implementation Work

ÖGS	Österreichische Gesellschaft für Suizidprävention, Austrian Society for Suicide Prevention
ÖNBGF	Österreichisches Netzwerk für Betriebliche Gesundheitsförderung, Austrian Network for Workplace Health Promotion
ONGKG	Österreichisches Netzwerk Gesundheitsfördernder Krankenhäuser, Austrian Network of Health-Promoting Hospitals
ÖSG	Österreichischer Strukturplan Gesundheit, Austrian Structural Plan for Health
QW	Quick Win
S	Selective Prevention
SEYLA	Saving and Empowering Young Lives in Austria
SEYLE	Saving and Empowering Young Lives in Europe
SPRC	Suicide Prevention Ressource Center
stat.at	Statistik Austria, Statistics Austria
SUPRA	Suizidprävention Austria, Suicide Prevention Austria
SUPRO	Werkstatt für Suchtprävention – Vorarlberg, Bureau for Addiction Prevention - Vorarlberg
SV	Sozialversicherung, Social Insurance
U	Universal Prevention
WG	Working Group
WHO	World Health Organization
WW	Wiener Werkstaette for Suicide Research
YAM	Youth Aware of Mental Health Programme

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Executive summary

This handbook summarises the experience gathered in Austria between 2012 and 2022 with implementing the national suicide prevention programme SUPRA. Its aim is to provide guidance to other countries, partners of the Joint Action ImpleMENTAL work package 6, for developing or scaling up a suicide prevention strategy at national/regional level.

It introduces the WHO-framework (based on various WHO-reports) and illustrates how it served as a key reference and provided crucial guidance for Austria. Lessons learned in Austria are shared, based not only on the experience of implementing SUPRA, but also on the experience of implementing other national strategies (related to topics other than suicide prevention).

Introduction

Every 40 seconds, a person dies due to suicide somewhere in the world, and far more people attempt suicide. However, **suicides are preventable**.

In order to promote suicide prevention in Europe, the Austrian national suicide prevention programme **SUPRA was selected as a best practice model** for further dissemination in other countries within the European Union **Joint Action ImpleMENTAL**[1]. "Transfer and pilot implementation of (selected elements of) the Austrian Best Practice on Suicide Prevention SUPRA" constitutes WP 6 of the Joint Action. The aim of work package 6 is not a 1:1 roll-out of the Austrian SUPRA programme by individual partners i.e. in the different countries, but to initiate a process similar to the one in Austria, based on the WHO recommendations (WHO 2012, 2014, 2021), using elements of SUPRA that are suitable for the actual situation and needs in each country.

This handbook summarises the experience gathered in Austria between 2012 and 2022 with implementing the national suicide prevention programme SUPRA. Its aim is to provide guidance to other countries, partners of the Joint Action work package 6, for developing or scaling up a suicide prevention strategy at national/regional level.

Chapter 1 illustrates how the structured SUPRA implementation concept was developed based on a **pre-existing broad description (report)** of what should or could be done in suicide prevention in Austria and the **WHO framework for suicide prevention** It introduces the WHO-framework (based on various WHO-reports) and illustrates how it served as a key reference and provided crucial guidance for Austria.

In the process of implementing SUPRA, it has been helpful to distinguish between **quick wins, implementation work and development work**. The first chapter of this handbook explains how to clearly **define goals and describe actions and responsibilities**, and how not to confuse goals and actions. These clear definitions and descriptions are a prerequisite for monitoring and evaluation. The chapter also includes information on **universal, selective and indicated prevention** and lists WHO recommendations on **key effective interventions** for suicide prevention. Chapter 1 closes by arguing why it is very helpful to monitor the implementation of a strategy.

In **Chapter 2** you can find a **translation of the structured SUPRA-implementation concept of 2019** (BMASGK 2019) including **additional information about implementation and lessons learned**. It should serve as a tangible example of what a national suicide prevention strategy could look like. This does not mean that the same operational goals and actions are suitable for other countries. However, it should be possible to use smaller or larger elements from it for your own national/regional strategies.

1 https://ja-implemental.eu/

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Chapter 3 contains a **translation of the SUPRA starting package**, which was extracted from the SUPRA implementation concept in order to create "easy to eat" pieces for decision-makers. It contains actions that are at the same time highly effective and relatively easy to implement.

In **Chapter 4 general lessons learned** in Austria are shared, based not only on the experience of implementing SUPRA, but also on the experience of implementing other national strategies (related to topics other than suicide prevention). Besides SUPRA, the Austrian National Public Health Institute, Gesundheit Österreich GmbH (GÖG), the competent authority leading work package 6 of Joint Action ImpleMENTAL, has been involved in the development of numerous other national strategies. The National Coordination Centre for Suicide Prevention, SUPRA, is located at GÖG.

In addition to this handbook the **WHO-publication of 2012 "Public Health Action for the Prevention of Suicide: A Framework"** is highly recommended as a key reference document. The WHO-framework can be extremely helpful when starting or further developing a national suicide prevention programme. It would have been very useful to know about it before Austria started SUPRA in 2012.

With this handbook we hope to provide useful support for the (further) development of national suicide prevention programmes.

GÖG, National Coordination Centre for Suicide Prevention, Vienna, May 2022

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1 SUPRA and WHO framework - development of a structured implementation concept

Every year, more than twice as many people die due to suicide in Austria (approx. 1,200) as due to traffic accidents, which is more than three suicides per day in Austria. Suicide is one of the most frequent causes of death among people under 50 years of age in Austria, in the age group 15-29 it is even the second most frequent cause of death. At the same time, suicide is one of the most important preventable causes of death.

The field of suicide prevention has a long tradition in Austria: As early as 1910, the Vienna Rescue Society was active in postvention, the prominent psychiatrist Erwin Ringel was one of the founding fathers of the International Association for Suicide Prevention (IASP) in 1960. In the 1970s, suicide prevention was explicitly mentioned in a government programme for the first time, and at the end of the 1990s the Austrian Suicide Prevention Plan was developed by Gernot Sonneck (Sonneck 2000). Nevertheless, the field in Austria was fragmented in terms of responsibilities and approaches and strongly supported by the personal commitment of individuals.

1.1 Advantages of having a national suicide prevention strategy

In the WHO publication **Public Health Action for the Prevention of Suicide (WHO 2012)** the advantages of having a national suicide prevention strategy are listed as follows:

- outlines the scope and magnitude of the problem, recognizes that suicidal behaviours are a major public health problem.
- signals the commitment of a government to tackling the issue.
- recommends a structural framework, incorporating various aspects of suicide prevention.
- provides authoritative guidance on key evidence-based suicide prevention activities, i.e. identifies what works and what does not work.
- identifies key stakeholders and allocates specific responsibilities among them; outlines the necessity of coordination
- identifies crucial gaps in existing legislation, service provision and data collection.
- indicates the human and financial resources required for interventions.
- shapes advocacy, awareness raising, and media communications.
- proposes a robust monitoring and evaluation framework, thereby instilling a sense of accountability among those in charge of interventions.
- provides a context for a research agenda on suicidal behaviours.

Experience from Austria

In 2012, the Austrian Federal Ministry of Health therefore established the National Coordination Centre for Suicide Prevention at the Austrian national public health institute Gesundheit Österreich GmbH/ GÖG and launched the national suicide prevention programme SUPRA (acronym of Suizid Prävention Austria), which was developed by leading Austrian experts. The first SUPRA paper (BMG 2011), which was presented on World Suicide Prevention Day 2012 was not yet a strategy but an expert paper containing descriptions of international papers, a meta-analysis of national suicide prevention plans, information on the sociology and epidemiology of suicide in Austria, a cost-benefit calculation and the description of ten working areas of suicide prevention. This broad description of what should and could be done in Austria was the starting signal for a series of activities that were launched or expanded in the following years under the umbrella of SUPRA:

- Establishment of an annual Austrian suicide report
- Organization of 5 national suicide prevention conferences
- Implementation of the Austrian suicide prevention internet portal www.suizid-praevention.gv.at within the framework of www.gesundheit.gv.at
- Creation of the Webpage bittelebe.at (suicide prevention webpage targeting young people)
- Anchoring of SUPRA in the Austrian national health target 9 ("Promote psychosocial health in all population groups") (BMGF 2017) and in the Federal „Target-Based Governance Agreement Health 2017 to 2021" (Zielsteuerung Gesundheit 2017).
- Development of a certified gatekeeper-trainer training (train-the-trainer)
- Creation of a certified gatekeeper training concept
- Production of information brochures on the topic of suicide for gatekeepers and relatives
  https://www.gesundheit.gv.at/leben/suizidpraevention/anlaufstellen/broschueren-links
- Implementation of the SEYLE/YAM project (Saving and Empowering Young Lives in Europe/Youth Aware of Mental Health Programme)
- Conducting of the SEYLA study (Save and Empower Young Lives in Austria)
- Implementation of special counselling services for risk groups (fathers in crisis, older people, …)
- Initiation of project to secure hot-spots on bridges
- Compilation of recommendation on how to deal with the Netflix series "13 reasons why - Dead girls don't lie" in schools
- Roll out of school suicide prevention programmes in several federal states

Despite these successes, it also became apparent that it was quite difficult to implement the first version of the SUPRA programme in its entirety. The main reason for this was that although the first version of the SUPRA programme showed what possibilities and starting points exist for suicide prevention in Austria, at the same time it did not provide any guidance on what exactly has to be done, when, where and by whom. The paper did not go into details on:

- prioritisation of actions,
- responsibility for implementation,
- recommended goals or
- outcome indicators.

In order to convince decision makers to foster the implementation all this information is crucial, especially in times of limited resources. Therefore, parallel to already conducting goals and actions that were easily achievable ("Quick wins"), a detailed **implementation concept** for the SUPRA programme was developed in numerous sub-working group meetings of the SUPRA- expert panel and in constant coordination with the entire expert panel until 2019.

Box 1. What is a "quick win"?

Quick wins are easy to implement actions, which:

- can be implemented within one year
- are not expensive
- already have existing implementation plans and political commitment
- are completely within the control of the team
- have visible effects
- ideally have impact on risk-groups (e.g. a webpage that supports search for help)

Some **examples for quick wins from Austria**: annual national suicide report, (annual) national conference, webpage for 3 groups (suicidal ideation, concerned friends and family, survivors), all kind of actions on World Suicide Prevention Day, Papageno Media Award, nationwide crisis emergency number. Some of the initial quick wins could not be reached as quickly as hoped. Other goals that seemed to be very hard to reach suddenly became quick wins because a (political) window of opportunity emerged.

ATTENTION: Sometimes it might be useful to categorise an action as a quick win in order to motivate decision makers. But be careful: it may backfire!

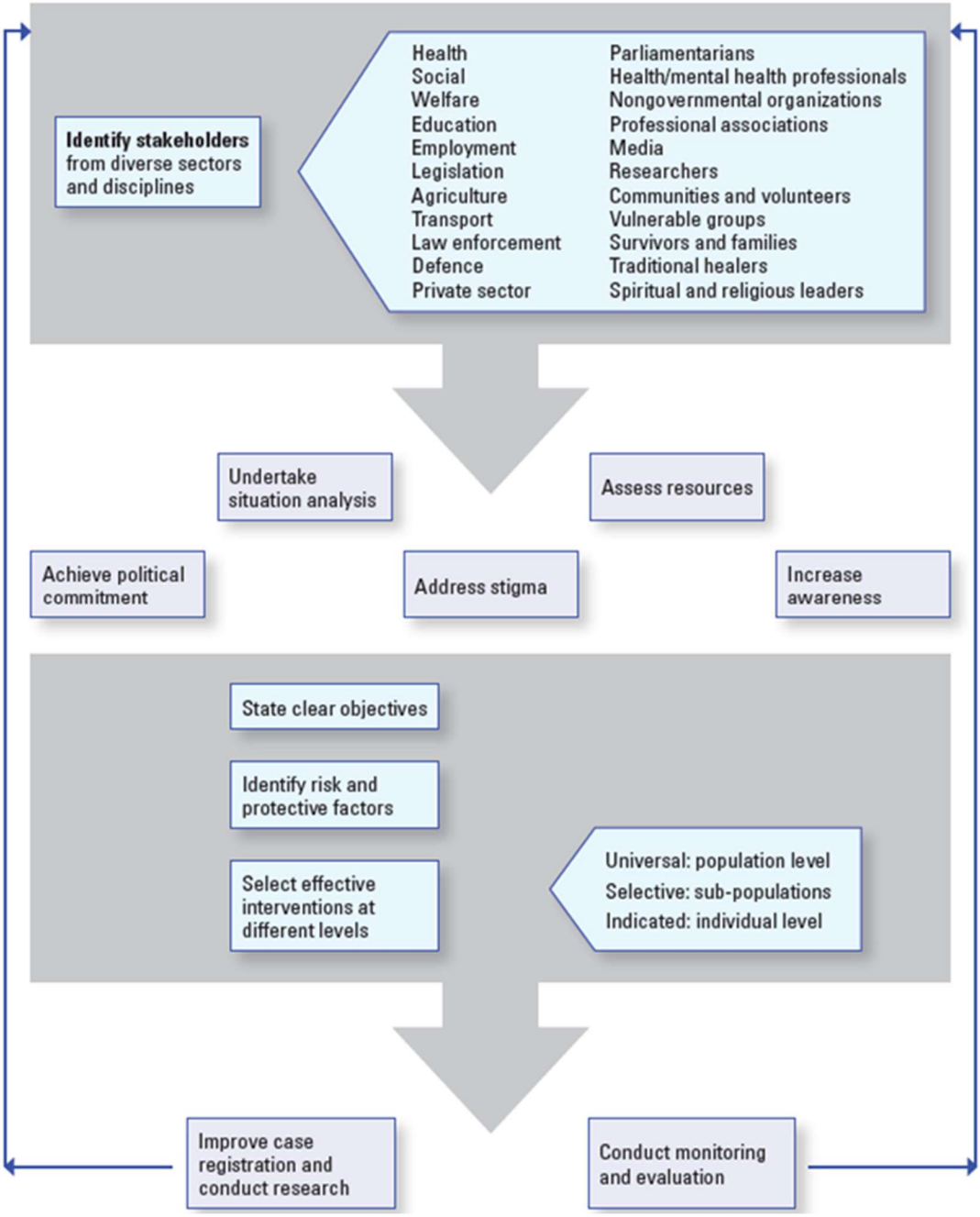
Why is it helpful to have quick wins?

A quick win can be a (small but) important first step, because there is very low threshold for entering suicide prevention. The experience of success on a small first step can be very motivating for oneself and the team but also for decision makers. Presentable results can be important for gaining political support and raising public awareness. Ideally these first steps already have an impact on high risk groups.

1.2 A stepwise approach

For developing the SUPRA-implementation concept recommendations from the reports "Public Health Action for the prevention of suicide - a framework" (WHO 2012) and "Preventing suicide. A global imperative" (WHO 2014) of the WHO were considered as well as the findings of recent reviews on the effectiveness of suicide prevention measures (Krysinska et al. 2015; Christensen et al. 2016).

The WHO recommends a stepwise approach to the development of a national suicide prevention strategy that is shown in the following figure:



Source: WHO 2012

Experience from Austria

Although Austria did not follow all aspects of the proposed stepwise approach – also due to the fact that SUPRA started at the same time as the WHO paper was released – in retrospect this stepwise approach appears as a very appropriate way to a national strategy.

Experience not only from SUPRA but also other national strategy development processes GÖG was involved in show that especially the formulation of clear goals and corresponding actions are crucial for success. The following sections list recommendations concerning this point:

1.3 Formulate clear goals

If you set up goals, you should consider the SMART concept. Goals should be:
S: specific, unambiguous (not vague), positively and described.
M: measurable – quantify or at least suggest an indicator of progress.
A: accepted by the recipients (attractive goals).
R: realistically to be achieved, given available resources.
T: timely.

Otherwise you may end up with generic and unrealistic goals like "a drug free world".

Distinguish between strategic and operational goals. Strategic aims are long term in nature and are achieved in small steps over the course of many years. Operational goals are short term aims and they serve to achieve the strategic goals step by step.

Tip: A goal becomes much more attractive if it is formulated as an end state. For example, "Awareness and knowledge about suicidality and about coping with psychosocial crisis are widespread in the population" shows a clearer vision than "increase knowledge in society about suicidality".

It is important also to clearly distinguish between goals and actions. Actions should be planned activities set up with the aim to achieve already defined goals. Very often goals and actions are confused. Therefore, one important rule of thumb is: If I can ask the question "why am I doing this" with a supposed goal, it is more likely to be an action.

Examples for goal-defining:

- The goal "Possibility of aftercare" is in fact more likely to be an action (because I can ask "why …") so a correctly formulated goal would rather be "sufficient and adequate care services for suicidal persons are provided" and a corresponding action would be "creating the possibility of aftercare".
- For the goal "Expansion of outreach forms of social and counselling assistance close to the residential quarters through professional and voluntary crisis workers." again one can ask "why". The corresponding goal could be "There are sufficient and adequate care services for risk groups".

1.4 Formulate clear actions

Each goal needs corresponding actions which contribute to the achievement of the related goal. When formulating actions, it should be clearly defined who makes:

- what (content),
- when (period, milestones),
- with what (resources),
- how (methodology) and
- with what result (in terms of goal – measurable).

Asking these questions will also help to distinguish between quick wins, implementation work and development work:

A **"quick win"** is understood to be an action that can be implemented quickly and with relatively little effort, while at the same time achieving a high impact.

"Implementation work" is understood to be an action for which there is already a finished concept that "only" needs to be implemented.

"Development work" is understood to be an action for which a corresponding concept or an implementation plan must first be worked out or for which the political will has yet to be formed.

1.5 Choose effective interventions

When thinking of actions, it should be clear to choose interventions that are effective. WHO (2021) lists 4 key effective intervention:

1. Limit access to means of suicide.
2. Interact with the media for responsible reporting of suicide.
3. Foster socio-emotional life skills in adolescents.
4. Early identify, assess, manage and follow up anyone who is affected by suicidal behaviours.

Beside that it makes sense to make use of findings of reviews on the effectiveness of suicide prevention measures (Krysinska et al. 2015; Christensen et al. 2016) and have a look on databases like the EU best practice portal[2] or the database like the one of the Suicide Prevention Resource Center[3].

A comprehensive suicide prevention programme should employ a combination of interventions on the following three levels (WHO 2014):

2 https://webgate.ec.europa.eu/dyna/bp-portal/

3 https://www.sprc.org/keys-success/evidence-based-prevention

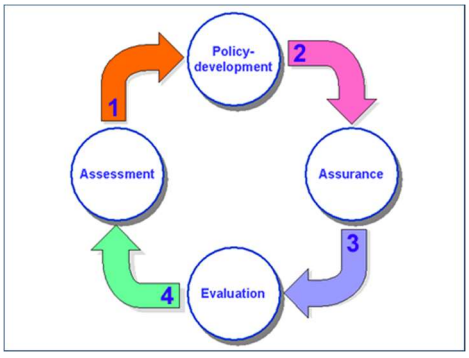
Universal prevention strategies are designed to reach an entire population in an effort to maximize health and minimize suicide risk by removing barriers to care and increasing access to help, strengthening protective processes such as social support and altering the physical environment. The target population is the whole population. Strategies are therefore aimed at all, regardless of risk behaviour or disease risk.

Selective prevention strategies target vulnerable groups within a population based on characteristics such as age, sex, occupational status or family history. While individuals may not currently express suicidal behaviours, they may be at an elevated level of biological, psychological or socioeconomic risk. The suicidal risk group are people with mental illness, people in psychosocial crises (e.g. after life events), old and/or lonely people, people with chronic illnesses, people who abuse alcohol, drugs or medication, victims of violence, self-harm, prisoners, people who have been affected by a suicide in the family/environment, etc.

Indicated prevention strategies target specific vulnerable individuals within the population – e.g. those displaying early signs of suicide potential or who have made a suicide attempt. Persons with individually confirmed risk factors or manifest risk behaviour (e.g. persons with suicide ideation and after suicide attempt).

1.6 Conduct monitoring and evaluation

Evaluation and monitoring are one part of the Public Health Action Cycle one might follow when implementing a prevention strategy. On the one hand monitoring and evaluation are crucial for improving the strategy and assuring quality, on the other hand these processes also help you to recognize that you probably already achieved more than you thought (if you tend to focus on problems) and to show decision makers that your strategy works and it makes sense to further invest in it.



Source: Ruckstuhl et al. 1997

In the following chapter, the entire implementation concept for SUPRA with its six strategic goals, 18 operational goals and 70 concrete actions is presented in detail.

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2 The SUPRA concept of implementation

General remarks:

- The list of goals and actions in the concept is not exhaustive, some actions that were already ongoing in 2019 or goals that were already reached are not covered by the implementation concept.
- In the course of the Joint Action the list of goals and actions of SUPRA will be revised, the goals and actions described in this handbook reflect the situation in 2019.

2.1 The structure of SUPRA in detail

The SUPRA implementation concept is based on a fundament of suicide prevention framework conditions that are essential for suicide prevention (see Figure 3): These range from high-quality and quantitatively sufficient availability of psychosocial care services to de-stigmatisation of the topic of mental health and illness, from an inclusive society to the promotion of suicide (prevention) research.

On this fundament, there are six equal columns of suicide prevention (see Figure 3), to which six major strategic goals and a total of 18 operational goals as well as 70 concrete actions including measurands and target values are assigned. A prioritisation of the strategic goals was deliberately omitted, as there are actions in all goals/columns that are essential from the beginning.

Figure 3. *The SUPRA column model*

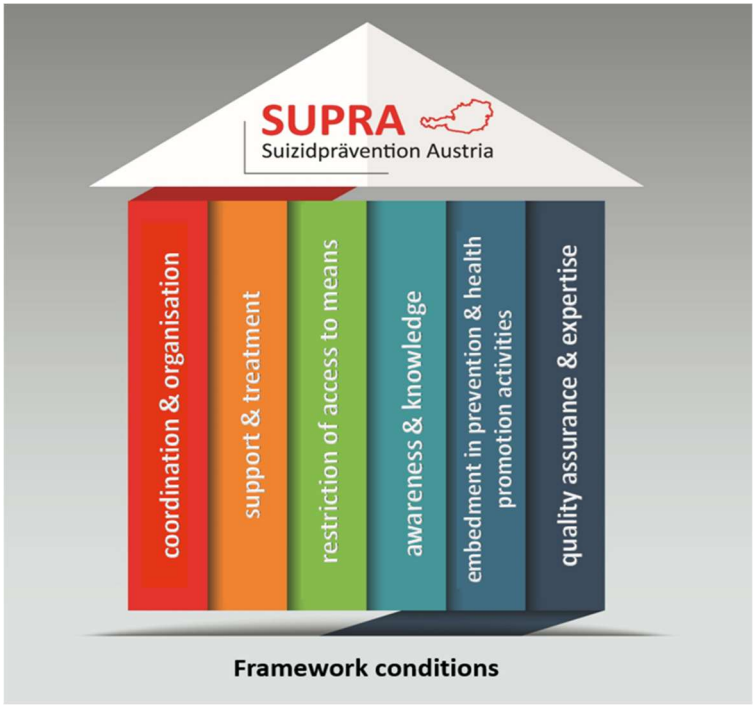

Illustration: BMSGPK

In the following, columns, goals and actions are presented in detail. In the tabular presentation it is also noted - analogous to the WHO report (WHO 2014) - whether these are actions of universal, selective or indicated prevention or whether the action can be assigned to several types of prevention. Furthermore, it is noted for each action whether it is part of the starting package described in chapter 2 and whether it is a *quick win* or an *implementation* or *development work*.

A "quick win" is understood to be an action that can be implemented quickly and with relatively little effort, while at the same time achieving a high impact.

"Implementation work" is understood to be an action for which there is already a finished concept that "only" needs to be implemented.

"Development work" is understood to be an action for which a corresponding concept or an implementation plan must first be worked out or for which the political will has yet to be formed.

The column "Implementation by" (cf. Table 1) shows which organisations/institutions are to be involved in the different actions.

2.1.1 Column 1: Coordination and organisation

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

Even though suicide prevention is explicitly mentioned in a government programme as early as 1973, a corresponding coordination structure was first established at the federal level in 2012 in Austria. However, in order to implement a national prevention programme in a federally structured country, a corresponding organisational responsibility is also necessary at the provincial level.

The psychosocial network coordination offices ("psychiatry coordination") that already exist in several federal states and are described in the ÖSG 2017 (BGK 2017) would be a logical place to anchor organizational responsibility for SUPRA at a federal level. Table 1 lists the actions assigned to strategic goal 1.

Table 1. *Actions associated with Strategic Goal 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**	**type of prevention**	**type of action**
1.1.1.	Continuation of the SUPRA Coordination Unit at federal/national level	BMSGPK	Continuation of the coordination office is ensured	1	U, S, I	SP
1.1.2.	Embedding suicide prevention in an existing organisational/coordination structure of the provinces (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	9	U, S, I	SP

legend:

U = Universal, S = Selective, I = Indicated prevention

SP = Starting package, QW = Quick win, IW = Implementation work, DW = Development work

Implementation and lessons learned

In previous papers (Sonneck 2000; BMG 2011) the embedding of suicide prevention in organisational and coordination structures was not explicitly mentioned. It proved itself very useful to define clear responsibilities on both the federal and regional level within the implementation concept.

At the regional level, the picture is still very heterogeneous in terms of coordination. Some federal states in Austria have defined responsibilities at the administrative level while in others clear responsibilities have yet to be defined.

2.1.2 Column 2: Support and treatment

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

Appropriate support and mental healthcare services are essential prerequisites for successful suicide prevention. The column "support and treatment" and strategic goal 2 go far beyond the actual area of treatment and start with so-called "gatekeepers". Gatekeepers are persons who potentially have to deal with people with suicidal tendencies in their professional or voluntary context (e.g. Public Labour Market Service employees, teachers, police or doctors). In addition to gatekeepers, the psychosocial care areas for emergency and stabilisation and for coping and prevention are among the target areas. Another starting point is cross-sectoral coordination of support/care for risk groups.

Four operational goals were therefore formulated for strategic goal 2:

1. Gatekeepers are competent in dealing with people at risk of suicide and risk groups.
2. Sufficient psychosocial support and care structures are provided for risk groups (emergency and stabilisation).
3. Sufficient psychosocial support and care structures are provided for risk groups (coping and prevention).
4. Cross-sector cooperation takes place in the work with risk groups.

Table 2 shows the operational goals and actions assigned to strategic goals 2.

Table 2. *Operational goals and actions for the column "support and treatment"*

2.1.	**Gatekeepers are competent in dealing with people at risk of suicide and risk groups**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
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	S	IW
2.1.2.	Standardized/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	S	IW
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	S	SP
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	S	SP
2.2.	**Sufficient psychosocial support and care structures are provided for risk groups (emergency and stabilization)**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
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 Hotline 1450)	federal government, federal states, supporting organisations	Crisis telephone numbers are set up and assured for the long term	1	S, I	SP
2.2.2.	Expansion / interlinking of online crisis services (online counselling) both for adults and for children/young people	BMSGPK, federal states, supporting organisations	Online services have been expanded, long-term funding has been secured	1	S, I	IW

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	BMSGPK, 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	S, I	DW
2.2.4.	Nationwide coordinated offers after losses and disasters (central hotline, clearing, emergency psychological teams) for adults as well as for children/youths	BMSGPK, BMI, federal states, supporting organisations	Offers after losses and disasters are coordinated and established across all provinces	1	S, I	DW
2.2.5.	Develop and ensure sufficient supporting interpretation services for actions 1-4 (e.g. video interpretation)	BMSGPK, BMEIA, BMI, federal states, supporting organisations	Sufficient interpretation services are provided for measures 1-4	1	S, I	QW
2.3.	**Sufficient psychosocial support and care structures are provided for risk groups (coping and prevention)**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
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	S	DW
2.3.2.	Support, promotion and networking of self-help services	federal government, federal states, SI, supporting organisations	Support, promotion and networking are established	1	S	IW
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, people in shelters)	federal government, federal states, SI, supporting organisations	Special programs developed/established	1	S	DW
2.4.	**Cross-sector cooperation takes place in the work with risk groups**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
2.4.1.	Ensure care chain including aftercare: improvement of the cooperation and networking of inpat./ outpat. services Case & Care Management, Discharge Management aftercare after suicide attempt aftercare for surviving dependants after suicide	BMSGPK, supporting organisations	Supply chain including aftercare is ensured	1	S, I	IW, DW
2.4.2.	Networking and regional coordination of different agencies in the field of crisis intervention	federal states, supporting organisations	Nationwide coordination takes place	1	S, I	IW
2.4.3.	Provision of a central information and communication platform for gatekeepers (general practitioners etc.)	BMSGPK	Central communication platform is established	1	S, I	QW

legend:

U = Universal, S = Selective, I = Indicated prevention

SP = Starting package, QW = Quick win, IW = Implementation work, DW = Development work

Implementation and lessons learned

The nationwide implementation of the train-the-trainer gatekeeper concept was initially financed through project funding from a joint health promotion fund of the health insurance and the pharmaceutical industry. Securing long-term financing is still a challenge.

To ensure effective project implementation throughout Austria, the administration of gatekeeper-trainer trainings was divided among three regions (West, Central, East).

It is helpful to have a closer look at the resources of crisis intervention hotlines. In Austria most of the federal states have regional crisis hotlines in order or are planning to have one. However, these hotlines differ considerably in terms of capacity (e.g. staff, availability). For example, while the emergency number for crisis assistance in Upper Austria is a broadly based service offered jointly by various NGOs and emergency services, the two Carinthian cell phone numbers each connect the caller with the psychiatric department on duty of the two hospitals in the region.

Actions like "Expanding/developing psychosocial counselling/care/treatment services for particularly vulnerable target groups" are difficult to measure and maybe go beyond the scope of a national suicide prevention strategy – hence they might be placed in the fundament of the SURPA-model, the "framework conditions".

2.1.3 Column 3: Restriction of access to means

Strategic Goal 3: Suicide means are as difficult as possible to reach

If access to (supposedly) safe suicide methods is made more difficult, people in a suicidal crisis do not simply switch to other methods. Making access to so-called "suicide means" more difficult (this ranges from weapons to access to unsecured platforms of high-rise buildings or bridges) is an important and effective suicide prevention measure.

For the strategic goal "Restriction of suicide means", the operational goals were therefore formulated for those areas in which, on the one hand, availability can be influenced (e.g. acquisition of weapons) and which, on the other hand, are relevant for suicide methods that have been primarily chosen in Austria so far:

1. Standards on weapons security have been extended or defined
2. Standards and norms for traffic have been defined
3. Medicines and other substances used/have been used for suicide or attempted suicide are as difficult to access as possible
4. Constructional measures for suicide prevention have been implemented

The actions developed are mainly related to universal prevention (see Table 3).

Table 3. *Operational goals and actions for the column "Restriction of access to means"*

3.1.	**Standards on weapons security have been extended or created**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
3.1.1.	The acquisition and possession of firearms by hunters and sporting shooters should be regulated in detail by law (especially category D firearms)	federal government, BMI, federal states	Legal regulation for the acquisition and possession of firearms in the sport shooters' / hunters' community has been passed	1	U, S	DW
3.1.2.	Improving the regulation of the application process for weapons documents (central register; limitation of expert tourism; improved and expanded diagnostics)	federal government, BMI, federal states, BVB, Austrian Road Safety Board	there is a central register of applications for the issue of arms-related documents Regulations limiting the number of psychological certificates per person including blocking periods are in place. Common quality criteria for psychological diagnostics are implemented	1	U	DW
3.1.3.	Improvement of controls (without prior notice, safekeeping controls; ammunition controls in the armed forces, the police and private security services; estate regulations for weapon owners?)	federal government, BMI, BMLV, federal states, BVB	Safekeeping controls are improved Ammunition controls in the armed forces, police and private security services are tightened (standardized?)	1	U	DW
3.1.4.	Extended cool-off period (14 days) for first-time buyers	federal government, federal states	Cool-off period is extended to 14 days	1	U	IW
3.1.5.	Evaluation of the possibilities for restricting the illegal possession of weapons	federal government, BMI, federal states	Evaluation results available	1	U	DW
3.2.	**Standards and norms for traffic have been created**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
3.2.1.	Package of measures for railways (identifying hot spots, taking structural measures)	federal government	Package of measures for railways is in place	1	U	SP
3.2.2.	Package of measures for subway stations (hot spots are known, training of station supervisors and HelpU staff, continuation of responsible reporting)	city of Vienna	Package of measures for underground stations is available	1	U	QW
3.2.3.	Package of measures for the automobile industry (introduction of alcoblocks, integration of ASFINAG, research and industry [e.g. DGS] for further technical prevention possibilities)	federal government, BMVIT, EU, industry, ASFINAG	Package of measures for the automobile industry is available	1	U	IW
3.3.	Medicines and other substances used/have been used for suicide or attempted suicide are as difficult to access as possible	Implementation by	measurand	target value	type of prevention	type of action
3.3.1.	Evaluation of the prescription practice of drugs that are/have been used for suicide or suicide attempts (especially for women in the 10-24 age group)	HVB	Evaluation of prescription practice for drugs available	1	U	QW
3.3.2.	Introducing prescription practice regulation for drugs used for suicide or suicide attempts	federal government, HVB	Regulation on prescription practice exists	1	U	IW

3.3.3.	Develop a concept to control the flow of medicines (prevent hoarding)	federal government	Concept for controlling the flow of drugs has been drawn up	1	U	DW
3.3.4.	Develop/update guidelines: prescribe drugs with a higher toxicity index in small quantities only and, if necessary, accompany them with more closely meshed monitoring or higher-frequency therapy offers	federal government, HVB	Guidelines on drugs with a higher toxicity index have been prepared/updated	1	U	SP
3.3.5.	Establish suicide prevention as a topic in the working group on drug safety	federal government	Topic established in the WG	1	U	QW
3.3.3.	Evaluate offers and use of online pharmacies	federal government	Evaluation has been carried out	1	U	DW
3.4.	**Constructional measures for suicide prevention have been implemented**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
3.4.1.	Identifying hot spots	federal government, federal states, BVB	Hot spots are defined and identified	1	U	IW
3.4.2.	Develop standards and norms for constructural/ natural sites (hot spots; bridges, skyscrapers, cliffs...)	federal government, federal states, BVB	Standards and norms for buildings/natural sites have been developed	1	U	QW
3.4.3.	Develop standards and norms in the field of building safety in clinics	federal government, federal states	Standards and norms have been developed in the area of building safety in clinical facilities	1	U	IW
3.4.4.	Implement constructional measures for suicide prevention	federal government, federal states, BVB	Measures have been implemented	1	U	SP

legend:

U = Universal, S = Selective, I = Indicated prevention

SP = Starting package, QW = Quick win, IW = Implementation work, DW = Development work

Implementation and lessons learned

In November 2018, the Austrian Society for Suicide Prevention (ÖGS) and the BMASGK (citing SUPRA) each submitted comments on the amendment to the Weapons Act. Unfortunately, it seems that other stakeholders involved (hunters, sport shooters) were able to assert their interests more effectively and the critical comments were not considered.

The split responsibility for passenger transport on the one hand and the rail network on the other hand in two daughter companies of the Austrian railway company (ÖBB Group) makes it difficult to raise joint awareness and to increase willingness to take measures, some of which are costly. However, further discussions are being considered. The suicide prevention initiative of Swiss Railways could serve as a model in this respect.

Sometimes a regional pioneer is needed to launch a new topic. In 2017 the implementation of structural measures on Styrian bridges was started. The successful project is now to be implemented in other regions of Austria.

2.1.4 Column 4: Awareness and knowledge

Strategic Goal 4: Awareness and knowledge of suicidality and about coping with psychosocial crises are widespread among the general population.

The dissemination and application of the guidelines on media coverage of suicides is a national and international story of success in suicide prevention. In the meantime, it has also been proven that a certain form of reporting not only prevents imitation suicides ("Werther effect") but can have a general suicide prevention effect ("Papageno effect"). This path of success should be further pursued.

Suicidality and suicide are still considered a taboo subject in society and have a stigma attached to them. However, it is essential for people in a suicidal crisis to be able to talk about the problems leading to the crisis and their suicidality. The same applies to relatives who have lost a person to suicide and are confronted with a particularly difficult facet of coping with grief. Therefore, the knowledge of suicide phenomena should be improved through information and education in the population and the topic should be de-mystified and de-stigmatised by promoting discursive discussion of the topics of dying, death and suicide.

Similarly, knowledge and awareness of the topics of mental health, mental illness and coping with life crises in different life cycles and life situations are to be strengthened through increased addressing and reporting. This should increase the sensitivity for signs of a crisis, improve the crisis competence of the population and promote help-seeking behaviour in crisis situations - through a higher degree of awareness of psychosocial help offers.

In addition, the internet offers the possibility to provide information on suicidality and help services for the general population and for special target groups.

The following operational goals were formulated for strategic goal 4:

1. The Austrian media actively support suicide prevention through the way they report (taking into account the 3 approaches: Prevention of copycat suicides, media coverage of suicide prevention, media coverage effective in suicide prevention).
2. Positive examples of how to deal with crises, suicidal behaviour and loss are anchored in people's consciousness.
3. The general population, gatekeepers, risk groups and their relatives can easily find information about suicidal behaviour and offers of help.

Table 4. *Operational objectives and actions for the column "Awareness and Knowledge"*

4.1.	**The Austrian media actively support suicide prevention through the way they report (taking into account the 3 approaches: Prevention of copycat suicides, media coverage of suicide prevention, media coverage effective in suicide prevention)**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
4.1.1.	Development of an expert network (team) for national and regional media work	federal government, federal states	Network of experts (team) established	At least 1 person per federal state	U	QW
4.1.2.	Dissemination of media recommendations on reporting on suicide; continuous information to the media on suicide-preventive forms of reporting factsheets (e.g. Institute for Addiction Prevention Linz), leaflets symposia etc.	Team, help organisations, press council, advertising council, APA	Proportion of journalists informed about the media guidelines	80 % of journalists	U	QW
4.1.3.	Permanent screening of media coverage and media work. Contacting the respective medium for specific occasions	Team, press council, advertising council, APA	Ongoing screening of media coverage takes place	100% of media reports on suicide were screened	U	QW
4.1.4.	Create common standards for training in media reporting	Team	Standards available	1	U	QW
4.1.5.	Establish training courses on media reporting on suicide prevention and suicide preventive forms of reporting in the training of journalists.	federal government, federal states, Team	Training courses are anchored in the curriculum	1	U	QW
4.1.6.	Development of a concept for new media (social media, search engines, prevention websites)	Team	Concept available	1	U	DW
4.1.7.	Homepage / Central Contact Point / Networking Platform also as a contact point for journalists	federal government, Team	Networking platform available	1	U	DW
4.1.8.	Creation of the "Papageno Media Prize" for outstanding suicide-preventive media contributions for media professionals	Wiener Werkstaette, press council, federal government	Papageno Media Prize is established	1	U	SP
4.2.	**Positive examples of how to deal with crises, suicidal behaviour and loss are anchored in people's consciousness**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
4.2.1.	Contributions on how to cope with suicidal tendencies and how to deal with loss through suicide	media, help organisations, Team	Contributions to the topics were published	Increase in media reports by 10% (compared to previous year)	U, S	QW
4.2.2.	Contributions on coping with life crises in different life cycles and life situations and removal of taboos (e.g. gender and culture-specific aspects, becoming an adult, bullying, unemployment, problems in the family sphere, depression, mental illness, problems of aging, illness, loss of autonomy, dying, death, grief, euthanasia, suicide ...)	media, help organisations, Team	Contributions to the topics were published	Increase in media reports by 10% (compared to previous year)	U, S	QW
4.2.3.	Develop a concept for responsibly addressing and dealing with Suicidality in public relations work	Team	Concept available	1	U, S	DW

4.3.	The general population, gatekeepers, risk groups and their relatives can easily find information about suicidal behaviour and offers of help	Implementation by	measurand	target value	type of prevention	type of action
4.3.1.	Setting up and promoting the SUPRA web portal (incl. subportals for media experts, gatekeepers)	federal government	SUPRA webportal is online (visits)	1 (No of visits – to be determined)	U, S, I	QW
4.3.2.	Promote linking to the web portal	federal government, federal states, help organisations, APA, press council, advertising council	Linking is implemented	All psychosocial help offers link to the portal	U, S, I	QW

legend:

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Implementation and lessons learned

The Papageno Media Award for the best suicide preventive journalistic contribution was established in 2019 to promote suicide preventive reporting. The media award has proven to be a very good tool to increase awareness and engage journalists in suicide preventive reporting. It serves as an incentive to follow the media guidelines for suicide preventive reporting.

The establishment of the Austrian web portal for suicide prevention www.suizid-praevention.gv.at and of the web portal bittelebe.at are very good examples for a quick wins.

2.1.5 Column 5: Embedment in prevention and health promotion

Strategic Goal 5: The issue of suicide is integrated into existing health promotion, addiction and violence prevention measures.

In Austria, suicide prevention is partly integrated into existing addiction and violence prevention programmes, but also into health promotion programmes. On the one hand, this is because here - made possible by various organisations and initiatives - there is an offer that best meets the demand for nationwide availability. On the other hand, the approaches to addiction and suicide prevention as well as health promotion are partly based on similar concepts. Therefore, the existing infrastructure was considered in the formulation of objectives and actions in order to avoid duplication. The operational goals follow an education-oriented (prevention) as well as setting- and target group-oriented approach (health promotion):

1. Crisis management and suicide prevention are addressed in existing addiction and violence prevention programmes for children and adolescents; relevant training, advanced training and further education measures are offered.

2. Suicide prevention is integrated into the setting- and target-group-specific health promotion offerings.

Table 5. *Operational goals and actions for the column "Embedment in prevention and health promotion"*

5.1.	**Crisis management and suicide prevention are addressed in existing addiction and violence prevention programmes for children and adolescents; relevant training, advanced training and further education measures are offered**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
5.1.1.	Embedding content or modules on crisis management and suicide prevention in programmes of: school-based addiction prevention (and taking it into account in school development plans) school violence prevention (and school development plans) in the setting of the out-of-school youth work	per setting: • SUPRA, federal government, BMBWF, BMSGPK, federal states, ARGE • SUPRA, BMBWF, BMSGPK, federal states, ARGE • SUPRA, federal government, federal states, BOJA, ARGE, BMFFJ/BKA	Contents and modules on crisis management and suicide prevention are embedded in programmes for school-based addiction prevention/violence prevention and school development plans and in programmes for out-of-school youth work	1	U	SP
5.1.2.	Embedding the topic of crisis management and suicide prevention in joint training and further education (for pedagogues and school support systems) on mental health, violence prevention, addiction prevention.	BMBWF, BMSGPK SUPRA, ARGE, federal states	The topic of crisis management and suicide prevention is embedded in joint training and further education (for pedagogues and school support systems) on mental health, violence prevention and addiction prevention	1	U	DW
5.1.3.	To make current and new crisis management and suicide prevention modules known nationwide to decision-makers in the field of children and young people	SUPRA, ÖGS, Programme	Ongoing and new suicide prevention modules were made known nationwide to the above-mentioned decision-makers	1	U	DW
5.1.4.	Use of synergy effects in the areas of suicide prevention, violence prevention, addiction prevention and health promotion	SUPRA, FGÖ, ARGE	Coordination and use of synergy effects requested	1	U	DW
5.1.5.	Demonstrating the benefits of health promotion for suicide prevention among health system and health promotion actors and decision makers	SUPRA	The benefits of HP for suicide prevention were demonstrated to HP/health actors and decision-makers	1	U	DW
5.2.	**Suicide prevention is integrated into the setting- and target-group-specific health promotion offerings**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**

5.2.1.	Identifying the integration possibilities of the topic in the settings: community (e.g. Healthy community, Healthy cities network, Healthy neighbourhood) school (e.g. Healthy School) business (e.g. alcohol agreement in medium-sized enterprises extend by burnout) hospitals and health facilities Armed Forces - especially with regard to the risk groups of "young men" and "armed forces - programmes for the elderly (including residential and care facilities)	per setting: • SUPRA, AKS, FGÖ, ÖGS • SUPRA, AKS, BMBWF, FGÖ, ÖGS • SUPRA, FGÖ, ÖGS, ÖNBGF, AKS? • SUPRA, AKS?, FGÖ, ONGKG, ÖGS • SUPRA, BMLV, ÖGS • SUPRA, AKS, FGÖ, ÖGS	Integration possibilities were analysed	1	U	DW
5.2.2.	Include the issue of suicide prevention in policy papers on prevention and health promotion in accordance with the identified possibilities	SUPRA, federal government, federal states, ÖGS	Suicide prevention theme is included in policy documents	1	U	DW
5.2.3.	Integration of suicide prevention according to the identified possibilities	SUPRA, AKS, FGÖ, ÖGS…	Suicide prevention has been integrated	1	U	DW
5.2.4.	Making actors in health promotion/health care and decision-makers aware of the benefits of health promotion (HP) for suicide prevention	SUPRA, ÖGS	The benefits of HP for suicide prevention have been demonstrated to HP/health actors and decision-makers	1	U	DW

legend:

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2.1.6 Column 6: Quality Assurance and expertise

Strategic Goal 6: Suicide prevention is quality-assured on the basis of scientific expertise.

In order to further develop scientific expertise on and quality assurance of prevention concepts, suicide research needs to be promoted and expanded.

In order to better understand the complex phenomenon of suicidality and its magnitude, a solid data basis and research concepts are needed as a basis for analysis of influences and causal relationships. Based on these research results, suicide prevention interventions and training should be expanded, standards should be developed according to international models and a quality assurance framework should be introduced.

In Austria, there are now several research centres and groups involved in research on suicide and suicide prevention. A clustering of this expertise through regular exchange, cooperation and use of synergies is to be promoted through the development of a cooperation plan and a cooperation agreement between the research groups.

The following four operational goals were formulated for strategic goal 6:

1. The database for suicide research has been set up or expanded.
2. Research on suicide is promoted (structurally, non-materially, financially).
3. Quality standards for suicide prevention have been developed.
4. Quality assurance takes place.

Table 6. *Operational objectives and actions for the column "Quality assurance and expertise"*

6.1.	**The database for suicide research has been set up or expanded**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
6.1.1.	Setup/maintenance of a suicide database (incl. extension of variables - in particular link to BPK - and data quality assurance) similar to Sweden	BMSGPK, BMI, SUPRA, stat.at; federal statistics	Suicide database is built up and maintained continuously	1	U, S, I	DW
6.1.2.	Establishment/maintenance of a extensive database on external causes of death similar to the NVDRS (National Violent Death Reporting System, USA)	BMSGPK, BMI, SUPRA, GÖG, stat.at	Database on external causes of death has been set up and is maintained continuously	1	U, S, I	DW
6.1.3.	Development/maintenance of a national project database on prevention and treatment similar to SPRC (Suicide Prevention Resource Center, USA)	GÖG, ÖGS	Project database is built up and continuously maintained	1	U, S, I	DW
6.1.4.	Ensuring data availability through Statistics Austria	stat.at	Data availability is guaranteed	1	U, S, I	QW
6.1.5.	Developing a concept for analysing the impact of particular laws on suicidality	researchers, SUPRA	Concept is developed	1	U, S, I	DW
6.2.	**Research on suicide is promoted (structurally, non-materially, financially)**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
6.2.1.	Promotion of cooperation and development of a cooperation plan between existing research groups for suicide research and prevention (coordination, evaluation, quality assurance, training courses)	Universities, BMBWF, BMSGPK, Wiener Werkstätte	A cooperation plan is available	1	U, S, I	DW
6.2.2.	Encourage financial support for research and evaluation on suicide prevention issues, e.g. through: ideally promoting suicide research through the BMSGPK raising awareness among potential sponsors submission of joint research proposals cooperation with industry (e.g. FFG) highlighting the need for research in the World Suicide Prevention Day newsletter	SUPRA, BMSGPK, research institutes, BMBWF, ÖGS, stat.at	Financial support for suicide research is continuously encouraged. applications are submitted cooperation takes place Corresponding posting has taken place	1	U, S, I	DW
6.3.	**Quality standards for suicide prevention have been developed**	**Implementation by**	**measurand**	**target value**	**type of prevention**	**type of action**
6.3.1.	Establish a working group to deal with the establishment of measures 2 and 3	SUPRA/GÖG	Working group is established	1	U, S, I	SP
6.3.2.	Creation of quality standards for training and further education (especially gatekeeper training) according to international models (e.g. SPRC)	federal government, ÖGS, SUPRA, prevention institutes	Quality standards are adapted and made available in Austria	1	U, S, I	IW
6.3.3.	Creation of quality standards for suicide prevention (areas of research, care, media, suicide remedies ...) based on international models (e.g. SPRC)	federal government, ÖGS, SUPRA, prevention institutes	Quality standards are adapted and made available in Austria	1	U, S, I	IW

6.4.	Quality assurance takes place	Implementation by	measurand	target value	type of prevention	type of action
6.4.1.	Nationwide networking and coordination in the field of crisis intervention	federal states, supporting organisations, ÖGS/SUPRA	Networking and coordination take place on an ongoing basis	1	U, S, I	DW
6.4.2.	Creation of quality circles (intervision, networking, exchange, quality control, innovation ...)	ÖGS, prevention institutes	Quality circles are held regularly	1	U, S, I	DW

legend:

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Implementation and lessons learned

Recently a new agreement has been signed between Gesundheit Österreich GmbH and the national statistical office (Statistics Austria) concerning data on suicide mortality: From now on GÖG will receive (unvalidated) data for every quarter of a year. In Carinthia such has been collected at the provincial level since 2018.

Establishing regular suicide reporting in a country is a classic quick win.

After having established one quality assurance group for the whole implementation concept in the beginning, it proved itself more useful to have several smaller groups, each dealing with the quality assurance for a defined topic only (for instance postvention or gatekeeper trainings).

2.1.7 Framework conditions

The SUPRA- column model of suicide prevention is based on a fundament of framework conditions. These framework conditions all have suicide-preventive (side) effects and are indispensable prerequisites for a functioning and sustainable suicide prevention in Austria.

However, the individual actions go beyond suicide prevention itself, which is why they were not included in the column model as explicit suicide prevention actions. They should be implemented in coordination with the same areas that represent the central actors of the proposed actions (cf. Table 2 to Table 7).

Table 7. *Goals and actions to support the suicide prevention framework, by column*

ad column 4: awareness and knowledge
National antistigma strategies for risk groups (taking into account possible synergies with dementia strategy, antistigma measures related to health objective 9, women's health action plan, child and youth health strategy, men's health etc.)
Creating awareness raising services for the GFA network (also "mental health in health policies") and other comparable gatekeepers
ad column 2: support and treatment (incl. palliative care and chronic diseases)
Expansion and safeguarding of waiting-time-free, continuous, cash-financed outpatient therapeutic services for adults, children/young people* and families for the areas: - Psychotherapy - Clinical Psychology - Psychiatry - Sociotherapeutic offers
Expansion of inpatient children and adolescent psychiatry
Expansion of graduated hospice and palliative care services
Expansion or creation of services for chronically ill people (e.g. pain patients)
ad column 2: support and treatment: **offers for preserving communication, meaning, self-determination, autonomy, social participation and promotion of resources for risk groups have been created/developed (housing, work/training, leisure)**
(Further) development of new housing concepts for people threatened by social isolation (e.g. multi-generational houses, old people's housing communities, visiting services, integration initiatives, etc.).
Develop (further) new/alternative housing concepts for people with care needs with a focus on the points mentioned above (outreach multi-professional teams, including psychosocial personnel) in order to support/maintain independent living;
Visiting services (also in old people's homes/nursing homes), more autonomy in homes, psychosocial care
(Further) developing/supporting target group-specific "leisure spaces" and communication offers (youth centres, peer telephone services for old people, "new media", training for old people in the use of new media, fathers ...)
Developing/implementing concepts for youth school/training drop-outs ("late early intervention") e.g. youth coaches
ad column 6: quality assurance and expertise **suicide research is promoted (structural, non-material, financial)**
Creation of a functional centre (including student exchanges) for suicide research and prevention (coordination, evaluation, quality assurance, training courses)

3 Suicide prevention starting package

In order to create "easy to eat" pieces for decision-makers, a starting package on suicide prevention was extracted from SUPRA implementation concept. The name "starting package" was chosen to emphasize that these actions are only a starting point for suicide prevention in the region and also to show that it is necessary to take actions in all columns. Part of the starting package are actions that are at the same time highly effective and relatively easy to implement. The implementation concept and the starting package form the basis for the work in work package 6 of the Joint Action ImpleMENTAL.

3.1 The structure of SUPRA

Suicide prevention in Austria is based on six equal columns (see Figure 1), to which six major strategic goals and a total of 18 operational goals as well as 70 concrete actions can be assigned. A prioritisation of the strategic goals was deliberately omitted, as there are measures in all columns that are essential from the beginning. The columns are based on a foundation of framework conditions that have a supportive effect on suicide prevention.

Figure 1. *The SUPRA Column Model*

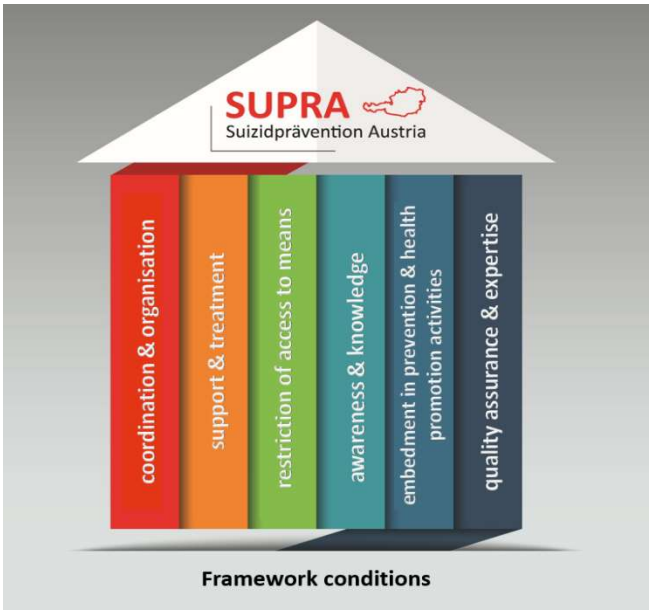

Illustration: BMSGPK

3.2 Aim and rationale of the starting package

For decision-makers, the multitude of goals and actions included in SUPRA raises the question of prioritization - Which of the goals/actions are the most important or urgent? In order to ensure high-quality suicide prevention in Austria in the long term, it is important not to focus on individual actions, but **to aim for the implementation of a package of interrelated actions**.

The SUPRA expert panel, in cooperation with GÖG and the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, BMSGPK, therefore developed the so-called "Suicide Prevention Starting Package" (Figure 2). It contains central actions for each of the six columns mentioned above, takes into account the federal structure of responsibilities in the country and can be implemented within two years with a manageable effort. The starting package is the basis for maintaining and establishing a nationwide and high-quality suicide prevention system.

Figure 2. *Actions for the starting package including the level of responsibility (regional/national) as well as the time horizon for implementation, listed by column*

column	Regional level	Federal level	Implementation within
1 Coordination and organisation	**Organizational embedding of suicide prevention into an existing organisational/coordination structure of the federal states (e. g. psychiatry coordination,...)**	**Expansion of the SUPRA coordination centre at federal level**	**1 year**
2 Support and treatment	**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 Restriction of the means of suicide	**Identification and safeguarding of hot spots**	**Start the discussion process on legal measures/guidelines: Weapons, medicines, construction and transport standards**	**2 years**
4 Awareness and knowledge	**Information events/seminars for regional media 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 Embedment in prevention and health promotion activities	**Implementation of suicide prevention in schools: YAM/Vorarlberg model (integration in zusammen.wachsen, Plus, Klartext)**	**Support by BMBWF and BMSGPK**	**2 years**
6 Quality assurance and expertise	**Contribution to the establishment of expertise/database by the federal states (e. g. regarding hot spots) in cooperation with SUPRA/ÖGS-WG quality assurance.**	**Implementation of SUPRA/ÖGS-WG-quality assurance**	**1 year**

Illustration: BMSGPK

3.3 Actions of the "Suicide Prevention Starting Package"

The individual actions of the package for each column are described in more detail below.

3.3.1 Column 1: Coordination and organisation

For the implementation of the SUPRA programme, formal responsibility at the administrative level is of central importance. At the federal level, the **SUPRA Coordination Centre** was already established at the Austrian national public health institute (Gesundheit Österreich GmbH/ GÖG) by the BMSGPK in 2012; an expansion of this office is of central importance for the implementation of SUPRA.

At the **administrative level of the Federal Provinces**, responsibility for suicide prevention at least informally lies with the psychiatry co-ordination offices of the provinces in Styria, Salzburg, Burgenland and in Vorarlberg. Responsibility at the administrative level should however be ensured in all Federal Provinces. The "network coordination in the psychosocial field" described in the Austrian Structural Plan for Health (Österreichischer Strukturplan Gesundheit, ÖSG) 2017 (BGK 2017), which has already been set up in six Federal Provinces under the - not entirely appropriate - name of "psychiatry coordination", constitutes an obvious place to link SUPRA, but other solutions are also be possible.

Due to the fact that the coordination office already exists at the federal level and network- or psychiatry coordination offices either already exist or are being established at the regional level, this action can be implemented relatively quickly (within one year). The coordination centre at the federal level as well as those responsible at the regional level should push for the implementation of the actions at their respective levels.

3.3.2 Column 2: Support and treatment

People experiencing psychosocial crises and/or suicidal ideation need simple, fast and low-threshold access to help services. While developing the SUPRA web portal, it became clear that Austria still lacks a **central/national crisis intervention telephone number**, as it already exists in many other countries. In the course of the work on the Austrian health target 9 ("Promotion of psychosocial health in all population groups") (BMGF 2017), the implementation of a nationwide telephone number is therefore currently being discussed. Like other emergency numbers the hotline should forward the caller directly to a **local crisis intervention facility close to her/him**.

This is primarily a technical solution, as such telephone numbers already exist in most of the provinces. In those provinces where such numbers do not yet exist, respective offers are to be created, whereby the combination of several existing offers is possible (e.g. one office is available during the day, another during the night). The regional affiliation of these hotlines is important because the service staff has to know the different regional services available as well as the geographical situation, which cannot be guaranteed by a central office (at national level).

Since such telephone hotlines already exist in most of the Federal Provinces and the main challenge is finding a technical solution, the implementation seems possible within a year.

In addition to the possibility of immediate help by telephone, it is particularly important that so-called **"Gatekeepers"** - i.e. individuals and professional groups, who come into contact with people in suicidal crises (e.g. staff of the Public Employment Office Austria (Arbeitsmarktservice, AMS), teachers, police, doctors, voluntary helpers) - are appropriately trained in dealing with people at risk in order to identify suicidal tendencies and to be able to help or refer them effectively. Quality-assured training materials and brochures have already been produced as part of the SUPRA work. To ensure the comprehensive training of gatekeepers, a sufficient number of qualified trainers is required.

A joint working group of the Austrian Society for Suicide Prevention (ÖGS) and the expert panel of SUPRA has developed criteria for the certification of gatekeeper trainers and drawn up a rough concept for a **train-the-trainer programme**. The second action within the column "support and treatment" is therefore the financing of the development of the train-the-trainer programme as well as the implementation of the gatekeeper trainings in the individual Federal Provinces. As the preparatory work is already well advanced, the start of this action within two years seems to be realistic.

3.3.3 Column 3: Restriction of the means of suicide

If access to (supposedly) safe suicide methods is made more difficult, people in suicidal crises do not simply switch to other methods. Making access to so-called "suicide means" (these range from weapons to access to unsecured platforms of high-rise buildings or bridges) more difficult is an important and effective suicide prevention measure. Internationally, there are numerous successful examples of securing so-called **"hot spots"**. Hot spots are places - such as bridges, high-rise buildings or railway lines - where suicides have occurred in large numbers. The international examples show that relatively simple structural measures such as fences or higher railings often prevent suicides.

In the Austrian province of Styria there is currently an initiative (also in connection with the Styrian suicide prevention project GO-ON) to secure hot spots. As many of the still unsecured hot spots in Austria are known thanks to suicide research and their number is calculable, the action to secure these hot spots in the individual provinces - in addition to the further identification of hot spots - requires relatively little effort and can be implemented quickly.

In addition to securing hot spots, it is of central importance to make access to suicide means more difficult through appropriate **legal frameworks**. In the past, a lot has already been done in the area of drug safety, for example. Some drugs have been taken off the market or package sizes have been reduced. In other areas, such as building safety, traffic or weapons legislation, possibilities remain to integrate suicide prevention aspects. An extended "cool off" period of 14 days for first-time gun buyers, for example, would be one such option.

As a step towards further implementation of goals/actions within the column "restriction of means of suicide", the BMSGPK should initiate a discussion process with the respective competent ministries within one year.

3.3.4 Column 4: Awareness and knowledge

The dissemination and application of the guidelines on media coverage of suicides is a national and international success story in suicide prevention in Austria. In the meantime, it has also been proven that a certain form of reporting not only prevents imitation suicides ("Werther effect"), but can have a general suicide-preventive effect ("Papageno effect").

In 2012, the "Presserat" (Austrian Press Council) included suicide-preventive reporting in its Code of Conduct. In order to further disseminate the media guidelines and to promote suicide prevention reporting, the BMSGPK, in cooperation with the Austrian Press Council, the Wiener Werkstaette for Suicide Research and the Austrian Society for Suicide Prevention, should offer the so-called **"Papageno Media Prize"**, to be awarded annually, for the best suicide prevention journalistic activity. The prize should be awarded within the framework of a major media award - e.g. the annual award ceremony for Journalist of the Year. Since it is primarily a matter of non-material recognition and the prize is to be awarded within the framework of an already existing event, implementation within one year is realistic. To further disseminate the media guidelines, **information events or seminars for local media** representatives should be held in the provinces and one media officer per province should be assigned for support.

3.3.5 Column 5: Embedment in prevention and health promotion activities

In the course of the SEYLE study (Saving and Empowering Young Lives in Europe), the suicide prevention effectiveness of the YAM programme (Youth Aware of Mental Health) was convincingly shown, and the results were published in the highly recognised journal "The Lancet" (Wasserman et al. 2015). In the Austrian province of Tyrol, the programme is already being rolled out more widely. In the province of Vorarlberg, the Addiction Prevention Unit (SUPRO), which is also in charge of suicide prevention, is integrating the findings of the SEYLE study into suicide prevention modules of already successful and quality-assured addiction prevention programmes (zusammen.wachsen, Plus, Klartext).

Since addiction prevention has specialised agencies in every Austrian province and an umbrella organisation - ARGE Suchtvorbeugung - and since programmes such as zusammen.wachsen or Plus are available nationwide, the integration of suicide prevention modules and thus the expansion of suicide and addiction prevention in schools would be possible with relatively little effort within two years. The implementation of **suicide prevention in schools** should be supported by the Federal Ministry of Education, Science and Research (BMBWF) and the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK).

3.3.6 Column 6: Quality assurance and expertise

One of the main aims of SUPRA is to ensure high-quality suicide prevention in Austria. Within the framework of the expert committee, which already exists since 2012, a separate **working group** is to be set up in cooperation with the Austrian Society for Suicide Prevention (ÖGS), which will deal with **quality standards** for the various training and further education courses as well as for the other areas of suicide prevention (research, care, media, suicide resources ...). The federal provinces must ensure that the **data basis** necessary for research and quality assurance is created and ensured (e.g. for the identification of hot spots). The implementation of this measure is possible within one year.

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Implementation and lessons learned

Having a starting package has proven itself very useful in Austria. It should contain clearly defined and easy to achieve first steps for each part of the implementation concept.

A clearly defined starting point (date) is helpful for monitoring the implementation of the starting package, this was missed in Austria.

It is important to give a lot of thought to the allocation of actions to the categories of quick wins, development work and implementation work. Sometimes a goal that was thought of as a quick win was/is not so easy to achieve after all.

4 General lessons learned

This concluding chapter presents the lessons learnt in Austria, based not only on the experience of implementing SUPRA, but also on the experience of implementing other (non-suicide-prevention-related) national strategies in which Gesundheit Österreich GmbH was involved as the national public health institute.

Initiative of the Federal Ministry of Health

It turned out to be very helpful that the programme was launched as an initiative of the Federal Ministry of Health. Previous attempts to establish a national suicide prevention strategy by various NGOs failed due to a lack of powerful political support.

National coordination and regional coordination

In a federally structured country like Austria one needs both, the coordination of suicide prevention at regional and at national level. Anchoring the national coordination at the national public health institute (GÖG) brought many synergies as this institute is involved in numerous strategic development processes in health care and health promotion. Thus, suicide prevention can be integrated into different processes and vice versa.

Carry out situation analysis, build on existing initiatives, do not re-invent the wheel

In order to include all relevant stakeholders, to address the relevant topics and not to re-invent the wheel, a thorough situation analysis is essential at the beginning. The situation analysis in Austria was rather superficial, therefore some relevant stakeholders were overlooked at the beginning. The broad involvement of relevant stakeholders in the following years was a prerequisite for the success of SUPRA. It also helped to reduce the fear of stakeholders that existing initiatives would be replaced by something new – it was very important to build SUPRA on already existing initiatives and knowledge.

Clear goals, indicators, target sizes and responsibilities

It may sound trivial but clear goals as well as the clear definition of indicators, target sizes and responsibilities are extremely important for successful implementation. In the first two years SUPRA nearly failed due to the lack of clear goals. Similar problems were encountered in other national and international strategy development processes.

Create "easy to eat" pieces for decision makers

It is impossible to "sell" the entire long list of goals and actions of SUPRA to political decision makers. Extracting a "starting package" out of the long list has been very helpful in gaining (regional) support.

Use formats/templates decision makers are familiar with

SUPRA used the templates of an ongoing reform process in the Austrian health care system to describe strategic and operational goals as well as actions, indicators and responsibilities.

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Policy makers were familiar with these templates and could easily understand the logic behind the SUPRA implementation concept.

Don't fight windmills, go where the energy is, think long-term and enduring

Even if you think a certain action is particularly important, do not try to implement it without sufficient support or even against constant resistance. Wait for windows of opportunity (they will come!) and "go where the energy is". If the decision-makers are willing to implement some other (even less important) measures, implement them first - success will encourage the decision-makers to implement measures they did not like at the beginning later on. And remember: "Rome was not built in a day".

Don't be a flagship project

When you start a project, you may think that you want attention from many sides. In an area that depends on political decision-makers, it is not useful to be a flagship project attributed to a particular minister or political party. After the next elections, flagship projects of former ministers or other parties are terminated or get less support (even if the same political party is in charge in the government or ministry). SUPRA was never a flagship project.

Do not expect any praises

When you start a project, you should be able to live with other people taking credit for things and ideas that actually came from you or your team. Often more can be achieved if others (rightly or wrongly) can bask in the success - this is especially true in policy-related areas and in areas where hierarchies play a big role. Be happy that your plan is being put into action.

Diplomacy and snowball effect

Similar to "going where the energy is", it can make sense, especially in federally structured countries, to start implementing a certain measure in the only region that is willing to do so. If the measure is successful, other regions will follow ("snowball effect"). Even if you are harshly rebuffed at first, do not give up diplomacy - there is no point in arguing: "Now you see what you missed because you did not do what I told you two years ago" - stay in touch and wait for the snowball effect.

Monitoring of implementation

After two years of SUPRA we were very frustrated and felt that we had achieved almost nothing. One reason was that we tried to fight windmills and did not go where the energy was, another reason was that our thinking was so focused on the things that did not work that we did not see the things that did work. The main reason for focusing on the bad things was that we had no monitoring of implementation. Once we started monitoring, many (smaller and bigger) successes became visible, which increased our motivation, but even more increased the support of the stakeholders and decision makers.

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