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JA ImpleMENTAL

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Country Profile "Austria"

Suicide and Suicide Prevention: Key Facts and National Priorities

of JA ImpleMENTAL, WP6

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Introduction

The EU-Co-funded "Joint Action on Implementation of Best Practices in the area of Mental Health", short **JA ImpleMENTAL** has a duration of 3 years, lasting from October 2021 to September 2024. Detailed information can be found at the project's website JA ImpleMENTAL (ja-implemental.eu). It aims to promote and improve mental health structures, services, capacity and outcomes in participating countries in 2 specific areas:

- mental health reform (promoting community health services) and
- suicide prevention.

Two national best practices - mental health reform in Belgium and the Austrian suicide prevention programme SUPRA - serve as best practice examples. Selected components of these should be prioritised and implemented over the course of the JA in 14 i.e. 17 participating EU-countries. JA ImpleMENTAL comprises 6 Work Packages (WPs), 4 horizontal WPS and one for each best practice. **WP6 on suicide prevention** aims to support improvement in knowledge and quality of suicide prevention services. Defined elements of "SUPRA" should be transferred and pilot implemented at national/regional level, suicide prevention strategies in participating countries developed i.e. revised.

The present country profile is one of the deliverables of the JA, presenting key facts and national priorities for suicide prevention. It summarizes results of the national Situation- and Needs assessment (SANA), recommendations and prioritized measures for suicide prevention. It includes challenges and opportunities as well as outlining next steps necessary to scale-up i.e. promote national/regional suicide prevention activities. The country profile is a basis for strategy formulation, for decision-making and a declaration of commitment to suicide prevention.

1 Context

1.1 Country, Health and Social System

The Federal Republic of Austria is a parliamentary republic with 9 states (Länder) located at the centre of Europe with Vienna as a capital. It has 9 090 868 inhabitants (1).

Table 1: Population structure 2021 expressed as number of persons, by age and sex (2,3, 4, 5)

	Sex		
Age group	**male**	**female**	**total**
<18	793 864	750 022	1 543 886
18 - 64	2 855 442	2 817 049	5 672 491
65+	747 646	968 641	1 716 287
Total	**4 396 952**	**4 535 712**	**8 932 664**

Healthy life expectancy at birth is 75.9, and 16.1 at age 65 (6). A total of 17.3 % of the population is at risk of poverty and social exclusion (7). Income inequality, expressed as the Gini coefficient, is 26.7 (8), and total healthcare expenditure relative to GDP is 10.43 **%** (9).

The health system is based on the principles of solidarity, affordability and universality; close to the entire population is covered by social health insurance and enjoys a broad benefit basket and good access to health care. The health care system is complex and fragmented, responsibilities are mostly shared between the Federal Level and the states. Health care financing is mixed, the main funding agents being the state (federal and state level) and social health insurance (10).

1.2. Mental Health System

One of the 10 national health targets addresses mental health. The aim is to reduce psychological stresses and to promote psychosocial health in all phases of life. This strategy for mental health as well as a national suicide prevention strategy, which was established in 2012, are available in Austria. More information is available at Suizid und Suizidprävention SUPRA (sozialministerium.at). SUPRA is a multilevel national suicide prevention programme with a concept for implementation of 6 strategic, 18 operative goals and 70 measures. It contains SMART goals, delegated responsibilities and defined budgets. Regular monitoring of the strategy is undertaken.

- total government expenditure on mental health care is unknown
- main forms of government social support available for persons with severe mental health conditions are: income, housing, employment, education, social care and legal support
- the share of people reporting unmet mental health care needs due to financial reasons is 6.5 % (11).
- The proportion of involuntary admissions to MH hospitals (10 771) to number of total admissions (29 439) is 0.36. The proportion of involuntary admissions to psychiatric wards of general hospitals (8 732) to number of total admissions (36 226) is 0.24 (12).
- follow-up care (the share of patients, who receive out-patient visits within one month after discharge) of people with mental health conditions discharged from hospital is unknown.
- community based/non-hospital mental health outpatient facilities exist: 32 MH outpatient facilities attached to a hospital; 243 other outpatient facilities e.g. MH day care or treatment facility 11.

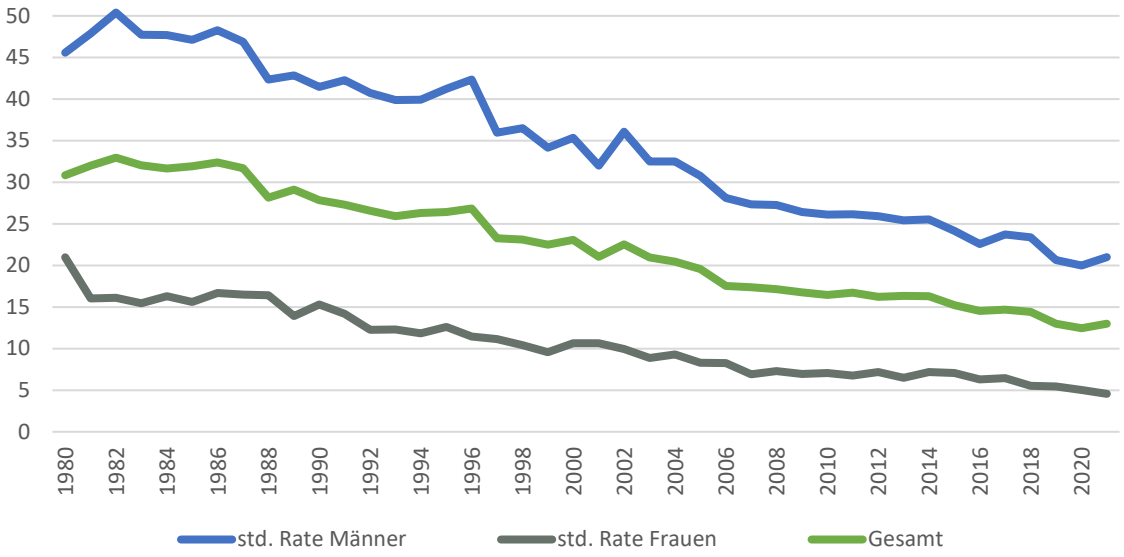
Table 2: Facilities, number of beds and hospital admissions related to mental health (12)

Indicator at national level		number adult/minor population	rate per 100.000 adult/minor population
Mental health hospitals	Facilities	7	0.09
	Beds	1 687	22.83
	Admissions	26 932	364.49
Psychiatric wards/units in general hospitals	Wards/units	25	0.34
	Beds	1 767	23.91
	Admissions	36 475	493.65
Mental health inpatient facilities specifically, for children and adolescents	Facilities	15	0.97
	Beds	431	27.92
	Admissions	6 857	444.14

2 Suicide and Suicide Prevention

2.1 Situation Analysis (SA)

Figure 1: Suicide rates per 100 000 in Austria 1980-2021 by sex (Standardization Europe 2013)



Since the 1980s, a clear decline in suicide rates has been observed (13). The decline continued in the first two years of the pandemic. Since 2013 there is an annual report on suicide mortality, providing yearly statistics and trends.

Figure 2: Suicide rate: 2021, by age groups and sex (Standardization Europe 2013) (13)

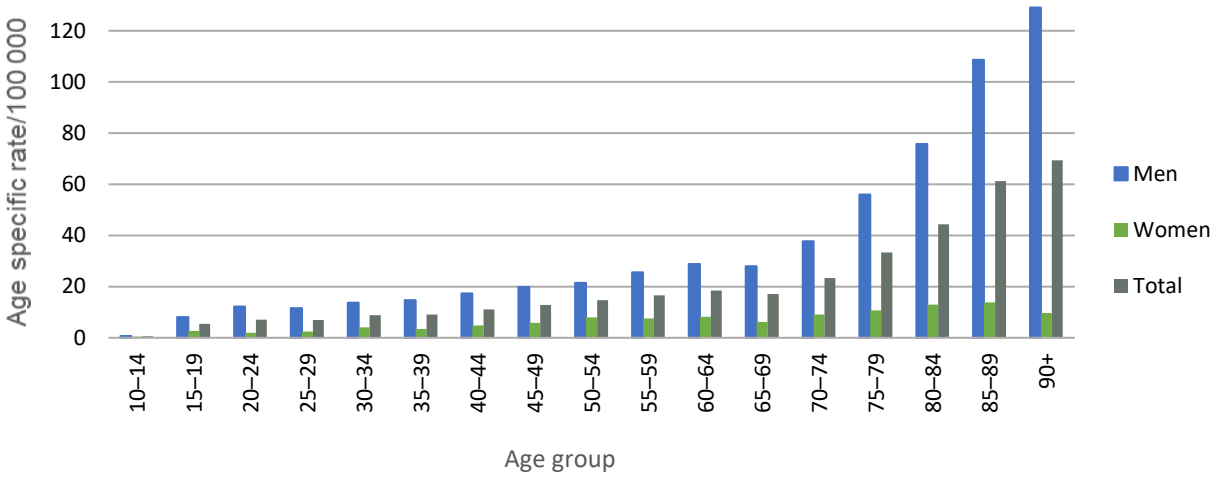


Table 3: Most common methods of suicide: 2020 by age group and sex (Source: Austrian mortality register)

Sex/Age	0-19	20-39	40-59	60-79	80+
Female	1. hanging 2. jumping from a height 3. jumping in front of moving object; poisoning	1. hanging 2. jump in front of moving object 3. poisoning	1. hanging 2. jumping from a height 3. jumping in front of moving object; poisoning	1. hanging 2. jumping from a height 3. poisoning	1. hanging 2. jumping from a height 3. drowning
Male	1. hanging 2. jumping from a height 3. jump in front of moving object; poisoning	1. hanging 2. jumping in front of moving object 3. jumping from a height	1. hanging 2. to shoot oneself 3. jumping from a height	1. hanging 2. to shoot oneself 3. jumping from a height	1. hanging 2. to shoot one-self 3. jumping from a height

As table 3 shows, the most common suicide method across all age groups and genders is hanging. The second most common method, for almost all groups except for men aged 40 to 80 +, who use shooting instead, is jumping from a height. Gender-specific is also the use of poisoning, which is the third most common method among women aged 0 to 79.

Groups most vulnerable to suicide:

- People with mental health disorders (especially in combination with addiction problems)
- Attempt survivors
- Elder men/people (80 +) or young females (15-24), due to increased number of suicide attempts in the recent years (2021-2023)
- Lesbian, gay, bisexual, transgender, and queer people
- People with physical health problems or disabilities
- Survivors of suicide loss

In Austria people die of suicide rather in rural (Vorarlberg, Kärnten, Steiermark) than in urban areas. One of the most vulnerable groups to suicide is the group of elder men/people (80+) with the most common measures being hanging, shooting and jumping from height or in front of a moving object. Another risk group are young females (15-24), the hospitalization rate due to self-harm by age group and sex is highest among young females between 15 and 19 years. The most common methods of self-harm with or without a suicidal intent by age and gender are also not known.

Regarding the most common barriers people face when seeking psychosocial help, the results of research and expert opinion are listed in Box 1.

Box 1. Most common barriers people face when seeking psychosocial help (14)

- fear/stigma
- lack of knowledge of mental health services
- complexity of mental health system
- access barriers (geographical barriers in rural areas, no timely appointments available)
- lack of belief, that mental health experts can help

Austria defined a national suicide prevention strategy in 2012. Since 2013 data on suicides are reported in a detailed annual report. In Austria there exist several 24/7 nationwide psychosocial **support hotlines**. These hotlines deal with crisis intervention, however there is no single hotline specifically dedicated to suicide prevention. Inpatient psychiatric services for all age groups are nationwide available (0-24h). A standardised nationwide **follow-up care** after emergency contacts doesn´t exist, but case management plans are in place in certain services (hospitals, social psychiatric services etc.). **Trainings for gatekeepers** (e.g. in educational setting, for general practitioners etc.) are provided and rolled out nationwide to reach more people at risk. **Programs for people at risk** are available like services for persons using addictive substances, counselling for persons of the LGBTIQ+ - community named for instance „Courage“, services for refugees, self-help groups for people bereaved by suicide, crisis hotlines for children and adolescents “Rat auf Draht”. No real **postvention programmes** or services - only local initiatives – exist in Austria. A working group of experts from the psychosocial field, survivors and bereaved is working on guidelines for postvention in different areas (health care, workplaces, army, undertakers). Other activities of the working group include identifying the needs of survivors, supporting self-help groups for the bereaved, awareness-raising events, etc. Postvention is also part of gatekeeper training, in addition, brochures on how to deal with suicide have been developed for family members and helpers, etc. Nation-wide **measures restricting the means** of suicide exist in the field of weapon security and drug prescription practice. Standardised norms for traffic or constructional measures are still missing. A list of current contact points or Mental Health services and a regular **inventory of implementation projects** of SUPRA in the regions as part of the national suicide report are available.

2.2 Needs Assessment (NA)

The SWOT analysis is a result of the joint work of the SUPRA coordination-centre and the advisory board, which includes experts from science, practice, lived experience and administration. First, the needs identified through the situation analysis were listed and discussed. The SWOT analysis was conducted using the guiding questions on strengths, weaknesses, opportunities and threats. Then, the previously collected needs were integrated and discussed. Finally, a focus setting and prioritization was performed.

Due to the federal structure and the split responsibilities in the health care as well as in the social welfare sector, some important actions for suicide prevention are not under the direct influence of the national suicide prevention programme SUPRA. In order to show a holistic picture of the situation in Austria, it was decided to divide the “weaknesses” section into weaknesses of the SUPRA programme itself and - for the field that cannot directly be influenced by the programme - into weaknesses related to implementation and in the availability of data.

Table 4: SWOT Analysis

Strengths	Weaknesses
1. national Suicide Prevention Program (multidisciplinary) 2. good and professional cooperation in SUPRA advisory board 3. suicide prevention projects in the federal states 4. networking of the federal states 5. possibility of funding suicide prevention projects or gatekeeper trainings by ministry of health 6. processes are transparent, information is well disseminated 7. good collaboration with science 8. good collaboration with media (Papageno Media-Prize) 9. existence of the web portal: www.suizid-praevention.gv.at 10. standardised gatekeeper training programme 11. annual suicide report	<u>Weaknesses of SUPRA programme</u> 1. acute mobile crisis intervention teams are not part of the SUPRA advisory board 2. Joint Action may be underutilized nationally 3. missing national crisis intervention hotline 4. conflicts among stakeholders and institutions in the federal states 5. limtited budget and no mandate for real coordination <u>Weaknesses regarding implementation</u> 1. no comprehensive, evidence-based prevention for young people (in schools, in vocational training) 2. missing standardised follow-up care after an emergency contact (but sub-working group in upper Austria and in Vienna) 3. missing SP measures for buildings or measures in traffic 4. missing postvention offers (at all levels) 5. gatekeeper trainings have not been widely implemented <u>Weaknesses regarding data</u> 1. missing suicide rates during hospitalization, after discharge and during social psychiatric/psychosocial outpatient care 2. missing details to outpatient follow-up 3. no nationwide data on suicide attempts or a list of the most frequent suicide attempt methods
Opportunities	**Threats**
1. small country and number of stakeholders, who therefore know each other 2. exchange of good ideas (among the federal states)J 3. expandation of multimedia offers for SP (chat counselling, Tik/Tok, social media) 4. JA ImpleMENTAL and collaboration with IASP and WHO 5. funding for crisis interventions	1. splitted responsability within and between the health and education sectors and lack of cooperation 2. federalism 3. taboo topic: ⇨ difficult to get funding (especially sustainable) (e.g. crisis intervention grossly underfunded, school-based prevention, programs for mental health literacy, lack of resources for SP and for SUPRA in Austria) ==> implementation takes longer than necessary 4. potentials are not used (due to conflicts among stakeholders) 5. SP success partly depends on activities of a few motivated individuals working in different settings e.g. ÖBB, ORF), so that the sustainability is not ensured 6. lack of motivation due to previous successes in mental health reform

3 Reflection on SANA results

The situation analysis as well as the SWOT-analysis revealed the areas of SUPRA requiring further development. Measures prioritized for implementation were assigned to the SUPRA columns (see Box 2).

Box 2 Prioritized measures for implementation according to the SUPRA columns

The main outcome of the discussion of the results of the SWOT-analysis by the SUPRA coordination centre and the national advisory board.

Overarching measure

- revision of the national SP-strategy

column 1 (coordination & organization)

- expand the regional offices of SUPRA to all federal states

column 2 (support and treatment)

- securing budget for crisis intervention and gatekeeper trainings, but trainings should be delivered to more people (broader outreach)
- establishing a nationwide crisis intervention hotline
- roll out of postvention competence centre
- standardized follow-up care after emergency contact

column 3 (restriction of means)

- scaling up SP measures for buildings and traffic

column 4 (awareness raising and knowledge)

- revision of Papageno Media Prize
- revision of media guidelines

column 5 (embedding in prevention/health promotion)

- scaling up nationwide evidence-based prevention for young people (in schools, in vocational training, etc.)

column 6 (quality assurance / expertise)

- improve data base (suicide rates after clinic discharge, methods of self-harm, …)

QUICK WINS

column 1 - coordination & organization: including the mobile crisis intervention teams into SUPRA advisory board

column 4 - awareness raising and knowledge: establish own SUPRA-webpage (expand existing gatekeeper webpage)

4 Next steps

Based on the prioritized measures (see Box 2), the following next steps were derived together with SUPRA advisory board in March 2023. The difference with the content in Box 2 is that this is about the specific next steps with a defined time frame that will be implemented in suicide prevention.

- Quick win 1 (column 1): including the mobile crisis intervention teams into SUPRA advisory board (until October 2023)
- Quick win 2 (column 4): establish own SUPRA webpage (expand existing gatekeeper webpage) (until January 2024)
- Column 4: revision of media guidelines (until September 2023)
- Revision of national SP-strategy (until July 2024)
- Column 2: securing budget for crisis intervention and gatekeeper trainings (in progress)
- Column 2: establishing a nationwide crisis intervention hotline (in progress/on hold),
- Column 2: roll out postvention competence centre (pending)

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