

Deliverable 6.2: Country Profiles on Suicide Prevention

Background, Methods and brief Summary

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Background

The EU-Co-funded “Joint Action on Implementation of Best Practices in the area of Mental Health”, JA ImpleMENTAL has a three-year duration, from October 2021 to September 2024 (3 years). Detailed information can be found at the project’s website ja-imental.eu. JA ImpleMENTAL **aims** to:

- support Member States to improve and promote mental health via innovative and sustainable (mental) health system change.
- reinforce capacity to address system transformation, in particular to support citizen-centered and integrated approaches, increase system efficiency, build and maintain healthy alliances across sectors, and reinforce the coordination between national and regional authorities.
- support the transfer and implementation of two best practices (Belgium and Austria) in mental health systems and policies in the implementing countries. The effort will be focused on the preparation and support of the national/regional/local teams and environment on the implementation.
- achieve a strong involvement of national/regional governmental actors to enable such practices to be embedded in health systems.
- establish sustained cooperation of relevant Member State authorities in the area of Mental Health and involving a wide variety of stakeholders to share a common and global vision about mental health.

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 are prioritised and implemented over the course of the JA in 14 (mental health reform) i.e.17 (SUPRA) participating EU-countries. **Objectives of SUPRA** are to:

- coordinate suicide prevention at national and regional level
- ensure support and treatment for risk groups
- develop standards for restrictions of access to means of suicide
- increase awareness, knowledge and develop media support for suicide prevention
- integrate suicide prevention programmes into other health promotion activities
- support quality assurance expertise and databases

In order to achieve successful transfer and implementation of (selected elements) of the two best practices, JA ImpleMENTAL applies an **Implementation Strategy**, developed by WP1 including a series of methods and techniques to facilitate the adoption, implementation and sustainability of practice. The implementation is carried out on both project and country-level and is divided into three phases: (1) pre-implementation, (2) implementation and (3) post-implementation.

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 best practice “SUPRA” are transferred and pilot implemented at national/regional level, suicide prevention strategies in participating countries developed or scaled up, if already existing.

This document represents the introduction to deliverable 6.2, the compilation of **country profiles of all countries participating in WP6 Suicide Prevention**: Austria, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, Hungary, Greece, Iceland, Lithuania, Malta, Norway, Serbia, Slovenia, Spain and Sweden.

National Country Profiles (CPs) present key facts and national priorities for suicide prevention in a compact format. They summarize results of the national Situation and Needs Assessment (SANA), recommendations and prioritized measures for suicide prevention as well as outlining next steps necessary to scale-up i.e. promote national/regional suicide prevention activities.

The CP is an integral part and output of the 5-step pre-implementation phase. The final step of the pre-implementation phase is the formulation of action plans for prioritized measures and quick wins (pilots). These guide and promote successful transfer and pilot implementation of the best practice in the implementing countries in a structured and comprehensive way.

Country profiles serve as a basis for the development of the abovementioned action plans, for national strategy formulation, decision-making and are also a declaration of commitment to suicide prevention.

Methods, development process

The **concept for CPs** was developed in a co-creation-process by WP6 (co)lead, partners and other WPs at workshops (beginning at Workshop 2 in May 2022), WP6-Q&A-sessions and via email exchange. **Results of SANA provided the basis**: Defined indicators from the SA-questionnaire were selected for inclusion, supplemented by results of NA, reflection and prioritization-processes at country (national) level. A first concept was sent to partners in November 2022, further resources to assist them in the elaboration process were made available in February 2023 (Word-template, 2 sample/draft-CPs for Austria and Czechia). All countries were asked to use provided **templates**, including a defined table of contents (incl. page numbers per section) as well as guidance on the layout for e.g. text, tables, graphs and references. Each CP included the following **sections**: introduction, context (country, health and social system and mental health system), suicide and suicide prevention (summary of main results of SANA and reflection on these), next steps, references and corresponding authors. Within the sections, countries were free to decide on the content they wished to focus on and present, depending on their national situation/context and current priorities.

Compilation timeline: the majority of partners produced their country profiles between October 2022 and May 2023. Partners were called by WP6-(co)lead-team at the end of 2022 to offer guidance/assistance. The documents were **checked by WP6-(co)lead team members**, at the end of May they were **forwarded to the JA-Coordinator for revision**. As a result of the review process, the Coordinator and WP6-team approached partners and recommended to link prioritised measures and next steps to strategic areas i.e. SUPRA columns (see SUPRA handbook of JA ImpleMENTAL for details) as well as including an overarching measure on drafting/revising a national suicide prevention strategy. In order to give the countries more time for revision, the **deadline for submission was extended** from the end of May to the end of August 2023. At the end of July / the beginning of August remaining CPs were finalized and reviewed by the JA-Coordinator. Deliverable 6.2 (the present introductory document and all national CPs) **was submitted to HaDEA** on 11 of August for revision and **approved** at the end of August 2023.

Summary

Partners of JA ImpleMENTAL WP6 did a great job in producing national country profiles.

CPs were compiled by all partners, regardless of the status of the countries in the JA being implementing or non-implementing [countries].

They used the template provided by WP6 (co)lead-team, resulting in comparably structured documents across all countries. CPs summarize results of SANA very well and outline planned steps for implementation of prioritized measures for suicide prevention at national and partially also regional level with at the same time emphasizing the need for a national strategy.

CPs provided comprise 11 to 19 **pages** and were elaborated by 2 to 13 **(co) authors**. Countries made **gaps in or challenges with data** transparent (e.g. partially no data on self-harm, no data differentiating by sex other than male and female,) a few **updated data** if this had been revised since undertaking SA.

Countries presented **results of Needs Assessment** in a SWOT-analysis-table and listed prioritized **measures for suicide prevention including quick wins** (easy to implement actions; not expensive, within the control of the team, having visible effects and an impact on high risk groups) in a box in the section reflecting on the SANA results. They listed between 3 and 13 **measures** prioritized for national/regional implementation (incl. quick wins). One partner distinguished between measures at national and regional level. They linked these measures to strategic areas (e.g. using Best Practice SUPRA as guidance) and included an overarching measure “drafting i.e. revising a/the national suicide prevention strategy”.

All countries provided information on **next steps**. Partially a very extensive number of **references** was used for the compilation of the CP. For most countries the compilation of CPs took place in collaboration with national **advisory boards**.

Based on the current work and outputs including the country profiles, as a major step, 17 new or updated suicide prevention plans across Europe will be formulated.

Presentation of national country profiles

The **country profiles** submitted by the partners of JA ImpleMENTAL WP6 **are presented** in alphabetical order. The documents are the final versions submitted by the countries, they are the **products of the individual countries**.