

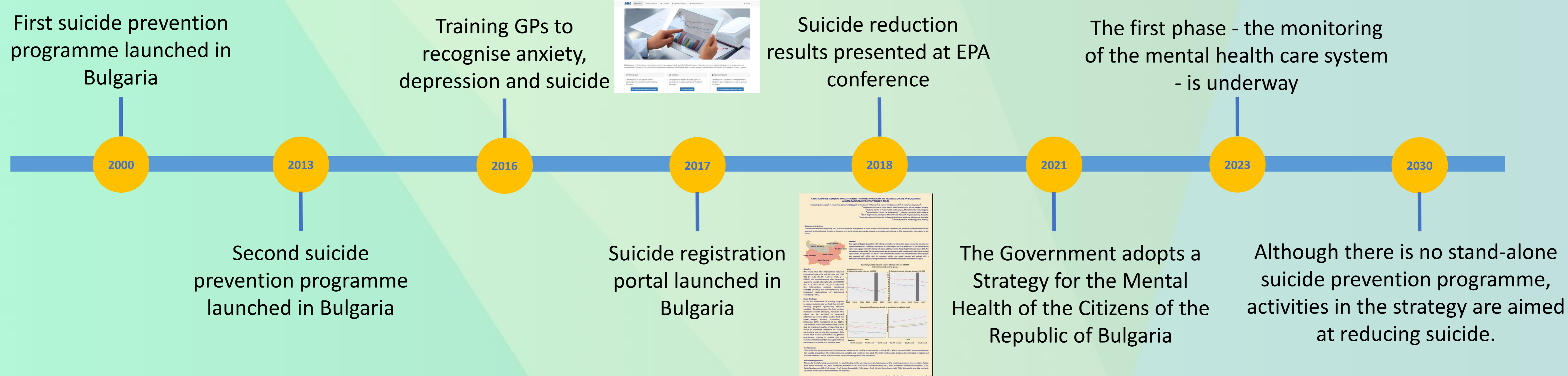
Implementation of the Austrian suicide prevention programme SUPRA in Bulgaria

BACKGROUND

The Republic of Bulgaria is a country in Southeastern Europe. It is bordered to the north by Romania, to the west by Serbia and North Macedonia, to the south by Greece, to the southeast by Turkey and to the east by the Black Sea. The capital of the country is Sofia and the country is divided into 28 districts. Bulgaria has 6 838 937 inhabitants distributed over 110,879 km² including small Turk /8.4%/ and Roma /4.4%/ populations, residents in cities /78%/ predominate over those in rural areas /22%/.

Bulgaria joined the European Union (EU) in 2007 and ranks 71st in the world by per capita GDP. The Health Act was introduced in 2005 for the first time although some efforts in that direction have been done before. The Health Act is a normative document that was adopted by the Bulgarian government before Bulgaria's accession to the European Union. Healthy life expectancy at birth is 71.4, and 15.2 at age 65 (2021). A total of 31.7% of the population is at risk of poverty and social exclusion (2021). Income inequality, expressed as the Gini coefficient, is 39.7 (2021), and total healthcare expenditure relative to GDP is 7.1% (2021).

Timeline of Implementation Process



NEXT STEPS

- Dialogue meetings with stakeholders for input and anchoring of the proposal.
- Meeting with all 28 director generals for the authorities that have been commissioned to prepare the proposal.
- Preparation of a communication plan that will include naming the strategy and deciding on its main messages, and which target groups and channels the proposal should be communicated.
- Finalizing the report to the government that will contain the proposed strategy.
- Continue work on quick wins, i.e. planning the national conference in the fall, where we can launch the strategy to a wider audience.
- Initiate first steps of building a structure for implementation and a system for monitoring and evaluation of the national strategy

KEY LEARNINGS

Challenges and solutions

- High levels of stigma
- Psychological support is not paid for by the health insurance fund
- Lack of resources to deal with psychosocial crises in the PHC system

Positive outcomes

- Bulgaria has a suicide registration system that records both attempted and completed suicides
- And previous experience in the training of GPs

Key lessons learned

- Information on suicides in Bulgaria has been collected for many years.
- It is necessary to systematically analyse the reasons for the changes in the suicide rate in Bulgaria over the years.

GAINS FROM JA **Im**plementAL NETWORK

Presenting the Bulgarian experience in suicide prevention

To make networks especially with countries with similar background of organization of mental care

To raise awareness of suicide in society