

Implementation of SUPRA Best Practice in Estonia

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BACKGROUND

Estonia is a democratic parliamentary republic with 15 counties. It is the smallest of the Baltic States, with 1.365 884 million inhabitants. The country has an area of 45,227 km², with a moderate population density of 31.4 people per km². The healthy life expectancy at birth has increased from 66.5 years in 1994 to 77.2 in 2021. On average, women live 8.5 years longer than men, and the gap by gender is greater than the EU average of 5.6 years. The vision for the future of mental health in Estonia is described in four national strategies; the Long-term national development strategy "Estonia 2035", National Health Plan 2020–2030, Green Paper on Mental Health 2020, and the Mental Health Action Plan 2023–2026. The Ministry of Social Affairs developed the Mental Health Action Plan 2023–2026, in cooperation with stakeholders, intending to respond to needs in the development of mental health care and to set more specific targets.

Suicide rate per 100,000 (2022): 14.35 (Total), 25.31 (Males), 6.36 (Females). Higher suicide rates by age groups: 20-24, 50-54, 65-69 and 80+ among males, and 20-24, 80+ for females.

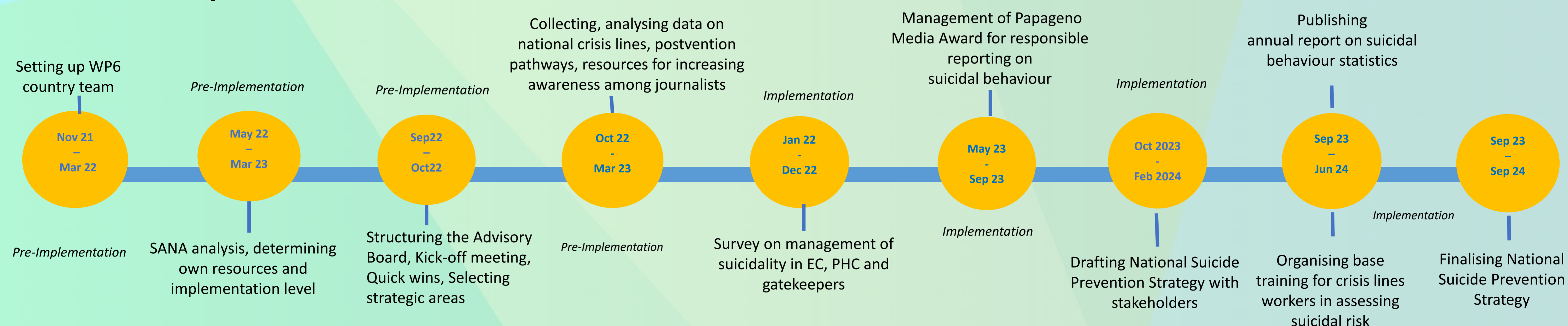
Level of Implementation – National Level

Target Population – Universal, Selective, Indicative prevention

General Purpose – Transfer and implementation of elements of the Austrian Best Practice SUPRA on Suicide Prevention

Overarching Aim – Drafting the first Estonian National Suicide Prevention Strategy

Timeline of Implementation Process



PILOT ACTION PLAN

Strategic Area 1: Coordination & Organisation: Drafting the first Estonian Suicide Prevention Strategy

Strategic Area 2: Support & Treatment: The quality of the crisis interventions increased, the algorithm for suicide risk assessment is operational across the country

Strategic Area 3: Awareness & Knowledge: Cooperation with media has

increased, and this is reflected in responsible reporting, Papageno Media Award for responsible reporting on suicidal behavior is established, gatekeepers are trained in crisis interventions, and knowledge of help-seeking pathways and willingness to use it has increased among the general population and vulnerable groups/individuals.

Strategic Area 4: Quality Assurance & Data Registries: Establishment of an annual reporting on suicide mortality, and improvement in accessibility of data related to suicide deaths and non/intentional self-injury.

KEY LEARNINGS

CHALLENGES

- Lack of standardized training on suicide risk assessment among gatekeepers
- Media outlets are not aware of the impact their reporting can have on vulnerable individuals
- Limited collaboration with key stakeholders for suicide prevention
- Resources for suicide prevention are available, but not used in daily environments
- Lack of data/information exchange between sectors: social-health-educational
- Support groups as a service format are underused
- No information on possibly existing hotspots
- Postvention almost non-existing

SOLUTIONS

- Standardized training for gatekeepers on suicide risk assessment (Train the trainers)
- Establishing media award for responsible media reporting on suicidal behavior
- Survey and statistical data on possibly existing hotspots
- Subsidy measures for the local authorities
- Development of community activities
- Reducing stigma and increasing courage to reach for help (crisis lines)

POSITIVE OUTCOMES

- Collaboration between Advisory Board members from different sectors is successful
- The strong willingness of different professionals to take on a role in suicide prevention
- Papageno Media Award for journalists is established
- Suicide Prevention Strategy is in the developing stage

LESSONS LEARNT

- Action plans and suicide prevention strategies must be feasible and based on existing country resources
- Situation analysis should target requirements of different sectors involved in the field of action
- Substantial difference between EU countries in available resources, and possibilities for implementation
- Multi-level, intersectoral collaboration and networking are a key elements for the development of country-specific suicide prevention action plan
- A strategic and systematic approach to awareness of suicide as a public health problem is necessary

GAINS FROM JA-ImplementAL NETWORK

- International collaboration is a crucial aspect of addressing suicide as a public health issue
- Useful and interactive tool for the exchange of information, sharing expertise, and know-how processes
- Enables „learning by example“, through organized training, workshops, and teamwork from different countries in developing targeted training
- Exchange of expertise in suicide prevention
- Possibility to cooperate with top experts in suicide prevention