



Implementation of SUPRA in Iceland

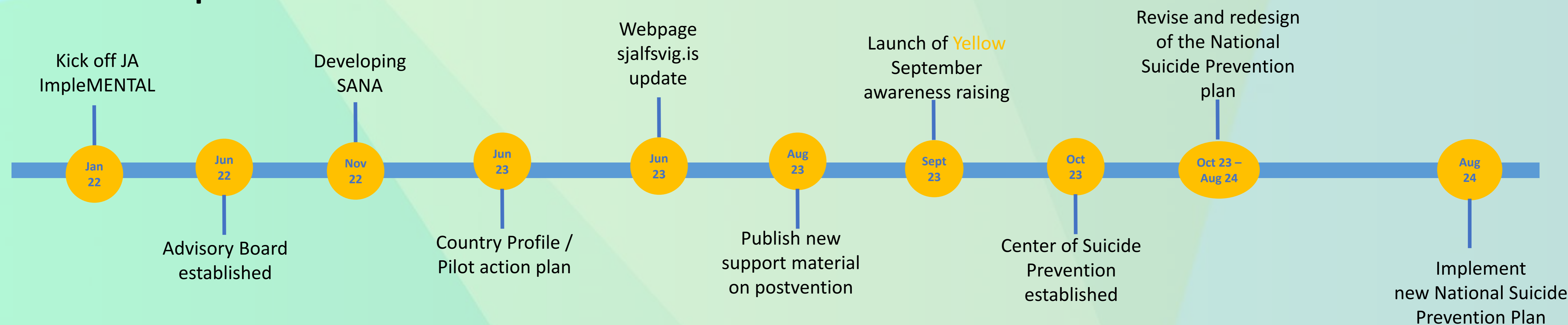
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BACKGROUND

Iceland is an island nation in the North Atlantic Ocean. Iceland is a parliamentary democratic republic. Iceland's healthcare system is state-centred and largely publicly funded with universal population coverage. The mental health services are intertwined with general health services, social services, and school system. A new mental health policy until the year 2030 was approved by Parliament in June 2022 and an accompanying action plan was approved by Parliament in June 2023. The suicide numbers in Iceland are low, in comparison to the largest categories of causes of death, and the population is small. Therefore, small changes in numbers can cause fluctuations. Therefore, it is appropriate to use averages for few years.

Suicide Mortality Rate – is 11,7 per 100.000 on average for the years 2012-2021. With 17,9 (M) and 5,4 (F).
National Suicide Prevention Plan – is in place, approved in 2018, with 54 operations. Overall status; 12 operations are completed, 28 in progress and 14 are on hold.
Level of implementation – National level.
Target Population The Icelandic population (Year 2022: 382.003).
General Purpose and overarching aim – is to use the SUPRA model to redesign the Icelandic National Suicide Prevention Plan.

Timeline of Implementation Process



Pilot Action Plan

SA1 - Coordination & Organization: Redesign of the National Suicide Prevention Plan.

Establishment of a Center of Suicide prevention

SA2 - Support & treatment: Coordinated procedures (postvention, after suicide attempt, suicide risk assessment).

SA3 - Restriction of means: Identify and evaluate hot spots for suicide and review the safety regulations for these places.

SA4 - Awareness & knowledge: Yellow September campaign raising awareness about mental health and suicide prevention. Update both online information on suicide, prevention and postvention and publish new material.

SA5 - Embedding in prevention & health promotion activities: Evidence-based approach to suicide prevention in schools for young adolescents.

SA6 - Quality assurance & expertise: Promote uniform registration and improved quality of data in databases.

KEY LEARNINGS

CHALLENGES & SOLUTIONS

- Lack of funding allocated to suicide prevention. There is need for awareness raising, putting pressure on policy makers.
- Actions included in the national suicide prevention plan are extensive, costly and involve several sectors, stakeholders and organizations. It is important to work on few operations at a time and chunk actions down to smaller bites to focus on (quick win).

POSITIVE OUTCOMES

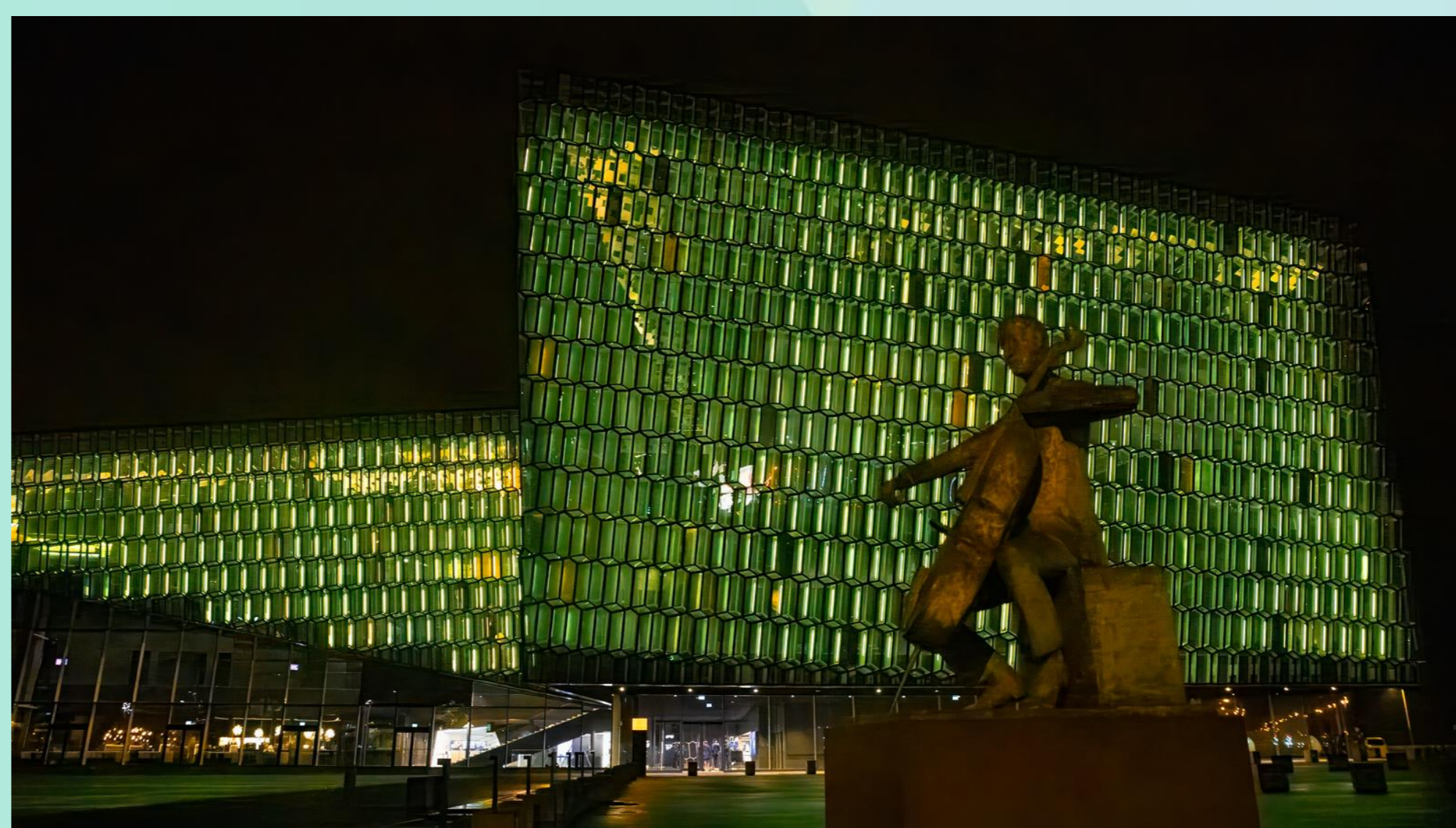
- Mental health policy 2022-2030 and action plan approved by Parliament.
- Large milestones reached: Establishment of the Center of Suicide Prevention and launch of Yellow September – National awareness campaign on suicide prevention and mental health.

LESSONS LEARNED

- Social contract: Prioritization of mental health
- Active collaboration across sectors and stakeholders are the key to success throughout the process of change. Nothing about us without us

GAINS FROM JA ImpleMENTAL NETWORK

- Campaigning to get the attention of politicians
- Applying for funding for the Action plan on suicide prevention
- Working to establish a Center of suicide prevention
- Important networking
- New opportunities for research



Harpa Conference Center and University of Iceland - Yellow September a new National awareness campaign