

Implementation of SUPRA Best Practice in Malta

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BACKGROUND

Malta is an island in the Mediterranean Sea. It remains the most densely populated country in the EU with 1,715 residents per km². Malta has one mental healthcare system – Mental Health Services (MHS), which operates within the legal framework, the Mental Health Act (2012), and is guided by the patient-focused ‘Mental Health Strategy for Malta 2020-2030’.

Suicide Mortality Rate (SMR) per 100 000 (2022) – 4.80 (Total), 8.13 (M), 1.22 (F)
Highest SMR by age groups: 55-64 and 75+ in males (19.54, 21.90) and 55-64 in females (3.39)

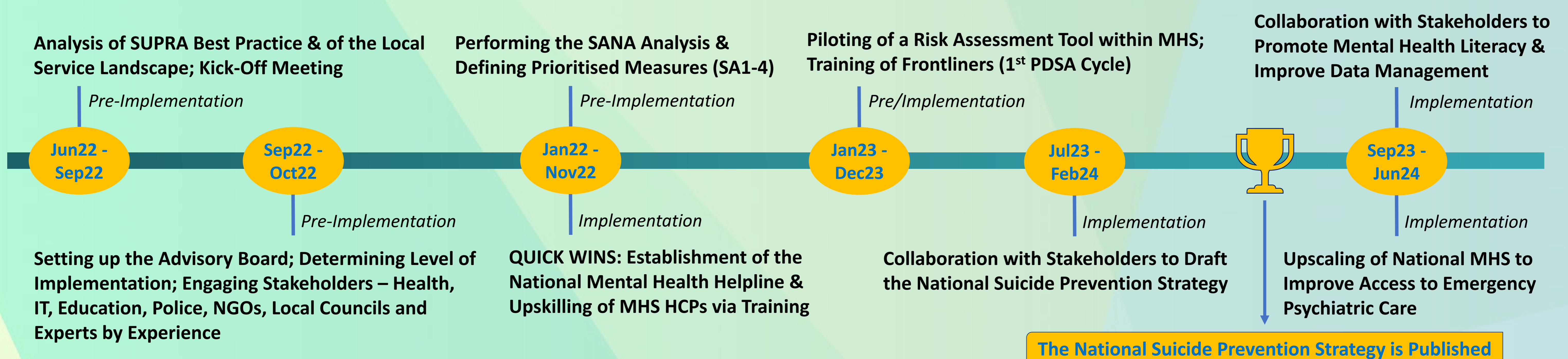
Level of Implementation – National Level

Target Population – Whole of Malta (Year 2022: 542,051)

General Purpose – Transfer and Pilot Implementation of the Austrian Best Practice SUPRA on Suicide Prevention

Overarching Aim – The Drafting of Malta’s First National Suicide Prevention Strategy

IMPLEMENTATION PROCESS



SA1 Coordination & Organisation – Drafting the first **National Suicide Prevention Strategy** for Malta (*chief prioritised measure*)

SA2 Support & Treatment – Upscaling of national MHS to support and treat at-risk individuals and their proxies; **Improvement in suicide care core competencies** for healthcare professionals (HCPs) and other frontliners through the provision of training

SA3 Awareness & Knowledge – Promotion of **mental health literacy** among the public and targeted at-risk population groups

SA4 Quality Assurance & Data Registries – Establishment of a **dedicated mental health information system** and improvement in accessibility, accuracy, and digitalisation of **data management** to produce **data registries** for suicide deaths and non/intentional self-injury

KEY LEARNINGS

CHALLENGES & SOLUTIONS

- Limited collaboration with key stakeholders – the opportunity to foster **new partnerships**.
- Challenges in organisational culture such as complacency and resistance to change – the opportunity to **show value** through empowerment and training.

POSITIVE OUTCOMES

- Comradeship** and **perseverance** among advisory board members.
- Collaborative dedication** towards a **common goal**.

LESSONS LEARNT

- High-quality statistical data in the absence of a **dedicated information system** is unattainable.
- Whilst idealistic models must be acknowledged, adopted action plans must be **practical, feasible and transferable** to the context in which they shall be implemented.
- We cannot work in silos** if we want to achieve effective and enduring changes. Inter-professional, inter-stakeholder, and multisectoral collaboration is imperative.

GAINS FROM THE JA ImplementAL NETWORK

- A **platform** for sharing expertise and information.
- Improved knowledge** through training & teamwork.
- Engagement and motivation of HCPs** to implement change.