

Implementation of Elements of SUPRA in SWEDEN

BACKGROUND

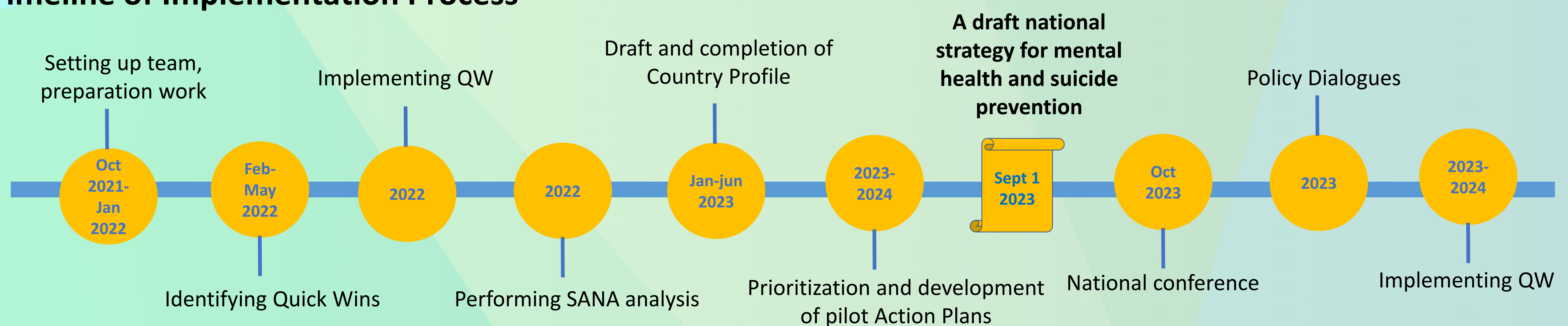
Sweden is the 5th largest country in Europe, with a population of 10.5 million. The average life expectancy at birth is 81.4 for men and 85.0 for women. Health care provision is universal and tax-subsidized. The healthcare system is decentralized, i.e. run either by the regions, local authority or municipality.

Suicide Mortality Rate (SMR) per 100 000 (2022) – 14 (Total), 21 (M), 8 (F).

LEVEL OF IMPLEMENTATION: National

TARGET GROUP: The whole population, with special regard to groups at high risk of mental ill health and suicide

Timeline of Implementation Process



EXAMPLES OF CORE ELEMENTS OF SUPRA

Coordination and Organization: Develop a proposal for a national strategy for mental health and suicide prevention

Embedment in prevention and health promotion activities: Analyses to highlight correlation between suicide and e.g. socio-economic risk factors

Support and Treatment: Highlight as a topic in national coordination groups

Awareness Raising and Knowledge: Communication activities e.g. in connection with World Suicide Prevention Day, and work to reduce stigma

Prioritized measures for suicide prevention in the proposed national strategy:

Measure 1: Minimize social and economic risk factors linked to increased risk of suicide

Measure 2: Secure mental health services and care for people at risk of suicide

Measure 3: Coordinate action in acute suicidal crisis

Measure 4: Reduce availability of methods and means for suicide

Measure 5: Reduce stigma and increase knowledge of suicide and suicidality

Measure 6: Strengthen support for bereaved after suicide

KEY LEARNINGS

Challenges

- High expectations - “the strategy will solve everything”
- Integrating suicide prevention into a comprehensive national strategy for mental health
- Wide range of stakeholders and perspectives to include, i.e. risk of being a vague or watered down document

- Many areas or arenas that we do not have ownership of or mandate to steer actions or prioritization in

Solutions

- Cross-sectoral collaboration with a broad range of authorities (26 authorities have had government commissions to participate in the work)
- Continual dialogue and involvement of stakeholders throughout the process. Over 50 organizations have contributed

POSITIVE OUTCOMES

- Relationships have been established to enable broad implementation and sustainability
- Many stakeholder dialogues have served to anchor and gain acceptance for the strategy from different parts of society

- Integrating suicide prevention with mental well-being and mental health promotion has both pros and cons.

LESSONS LEARNED

- Suicide prevention is still viewed by some as an issue limited to mental health treatment and care

GAINS FROM JA ImplementAL NETWORK

- Sharing knowledge and experiences
- Expanding international network of colleagues within the field
- Inspirational and supportive materials from Work Package leaders, including insightful trainings