58 CHILD CAR RESTRAINT USE AMONG ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

[1,2,3]Kate Hunter, [1,2]Lisa Keay, [4]Kathleen Clapham, [5]Julie Brown, [5]Lynne E Bilston, [1,2]Sharmane Mannix, [1,2]Jake Byrne, [2]Judy M Simpson, [1,2]Rebecca Q Ivers. *[1]The George Institute for Global Health, Australia*; *[2]The University of Sydney, Australia*; *[3]The Poche Centre for Indigenous Health, Australia*; *[4]Australian Health Services Research Institute, University of Wollongong, Australia*; *[5]Neuroscience Research Australia, the University of New South Wales, Australia*

10.1136/injuryprev-2016-042156.58

Background In Australia, road related fatality rates for Aboriginal and Torres Strait Islander children aged 0–4 years are 4 times higher than for other Australian children the same age. Children are less likely to be severely injured in a car crash if they are restrained in an age-appropriate car restraint and if the restraint is used correctly. Despite this, little is known about how Aboriginal children are travelling and whether or not they are being correctly restrained in age appropriate child restraints.
Methods Working with community and following extensive consultation and engagement in four urban communities in New South Wales, Australia, we recruited and trained local Aboriginal people to conduct surveys with parents and carers and to observe how children were restrained as they arrived at early childhood services attended by community members.
Results In 2015, we conducted interviews with 147 parents and carers and completed 109 observations of child restraint use at the 4 study sites. Parents or carers provided responses to the structured survey for 183 children. The average age was 3.0 ± 1.3 years (range 0–7 years) and 137/183 (75%) were Aboriginal or Torres Strait Islander children. There were 36/176 (20%) not in the right restraint for their age; significant errors ranged from belt buckle not being engaged (11%) to internal/shoulder harness being incorrectly or not used (31%).
Conclusions These findings are the first stage of the baseline data collection for a large trial involving 12 Aboriginal communities across New South Wales. It is the first large scale trial to measure the effectiveness of a culturally appropriate child restraint program among Aboriginal people in Australia. In a country where adult restraint use is close to 100%, these preliminary findings highlight the need for a program aimed at increasing the proportion of Aboriginal and Torres Strait Islander children restrained in age appropriate restraints.

59 CAPACITY BUILDING IN INDIGENOUS COMMUNITIES THRU COOPERATIVE AGREEMENTS

[1]Nancy M Bill, [2]Monique Sheppard. *[1]Indian Health Service, US Public Health Service, Rockville, Maryland, USA*; *[2]Econometrica, Inc., Bethesda, Maryland, USA*

10.1136/injuryprev-2016-042156.59

Background The indigenous tribal groups of North American (American Indian and Alaska Native, AI/AN) suffer from higher rates of fatal unintentional injuries, specifically motor vehicle related injuries, in comparison to all US population. The Indian Health Service (IHS) is the US Federal Agency responsible for providing health services to members of federally-recognised AI/AN by a government to government relationship established by law. IHS health and preventive services include injury prevention (IP). In 1997, IHS initiated national funding thru a cooperative agreement grant (CA) process aimed at building tribal capacity and infrastructure in injury prevention. CA grants have substantial involvement by awarding agency and the grant recipient. CA involves collaboration, participation or intervention in the program activities. An external monitoring contractor is hired for technical assistance to the grantees.
Methods The five-year CA provided funding to hire and train full-time staff. Strategies targeted motor vehicle injury prevention through policy development, increasing occupant restraints, engaging key stakeholders, and roadway hazard identification. In addition, occupant restraint observational surveys, employing effective strategies, and on-going evaluation occurred in the five years.
Results The AI/AN grantee took the lead in the planning, organising, implementing and evaluating their programs to address motor vehicle related injuries and fatalities. Results included increasing adult seat belt use by 75 per cent and distributing 8,900 child safety seats, costing approximately $508,155 and generating over $21.3 million in benefits to society.
Conclusions IP's mission seeks to build the capacity of the US indigenous tribes to increase understanding of the injuries; to implement effective strategies to address the injury disparities. Utilising CA grants had great successes attributing to injury reduction in vulnerable populations. Many successes have been achieved over the years in decreasing the high motor vehicle injury fatality rates.

60 YARNING, GIVING A VOICE TO OLDER ABORIGINAL PEOPLE ON HEALTHY AGEING AND FALL PREVENTION

[1,2]J Coombes, [1]C Lukaszyk, [1]L Keay, [1]C Sherrington, [1]A Tiedemann, [1,3]R Ivers. *[1]The George Institute for Global Health, University of Sydney Australia*; *[2]Lowitja Institute*; *[3]Flinders University*

10.1136/injuryprev-2016-042156.60

Background There is emerging evidence that falls are an increasing problem for older Aboriginal people in Australia. We examined concepts of healthy ageing and fall prevention using Aboriginal ontology and knowledge systems through yarning circles in Aboriginal communities in Australia.
Methods We used a conversational method to gather knowledge through yarning circles with Aboriginal communities in the Central Coast, Dubbo, Mt Druitt and Shoalhaven areas of New South Wales, Australia. The yarning circles were held with 80 people aged from 45 to 85 years of age, in 8 groups between November 2014 and April 2015. Data were audio recorded and transcribed with the consent of communities and analysed using an Indigenous research standpoint methodology, incorporating ways of knowing, doing and being.
Results Yarning circles helped identify key issues around healthy ageing including the role of falls, in particular the impact these have on individuals, their families and communities. Discussions around falls highlighted concerns that they would lead to an inability to fulfil family roles or remain involved in community life. Participants reported that healthy ageing and maintaining independence were imperative in enabling them to continue to pass on cultural knowledge, and that they were comfortable attending health-related programs in their own communities.
Conclusions Aboriginal people felt comfortable attending programs in their own community and yarning circle participants voiced strongly that healthy ageing is essential for them to continue to share their knowledge of Aboriginal history and culture to their families and communities. Yarning circles also identified the need for Aboriginal-specific, culturally appropriate fall prevention programs to address healthy ageing and concerns about falls.

Parallel Session Monday 19.9.2016 11:00–12:30

Suicide and Self-harm Prevention

Parallel Mon 1.1

61 SUICIDE PRESENTED AS A LEADING CAUSE OF MORTALITY: UNCOVER FACTS OR MISREPRESENT STATISTICS?

[1]Finn Gjertsen, [2]Silvia Bruzzone, [3]Clare E Griffiths, [4]Robert N Anderson. [1]*Norwegian Institute of Public Health, Norway*; [2]*National Institute of Statistics, Italy*; [3]*Public Health UK; Centres for Disease Control and Prevention, USA*; [4]*School of Public Health and Community Medicine, University of NSW, Australia*

10.1136/injuryprev-2016-042156.61

Background In literature on intentional self-harm behaviour it is often stated that suicide is one of the leading causes of death, nationally or worldwide. Ranking causes of death is a method used to illustrate the relative burden of cause-specific mortality and is often used to present arguments for research funding, prevention and treatment. The purpose of this project is to assess the evidence behind the statement that suicide is a leading cause of death with reference to the methods of ranking causes of death used to convert a rare incident as suicide to one of the leading causes of death.
Methods Cause of death statistics from Europe were used, in addition to global mortality estimates from the World Health Organisation (WHO). We used the European short list of 86 causes of death (Eurostat) to select rank-able and mutually exclusive causes. By applying different rules in the selection we made two lists of rank-able causes for Europe.
Results 1.2% of all deaths were registered due to suicide as the underlying cause of death in the enlarged Europe Union (EU28) in 2012, and 1.5% of all deaths globally (2011) according to the WHO estimates. Suicide was not among the ten leading causes of death totally (all ages), neither in Europe nor globally. In Europe suicide was the 11th and the 15th leading cause in the two different ranking lists we used, and globally the 15th leading cause (based on WHOs ranking list). In Europe, however, suicide for males was ranked at the eighth and the ninth leading cause of death in two ranking lists. For females, suicide was number 13 and 23 in the two ranking lists.
Conclusions Ranking mortality causes is a complex process and depends deeply on the cause list and the rules used for ranking. The ranking may also be affected by the quality of mortality data. Our ranking lists did not find support in stating intentional self-harm (suicide) as one of the ten leading causes of death totally, in Europe and globally.

62 DRIVER SUICIDES IN FINLAND DURING 2008–2013 – WHAT ARE THEY MADE OF?

[1]Inkeri Parkkari, [2]Noora Airaksinen. [1]*Finnish Transport Safety Agency, Finland*; [2]*Sito Ltd, Finland*

10.1136/injuryprev-2016-042156.62

Background The prevalence of driver suicides in Finland is about 20−30 per year. In Finland, all fatal motor vehicle accidents are investigated in-depth by multi-professional Road Accident Investigation Teams. An investigation folder is compiled from each accident and the data is also coded into a fatal accident data base. Members of the investigation teams use standardised investigation forms, which ensures the systematic acquisition of data.
Methods In this study, all the investigation folders of suicide and unclear accidents were read through to gather a more accurate data. The data gathering focused on the background factors, e.g. the preceding events, driver's mental health problems and treatment history, medication, suicide notes, previous suicide attempts or threats, as well as the driver's relatives opinion of the possibility of suicide. An assessment of whether the suicide was premeditated or impulsive was made.
Results During years 2008−2013 a total of 142 drivers committed suicide. Of these, 85% were male and 14% female. More than half (57%) of suicides were committed after a longer consideration and 28% were impulsive. The older the driver was, the more often suicides were premeditated. Mental health problems were common and a third of drivers (34%) were driving under the influence of alcohol (≥0.5‰). 23% of the drivers had previous suicide attempts and 36% had left a suicide note.
Conclusions The drivers who committed suicide by driving a motor vehicle had a lot of mental health problems and difficulties in life management. More than half of the suicides were committed after a longer consideration, but impulsive suicides were more common among young drivers. It was rare that the driving license issues had been taken into consideration due to mental health problems. The driver's ability to drive, especially after suicide attempts, should be considered by health professionals and the police.

63 SUICIDE PREVENTION IN THE FINNISH DEFENCE FORCES- TRAINING MATERIAL FOR MILITARY LEADERS

[1]Antti-Jussi Ämmälä, [2]Tanja Laukkala. [1]*The Finnish Defence Forces, Logistics Command, Centre for Military Medicine*; [2]*Mehiläinen Kielotie, Vantaa, Finland*

10.1136/injuryprev-2016-042156.63

Background In Finland, military service is compulsory for young men, and approximately 75% of young men finish their military service. During military service, it is of utmost importance to support the well-being of conscripts. A national plan for providing safe environment[1] emphasies the role of Defence Forces in the well-being of conscripts, also in the area of suicide prevention.
Objective Centre for Military Medicine has updated the training material for supporting the conscripts in stressful situations which aimed for all military leaders that work with conscripts. The material has also a self-help part for conscripts with detailed information on how to seek help if needed. One part of training material is aimed at recognising persons at elevated risk for suicide and self-harm. It also helps to form unified procedures for military units to handle these situations and strengthens cooperation between different disciplines. It serves in recognising needs for further education and aims to contribute to a more positive and constructive service atmosphere.
Results Training material consists of short presentation about different stressors affecting young men in military service followed by specific instructions to different types of stress situations, including how to recognise warning signs for suicide and self-harm. Followed by this, a short introduction is given about different short interventions available for entangling this risk. Major body of material is 15 case examples all with model answers which gives opportunity to practice jointly handling these situations. This creates possibility to strengthen cooperation and