

clarify responsibilities for each participant. The training material and its implementation is presented in presentation with additional discussion about implementation challenges and their possible solutions.

**Conclusions** The suicide mortality has decreased in general population<sup>2,3</sup> and among conscripts.<sup>4</sup> Early recognition and appropriate guidance to services is promoted effectively by making all disciplines aware of how to recognise the need of support in the mental health field and how to connect conscripts with available services.

#### REFERENCES

- 1 Markkula J, Öörni E. Eds. (2010). Providing a Safe Environment for Our Children and Young People Finland's national action plan for injury prevention among children and youth. Helsinki University Print Helsinki, Finland.
- 2 Suomen virallinen tilasto (Official statistics of Finland) (SVT). Kuolemansyyt vuonna 2013 (siteerattu 28.10.15.2015). [www.stat.fi/til/ksyyt/2013/ksyyt\\_2013\\_2014-1230\\_tie\\_001\\_fi.html](http://www.stat.fi/til/ksyyt/2013/ksyyt_2013_2014-1230_tie_001_fi.html). Suomen virallinen tilasto (SVT): Väestön ennakkotilasto [verkkojulkaisu]. ISSN=1798-8381. Helsinki: Tilastokeskus [viitattu: 30.10.2015]. Saantitapa: <http://www.stat.fi/til/vamuu/index.html>
- 3 Holopainen J, Helama S, Partonen T. Suicide mortality changes in ageing Europe. *Finnish Med J.* **70**:1983–1989
- 4 Laukkala T, Henriksson M, Ponteva M. Varusmiespalvelus ja mielenterveys. *The Finnish Med J.* **68**:1028–1029

#### 64 SUICIDE PREVENTION IN QUEER COMMUNITIES: A WESTERN AUSTRALIAN CASE STUDY

Sandra Norman. *Living Proud Inc., Australia*

10.1136/injuryprev-2016-042156.64

**Background** 20% of transgender Australians and 15% of lesbian, gay and bisexual Australians report current suicidal thoughts. Lesbian, gay and bisexual Australians have up to 14 times higher rates of suicide attempts than their heterosexual peers. For these reasons lesbian, gay, bisexual, transgender and intersex (LGBTI) people are a specific target group in the Western Australian Mental Health Commission's Suicide Prevention Strategy.

**Description** The Mental Health Commission funded two projects to address the needs of this group. The Living Proud project was a community capacity building project designed to increase resilience within the LGBTI community and encourage community members to seek support around mental health and suicide. By itself, this project presented an ethical dilemma: how can we encourage community members to seek help from a profession that often has a poor understanding of their needs and has been the source of much of their stigma. To address this situation a second project was planned to run alongside the first. The Opening Closets Mental Health Training project aimed to increase the skills and LGBTI knowledge of mental health professionals. This dual strategy was crucial to the success of the work.

**Results** Both the community project and the professional training had excellent engagement and feedback. The work was identified as a best practise example for working with high risk groups and was recognised with a National Suicide Prevention Award.

**Conclusions** This case study illustrates the importance of working both within a marginalised community and simultaneously addressing broader structural barriers.

#### 65 A NATION-WIDE FREE TELEPHONE HOT LINE FOR SOCIAL INCLUSION AFTER THE GREAT EAST JAPAN EARTHQUAKE

<sup>1</sup>Yoshihide Sorimachi, <sup>2</sup>Dai Isomura, <sup>3</sup>Tomoko Endo. <sup>1</sup>Otsuma Women's University, Japan; <sup>2</sup>Kanasugi Clinic, Japan; <sup>3</sup>Support Centre of Social Inclusion, Japan

10.1136/injuryprev-2016-042156.65

**Background** Japan has had relatively high suicide mortality among high income countries since the Asian financial crisis in 1997. For it seems to reflect progressing social exclusion, some social inclusion policy is needed to reduce suicides.

**Description of the problem** The international monetary crisis in 2008 drastically deprived many young people in Japan of their jobs. Moreover, March 11<sup>th</sup>, 2011, a great earthquake hit the east areas of Japan which evoked huge tsunamis and explosions of Fukushima Dai-ichi nuclear power plants. It not only killed more than 20,000 peoples, but also forced approximately 470,000 peoples to be evacuees. After this disaster, emerging social exclusion in Japan seemed to accelerate. Just after a year later, a nationwide hot line with free phone access was established to support various kind of socially excluded peoples including these evacuees, which has been subsidised by the national government of Japan. This consultation system has 6 lines: Line 1 for peoples with economical difficulties, Line 2 for foreigners, Line 3 for victims of sexual assaults and/or domestic violence, Line 4 for sexual minorities, Line 5 for people with suicidal thoughts, Line 6 for evacuees.

**Results** Approximately 400,000 people successfully contacted the hot line in fiscal year 2013. In addition to getting counseling through phone, a client can sometimes get some direct support, for example, getting food from a food bank or being accompanied with its staff for visiting a welfare office. 30% of consultants had disability identifications. Among them 60% had mentally disability identifications. 28% of consultants from the disaster areas chose dial 5 for supporting peoples with suicidal thoughts.

**Conclusions** The system seems to function as an effective consultation system for socially isolated people with mental disorders, intellectual or developmental disabilities, and to function as a powerful suicide prevention measure.

#### 66 SUICIDE ATTEMPT IN MEXICAN YOUTH: AN OPPORTUNITY FOR PREVENTION

<sup>1</sup>Rosario Valdez-Santiago, <sup>1</sup>Elisa Hidalgo-Solorzano, <sup>2</sup>Mariana Mojarro-Iñiguez, <sup>1</sup>Leticia Avila-Burgos, <sup>1</sup>Hugo Leonardo Gomez Hernandez. <sup>1</sup>National Institute of Public Health of Mexico; <sup>2</sup>Independent Researcher, Mexico

10.1136/injuryprev-2016-042156.66

**Background** Suicide is the second leading cause of death globally between 15–29 years of age. For every suicide there are many more people who attempt suicide every year. Significantly, a prior suicide attempt is the single most important risk factor for suicide in the general population. In Mexico suicide attempt has been on the rise.

**Methods** The method was a secondary analysis gathered from the National Survey of Health and Nutrition (2012), in which youth between 10–19 years of age (n = 22,131,741) who