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?

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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?

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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

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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

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[2,3] and among conscripts.[4] 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.

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

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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

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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, March11th, 2011, a great earthquake hit the east areas of Japan which evoked huge tsunamis and explosions of Fukushima Dai-ichi nucleic 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 exlusion 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 subsided 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 8 for evacuees.

Results Approximately 400,000 people successfully contacted the hot line in fiscal year 2013. In addition to getting couseling 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 consulters had disability identifications. Among them 60% had mentally disability identifications. 28% of consulters 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

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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 raisin.

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