

Conclusions Alcohol is a major contributor to injury related mortality in the West of Ireland, particularly among young people, with young men especially vulnerable. It is evident that injury fatalities resulting from asphyxiation are commonly associated with alcohol, where the level of alcohol detected varies across types of injury fatality.

Suicide prevention

Post Mon 1.14

561 KEEP HIM HERE: A PROVINCIAL SUICIDE PREVENTION AWARENESS CAMPAIGN

Kathy Belton, Patti Stark, Stacy Rogan. University of Alberta, Injury Prevention Centre (IPC), Canada

10.1136/injuryprev-2016-042156.561

Background Communities across Alberta recognise World Suicide Prevention Day (WSPD) with a variety of awareness and prevention activities. However, Alberta lacks a coordinated provincial approach to promote both WSPD and suicide prevention. The Injury Prevention Centre and the Alberta Suicide Prevention Network have developed a suicide prevention campaign that was implemented for its second year in 2015.

Problem In 2010, Alberta data shows that 75% of suicide deaths were men. Of these, 68% were between the ages of 30–69 years. Men are among the least likely to seek help when struggling with mental health issues and often have limited support networks. Coupled together with the negative societal perceptions about mental health and suicide, the campaign focused on the social networks of middle age men (significant others, families, friends). Key messages for the campaign are: know the signs, start the conversation and reach out. Along with the key messages, a tagline meant to emphasise the role every individual can play to support and help a man who is struggling was developed – “Keep Him Here.” A series of themed printed posters and post cards, coffee sleeves, a website, infographic and a video PSA were developed.

Results For the 2015 campaign, 58 community partners requested resources (81% increase compared to 2014) and used them at pop-up coffee booths, gas stations, suicide awareness walks, restaurants, businesses, resource fairs, and interagency meetings to raise awareness and create opportunities to start conversations about suicide. The provincial launch connected with 412 commuters on their way to work.

Conclusions The Keep Him Here campaign, coordinated by IPC, has provided a mechanism to initiate a fledgling coordinated provincial effort to highlight suicide prevention and awareness to Albertans. By providing high quality, free resources and supports to partners who were able to creatively disseminate suicide prevention messages to engage communities.

562 ASSOCIATIONS OF SLEEP DISTURBANCE, DEPRESSION, PROBLEMATIC INTERNET USE WITH SUICIDE IDEATION IN YOUNG ADOLESCENTS: A FOLLOW-UP SURVEY

Yafei Tan, Liping Li. Centre for Injury Prevention Research, Shantou University Medical College, Shantou 515041, China

10.1136/injuryprev-2016-042156.562

Background Suicide is a leading cause of death among adolescents. A number of studies indicate that sleep quality, mental health status and excessive Internet use are associated with suicide risk in this population, but less Longitudinal study is known to explore the associations of sleep disturbance, depression and problematic Internet use with subsequent suicide ideation among school adolescents in China. The aim of this study was to examine the associations between suicidal ideation and sleep disturbance, depression and problematic Internet use.

Methods 1700 individuals which covered the school-aged adolescents from southeastern Chinese areas with self-administered questionnaires were screened in 2012, and a follow-up survey was conducted in June 2015. Information was collected on socio-demographics and suicide ideation, planning and attempts in the past year, sleep quality, mental health status and problematic Internet use were separately assessed with PSQI, CESD-10 and IAT. Multivariate logistic regression analyses, controlling for confounding factors, were conducted to explore the associations of sleep quality, depression, problematic Internet use with suicide ideation.

Results Among the participants, 15.5% of adolescents had the suicide ideation in past year. After controlling for baseline suicide and other confounding factors, adolescents with sleep disturbance in 2012 had a higher tendency to subsequent suicide ideation in 2015 compared with those who had no sleep disturbance (OR: 5.11; 95% CI: 2.46–10.64). Suicidal ideation was highly associated with psychiatric disorders such as depression (OR: 3.57; 95% CI: 1.45–8.22), problematic Internet use also significantly predicted suicide ideation in 2015 (OR: 2.62; 95% CI: 1.26–5.45).

Conclusions Preventing and mitigating adolescents' sleep disturbance, depression and controlling Internet use reasonably have the potentials to reduce suicide occurrence. Among adolescents already exposed to adversities, effective psychological intervening services which may be against future suicide behaviours, should be formulated according to the different needs of each individual. We also suggest that more consideration from parents and teachers should be given to young adolescents to support their sleep quality and good mental health status to reduce the potential risk factors of increased suicide rates.

563 MORTALITY TREND BY SUICIDE IN MEXICO, 1979–2012

Berenice Martínez Melendres, Ana Cecilia Méndez Magaña, Ma del Carmen Rodríguez Vega. University of Guadalajara

10.1136/injuryprev-2016-042156.563

Background Suicide at any age is a Public Health problem. The last 50 years, the frequency of this problem has increased worldwide, especially among adolescents. In 2005, WHO developed a list of suicide mortality rate from 101 countries, among which Mexico has the 79th position (4.0/100,000). The objective of this study was to analyse the mortality trend by suicide in Mexico from 1979 to 2012.

Methods This study was conducted from national databases of 1979–2012, from which analysed only the codes E950 to E959 and X60 to X84 of the 9th and 10th International Classification of Diseases. From these codes, the variables analysed were age, sex, year of register and place of residence. In the statistical analysis, we calculated mortality rates and standardised mortality rates. The standardised mortality rate was estimated from the

national census 2005 as standard population and grouping by age.

Results In the period from 1979 to 2012 registered 100,420 deaths by suicide, the ratio by sex was 4.8 men by each woman, and the rest was none specified. From 1979 to 1984, the trend was descending ($p = 0.19$), but since 1984 to 2012 it was ascending from 1.31/100,000 in 1984 to 3.90/100,000 in 2012 ($p \leq 0.001$). The mortality trend by sex, in men the mortality rate was ascending from 2.47/100,000 in 1984 to 7.37/100,000 ($p \leq 0.001$) in 2012. In women, 0.43/100,000 in 1984 to 1.77/100,000 ($p \leq 0.001$) in 2012. In the last 20th years, the age groups with high mortality were 10–14 (57.49%) and 15–19 (38.56%). The states with high mortality rates in 2012 were Aguascalientes, Quintana Roo and Chihuahua, while those with low rates were Guerrero, Oaxaca y Baja California.

Conclusions Suicide is a Public Health problem that increased constantly the last 28 years and it requires a deep analysis of other variables such as mental health, social problems and other kind of problems that affect to individual as well family and society in their psychological well-being.

564 SURVEILLANCE OF SUICIDE USING ADMINISTRATIVE HEALTH DATABASES: A STUDY IN QUÉBEC AND IN BELGIUM

^{1,2}Christelle Senterre, ¹Alain Levêque, ³Eric Pelletier, ³Louis Rochette, ³Danielle St-Laurent, ²Elham Rahme. ¹Université Libre De Bruxelles, School of Public Health, Research Centre in Epidemiology, Biostatistics and Clinical Research, Belgium; ²McGill University, Department of Medicine, Division of Clinical Epidemiology, Canada; ³Bureau d'Information Et d'Etudes en Santé Des Populations, Institut National De Santé Publique Du Québec, Canada

10.1136/injuryprev-2016-042156.564

Background It is well known that a suicide attempt (SA) is one of the main risk factors for a death from suicide and that some events, as occurrence of injuries can be interpreted as predictive factors of future suicidal behaviours. Surveillance of these types of events would permit to better organise the prevention. The use of health administrative databases may be an interesting source of information that allows a longitudinal surveillance of these events. The aim of this research is to study the occurrence of traumatic (self-inflicted) injuries and (mental) health events over time in the Province of Quebec, Canada and in Belgium.

Methods A retrospective cohort study was first conducted in Quebec and is will be reproduced in Belgium. In Québec, the 2006–2014 data from the SISMALCQ (*Système intégré de surveillance des maladies chroniques du Québec*) database was used; and in Belgium, the RCM (*Résumé Clinique Minimum*) database will be used. The cohort included all individuals with SA in 2006–2014 identified from hospital records in SISMALCQ using the international classification of disease 10th edition for self-inflicted injury. For each individual, the first SA during a given year was retained (index event). SAs during the year preceding the index event were assessed. Recurrent SAs on a prospective period of 3 years were also assessed. In addition, health care consumption and mortality (all causes and related to suicide) were examined during the three-year period post the index event.

Results The first descriptive analysis of Québec data have identified 11,022 suicide attempts related to 9,755 individuals, meaning that 846 people (8.7%) had more than one hospitalisation for SA, with 2.3% having 3 or more SA during the follow-up period. In 65.6% of cases, the time between 2 SA was equal or lower than 1 year, while for 17.3% it was between 1 and 2 years; and for the last 17.1% it was 3 years or more. Regarding the Belgian

data, no result is currently available due to long administrative procedures to obtain them.

Conclusions The use of health administrative databases for the study and surveillance of suicidal behaviours, and of their associated events, allows a better understanding of the suicidal continuum (before – after) and therefore may inform organisation of the universal, selective, and indicated prevention.

565 ATTENDANCES DUE TO SELF-HARM AND PSYCHIATRIC CONSULTATION RATE IN ONE EMERGENCY DEPARTMENT IN FINLAND

¹Ilona Nurmi-Lüthje, ²Jari Hinkkurinen, ²Kimmo Salmio, ²Lasse Lundell, ³Kirsi-Marja Karjalainen, ²Peter Lüthje. ¹University of Helsinki, Finland; ²North Kymi Hospital, Kouvola, Finland; ³City of Kouvola, Finland

10.1136/injuryprev-2016-042156.565

Background There is little recent information on the epidemiology of deliberate self-harm and on

the psychiatric consultation rate in these cases in Finland. Monitoring of self-harm and attempted suicides is insufficient.

Methods on patients attending the emergency department (ED) at North Kymi Hospital due to deliberate self-harm were gathered prospectively for two years. Breath alcohol concentration was measured on admission.

Results A total of 272 cases, 55% of which occurred in women. The total number of patients was 210. The rate of repetitions in the total data was 16%. 71% of men and 61% of women were under the influence of alcohol at the time of attendance. The typical patient was a female aged 15–24 or 40–44 years, or a male aged 20–29 years, who attended the ED on a weekend night and was under the influence of alcohol. Two out of three cases (184/272) involved intoxication and most (66%) were alcohol-related. However, self-cutting was frequent among patients under 20 years of age (15/37, 41%). A psychiatric diagnosis was lacking in two out of three patients. Psychiatric consultation took place in half of the intoxication cases and in one third of the self-cutting cases.

Conclusions Young and middle-aged women and young male adults were at highest risk of deliberate self-harm. Alcohol was strongly associated with self-harm. Psychiatric evaluation and psychiatric consultation varied considerably. Regular monitoring of deliberate self-harm is important in order to follow up trends in mental health and alcohol abuse in the population. The data should be used for prevention and for planning adequate psychiatric consultation and mental health services.

566 SUICIDES IN SPLIT AND DALMATIA COUNTY, CROATIA, 2004–2013

Ivana Bocina, Jasna Ninčević, Ingrid Tripković. Public Health Institute of Split and Dalmatia County, Croatia

10.1136/injuryprev-2016-042156.566

Background Suicide represents serious public health issue of today. Suicide deaths are largely preventable and subject to public health interventions. Our study based on population mortality data tried to identify the most vulnerable populations with the aim to create specific prevention programs at regional level.

Methods The cross-sectional study was used in this research. Mortality data were collected by the Croatian Bureau of Statistics for Split and Dalmatia County (SDC) population over period