

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

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**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 SISMACQ (*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 SISMACQ using the international classification of disease 10<sup>th</sup> 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

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**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

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**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

2004–2013. The external causes of death were based on the International Classification of Diseases, the 10<sup>th</sup> revision (ICD-10) and the underlying cause of death was determined as Intentional self-harm (X60-X84, ICD-10). In the study a total number of suicide deaths was used as well as overall and specific mortality rates cross-classified by year, age and gender.

**Results** In period 2004–2013 there were 488 suicides in SDC (an average annual rate of 10.5 per 100,000), representing 1.3% of total male deaths and 0.6% of total female deaths. Suicide was the second or the third leading cause of injury death for all ages—accounting for one-fifth of all injury deaths in the observed period. As study results showed, males were two times likely to commit suicide than females. The suicide rate for males was 2.1 times higher than rate for females (14.2 versus 6.5 per 100,000). Although suicide deaths affect almost all age groups, those aged 35–54 had the highest rates. The suicide rates have declined in recent years, but the growing trend of suicide deaths in young males is concerning fact.

**Conclusions** Our study results can be used as a base for developing specific suicide prevention programs at regional level. Preventive strategies implemented at regional level identifying vulnerable population groups could be more effective than global strategies.

#### 567 AN EXPLORATION OF CHILDREN SUICIDES IN QUEENSLAND, AUSTRALIA. CONSIDERATIONS FOR PREVENTION, INTERVENTION AND POSTVENTION

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**Background** Youth and child suicide prevention is a national and global priority. In Australia 35% of all male deaths and 26% of all female deaths by suicide were in the 15–19 years old group. Analysis of available suicide data could inform policy and practice focused on prevention, early intervention and post intervention.

**Methods** Deidentified child suicide data for the period 1 July 2004 to 30 June 2014 was analysed using Leximancer version 4 and SPSS Version 22. Variables analysed included gender, age, residence, child safety system records, method of suicide, mental health issues, child abuse and precipitating event among others.

**Results** Between 2004–2014, 159 children committed suicide. Three quarters were 15–17 years of age, with the youngest being 9 years of age. Two thirds were male. Compared to females, males were less likely to be known to the child safety system within the last 3 years before death ( $p = 0.097$ ), have known mental health of behavioural issues ( $p = 0.032$ ), show previous suicidal thoughts ( $p = 0.014$ ) or attempts ( $p = 0.001$ ) or self-harm ( $p < 0.001$ ), or have a history of child abuse ( $p = 0.009$ ). Forty five percent were from very low or low socio-economic areas. Hanging was the most frequent method of suicide and was associated with precipitating arguments. Non-hanging deaths were more likely in metropolitan and outer regional areas, in families with a history of mental illness and in cases with a history of physical abuse. Evidence of planning was present in over half of the cases.

**Conclusion** Better understanding of characteristics of suicides is important for early detection and prevention. Indicators of planning need to be identified and documented in order to empower communities to take action that protects the children. Multi-level interventions that address the child, the family, the community

and health services integration are necessary for both pre and post suicide periods.

## Violence

### Post Mon 1.15

#### 568 PROACTIVE COMMUNITY-POLICING RESPONSES TO DOMESTIC AND INTIMATE PARTNER VIOLENCE (D/IPV) IN CANADA

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**Background** The Canadian Observatory on the Justice System's Response to Intimate Partner Violence (IPV) is an international network of academics, governments, and community-based organisation providing enhanced understanding of how justice responses to IPV operate. Since 2007 the Canadian Observatory conducted policy reviews; engaged governments in dialogue to share data collection strategies and facilitate research collaborations; and developed mechanisms to mobilise knowledge. In 2012, the Canadian Observatory initiated a reflection on police intervention in IPV situations that led to create a national dialogue on police practices and to provide evidence-based research on police response to IPV. In this perspective a national think tank was held in June 2014 with 35 ranking police from across Canada to discuss best practices implemented in different Canadian communities in regards to intimate partner violence. The event led to the creation of a working group of experts that is developing a national framework on police proaction and intervention to D/IPV.

**Description** In June 2015, the group of experts comprised of researchers, communities and police agencies met to determine the different steps for the development of a national framework. The creation of a national framework will provide: A foundation for consistent language, standards and policy for Canadian Police Agencies, to guide police proaction and intervention on D/IPV; Resources for collaborative education, prevention, intervention, and supports for victims, abusers and communities; The creation of visual and narrative reference model on proactive D/IPV response to be used by all Canadian police. The group of experts is to complete their work by the end of March 2016.

**Results** The development of a national framework encompasses a dialogue with police forces, communities and academics, including working sessions with the group of experts, consultations with community stakeholders, police forces and other professionals involved in the area of D/IPV intervention. In this presentation, we will discuss the process that led to the development of a national framework on Proactive Community-Policing Responses to D/IPV in Canada and how such process led to a supported dialogue among police agencies on the issue.

#### 569 THE ROLE OF ONE-STOP CRISIS MANAGEMENT CENTRES (OCMCS) IN VIOLENCE PREVENTION

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