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

Sandra Norman. *Living Proud Inc., Australia*

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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

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

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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 11th, 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 counselors had disability identifications. Among them 60% had mentally disability identifications. 28% of counselors 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

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

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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

reported suicide attempt were analysed by using a logistic regression model.

Results The prevalence of suicide attempt was 2.7% and was significantly higher in women than in men (4.6% vs. 0.9%), 65% used sharp objects, while 26% and 5% drug poisoning and hanging, respectively. Almost 19% reported requiring medical and/or psychiatric services. 28% of the states of Mexico report prevalences between 3.5–5.2%. Variables statistically significant in the model were: age in years ($OR_A = 7.57$; 95% CI: = 4.73–12.10), quadratic age ($OR_A = 0.93$; 95% CI: = .92 to .94), schooling in years ($OR = 0.90$; 95% CI: = 0.85 to 0.95), women ($OR_A = 6.3$; 95% CI: = 4.94–8.06], social security ($OR_A = 0.80$; 95% CI: = 0.65 to 0.98] not currently drinking alcohol ($OR_A = 2.25$; 95% CI: = 1.74–2.91) and currently ($OR_A = 2.29$; 95% CI: = 1.74–3.01), not currently smoking tobacco ($OR_A = 2.72$; 95% CI: = 2.11–3.51) and currently ($OR_A = 3.26$ 95% CI: = 2.48–4.27), health damage due to interpersonal violence ($OR_A = 4.35$; 95% CI: = 3.27–5.80), having a mild ($OR_A = 1.50$; 95% CI: = 1.12–2.01) and moderate eating disorder ($OR_A = 4.22$; 95% CI: = 3.21–5.54) and being a second degree relative (grandson, nephew, etc) ($OR_A = 1.42$; 95% CI: = 1.50–1.77).

Conclusions The variables related to suicide attempt are those related to social factors, psychiatric disorders and violence. Studies in Mexico report that a high percentage of adolescents with suicide attempts have psychiatric disorder. It is urgent to have a better diagnostic and treatment of these disorders.

67 IMPACT OF ECONOMIC AUSTERITY AND PROSPERITY EVENTS ON SUICIDE IN GREECE: A 30-YEAR INTERRUPTED TIME-SERIES ANALYSIS

¹Charles C. Branas, ²Anastasia E. Kastanaki, ²Manolis Michalodimitrakis, ³John Tzougas, ⁴Elena F. Kranioti, ⁵Pavlos N. Theodorakis, ¹Brendan G. Carr, ¹Douglas J. Wiebe. ¹University of Pennsylvania, Perelman School of Medicine, Philadelphia, USA; ²Faculty of Medicine, University of Crete, Iraklion, Greece; ³Hellenic Statistical Authority, Piraeus, Greece; ⁴Edinburgh Unit for Forensic Anthropology, SHCA, University of Edinburgh, UK; ⁵WHO National Counterpart for Mental Health, Athens, Greece

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Background The recent strain on the Greek public has prompted academic discussion of the potential health effects of the austerity measures. In this regard, suicides in Greece have been a lead topic, with numerous commentators concluding that the recent austerity measures have led to increased suicides in Greece. This conclusion has, however, been appropriately met with scepticism and no large-scale, systematic longitudinal analysis has been completed to inform the ongoing debate as to whether austerity measures have led to statistically higher suicide rates in Greece.

Methods National data from the Hellenic Statistical Authority were assembled as 360 monthly counts of: all suicides ($n = 11505$), male suicides ($n = 9079$), female suicides ($n = 2426$) and all suicides plus potentially misclassified suicides occurring in Greece from 1983 to 2012. Twelve austerity-related and prosperity-related events that occurred in Greece during the study period were identified and interrupted time-series analyses using ARIMA models and transfer functions were used to test the impact of each event on suicide.

Results In 30 years, the highest months of suicide in Greece occurred in 2012. New austerity measures in June 2011 marked the beginning of significant, abrupt and sustained increases in total suicides (+35.7%, $p < 0.001$) and male suicides (+18.5%, $p < 0.01$). Sensitivity analyses that figured in undercounting of

suicides also found a significant, abrupt and sustained increase in June 2011 (+20.5%, $p < 0.001$). Suicides by men in Greece also underwent a significant, abrupt and sustained increase in October 2008 when the Greek recession began (+13.1%, $p < 0.01$), and an abrupt but temporary increase in April 2012 following a public suicide committed in response to austerity conditions (+29.7%, $p < 0.05$). Suicides by women in Greece also underwent an abrupt and sustained increase in May 2011 following austerity-related events (+35.8%, $p < 0.05$). One prosperity-related event, the January 2002 launch of the Euro in Greece, marked an abrupt but temporary decrease in male suicides (−27.1%, $p < 0.05$).

Conclusions This is the first multidecade, national analysis of suicide in Greece using monthly data. Select austerity-related events in Greece corresponded to statistically significant increases for suicides overall, as well as for suicides among men and women. The consideration of future austerity measures should give greater weight to the unintended mental health consequences that may follow and the public messaging of these policies and related events.

School Safety

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68 IMPLEMENTATION OF THE 'SCHOOL TRAVEL & CHILD SAFETY SURVEY' FOR DATA LINKAGE RESEARCH

¹Richard Fry, ¹Samantha Turner, ¹Sarah Rodgers, ¹Ronan Lyons, ²Morag Mackay, ²Joanne Vincenten, ³Helen Griffiths. ¹Farr Institute, Swansea University, Wales; ²Safekids Worldwide, US; ³Neath Port Talbot Council

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Background The School Travel and Child Safety Survey (STCSS) was developed as part of the European TACTICS project (Tools to Address Childhood Trauma, Injury and Children's Safety) to address the lack of standardised data on children's safety and exposure to risk across Europe.

Description of the Problem Current methods used to collect data on child safety and exposures to risk are not collected in a coordinated way, making research and policy evaluation in these areas difficult. The STCSS was developed with European partners, as a standardised tool which could be adopted by member states, to collect child safety data and enable comparisons between different regions/countries for policy development and evaluation. Travel behaviour data (e.g. mode of transport and distance travelled) is also limited; but vitally important for monitoring active travel and road safety interventions.

Results The STCSS was developed for children aged 10–13 years to be undertaken in school, and was successfully piloted in 5 countries across Europe ($n = 636$, participation rate = 88.37%). A sample of children were retested to establish the survey reliability, and per cent agreements were $\geq 96\%$. The STCSS has been further developed in Wales, to enable the results to be anonymised and incorporated into the Secure Anonymised Information Linkage (SAIL) databank at Swansea University. Data linkage methods within SAIL allow the STCSS results to be linked to other individual and household level datasets; for example, socio-economic, demographic, health and education data.

Conclusions The ability to link the results from this survey to other routinely collected data in the SAIL database, will provide much needed evidence on the medium and long-term