

package for ending violence against children, and the new Global Partnership to End Violence Against Children.

While welcome, these new violence prevention opportunities do not come without threats, in particular the danger that violence among and against men and boys may risk being marginalised unless better efforts are made to balance the current focus on women and girls with an equally strong focus on males of all ages.

STATE OF THE ART SESSIONS

State of the Art Sessions
Monday 19.9.2016 13:30–14:30

Violence Prevention

15 THE CASE FOR A CROSS-CUTTING APPROACH TO VIOLENCE PREVENTION

James A Mercy. *Director, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention*

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Violence prevention efforts have historically focused on specific forms of violence. Knowledge gained from several decades of research, prevention, and services, however, has revealed that different forms of violence – child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behaviour – are strongly connected to each other in many important ways. Previous research indicates, for example, that those who are victims of one form of violence are likely to experience other forms of violence and that those who have been violent in one context are likely to be violent in another context. Different forms of violence also share common consequences including physical injuries and deaths as well as a broad range of mental, emotional and physical health, and social problems that have effects across the lifespan. Moreover, the evidence clearly shows that the different forms of violence share common risk and protective factors. Given the urgency of addressing violence as well as the need to stretch limited resources, it seems wise to prioritise the implementation of policies and programs that impact multiple forms of violence simultaneously. A comprehensive and integrated approach to addressing violence will accelerate progress in making the world a better and safer place.

Preparedness and Disaster Management

16 THE OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE; STRENGTHENING PREPAREDNESS IN THE US HEALTH SYSTEM

Brendan Carr. *Head of the US Government's Emergency Care Coordination Centre*

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Session Description The Assistant Secretary of Preparedness and Response (ASPR) is the principal adviser to the US Secretary of the Department of Health and Human Services responsible for providing integrated policy coordination and strategic direction with respect to all matters related to public health, medical

preparedness, and deployment of the federal response for public health emergencies and incidents.

ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The office provides federal support, including medical professionals through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster.

The presenter is the Director of ASPR's Emergency Care Coordination Centre (ECCC), which is charged with leading federal efforts to create an emergency care system that is patient- and community-centred; integrated into the broader healthcare system; high quality; and prepared to respond in times of public health emergencies. A strong emergency care system serves as the foundation for a health system that is prepared and ready to respond.

The talk will provide a high level overview of ASPR's programs and emphasise the intersection of preparedness and response planning in the broader healthcare system.

Traffic Safety

17 EMERGING ISSUES IN ROAD SAFETY

Maria Seguí-Gomez. *DG Transport Spain*

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When the expression “emerging issues” is used in transport safety, most believe one is about to unveil a new risk or problem not yet included in the rooster of problems to tackle.

My goal during the talk is to present the audience with three alternative but complementary interpretations of this expression more fitting to a 2016 international conference. Firstly, emerging issues in road safety relate to the emergency needed to implement measures to reduce mortality rates as high as 25 per 100,000 population to, for example a 5 deaths per 100,000 target. How to promote this is mostly a matter of societal and political will. Secondly, it relates to the emergency required to demonstrate that bringing those even low 5 deaths per 100,000 to Zero is possible which would then bring us to aspects such as the ageing of the population with is associated comorbidities and therapeutic drug prescriptions, the high illegal drug consumption rates behind the wheel many countries are unveiling, or improvements in the assessment of psychophysical abilities to drive, at any particular time or in general. This mostly relates to the willingness to promote efficient collaboration between the health and mobility sectors in each country. Last, but not least, it relates to the emergency of introducing the new mobility patterns and mechanisms which include the possibility of reducing the need for physical mobility with the implementation of telecommunications, the replacement of the machines we use to move on fostering walking, cycling and less external energy demanding equipment, and the introduction of autonomous driving. Autonomous driving allows assisted mobility even to those whose psychophysical health may not be optimal. Autonomous vehicles are already around us and they allow us to completely redesign what we understand as active or passive safety. This last interpretation of the term “emergency” relates to the profound societal changes

that we are undergoing with the information and technological revolution we are living through.

18 FROM VISION ZERO TO PRACTICAL REALITY – KNOWLEDGE TO SHARE

Matts-Åke Belin. *Swedish Transport Administration, Mälardalens University*

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Sweden has a long tradition of systematic road safety work and to consider road traffic injuries as a public problem that must be addressed by the national government. This attitude culminated in the Swedish parliament in October 1997 formally adopting Vision Zero as a new long-term goal and direction in road traffic safety work. Vision Zero aims to not only influence directly the concrete work on road safety, but also – more indirectly – the institutional preconditions and approaches, which in turn also have an impact on the actions of various players so that they take action to increase the safety of the road transport system. Vision Zero differs from a more traditional road safety policy with regard to problem formulation, its view on responsibility, its requirements for the safety of road users, and the ultimate objective of road safety work. In this presentation Vision Zero, its implementation and diffusion to other sectors of the society will be presented and discussed.

State of the Art Sessions Tuesday 20.9.2016 13:30–14:30

Suicide and Self-harm

19 SUICIDE PREVENTION: NEED FOR AN INTEGRATED APPROACH

G Gururaj. *Senior Professor and Head, Department of Epidemiology, WHO Collaborating Centre for Injury Prevention and Safety Promotion, Centre for Public Health, National Institute of Mental Health and Neuro Sciences, Bengaluru, India*

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Suicide, hitherto a neglected public health problem, has been receiving greater attention in recent years due to growing increase and the accumulating evidence of its preventable nature. Nearly 800000 persons died due to a suicidal act in 2012 as per WHO. Low and Middle Income countries contributed to three fourths of global suicide with significant differences between countries. Age, gender and urban – rural differences are observed between and within countries in suicides.

The spectrum of suicides varies and includes those with suicides, suicidal attempts and suicidal ideations. For every suicide, nearly 10–20 attempt suicide and those with behaviours can only be a guesstimate. Suicide is mainly due to a combination of presence of risk factors and absence of protective factors. These can be at an individual, family, societal and system related areas and encompass several biological, social, economic, cultural and environmental factors. The causative factors are often cumulative, repetitive, interactive and prolonged operating on a maladaptive platform.

Global experience has shown that suicides are predictable and preventable in nature. A strong national policy on suicide

prevention and/or integrated into other sector's policies and programmes is the need of the hour. Implementation of restricting access to means like control of easy availability of pesticides and drugs, alcohol control policies, positive media reporting, strengthening information systems are urgently required in many countries. Scaling up mental health services for availability and accessibility, destigmatization and decriminalisation will greatly support for reduction of suicides. Many new approaches and strategies are being implemented in several countries that need systematic evaluation.

However, many countries with high rates of suicide have very weak and fragmented policies/programmes along with a lack of good quality and robust data. Intersectoral approaches and skilled human and financial resources are often found lacking. The world Health assembly has set a global target of reducing suicides by 10% by 2020 and suicide prevention is included under Sustainable Development goals to be achieved by 2030. Achieving these goals and targets needs a strong commitment and enhanced suicide prevention efforts are much needed.

20 A SUICIDE-PROTECTIVE PAPAGENO EFFECT OF MEDIA PORTRAYALS OF COPING WITH SUICIDALITY

Thomas Niederkrotenthaler. *Associate Professor, Medical University of Vienna, Centre for Public Health, Institute of Social Medicine, Suicide Research Unit*

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In addition to an ever-increasing evidence bases of harmful effects of sensationalist reporting on suicide, there is increasing evidence for the positive roles media can play in suicide prevention. For a long time, related research has primarily focused on the question if changing sensationalist media conversation may contribute to the prevention of suicide contagion, so-called Werther effects. Experiences from Austria, the first country worldwide to implement media recommendations back in 1987 as well as from other countries nowadays support that active collaboration with the media can help prevent contagion and improve the quality of reporting.

Changing the media conversation to reporting of suicide prevention is still a different task from actively preventing suicide by media reporting, the so-called *Papageno effect*. The seminal study on the Papageno effect from 2010 identified an associations between the publication of media reports on mastery of crisis and subsequent decreases in suicide rates in regions where media exposure was strong. Studies using individual data now indirectly support the Papageno effect for different media types. A recent randomised controlled trial indicated that a film featuring an individual who was suicidal but got better mainly because he fell in love (Elizabethtown, USA, 2005) reduced suicide risk factors in the audience. This effect was most pronounced in an audience with increased vulnerability to suicide, suggesting that more suicidal individuals may benefit most from such positive messages. Another randomised controlled trial tested the effects of a newspaper report about an individual who managed to cope with his suicidality by seeking professional help, and showed that the story resulted in a reduction in suicidal cognitions in a subset of participants, but not in a control group (Arendt, Till, & Niederkrotenthaler, in press).

Most recent findings suggest that also professional online resources may have a protective effect. In a recent randomised controlled trial (Till, Tran, & Niederkrotenthaler, 2015) suicide prevention websites featuring professional resources and stories