

Learning Outcomes Our program highlights the feasibility and acceptability of an intervention for the secondary prevention of partner violence. A wider roll out of this program would directly contribute to the achievement of 6 out of the 17 Sustainable Development Goals.

7E.002 SEX-SPECIFIC AND AGE-SPECIFIC SUICIDE MORTALITY BY METHOD IN 58 COUNTRIES, 2000–2015

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Background Suicide is a significant public health problem internationally. Recent suicide mortality by method is unexamined.

Methods Using mortality data from the WHO mortality database, we compared sex-, age-, and country-specific suicide mortality by method for 58 countries worldwide between 2000 and 2015. Changes in suicide mortality were quantified using negative binomial models among three age groups for males and females separately.

Results Suicide mortality declined substantially for both sexes and all three age groups studied in 37 of the 58 included countries between 2000 and 2015. Males consistently had much higher suicide mortality rates than females in all 58 countries. Hanging was the most common suicide method in the majority of countries. Sex-specific suicide mortality varied across the countries significantly for all three age groups. The spectrum of suicide method generally remained stable for 28 of the 58 included countries; notable changes occurred in the other 30 countries, including especially Colombia, Finland and Trinidad and Tobago.

Conclusion Likely as a result of prevention efforts as well as sociodemographic changes, suicide mortality decreased substantially in 37 of the included 58 countries between 2000 and 2015. Further action is recommended to explore specific drivers of recent changes (particularly for increasing suicide rates in eight countries), to understand substantial disparities in suicide rates across countries, and to develop interventions to reduce suicide rates globally.

Learning Outcomes Between 2000 and 2015, suicide mortality decreased in 37 countries but increased in 8. Suicide spectrum by method experienced substantial changes over time in several countries.

7E.003 HEALTH CARE PROVIDERS' PERCEPTIONS OF THE BARRIERS TO SUICIDE PREVENTION IN MEXICO

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Background Suicide is a growing public health issue around the world. Despite its importance, few countries have

established national programs to address suicide prevention. In middle-income countries, few studies focus on the factors that deter mental health care provision on suicide prevention. This qualitative study aimed to explore mental health care providers' perceptions of barriers to suicide prevention in Mexico.

Methods Semi-structured interviews were conducted with 25 mental health care providers who worked in outpatient mental health care units in Mexico City. Data were analyzed using framework analysis.

Results Three broad categories were identified: structural issues in service provision, health care services issues and social issues of the patient. Participants thought that the lack of a suicide program, mental health system fragmentation and the poor attention of the authorities to mental health hinders patient's access to appropriate health care. Insufficient resources, service's saturation and poor capacitation difficult opportune detection and treatment. Social problems as violence, drug use, and family disintegration are leading the patients to suicide behavior.

Conclusions Mental health issues are not a priority in the national policy agenda. The absence of a national policy to suicide prevention leads to poor resource allocation and ineffective actions to prevent suicide. Our findings suggest that suicide prevention efforts may promote intersectoral collaboration, more integrated health services, and considering social issues to achieve a comprehensive approach.

7E.004 VIOLENCE REDUCTION UNITS: PUBLIC HEALTH APPROACH TO PREVENTING VIOLENCE (ENGLAND AND WALES)

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Background In 2018, UK Government published its Serious Violence Strategy in response to increases in knife and gun crime. The strategy declared a call to action for partners across different sectors to collaborate and adopt a whole system public health approach to preventing serious violence. In June 2019, 18 areas were provided with funding to establish violence reduction units (VRUs), bringing together police, local government, health, community leaders and other key partners with a specific intent to tackle violence and its underlying causes. This study aims to identify the development and implementation of VRUs during 2019/20, including facilitating and moderating factors, and outcomes and impacts.

Methods The study focuses on three VRU areas across England and Wales (population~5 million). Methods include interviews (n~40) and engagement (e.g. via workshops; n~200) with a range of stakeholders (e.g. VRU team members/advisors; intervention programme commissioners/delivers), analyses of programme documentation, and observation of programme delivery.

Results Initial findings illustrate that the three VRUs are implementing a place-based approach to violence prevention, have developed a problem profile and strategy for future prevention activity (in the short and long-term), and implemented various interventions to prevent and respond to violence. Interventions target system change, and also consider a life course public health perspective.