

practitioner for mental health related concerns. Satisfaction with follow-up care was dependant on participants' relationships with healthcare professionals and their perception of the continuity and comprehensiveness of care they received. Positive experiences of care included 'compassionate and supportive relationships', 'timely and comprehensive follow-up care' and 'impatient care as a safe haven'. The establishment of trust in the services encouraged 'seeking help in crisis' and 'acceptance of and adherence to psychotropic medication'. Conversely, themes reflecting negative experiences of care included 'superficial and unresponsive relationships' and 'care lacking continuity and comprehensiveness' leaving some participants feeling isolated and unsupported. Unsupportive experiences within the services contributed to 'inhibited help-seeking' and 'reluctance or lack of adherence to psychotropic medication'. Participants with a history of self-harm and those with recent engagement with mental health services prior to the self-harm episode were more likely to report dissatisfaction with their interactions with healthcare professionals and with the level of care provided. Furthermore, those who described unsupportive or unsatisfactory care more frequently reported repeated self-harm, increased alcohol misuse and hopelessness for the future at follow-up.

Conclusion The study findings indicate that satisfaction with services, help-seeking and adherence to treatment may be improved by ensuring the consistent provision of timely, comprehensive and supportive aftercare following a high risk self-harm presentation. Absence of these aspects of care may contribute to ongoing distress and further suicidal behaviour.

OP27 A NATIONAL CASE FATALITY STUDY OF DRUGS TAKEN IN INTENTIONAL OVERDOSE

¹CD Daly*, ¹EG Griffin, ^{1,2}PC Corcoran, ^{3,4}RW Webb, ^{3,5}DA Ashcroft, ²IP Perry, ^{1,2}EA Arensman. ¹National Suicide Research Foundation, National Suicide Research Foundation, Cork, Ireland; ²School of Public Health, University College Cork, Cork, Ireland; ³NIHR Greater Manchester Patient Safety Translational Research Centre, University of Manchester, Manchester, UK; ⁴Centre for Mental Health and Safety, University of Manchester, Manchester, UK; ⁵Centre for Pharmacoepidemiology and Drug Safety, University of Manchester, Manchester, UK

10.1136/jech-2019-SSMabstracts.27

Background Intentional drug overdose (IDO) is the most common form of hospital-presenting self-harm and has been linked with marked increases in risk of dying by suicide and other causes. The type of drug taken in IDO is one of several factors that influence the likelihood of IDO repetition and fatality following overdose. Previous research examining the fatality of an overdose according to the drug types taken has attributed fatal toxicity to a number of psychotropic drugs. However, these findings have limited applicability as they focus on overdose acts involving single drugs, which represent a small minority of fatal IDOs. We aimed to describe the overdose characteristics of fatal and non-fatal IDO, and to establish which drug types are linked with greater risk of subsequent fatality.

Methods Data pertaining to 65,069 non-fatal IDO presentations from the National Self-Harm Registry, Ireland and 365 fatal IDOs from the National Drug-Related Deaths Index, for the period 1st Jan 2007 to 31st Dec 2014, were used to describe overdose characteristics of fatal and non-fatal IDOs, to calculate their incidence and to estimate case fatality risk ratios.

Results The risk of death following IDO was 1.7 times greater for males than females and fatal cases were on average nine years older than non-fatal cases, with each increasing year of age increasing the risk of a fatal outcome by 4.3%. Multiple drug IDOs were over three times more likely to be fatal, compared to single drug IDOs. Tricyclic antidepressants were associated with a 15-fold increased risk of death and opioids a 12-fold increased risk, relative to non-opioid analgesics (the reference category). Although the absolute risk of fatal outcome was higher for males than females, the elevation in risk was greater in females when tricyclic antidepressants or opioids were taken in IDO.

Conclusion Male gender, increasing age and multiple drug use were associated with fatal IDO outcome, and tricyclic antidepressants and opioids in particular were associated with a significantly increased risk of death following overdose. These findings inform the relative fatality risk of drugs that are commonly taken in intentional overdose, contributing to existing evidence-base in relation to safe and appropriate prescribing to patients who are at risk of self-harm. Together with the identification of the predictors of a fatal overdose outcome, these findings highlight areas for targeted intervention to prevent fatal overdose and also key areas for further research.

OP28 ETHNICITY, SOCIODEMOGRAPHIC FACTORS, AND MENTAL HEALTH OUTCOMES IN YOUNG PEOPLE FROM THE MILLENNIUM COHORT STUDY

G Ahmad*, J Das-Munshi. *Psychological medicine, institute of psychiatry, psychology and neuroscience, king's college london, london, uk*

10.1136/jech-2019-SSMabstracts.28

Background There is a socioeconomic gradient in mental health outcomes for young people: disadvantaged groups are more likely to suffer problems. In the UK, there is evidence of apparent resilience to mental health problems in young people from some ethnic minority groups, or lack of disadvantage despite facing greater socioeconomic adversity. This project investigated the relationship between social support, participation, and experiences of social adversity with mental health outcomes, focusing on inequalities by ethnicity, to explain any increased risk or resilience to adverse mental health outcomes.

Methods Data was analysed from 10,357 young people aged 14 taking part in the nationally representative Millennium Cohort Study. Univariable descriptive analysis assessed prevalence of mental health problems, identified using parent responses to the Strengths and Difficulties Questionnaire. Univariable logistic regression analysed crude associations of socio-demographic factors with mental health problems. Factors included: ethnicity, gender, socioeconomic status, parental relationship, time spent with friends, in organised activities, and religious attendance, self-reported social support, experience of victimisation, substance abuse, being a victim or perpetrator of bullying. Multivariable logistic regressions assessed if social factors explained any observed ethnic differences in mental health problems.

Results Social support and participation were associated with better mental health outcomes, and social adversity with worse mental health outcomes, for all cohort members at age 14. Overall, boys had increased odds for having mental health problems compared to girls (OR 1.24, 95% CI 1.05–1.46).