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SOCIAL EXCLUSION OF PEOPLE WITH MENTAL ILLNESS: THE WIDENING GAP FROM 1997 TO 2013 IN THE BELGIAN ADULT POPULATION

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Background People with mental illness (MI) face issues of social integration such as finding a job and maintaining social relationships. In the past decades, many countries have developed specific social integration interventions and policies towards people with MI. Despite heterogeneous assessments of those specific interventions and policies, the social integration of people with MI and its improvement over time remains inconclusive. This study aimed to assess the evolution of the social integration of adults with moderate and severe MI in the general Belgian population between 1997 and 2013.

Methods Data on the general adult population were retrieved from the Belgian Health Interview Survey in five cross-sectional waves (1997, 2001, 2004, 2008 and 2013, $n \approx 10,000$ per wave). Three degrees of MI severity were compared using the General Health Questionnaire (GHQ-12): no MI, moderate MI, and severe MI (score <4 , $4-7$, and >7). Indicators of social integration were the employment status, social contacts, and partnership situation. Age- and gender-adjusted prevalence of social integration indicators were estimated in the different periods. The evolution of prevalence was estimated with time-trend measures (absolute and relative change, and average annual percent change). The association between social integration indicators and survey year was assessed with logistic regression models.

Results In 2013, the adjusted prevalence of social integration indicators of people without MI, with moderate MI, and with severe MI were respectively 46%, 56%, 69% for unemployment, 2%, 6%, 11% for low social contacts, and 20%, 25%, 30% for being single. For unemployment and low social contacts, the gap between people with severe MI and the other two groups increased over time. The probability of being unemployed decreased significantly in 2013 compared to 1997 for people without MI (AOR=0.59, CI95=0.53–0.65) and for people with moderate MI (AOR=0.69, CI95=0.51–0.97), but not for people with severe MI (AOR=1.08, CI95=0.78–1.49).

Conclusion The social exclusion gap between people with severe MI and people with moderate or without MI is widening over time. Employability and social support of people with more severe MI should be supported. Some sociodemographic determinants of people with severe MI may explain why their social integration has evolved differently over time.

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SUICIDE IDEATION AND MORTALITY RISK: POPULATION WIDE DATA LINKAGE STUDY

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Rationale Very little is known about the association, if any, between suicide ideation, self-harm and completed suicide. Northern Ireland is unique in that it is the only country in the world to hold a registry of all presentations to Emergency Departments for suicide ideation. As NI has the highest suicide rate in the UK and Ireland it is vital to understand who

is most at risk in order to target prevention strategies effectively. The aim of this study is to examine the characteristics of those individuals who present to Emergency Departments with suicide ideation and to explore the risk factors associated with subsequent suicide.

Data The Northern Ireland Registry of Self-Harm and Suicide Ideation contains information on all presentations to all Emergency Departments in NI for self-harm and suicide ideation. These data for the four years 2012–2015 were linked to centralised electronic data relating to primary care, social services and prescribed medication and mortality records.

Methods Descriptive analyses to explore the profile of those who present with suicide ideation and regression analyses to examine the likelihood of mortality post ideation after adjusting for a range of factors known to be associated with mental ill health.

Results The cohort consisted of all 1,483,435 individuals born or resident in NI from 1st January 1970 until 31st December 2015 (maximum age in 2015, 45 years). During the 4-year period 2012–2015, 3,644 (0.3%) individuals presented with suicide ideation and 1,719 (0.1%) individuals died by suicide. Ideation is more likely in men compared to women (OR=1.95, 95%CI 1.81,2.09) and in those aged 18–24 years. It is also associated with deprivation and with a history of being in care, with previous and current looked after children over 11 times more likely to present with suicide ideation compared to those not in care (OR=11.28, 95%CI 10.00,12.71). Of those who presented with ideation 1.13% subsequently died by suicide. After full adjustment, those who presented with suicide ideation were over 4 times more likely to die by suicide compared to those who did not (OR=4.52, 95%CI 3.29,6.21). Amongst suicide ideators there is no difference in likelihood of suicide based on age, gender or area of residence.

Further analysis is underway to explore which particular traits and characteristics of those who present with suicide ideation are most associated with risk of suicide and how this differs from those who self-harm in order to inform intervention targeting.

Pregnancy & Infant, Child & Adolescent Health

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MEASURING EXTRAUTERINE GROWTH RESTRICTION IN VERY PRETERM INFANTS: DOES CHOICE OF REFERENCE MATTER?

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Background Extrauterine growth restriction (EUGR) among children born very preterm (VPT) is a risk factor for poor neurodevelopment. It is commonly defined as a weight for postmenstrual age (PMA) <10 th percentile of postnatal growth references. Fenton's postnatal references, derived by meta-analysis of national birthweight and child growth charts, are commonly used in clinical care and research. Recently, the