P29 IS WORKFORCE PARTICIPATION DETRIMENTAL TO THE MENTAL HEALTH OF WOMEN AND CHILDREN? EVIDENCE FROM SIX WAVES OF DATA FROM THE LONGITUDINAL STUDY OF AUSTRALIAN CHILDREN

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Background The past 50 years has been marked by the increasing participation of women in the workforce. There is some evidence that this expansion of women into the workforce may impose a mental health burden on women, and it is popularly speculated that children are also adversely affected. This analysis aimed to examine the associations between household workforce participation (household employment configuration) on the mental health of mothers and children

Methods Six waves of data from the Longitudinal Study of Australian Children were used, from 2004 (when children were aged 4–5 years) to 2014 (age 14–15 years). Mental health outcome measures were the Strengths and Difficulties Questionnaire scores for children and adolescents, and the Kessler-6 score for mothers. A five-category measure of household employment configuration was derived from parent report (dual full time; male breadwinner; female breadwinner; shared employment (both part-time); father full time/mother part time). Mundlak models were used to compare within- and between-person effects after controlling for confounders including mother's country of birth; mother's indigenous status; mother's education; mother's occupation; area disadvantage; household income; mother's age; number of children in household; presence of child under 5 years; maternal mental health (in child models); and child mental health (in maternal models). Models were restricted to those households in which household employment configuration changed, with the reference category being the father full time/mother part time configuration.

Results There were no within-person effects of employment configuration on maternal mental health, however between-person effects indicated that women in a male breadwinner household had poorer mental health than women in a father full time/mother part time household (ß 0.63, 95%CI 0.02–1.24). There were no between- or within-person effects for children/adolescents.

Conclusion These results counter prevailing social attitudes regarding women's workforce participation by demonstrating that children are not adversely affected by their mother's workforce participation, nor are they disadvantaged by the extent of this participation. Also contrary to normative social expectations, women in traditional 'male breadwinner' household configurations experience poorer mental health than those in a 'father full-time/mother part-time' arrangement. Importantly too, no adverse mental health effects were observed in women working full time, either as a breadwinner or in a dual full-time arrangement (where both partners work full time). These results are important in demonstrating that increasing women's workforce participation is not detrimental to the mental health of either themselves, nor their children.

P30 UNINTENTIONAL INJURY IN ENGLAND: AN ANALYSIS OF THE EMERGENCY CARE DATA SET PILOT IN OXFORDSHIRE FROM 2012 TO 2014

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Background Unintentional injuries are a major cause of morbidity and mortality worldwide. The incidence of unintentional injury and death from unintentional injury are associated with higher levels of area-level socioeconomic deprivation in the UK. The UK is one of the few developed nations in the world without a national injury data collection system or database. A pilot injury data collection exercise at the emergency departments of Oxford University Hospitals National Health Service (NHS) Foundation Trust (OUH) ran from 2012 to 2014 to inform the current development of the new NHS England emergency care data set.

Methods Data collected at the two emergency departments of Oxford University Hospitals NHS Foundation Trust from 01 January 2012 to 30 March 2014 were analysed for Oxford City and Cherwell District Council areas.

Results Of the 63 877 injury attendances recorded at the two sites, 26 536 were unintentional with a home postcode within Oxford City or Cherwell District Council areas. The most frequent location, mechanism, activity and diagnosis were home (39.1% of all unintentional injuries), low-level falls (47.1%), leisure (31.1%) and 'injuries to unspecified part of trunk, limb or body region' (20.5%), respectively. The most deprived quintile of the population (Index of Multiple Deprivation (IMD) 1) had the highest European Age Standardised Rate (EASR) for all unintentional injuries and IMD 5 had the lowest, 54.4 (95% CI 52.3 to 56.5) and 32.2 (31.4 to 33.0) per 1000 person years, respectively. There was a significant association between increasing levels of deprivation and an increasing incidence rate ratio (IRR) for all unintentional injuries, for those in the home, for low-level fall unintentional injuries and for non-sport leisure unintentional injuries with a particularly sharp increase in the IRR for IMD 1 compared with IMD 5. Sport-related injuries were inversely related to deprivation apart from football.

Conclusion This pilot has demonstrated both the feasibility and importance of prioritising the collection of a national injury data set.

P31 ABDOMINAL OBESITY AND PROSTATE CANCER RISK: RESULTS FROM THE EPICAP STUDY

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Background Obesity is associated with an increased risk of several cancers, but the relationship between obesity and prostate cancer (PCa) remains controversial. We showed than body mass index (BMI) itself is not associated with PCa, while central obesity indicators, such as waist circumference (WC) or