Adolescent Self-harm in Northern Ireland

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UK National Representative
International Association for Suicide Prevention
Acknowledgements

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Fiona Caldwell (University of Stirling)
Dr Mark Conachy (Belfast)

Sincere thanks
Head Teachers and Teachers
Pupils
Understanding self-harm...

“To relieve me of my suffering and pain”

“Because everything I seemed to do went wrong & everyone seemed to dislike me”

“The physical pain rules out the emotional pain”

“Couldn’t escape” “I just didn’t want to live anymore”

“Stress, depression, being fat and ugly. Being stupid not being good enough, tired of not being good enough”

“Felt that I wasn’t good enough”

“I got bullied and felt worthless”

“An overwhelming feeling of self-loathing and unhappiness”

“To take the pain from my heart to my arm”
A Biopsychosocial model of self-harm

How do you think/feel about the past, present and the future?

- Biology
- Environment
- Events

Psychological Processes

O'Connor (in press)

Mental Health Disorder

Self-harm
Lifestyle and Coping Survey

• To determine the prevalence of self-harm among adolescents (15-16 year olds) and the factors associated with it

• Compare rates with RoI, England and Scotland

• What reasons and influences do young people give for their self-harm?

• What factors are associated with lifetime self-harm?
The Sample

• Final sample of 3,596 pupils (Years 11 and 12)
  – Mean age (15 years, SD=.69)
  – 52.3% (n=1882) were boys, 47.6% (n=1711) were girls

  – 28 schools across NI (including all management types), 21 urban, 7 rural, a range of FSM eligibility

  – All questionnaires were confidential and anonymous

  – Modified version of Child & Adolescent Self-harm in Europe survey (CASE; see Hawton et al., 2006)
The Survey I

• Sociodemographics (age, sex, ethnicity, living arrangements)

• Lifestyle (exercise, smoking, drinking, drugs)

• Experience of the ‘Troubles’ (6 questions)

• Stressors/Negative life events (bullying, physical/sexual abuse, concerns about sexual orientation, trouble with the Police)

• Self-reported personal self-harm (in past year/lifetime, influences and motives)
The Survey II

• Vicarious experience of self-harm (by friends or family)/exposure to self-harm of others

• Group norms about self-harm (attitudes and behaviour of friends and peers)

• Social perfectionism (excessive expectations you think people who are important to you have of you)

• Depression and anxiety, self-esteem, impulsivity, pessimism
How is self-harmed defined in the study?

“Have you ever deliberately taken an overdose (e.g., of pills or other medication) or tried to harm yourself in some other way (such as cut yourself)?”

‘[an] act with a non-fatal outcome in which an individual deliberately did one or more of the following: initiated behaviour (e.g. self-cutting, jumping from a height), which they intended to cause self-harm; ingested a substance in excess of the prescribed or generally recognised therapeutic dose; ingested a recreational or illicit drug that was an act the person regarded as self-harm; ingested a non-ingestible substance or object.’ (p. 29)²

Madge et al. (2008)
Prevalence of Adolescent Self-harm in Northern Ireland

<table>
<thead>
<tr>
<th></th>
<th>Past Year</th>
<th>Lifetime</th>
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<tbody>
<tr>
<td>Boys</td>
<td>2.9%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Girls</td>
<td>9.3%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Total</td>
<td>6.0%</td>
<td>10.0%</td>
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Girls three times more likely to self-harm than boys.
Prevalence of Serious Thoughts of Self-Harm Without Doing So

<table>
<thead>
<tr>
<th></th>
<th>Past Year</th>
<th>Lifetime</th>
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<tbody>
<tr>
<td>Boys</td>
<td>7.8</td>
<td>13.6</td>
</tr>
<tr>
<td>Girls</td>
<td>18.0</td>
<td>30.5</td>
</tr>
<tr>
<td>Total</td>
<td>12.7</td>
<td>21.7</td>
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</table>
Lifetime prevalence of adolescent self-harm by country (unadjusted)

Scotland (O'Connor et al., 2009)
England (Hawton et al., 2002)
Republic of Ireland (Sullivan et al., 2004)
Methods of Adolescent Self-harm

Girls
- Self-cutting: 27.7%
- Overdose & self-cutting: 62.5%
- Other: 57.4%

Boys
- Self-cutting: 19.6%
- Overdose & self-cutting: 62.5%
- Other: 19.6%
Sources which influenced self-harm by gender

- Other
- Other self-harm (total)
- Self-harm/AS of friend
- Self-harm/AS of family member
- Internet-related (total)
- Social networking sites
- Internet
- Books or magazines
- Newspapers
- Radio
- Film or TV

Boys
Girls

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Influences on self-harm II

“By them cutting themselves it made them feel better so I tried it”

“They did it so I copied”

“Teasing on Bebo and MSN”

“I read an article about a young girl cutting herself, in my usual magazine”

“Watching Hollyoaks. A girl was having problems like me and she was doing it”

“I thought that if people in my family can do it then why can’t I?”

“On TV it showed some relief from stress”

“They said do it, do it. I didn’t want to at [the] start but...then I couldn’t stop and I kept doing it”

“The magazines had celebrities who were skinny and very pretty and I just felt like nothing”

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I wanted to get my own back on someone
I wanted to frighten someone
I wanted to find out whether someone really loved me
I wanted to get some attention
I wanted to show how desperate I was feeling
I wanted to punish myself
I wanted to die
I wanted to get relief from a terrible state of mind

Boys
Girls

%
Reasons to explain self-harm: Europe

Figure 3 Reasons for self-harm (based on self-harm in past year meeting study criteria), corrected for age

Madge et al. (2009). *Journal of Child Psychology & Psychiatry*
“Have you seriously wanted to kill yourself when you have taken an overdose or tried to harm yourself in some way?”

Chi(1) = 0.303, p = 0.093

“How long before you took the overdose or tried to harm yourself had you started to think about doing it”

Boys

Girls

All

% less than an hour more than an hour but less than a day more than a day but less than a week more than a week but less than a month a month or more

%
What factors are associated with self-harm: Risk and Protective Factors

- Sex
- Ethnicity
- Living situation
- Divorced parents
- Smoking
- Alcohol use
- Exercise
- Drug use
- Bullying
- Physical abuse
- Sexual abuse
- Sexual orientation worries

- Trouble with the Police
- The Troubles
- Self-harm by friends
- Self-harm by family
- Group norms
- Depression
- Anxiety
- Impulsivity
- Self-esteem
- Pessimism
- Social Perfectionism
The Troubles and Lifetime Self-harm: Univariate associations

Did you know anyone (not family) who was killed or injured in the violence?

Were any of your family/friends killed or injured because of the violence?

Were you a victim of any violent incidents because of the Troubles?

Were you intimidated because of the Troubles?

During the Troubles, were you ever caught up in a riot?

During the Troubles, were you ever caught up in an explosion?

Statistically significant association with self-harm

Odds ratios

Boys
Girls
Multivariate logistic regression to identify factors assoc with lifetime self-harm

1. Gender - being female
2. Self-harm by family
3. Self-harm by friends
4. Sexual abuse
5. Physical abuse
6. Worries and sexual orientation
7. Bullying in school -ever
8. Any drugs in past year
9. Exercise - Almost never
10. Exercise - Sometimes
11. Exercise - Often
12. Heavy drinker
13. Moderate drinker
14. Light drinker
15. Abstainer

Statistically significant association

Unit increases significant

Odds ratios
Multivariate logistic regression to identify factors associated with lifetime self-harm: Boys and Girls separately (Part 1)

Factors include:
- Exercise
- Drinking habits
- Parental status

Odds ratio for each factor is shown.
Multivariate logistic regression to identify factors associated with lifetime self-harm: Boys and Girls separately (Part 2)

- Self-esteem
- Social Perfectionism
- Impulsivity
- Depression
- Self-harm by family
- Self-harm by friends
- Worries about sexual orientation
- Bullying in school - ever
- Physical abuse
- Sexual abuse
- Any drugs in past year

Statistically significant association
Unit increases significant

Odds ratio
Implications for the development of complex treatments/interventions

Fig 1 | Key elements of the development and evaluation process

Craig et al. (2008) BMJ
## Action Area: Children and Young People

**Protect Life (2006)**

<table>
<thead>
<tr>
<th>Action to Be Taken</th>
<th>Timescale</th>
<th>Delivery Partners</th>
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<tbody>
<tr>
<td>To promote the inclusion of promoting positive mental health as a key element of</td>
<td>Medium/Long</td>
<td>DHSSPS, DE, DEL, HSS, local authorities, HPA, local community and voluntary</td>
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<td>the “Healthy Schools” programme and ensure that children and young people are</td>
<td>Term</td>
<td>partners.</td>
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<tr>
<td>protected from all forms of bullying.</td>
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<tr>
<td>To raise awareness of and ensure availability and timely access to appropriate</td>
<td>Short/Medium</td>
<td>DHSSPS, DE, DEL, HSS, HPA, local authorities, local community and voluntary</td>
</tr>
<tr>
<td>intervention services (e.g. Child and Adolescent Mental Health Services,</td>
<td>Term</td>
<td>partners.</td>
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<td>mentoring schemes and other appropriate statutory and voluntary services).</td>
<td></td>
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</tr>
<tr>
<td>To make suicide awareness and positive mental health &amp; well-being training,</td>
<td>Short/Medium</td>
<td>DHSSPS, DE, DEL, HPA, HSS, local authorities, local community and voluntary</td>
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<tr>
<td>including how to deal sensitively with disclosure of self-harm or suicidal</td>
<td>Term</td>
<td>partners.</td>
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<td>behaviour, a priority for teachers, youth workers, etc.</td>
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<tr>
<td>To promote a culture of help seeking behaviour, particularly among young people.</td>
<td>Medium Term</td>
<td>DHSSPS, DE, DEL, HPA, HSS, local authorities, local community and voluntary</td>
</tr>
<tr>
<td>Encourage the inclusion of coping and life skills, emotional literacy, and</td>
<td>Medium Term</td>
<td>partners.</td>
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<td>programmes that promote positive mental health in the school curriculum.</td>
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<tr>
<td>To develop and implement practices, protocols and referral pathways to smooth the</td>
<td>Medium Term</td>
<td>DHSSPS, DE, DEL, HSS, HPA, local community and voluntary partners.</td>
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<tr>
<td>transition from youth to adult Health and Social Services.</td>
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Conclusions/Implications

• Adolescent self-harm is a significant public health concern
  – Better understanding of relationship between adolescent and adult self-harm

• A range of risk and protective factors
  – Important to understand relative importance of risk/protective factors
  – Across cultures/populations and prospectively

• Theoretical perspectives important
  – Biopsychosocial models
  – Psychological variables

• Better understanding of theory, better understanding of prediction, better understanding of treatment and prevention
Understanding self-harm...

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