



Youth and self harm: Perspectives

A summary of research commissioned by Samaritans and carried out by the Centre for Suicide Research, University of Oxford

SAMARITANS

Results

- 10 per cent of teenagers aged 15 and 16 years old have deliberately self-harmed – seven per cent in the previous year.
- The majority, more than 64 per cent, of those who self-harm cut themselves.
- Girls are nearly four times more likely to self-harm than boys.
- The most common reason given was 'to find relief from a terrible situation,' the least common reason was 'to get my own back.'
- 41 per cent of those who self-harm seek help from friends before acting.

How common is self-harm?

Of the pupils surveyed 10.3 per cent carried out an act of deliberate self-harm – (6.9 per cent in the previous year and 2.5 per cent in the previous month).

A unique aspect of this study was that the researchers asked the pupils to describe acts of self-harm rather than merely report whether or not they had ever harmed themselves. This enabled the researchers to accurately assess the acts of self-harm against set criteria.

Pupils with deliberate self-harm

	Self-report	Based on deliberate self-harm description
Lifetime	13.2	10.3
Past Year	8.6	6.9
Past Month	3.1	2.5

Pupils with suicidal thoughts, but no deliberate self-harm in the previous year
15.0 per cent

Pupils with no suicidal thoughts or behaviour in the previous year
72.8 per cent

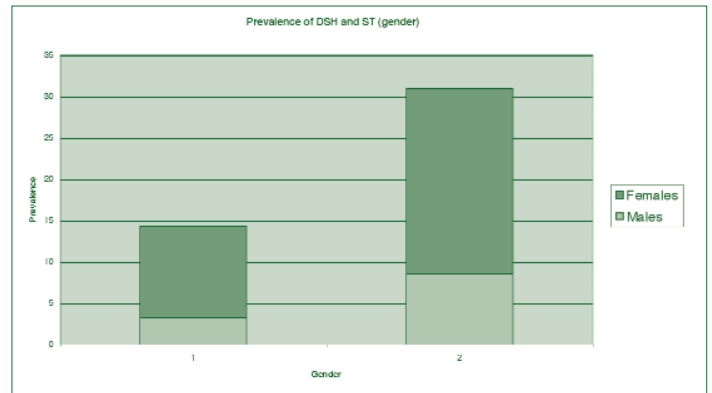
Although this approach may have under-estimated the true numbers of those self-harming, as not all those surveyed supplied a description, it does provide a more accurate picture than most research where participants are simply asked whether or not they have self-harmed.

What methods do young people use to self-harm?

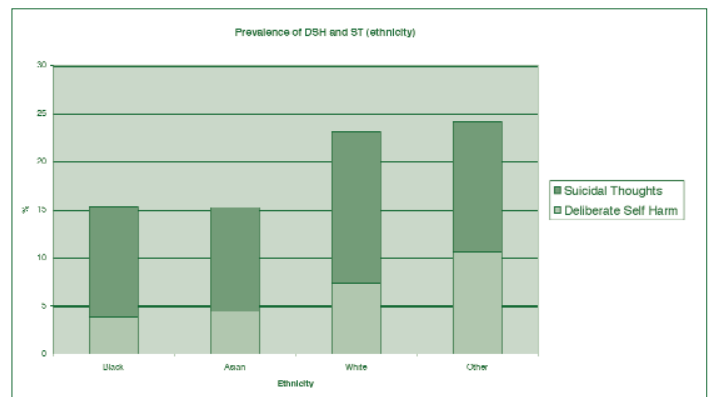
Just 12.6 per cent of the incidents of self-harm described by pupils in the survey resulted in a hospital visit. This may be explained by the preference of those who self-harm to cut rather than poison themselves: poisoning is more likely to end in hospital than minor self-cutting. The results of the research showed that some 64.6 per cent of those that had self-harmed in the previous year had cut themselves compared to 31.7 per cent who poisoned. Other not so frequently used methods of self-harm included self-battery, use of recreational drugs, use of alcohol, hanging or suffocation.

Who is likely to self-harm?

The pupils most likely to self-harm were female – of those that had self-harmed in the previous year 11.1 per cent were female and just 3.2 per cent male. Female pupils were also more likely to have had suicidal thoughts – 22.4 per cent female compared to 8.5 per cent male.

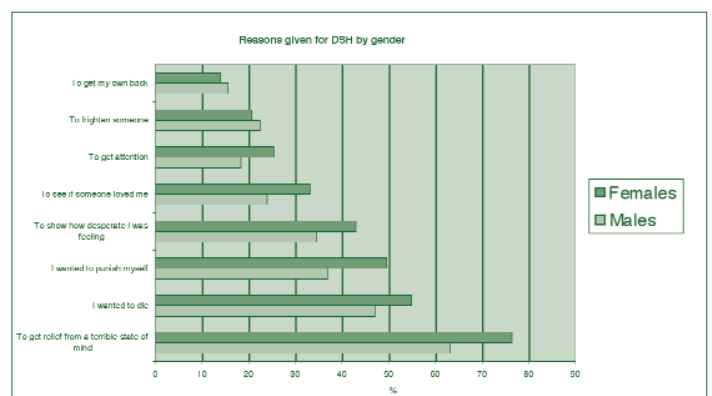


Deliberate self-harm and suicidal thoughts were also more common among white and other, often mixed race, pupils than those from Black or Asian backgrounds.



Why does it happen?

The most common reasons given by pupils for deliberate self-harm were 'to find relief from a terrible state of mind' or because they had 'wanted to die'. Contrary to popular belief few were 'trying to frighten someone' or simply 'get attention'.



Who do they turn to for help?

Some 40.8 per cent of those who self-harmed had sought help from friends before hurting themselves. The results of the research showed that few turned to other sources of help such as family, teachers, doctors or social workers. Help was sought after the event by 22.1 per cent of those who self-harmed – 49 per cent of those received help from friends and 21 per cent from family.

What differentiates those who self-harm or have suicidal thoughts from those who do not?

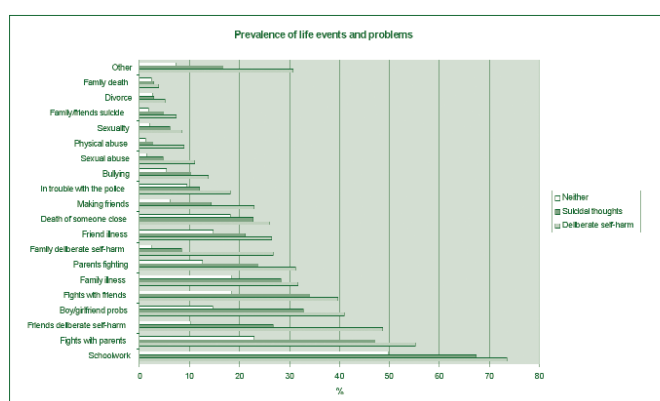
- Those who self-harm have more problems and life events than other teenagers.
- People who self-harm are also more likely to suffer anxiety, depression and have low self-esteem than others.
- Those that self-harm often have friends who self-harm.
- Girls who self-harm may have concerns about sexuality, boys may have suffered physical abuse.
- Those who self-harm find it difficult to cope and are more likely to blame themselves, get angry, drink alcohol or shut themselves in their room than talk things through.
- Those who self-harm believe they have fewer people in whom they can confide compared to other adolescents.

More 'life' problems

The teenagers were asked to report life events and problems encountered in the previous year such as boyfriend or girlfriend problems, death of a close relative, and physical abuse.

The results showed that those who deliberately self-harmed had experienced more problems in the previous year than those who reported suicidal thoughts. And those with suicidal thoughts had experienced more problems than those with neither deliberate self-harm or suicidal thoughts.

The most common problems faced by all pupils were related to schoolwork. Also rating highly were problems with parents and having friends who self-harmed.



More anxiety and depression

In addition to being asked about life problems, the teenagers were asked about their current levels of anxiety, depression, impulsivity and self-esteem. The results showed that those pupils who reported self-harm or having suicidal thoughts were more likely to be suffering from anxiety and depression, were more impulsive and had lower self-esteem than those who did not.

More friends who have suicidal thoughts or self-harm

They were also more likely to have friends who self-harm or have suicidal thoughts - a common phenomenon which in the past has led to clusters of teenage suicides, but which has not until now been explicitly linked to self-harming behaviour.

Poorer coping strategies

The research also showed, for the first time, that those who self-harmed were less able to cope when they felt worried or upset. Instead of using positive coping strategies, such as talking to someone or trying to sort out the situation, they were more likely to resort to negative strategies such as blaming themselves, getting angry, staying in their room or drinking alcohol.

Fewer people they can talk to

Those who self-harmed had fewer people with whom they felt able to talk about problems compared to other teenagers. Apart from friends - consulted by 85 per cent of all those surveyed - those who self-harmed or had suicidal thoughts had far fewer people in whom they felt able to confide. The majority of young people who self-harmed knew up to two people in whom they could confide, those with suicidal thoughts knew three, while those who neither self-harmed or had suicidal thoughts had up to seven people in whom they could confide.

Differences between suicidal thoughts and self-harming behaviour

The results of the research found that some circumstances were found to be associated with either self-harm or suicidal thoughts but not both. These not only varied by circumstance, but by gender.

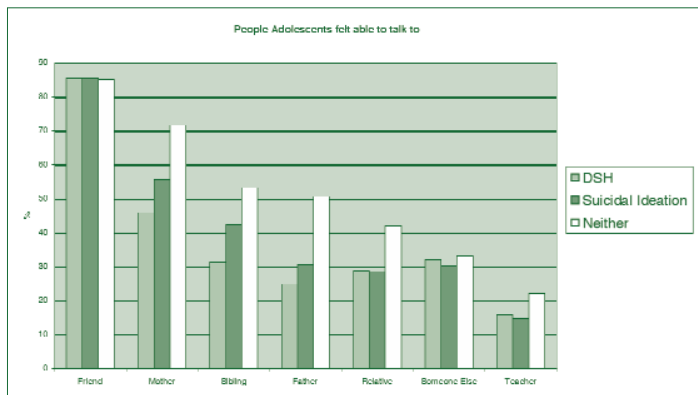
For instance, a family history of suicidal behaviour and drug use by the pupil were associated with self-harm but not suicidal thoughts.

For the female pupils, smoking and worries about sexual orientation led to suicidal thoughts but not self-harm - an issue which has previously received little attention. For the male pupils, physical abuse was a potential trigger for suicidal thinking.

	Suicidal thoughts		Deliberate self-harm	
	Males	Females	Males	Females
Having friends who have engaged in suicidal behaviour	●	●	●	●
Family member had engaged in suicidal behaviour	-	-	●	●
Smoking	-	●	-	-
Drug use	-	-	●	●
Drunkenness in the previous year	●	●	-	-
Sexual orientation	-	●	-	-
Physical abuse	●	-	-	-
Depression	-	-	-	●
Anxiety	●	●	-	●
Low self-esteem	●	●	●	●
Impulsivity	-	-	-	●

Who do they turn to?

For all teenagers, teachers were the least likely source of comfort. Just 20.5 per cent of pupils felt that they could talk to a teacher, despite problems with schoolwork being closely associated with an increased likelihood of self-harm.



Since young people clearly saw their friends as their key sources of support, it raises questions about whether they are able to recognise when friends are in trouble and if so, would be able to help.

Too embarrassed to seek professional help

Telephone helplines and professional organisations were often not contacted because adolescents said they were too embarrassed, didn't have the confidence, thought their problems were too trivial, or worried about confidentiality.

Ways in which they felt that organisations like Samaritans could be made more approachable included: giving advice rather than simply listening, advertising more to young people, recruiting younger people as volunteers, and making more school visits.

Conclusions

In summary, those who self-harm are likely to:

- Be female
- Be white
- Use cutting rather than poisoning
- Be looking for a way out of a situation rather than attention-seeking
- Have low self-esteem, anxiety or depression
- Be unable to cope effectively with problems
- Have worries about school work
- Have friends or family who self-harm
- Prefer to seek help from friends than relatives or teachers

The findings show that deliberate self-harm and suicidal thoughts are important problems in adolescence. They also provide a clear insight into how prevention and support for those at risk might be organised.

Educational programmes

Since the vast majority of pupils who self-harm do not go to hospital, prevention needs to take place in the community, ideally within schools.

One possible approach is the development of educational programmes to promote psychological well-being, for example by helping pupils to recognise and deal with emotional problems.

As adolescents turn to their friends for help and advice, they will need help not only coping with their own emotional problems but also in recognising and helping friends in need.

Teachers might also be helped to recognise pupils who are getting into difficulties. A more controversial approach that might be considered is the use of screening in schools to detect those pupils at risk.

Whichever approach is adopted, schools will need advice on what to do when self-harm is recognised – especially if a cluster of acts seems to be developing. This clearly has implications for teacher training.

Schools will also need the support of other professionals, including health, social services and voluntary organisations. With this in mind it will be important to talk to pupils and find out exactly how they would like help delivered.

Next steps: the role of Samaritans

Recognising that young people need to know more about what help is available and advice on caring for their own well-being, Samaritans is developing an emotional health promotion strategy. This will aim to encourage young people to recognise the value of being able to express feelings and to respect and acknowledge the feelings of others.

Samaritans' Emotional Health Promotion Programme will be rolled out in 2003-2004. As part of this programme, young people in schools will be presented with more effective coping and help-seeking strategies. Samaritans is also working with other organisations, including YouthNet UK, that specifically offer advice to young people.

A fresh approach

The research also clearly shows that young people feel there is a stigma attached to approaching voluntary organisations. Samaritans has recently changed its approach to young people – promoting itself in new ways including an email helpline. Meanwhile, Samaritans is targetting its recruitment campaigns to attract volunteers who are younger and who belong to a variety of minority groups.

By using the results of this research, it is hoped that pupils, schools and voluntary services can help young people to cope with emotional problems without resorting to self-harm.

Background and Introduction

More than 24,000 teenagers are admitted to hospital in the UK each year after deliberately harming themselves. Most have taken drug overdoses or cut themselves.

The majority are not, as is sometimes believed, trying to take their lives but to relieve an intense emotional pain which is causing them to suffer; that they feel they have no alternative way to deal with. Self-harm is 'a way of screaming without words'.

Self-harm is a clear sign of distress. Unfortunately it is one which is often repeated, with some 10 to 15 per cent of self-harmers harming themselves again within a year^{1,2}. What is more, adolescents who self-harm are far more likely than other adolescents to go on to die by suicide³.

However until now little has been known about the vast majority of adolescents who self-harm in the UK. This lack of knowledge has made it difficult to offer help and support to those adolescents most at risk. To address this, Samaritans, the emotional support charity, collaborated with researchers from Oxford University's Centre for Suicide Research to carry out the UK's first large-scale, anonymous study of self-harm among school children⁴.

The results offer a fresh insight into the minds of teenagers who self-harm, and importantly the action they say is needed to help those most at risk.

Methodology

- The study was carried out in 41 schools in Birmingham, Northamptonshire and Oxfordshire during 2000-2001.
- A range of schools were involved in the project: 35 state, four independent and two grammar schools.
- 6,020 pupils (roughly half female and half male) took part.
- Almost all, at least 90 per cent, were aged 15 and 16 years old.
- 82.3 per cent were white, 11.1 per cent Asian, 2.8 per cent black, while 2.6 per cent described themselves as 'other' (mainly mixed race).
- The majority (69.6 per cent) were living with both parents.
- The surveys were conducted anonymously and completed in school under exam conditions.

There has been considerable debate about the best terms to use for non-fatal acts of deliberate self-poisoning or self-injury. In part this is about the need to avoid using the term 'attempted suicide' for acts where death was clearly not intended. It is also about what term to use to include all acts of deliberate self-poisoning or deliberate self-injury, irrespective of the motivation or intention. It is now customary in clinical practice and research in the United Kingdom to use the term 'deliberate self-harm' for this purpose. Some people prefer the term 'self-harm'. Both these terms are used in this report. They should be taken to refer to both self-poisoning and self-injury.

References:

1. Hawton, K. and Fagg, J. (1992) Deliberate self-poisoning and self-injury in adolescents: a study of characteristics and trends in Oxford, 1976-1989, *British Journal of Psychiatry*, 161, 816-823.
2. Hawton, K., Houston, K. and Shepperd, R. (1999) Suicide in young people: a study of 174 cases aged under 25 years, based on coroners' and medical records, *British Journal of Psychiatry*, 175, 118-123.
3. Goldacre, M. and Hawton, K. (1985) Repetition of self-poisoning and subsequent death in adolescents who take overdoses. *British Journal of Psychiatry*, 146, 395-398.
4. Hawton, K., Rodham, K., Evans, E., and Weatherall, R. (2002) Deliberate self harm in adolescents: self report survey in schools in England. *BMJ*. 325, 1207-1211.

WITH SAMARITANS

**The Upper Mill Kingston Road Ewell Surrey KT17 2AF
Tel: 020 8394 8300 Fax: 020 8394 8301
Email: communications@samaritans.org**