SUICIDE IN MODERN IRELAND
NEW DIMENSIONS, NEW RESPONSES

The Adolescent Dimension

Saturday Afternoon 13 November

DELIBERATE SELF-HARM IN TEENAGERS

Presented by: **Dr Helen Keely**
National Suicide Research Foundation

In the Chair: **Fiona McNicholas,** Crumlin Children's Hospital

Prof. Fiona McNicholas*:* I am now going to move on and introduce our next speaker, Dr Helen Keely who has trained both in the UK in the Tavistock and also fortunately is back in Ireland working as a consultant child psychiatrist in the mid-west in Limerick. Helen is going to talk today about a European study which Ireland participated in and speak about a school-based survey in children aged 15yrs – 17yrs.

Dr H Keely: This morning is turning very much into letting young people speak for themselves and I think that that has been a very important issue, that we need young people's views, opinions, ideas. I suppose that if there is a theme to this presentation, that would be it.

I think the person who should be presenting this study is a girl called Carolyn Sullivan who did most of the artwork and stuff for this presentation, but Carolyn who was also the person who did the most work on the study, unfortunately has gone back to Australia to manage a very nice website called "Reach Out" which I recommend anybody who is interested in young people and their coping strategies to have a look at.

This is results from the "**Lifestyle & Coping Survey"** which is the Irish bit of a multi-centre study involving a number of European centres. It was conducted in the Southern Health Board involving children from age 15 yrs to 19yrs in transition and fifth year in schools in Cork & Kerry. We initially did a pilot study and then this is the combined study with greater numbers. The major study is called the Case Study and these were all the people involved.

Team of people responsible for carrying out the survey:
Carolyn Sullivan………… Principal Research, NSRF
Paul Corcoran ………….. Senior Statistican/Duputy Director NSRF
Dr Helen S Keely………. Consultant Child & Adolescent Psychiatrist, MWHB
Dr Ella Arensman………..Director of Research NSRF
Professor Ivan J Perry…Head of Dept of Epidemiology and Public Health, UCC
Rachel Farrow…………… Research Psychologist, NSRF
Eileen Williamson………. Programme Manager/Business Manager, NSRF

Special thanks to Dr Nicola Madge, who is an English child and adolescent psychiatrist who co-ordinated the study with Dr Erik Jan de Wilde at an international level and staff and students who participated in the study.

Background:

- The World Health Organisation (2004) estimates that in Western countries up to 20% of those under 18 years experience developmental, emotional or behavioural problems & 8% meet the criteria for a mental disorder.
- There is limited information on young people's mental health within Ireland which addresses mental health and related issues in the age group of 15-17yrs.
- References – HSBC & Professor Carol Fitzpatrick & National Parasuicide Registry, NSRF

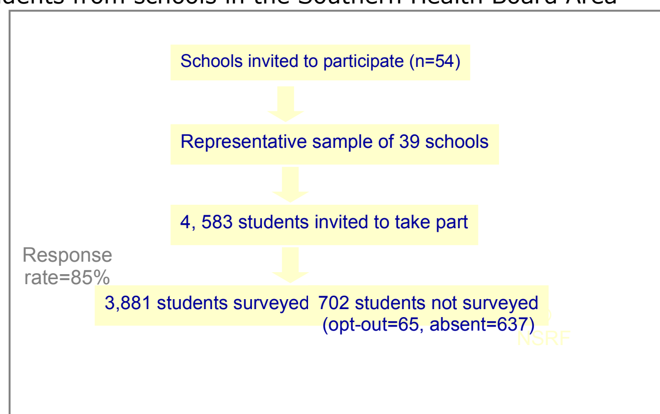
We really have very little information about the age group outside of the clinical sample. Within the para-suicide registry, we would have information about those who present, for instance, with self-harm to hospitals and are medically treated. We have some information from Prof Fitzpatrick's previous survey in Dublin but the information is not readily available and we thank Prof Fitzpatrick for her references actually.

The Lifestyle and Coping Survey
This study is part of the Child and Adolescent Self-Harm in Europe (CASE) study, which was a multi-centre study that took place in six countries across Europe plus an Australian centre.

Aims to determine:
- The types of problems & the extent of mental health difficulties amongst Irish 15-17 year olds (depression, anxiety and deliberate self harm)
- The coping strategies used by 15-17 year olds
- Help seeking behaviour of 15-17 year olds
- Young people's opinion's in the prevention of mental health difficulties

So that's what we did and this is how we did it:

Methodology:
Selection of students from schools in the Southern Health Board Area



We invited 54 schools to participated, thinking about whether they were mixed schools, girls only, boys only, their geographic urban / rural spread. We ended up with a representative sample of 39 schools within the Cork / Kerry area and we invited just over 4,500 schools to participate. We ended up with a response rate of 85% which is just under 4,000, 3,900. There were 702 students not surveyed. When you went into the schools, in transition year in particular, they could be gone anywhere really and there was also as part of the survey strategy, there was an opt-out letter went out to parents if they didn't want their children to be involved, so 65 parents opted out of the study.

- Ethical approval was given by the UCC, University College Cork, Clinical Research Ethics Committee of the Cork Teaching Hospitals
- A self report anonymous questionnaire was administered to transition year and 5th year students in the class room setting

It was important that the questionnaire be short enough that the whole process could happen within one class period in order to facilitate how the schools would manage the situation.

- The questionnaire included items on personal information, lifestyle, coping, problems, alcohol and drug use, deliberate self-harm (DSH), depression, anxiety, impulsivity and self-esteem, including some scales.

If people are interested in what scales we used, that information is available.

- Unique quality of the questionnaire was to ask respondents to describe the act of DSH. This participants description was then coded to the study's standard definition of DSH.

One important feature of this survey was we asked people to describe how they harmed themselves and then we referred that back to the standard definitions. So we have two pieces of

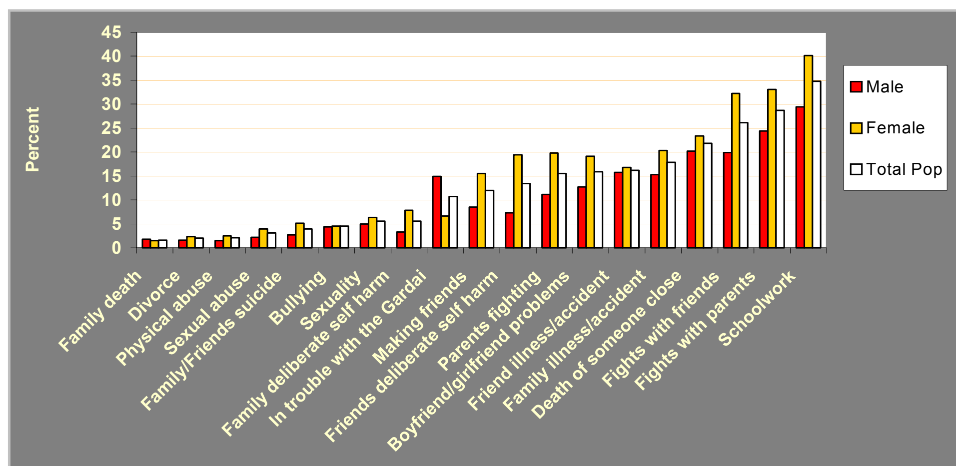
information, one which is how many of the young people had said they had harmed themselves and then a different number, a slightly smaller number, of people whose acts of self-harm met a standard definition so in fact we had two bits of information.
I shall give you the results:

Emotional Health & Wellbeing
Do young Irish people have good emotional health and wellbeing?

The first question was about emotional health & wellbeing and it generally looked at young people in the Cork / Kerry area, 15 -17 yrs olds, in the general population. They are all in school, so they are not even that kind of group who would be in Youth Reach Programmes, they are all in mainstream school. What is their emotional health and wellbeing like and generally our young people are emotionally healthy. They reported a very, or reasonably healthy lifestyle, with generally good emotional health and wellbeing. We are looking at:

- 62% eating healthy food often, more girls than boys,
- 56% take exercise often – more boys than girl
- 80% were happy with making and keeping friends
- 62% feel cheerful most of the time
- 75% look forward to things with enjoyment
- 82% are happy with who they are, didn't want to be somebody else
- 93% said they felt that have a pleasant personality

Problems reported by young people



On the other side the problems that they reported varied from quite significant difficulties with sexual abuse, suicide of family and friends, bullying, difficulties with their own sexuality to the most usual ones which were fights with their friends, fights with parents and problems with school work. They were at the other end in terms of percentage. And you can see that apart from being trouble with Gardai, girls tended to report more problems than the boys.

Depression & Anxiety Disorders

- 80% of teenagers were not depressed
- 74% of teenagers were not anxious
- Girls (8.4%) were showed more signs of depression than boys (5.1%)
- Girls (12.7%) showed more signs of emotional disorders than boys (5.8%)

Prevalence of Deliberate Self-Harm

- 333 (9.1%, 95%CI: **%**) young people reported a lifetime history of deliberate self-harm.

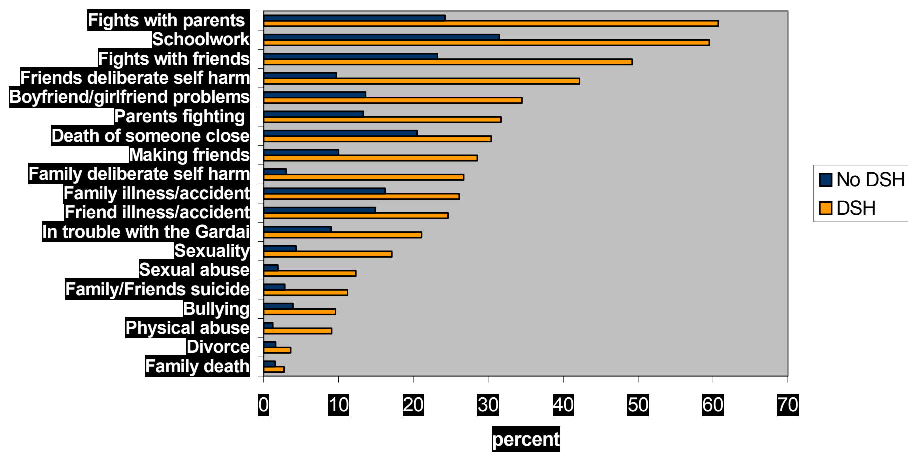
- Females (n= 253,13.9%) were more likely to engage in DSH than Males (n= 79, 4.4%) (Relative Risk = 3.2, 95%CI 2.5-4.1).

- Of the 333 who self-harmed:
  - 20% did so less than a month ago
  - 44% did so between a month and a year ago

In terms of self-harm, over 300 of the young people reported having harmed themselves at some stage in their lives, which is about 10% which wouldn't be unusual. Keith Orton in the UK, in Oxford, reported about a 10% rate. The girls were much more likely to have engaged in self-harm than the boys. Nearly 14% of the girls said that they had harmed themselves at some stage in their lives. Again, I have to explain, these are children in mainstream schools, they are not unusual, this is a standard population. The boys reported about 4.5%.

Of the 333 who self-harmed, 20% or one-fifth of them had done so within the month and nearly half within a month and a year and nearly half of them had done so more than once, which again struck me as surprising but then I looked at our data for the medical referred self-harm and it was looking similar for that age group, over 50% of them had repeated, so a quite significant problem.

Prevalence of Life Events & Problems in Previous Year



In terms of difficulties in the past year, (this is comparing the children who had harmed themselves with the children who hadn't) you can see there is significantly more problems in those who had self-harmed e.g. fights with parents, school work and fights with friends – the ones we were talking about before are all there, but those with deliberate self-harm would report more of all of the problems, including being in trouble with the Gardai and a family history of deliberate self-harm as being particularly high, you can see from the graph although we will be looking at how that relates. These are for girls.

<u>Factors significantly associated with DSH – Girls</u>

Risk	**OR**	**CI-95%**
Taking 1 drug	2.64	1.78 – 3.91
Taking more than 1 drug	5.08	2.83 – 9.11
Sexual abuse	2.38	1.43 – 3.96
Pyhsical Abuse	2.01	1.07 – 3.75
Bullying	1.60	1.09 – 2.36
Sexuality	1.99	1.21 – 3.28
Friends DSH	2.58	1.80 – 3.69
Family DSH	3.71	2.53 – 5.46
Fighting with parents	2.10	1.44 – 3.06

Difficulty making friends	1.63	1.12 – 2.39
Self concept – Medium	0.50	0.33 – 0.74
Self concept – High	0.22	0.11 – 0.42

The factors that were significantly associated with having self-harmed:

- Having taken drugs, especially having taken more than one drug with the girls.
- Sexual abuse and physical abuse, sexual abuse in particular.
- Having experienced bullying and having worries about their sexuality.

These were issues that came up more often with young girls who had self-harmed than hadn't.

- A family history of deliberate self-harm was particularly significant, having had the experience of somebody within their family having self-harmed in the past made them over 3.5 times more likely to self-harm themselves.
- Also we did a self concept scale and children whose self-concept was either medium or less likely to be high was also an issue – issues about who they were and how they saw themselves.

Factors significantly associated with DSH – Boys

Risk	OR	CI95%
Taking 1 drug	2.23	1.23 – 3.40
Taking more than 1 drug	5.25	2.53 – 10.92
Sexuality	2.39	1.18 – 4.82
Friends DSH	3.43	1.87 – 6.29
Family DSH	3.14	1.59 – 6.21
Bullying	2.18	1.21 – 3.93
Anxiety – Medium	1.86	0.84 – 4.12
Anxiety – High	3.83	1.78 – 8.23
Impulsivity – Medium	3.11	1.24 – 7.83
Impulsivity - High	3.55	1.44 – 8.75
Problems with school work	1.97	1.05 – 3.70

In terms of the boys, some of them are similar e.g. Taking more than one Drug, Family deliberate self-harm making them 3 times more likely. But in connection with what we heard this morning, impulsivity being high and high anxiety was particularly significant with the boys, as was bullying, although it was also significant with the girls.

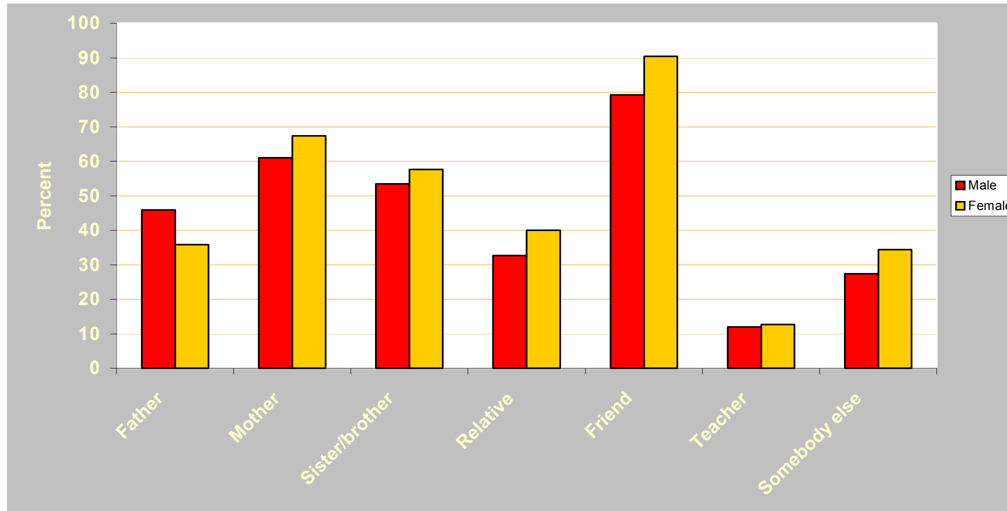
How do Teenagers Cope with Problems?

- **Girls were more likely to:**
  - Sort problems out themselves (61.0% v 57.4%)
  - Talk to someone than boys (39.0% v 14.3%)
  - Blame themselves for getting into the mess (30.8% v 20.7%)
  - Stay in their room (34.2% v 12.6%)
  - Get angry (36.8% v 34.2%)

- **Boys were more likely to:**
  - Have an alcoholic drink (9.2% v 5.3%)

How do they cope with their worries and concerns. I find this one is fascinating. The girls will try to sort problems out themselves which I would always have associated with boys, but this is what they report. The girls are more likely to talk to somebody than the boys, which we knew or were pretty clear on. They were more likely to blame themselves for getting into the trouble, more likely to stay in their room or to get angry and the boys were significantly more likely to have a drink. So we start very early in this country in terms of the lads and it matches to some extent with regard to what the young people that Sean McCarthy was working with brought out as well.

Whom do Young People Talk to?



Overwhelmingly Friends and after friends it is Mothers and after that it is Sisters & Brothers and then Fathers, particularly if they are boys. Very few will talk to their teachers and then there is somebody else which is very very few Professionals. As we have already said over and over engaging with professionals is something that our ordinary young people in this country find very difficult.

Problems requiring help by gender - So who do they turn to?

Male (N=371)	164 (44.2%)	52 (14.0%)	155 (41.8%)
Female (N=613)	270 (44.0%)	124 (20.2%)	219 (35.7%)
Total population (N=987)	436 (44.1%)	176 (17.8%)	375 (37.9%)

3 missing cases as gender was not specified

Of the boys, 44% did not try and get professional help, 14% did, compared to 20% of the girls. The reasons why were that they didn't feel they felt the need for it, for the boys. This is about young people who sought help before and after deliberate self-harm, and again it is always friends, with the health service doing slightly better than teachers.

We have been collecting data in terms of medically treated self-harm for years now around the country and only 11% of these children had been to hospital, so we are literally looking at the tip of the iceberg in terms of medical risks for self-harm in this country.

What do they think?
What do teenagers say about preventing deliberate self harm in their communities?

- **Offering young people support**
  I think this was Carolyn's favourite quote
  "… Get young people involved because many teens don't relate or trust adults. …. Give us more space and control. It is easier to give more control to us rather than have us rebel. Try not to be a social worker etc. when talking. Be more of a friend. Try to be there for them without them knowing."

These are key themes when you are talking to them, so to do it by default.

There was also a huge feeling of stigma about having difficulties in the first place and about getting help.

- **Respecting teenagers and strengthening relationships**
  "If there was a greater level of social inclusion for young people, they wouldn't feel so alienated in the world."

Another issue that they felt was that they were very isolated in this world. One of the lads was talking about how the Gardai are called if they even hang around in groups of more than 3 or 4. I heard it on the radio that they were going to do that. I think in some place in UK, you just call the police if there is more than 5 people standing on the corner. One of them said and it stuck in my head, that they have as much right to socialise as older adults have to socialise. I had to agree. It is so simple to be able to do that and he went on to say to "*help us to be able to do that and help us to be involved in how we do this"*.

They talk a lot about feeling alienated from society. They also talk a lot about not having enough information, not knowing enough. They really are looking for information. The question is what would they do with it if you give it to them but they really do want more conversations. These sessions were very interesting. We went in and we talked to them first about the survey. The big question that always came up was about confidentiality, so we nearly always had five minutes about if you go to talk to somebody, will your parents be told immediately – that was always the big question that we had a conversation around. Afterwards, we used to give them sweets and it used to cause havoc with teachers. They hated it, but we would give them out. If they asked questions, they got thrown a lollipop or a bag of sweets and it really uplifted the atmosphere of the group afterwards. We got known as the guys who gave out sweets, so everybody wanted to be in the class when we came. It ended it on a positive note which I think was helpful for the young people and also for the schools.

- **More to Do**
  "If the government were to put money into resources to improve areas, crime would fall, less children would engage in illegal behaviour children will feel happier and society as a whole would be happier."

They were desperately worried about the lack of facilities and resources that were available in their area. They were worried about being safe – *"safe places, no drugs, no drink, just give us somewhere to hang out that's safe"*. We heard tales of community halls that you could not get into unless you were part of whatever the group was e.g. basketball and you knew the one who was in charge of the basketball club because that was the only time in the week that the hall was available to young people, that the insurance had closed the hall. It was quite apparent. The interesting thing was that if there was hall freely available and if there was an active youth participation, the kids said things were fine in life with their area and that they were grand. So it is not like they add demand on top of demand. Once they were provided with something like that, we saw a very positive benefit within the communities we were dealing with.

- **Reduce Pressure**
  "School puts people under a lot of stress, if we could be helped with the pressure of exams."

There was a huge worry about stress and exams and the pressure to succeed. We have been hearing this morning - I think it was Mr John Lonergan Governor of Mountjoy - about how we only identify success in very limited terms in this country.

The girls talked about body image, about needing to be beautiful. The boys talked about needing to be successful and that pressure that was put on them and about how difficult that is. In school, the pressure to succeed in exams, they felt that was particularly difficult.

- **Reduce Bullying**
  "There should be more attention given to young people being bullied at school."

There was some discussion around bullying, which again would have been my perception from previous work with young people, that the bullying was there but that it was one of a number of factors and usually in conjunction with others. So it was a feature but not as huge a feature as a lot of the others.

Conclusions: Our conclusions were that we need to:

- Focus on promotion, prevention and treatment to maintain good mental health, prevent mental disorder and to provide services and support for those young people with mental disorders
  - Changing environments in which young people live and work
  - Provide resources for young people to help them to better cope with stress and problems in their lives including info on mental illness such as depression
  - Building relationships with the adult community and promoting a positive profile of young people

Respect was a huge issue that came out, respect for young people and I think it is almost a natural consequence of the lengthening adolescent. We have young people who are in school for years and they are into their mid-twenties before they can be productive. Somewhere along that line they have begun to be seen as not positive and productive people and they feel about that strongly and they want to be involved. If you are doing anything with young people, as Carolyn did, you need to get them to be part of the design and development before you start or else it's a "hands down" and they will try but you will never get the same engagement.

- Reaching the hidden population of young people
  - Finding creative ways to offer treatment services to young people – we are working on that one.
  - Increasing the number of services that are available for 15-17year olds who experience mental health problems – a huge difficulty in this society, the absence of appropriate resource services for this very vulnerable group.
  - Providing more information to young people about help and health services and making these services more attractive to them.
  - Making help and health services more attractive for young people to use

- Further research into
  - The effects of mental health promotion programmes
  - The efficacy of treatment interventions for adolescents who have psychological or psychiatric problems

We need more research and I would concur with that, coming from the National Suicide Research Foundation. It's very hard not to say that. We need to be looking into the effect of mental health promotion programmes and the efficacy. We need to know that what we are doing is working. We need to be asking the young people "Did you like this one?", "Was it okay?", "What would you have done differently?" which is part and parcel of what Carol produced earlier on.

- Involve young people in the development and implementation of ideas.
  - What is meaningful youth participation?
  - Are adults providing services to young people instead of building partnerships with young people to facilitate positive mental health?
  - How can structures within the community and organisations be developed to allow young people to meaningfully participate in the decisions that affect them?

That is what Carolyn Sullivan has gone to in Australia and I would recommend the website **www.rorrt.reachout.com.au**.

The Report is produced in a document. If you would like a copy of it, it can be got from the National Suicide Research Foundation and there is more information in it. It includes a list of websites which we recommend for young people as part of the package in it.

Just one additional point, when we went into the classes, we gave them a resource kit which had information on various difficulties. That was handed out and they came back for more of them. One thing I would say, I asked after every session we did if anybody thought this was a waste of time and nobody did. Now maybe they couldn't say it to me – that's always a possibility! But actually it felt like they were at the stage when they would be telling the truth and they didn't think it was a waste of time.

Thank you.

Fiona McNicholas: Thank you very much, Dr Keeley. I find some of the data that you have reported very alarming and I look forward to asking some more questions afterwards.