



Research Update

Who can I talk to? Self-harm and seeking help among 16 year olds: Changes between 2008 and 2013

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Introduction

Whilst self-harm and suicidal behaviour is an important issue worldwide, Northern Ireland in particular has seen an increase in the suicide rate over the last two decades – especially among young males (Tomlinson, 2007). Collecting evidence and monitoring change on mental health and self-harm is therefore important to inform policy making.

Data on self-harm among young people had been collected in Britain and Ireland, but until quite recently no such data was available in Northern Ireland. In 2008, the Young Life and Times (YLT) survey – a postal survey conducted annually among 16-year olds in Northern Ireland since 2003 - for the first time included questions about self-harm (Davidson, 2014; Schubotz, 2009). The 2008 YLT survey showed that one in ten 16-year olds in Northern Ireland had self-harmed. The survey also showed that a large proportion of young people had negative experiences of mental health service providers. In 2013 these questions on self-harm and help seeking behaviour were repeated, and this Research Update reports the main changes that occurred over this five-year period.



Mental health – a government priority

The Northern Ireland Government has identified the improvement of young people's mental health and wellbeing, including problems like depression, self-harm and suicide as a key priority. According to the *Programme for Government*, part of its priority is to act 'to improve the mental health and wellbeing of our people' (OFMDFM, 2010: 30), and to undertake, 'cross-departmental work to reduce suicides' (ibid: 36). The Government

has been looking at ways to improve the health and wellbeing of young people in schools. This includes measures to help young people who might not do well in school, to stay in school longer. Apprenticeships, learning at sports clubs, youth clubs or music are some of the other ideas (DENI 2012). The assumption is that giving young people chances to learn, to get jobs, and to take part in their community can be just as important as mental health services to help people cope with mental health problems.

However, when local government and health and social care providers are planning services, one issue they think about is also how people seek help when they are self-harming, or thinking about self-harming. One of the direct measures to address self-harm was the establishment of the *Lifeline* telephone helpline, which was launched across Northern Ireland in 2007, and has been running ever since. *Lifeline* was set up to be source of support for people who are experiencing difficult times for whatever reason, as an easy way for people to get help by talking to someone about difficult issues. Some people might prefer to use other sources of support, talking to professionals or people they know. The 2008 YLT survey found that around one in ten respondents who had asked for help in relation to their mental health had rang a telephone helpline.

The surveys

Each year, every 16-year old born in February and March of the survey year who receives Child Benefit Payments is invited to take part in the YLT survey. In 2008, 941 16 year olds responded to the survey (23% response rate). In 2013, 1,367 16-year olds took part (35% response rate). By comparing the 2008 and 2013 YLT surveys, we can see if there has been any change in how young people seek help when they are self-harming, or thinking about hurting themselves.

Mental health

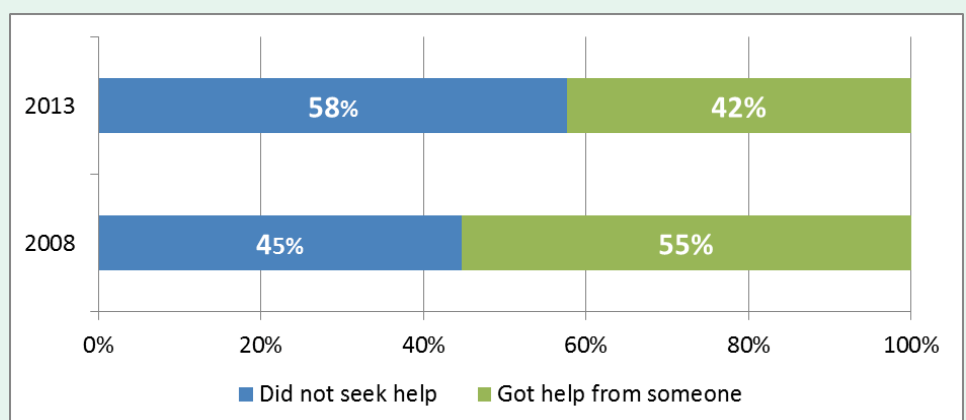
Table 1 shows the percentages of young people in poor mental health, who thought about self-harm, and who actually self-harmed for the two survey years. The Table shows that overall, mental health was slightly worse in 2013 than in 2008. In 2008, around 90% of the young people said they had not self-harmed before. In 2013, this percentage was 87%. In both years, around 5% said they had self-harmed once. In 2008, around 5% said they self-harmed more than once,

Table 1: Levels of poor mental health and self-harm in 2008 and 2013

	Percentage in year*	
	2008	2013
Have you in the past year had any serious personal, emotional, behavioural or mental health problem for which you felt you needed professional help?		
No, I have had few or no problems	74	71
Yes, but I did not try to get professional help	10	10
Yes, and I did ask for professional help	9	11
I have had, or now have, serious problems, but have never felt the need for professional help	7	8
Have you during the past month or past year seriously thought about taking an overdose or trying to harm yourself, but not actually done so?		
No	86	85
Yes, the last time was in the past month	4	5
Yes, the last time was over a month ago, but less than a year ago.	9	7
Have you ever deliberately taken an overdose? (For example of pills or other medication, or tried to harm yourself in some other way, such as cut yourself)		
No	90	87
Yes, once	5	5
Yes, more than once	5	8

* Percentages don't total to 100 because of missing answers

Figure 1: Percentage of 16 year olds who spoke to someone before self-harming



this compared to 8% in 2013. Thus, slightly more 16-year olds reported having self-harmed in 2013. In both years, females were more likely than males to say they thought about self-harm or did self-harm.

Changes in help-seeking behaviour

Whilst Table 1 shows that a marginally

Table 2: Levels of help seeking among people who self-harmed

	2008	2013
Tried getting help (%)		
No	45	58
Yes	55	42
Tried to get help before self-harming from (%):		
Friend	35	25
Partner	15	15
Family	13	13
Other	9	10
Psychiatrist	9	5
Phone helpline	5	3
Teacher	3	2
GP	2	5
Social worker	3	1
Advice Centre	1	1
Total number who self-harmed	94	175

higher proportion of 16-year olds had asked for professional help for serious personal, emotional, behavioural or mental health problems in 2013 (11%) than in 2008 (9%), as Figure 1 shows, the opposite was true for those who had self-harmed. Fifty-five percent of young people in 2008 spoke to someone before self-harming, but only 45% did in 2013. In most cases, there was very little difference in who people talked to for help between the two years. About the same percentage of people talked to boyfriends and girlfriends (15%), family (13%), or other sources of help (9-10%) in the two years (Table 2).

Slightly fewer people used telephone helplines (5% in 2008 compared to 3% in 2013), and less people said they talked to a psychiatrist or psychologist (9% in 2008 compared to 5% in 2013). The main reason for the change was that young people in 2013 did not talk to their friends about the fact they were thinking about self-harming.

Table 2 shows that young people were less likely to talk to someone about self-harming in 2013 compared to 2008. In both years, talking to friends, family and partners was the most common source of help, while very few people tried contacting helplines. This would suggest that personal conversations remain the most important source of help for most people. While telephone helplines provide an important service, and helpline providers report increased volumes in contacts made (NSPCC 2013), the YLT surveys suggests that the message about the support they can provide might either not be reaching a large proportion of young people, or young people prefer other sources of support. It is also surprising that there has been little change in the use of other sources of support. Internet availability has improved since 2008, so we could have expected this to change more. This might again indicate that personal conversations are the first way people seek help, rather than searching for sources of support.

More in-depth research would be required to ascertain whether people who used helplines (or other sources of support) decided not to self-harm because of that support.

Discussion

The results of the YLT surveys in 2008 and 2013 tell us that things have changed for young people who self-harm. Overall, there was a slight increase in the number of 16-years olds who said they self-harmed over time. A much smaller percentage had talked to somebody or tried to get help before self-harming. There was no real change in seeking help from girlfriends or boyfriends, family or from other sources of help, but there was a large drop in the number of young people who talked to their friends.

Sixteen-year olds in 2013 might have felt more ashamed of talking about self-harming with their friends than 16-year olds in 2008. People can worry that talking about self-harm makes them sound 'mad', or worry that their friends would not understand or would not want to help (Fortune, Sinclair and Hawton, 2008). There could have been a change in the way self-harm and suicidal behaviour is talked about in schools, in TV shows, in the news or on the internet, and could change how comfortable people are talking to friends about thoughts of hurting themselves. The way suicide and self-harm is discussed does influence what people do (Sisask and Värnik, 2012). It is important to understand why young people are not getting help before self-harming. Stress in school, bullying, poor mental health, and problems at home can lead some people to begin self-harming; talking to other people can help to cope with these problems, and can also find ways to solve problems and change things for the better.

It is important that telephone helplines are there to provide a source of support,

particularly if people feel there is nobody else they can turn to; but this study found that most self-harming young people do not use helplines for support, but are much more likely to confide in other people. However, the fact that young people in 2013 are talking less to their friends about self-harm, but have not started looking for support from other sources means that more work needs to be done to show young people that, even if they cannot talk to their friends about how they are feeling, there are other ways to get support.

A recent policy and research review and Round Table discussion on mental health services for young people (Schubotz and McArdle 2014, p. 7) concluded that whilst effective services are necessary for young people suffering from mental illness, a better use of resources requires a universal approach and a shift from suicide prevention strategies towards strategies

for developing flourishing young people. The evidence from the YLT survey which shows a decrease in help-seeking for the 5-year period emphasises this assessment.

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Key points

- Slightly more 16 year olds report having self-harmed in 2013; mainly because some reported self-harming more than once
- It was less common for people to seek help or talk about problems before self-harming in 2013
- While help from professionals or phone helplines stayed about the same, the main reason for the change in help seeking was that people weren't talking to their friends about self-harming

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