Journal of Affective Disorders 159 (2014) 46–52

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research report

Adolescent self-harm: A school-based study in Northern Ireland

Rory C. O'Connor [a,*], Susan Rasmussen [b], Keith Hawton [c]

[a] Suicidal Behaviour Research Laboratory, Institute of Health and Wellbeing, University of Glasgow, Mental Health & Wellbeing, Academic Centre, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH, United Kingdom
[b] University of Strathclyde, United Kingdom
[c] University of Oxford, United Kingdom

ARTICLE INFO

Article history:
Received 23 December 2013
Received in revised form
5 February 2014
Accepted 6 February 2014
Available online 15 February 2014

Keywords:
Self-harm
Adolescents
Conflict
Self-esteem
Anxiety
Social media

ABSTRACT

Background: The prevalence of adolescent self-harm in Northern Ireland (NI) and its associated factors are unknown. Given the established relationship between conflict and mental health, and NI's recent history of conflict, it is important to investigate the factors associated with self-harm in NI. This study aimed to determine the prevalence of self-harm in NI adolescents and the factors associated with it, including exposure to the NI conflict.
Methods: Observational study of 3596 school pupils employing an anonymous self-report survey. Information was obtained on demographic characteristics, lifestyle, life events and problems, exposure to the NI conflict, social and internet influences, and psychological variables.
Results: Self-harm was reported by 10% of respondents. In univariate analyses, exposure to the NI conflict was associated with self-harm alongside established risk factors. In multivariate analyses, bullying and exposure to self-harm were associated with lifetime self-harm in both girls and boys. Alcohol use, drug use, physical and sexual abuse, and self-esteem were also associated with self-harm in girls. In boys, absence of exercise, sexual orientation concerns, anxiety and impulsivity were additional risk factors. The internet/social media and the self-harm of others were also key influences.
Limitations: This is a cross-sectional study.
Conclusions: The rate of self-harm was lower than elsewhere in the UK/Ireland. The study highlights the factors which should be considered in terms of risk assessment. In addition to established risk factors, the findings suggest that more research on the legacy of the NI conflict as well as the influence of new technologies warrant urgent attention.

© 2014 Elsevier B.V. All rights reserved.

1. Introduction

In the UK and Ireland, self-harm in adolescents represents one of the leading causes of admission to hospitals, and consequently is a major public health and social problem (e.g., O'Loughlin and Sherwood, 2005; Hawton et al., 2012). Indeed, past self-harm is one of the best predictors of future self-harm and completed suicide (Owens et al., 2002). In the present context, self-harm is defined as any act of self-injury irrespective of degree of suicidal intent or other motivation.[1] Moreover, hospital-treated self-harm only represents the tip of an iceberg; most adolescents who self-harm do not present to hospital following an episode of self-harm (Hawton et al., 2009). Irrespective of the motive(s) that underpins self-harm in adolescents, it is important to recognise that it signals significant distress.

Much research has highlighted the characteristics of those individuals who present to hospital following self-harm (e.g., Cloutier et al., 2010; O'Connor et al., 2012; O'Connor, 2011; Hawton et al., 2012). However, there are relatively few large-scale studies of adolescent self-harm in the community (Hawton et al., 2012). Such studies are of particular value in understanding the issues faced by adolescents (O'Connor et al., 2010, 2012), especially given that most who self-harm do not enter a clinical setting (Appleby et al., 1996; Hawton et al., 2009). They can assist in the identification of adolescents at risk and the development of prevention programmes.

The present study employs similar methodology to that used in the Child and Adolescent Self-Harm in Europe (CASE) Study, which is the largest international study of self-harm in adolescents in which the same method of recording self-harm has been

* Corresponding author. Tel.: +44 141 211 3924.
E-mail address: rory.oconnor@glasgow.ac.uk (R.C. O'Connor).

[1] Although there has been a move, primarily in the USA, to dichotomise self-harm into non-suicidal self-injury and suicide attempts, consistent with the UK's National Institute for Health and Care Excellence (NICE)'s clinical guidance on self-harm, we employ the term self-harm to describe all forms of self-injurious behaviour irrespective of suicidal intent (National Institute for Health and Clinical Excellence, 2011). See Kapur et al. (2013) for discussion of this issue.

http://dx.doi.org/10.1016/j.jad.2014.02.015
0165-0327 © 2014 Elsevier B.V. All rights reserved.

employed. This methodology has already been employed in eight countries (England, Republic of Ireland, Scotland, The Netherlands, Belgium, Norway, Hungary and Australia; Madge et al., 2008). The most recent administration was in Scotland (O'Connor et al., 2009a), using an adapted version of the CASE questionnaire, where similar rates of self-reported self-harm were found in Scotland (13.8%) as had previously been reported in England (13.2%, Hawton et al., 2002). In addition, as in other European countries, girls were approximately three times more likely to report self-harm than boys. Although previous research from the CASE Study has shown a similar rate of adolescent self-harm in the Republic of Ireland (12.2%; Morey et al., 2008) no such study has been conducted in Northern Ireland. Consequently, the first aim of this study was to determine the prevalence of self-reported self-harm in adolescents in Northern Ireland and to compare this with elsewhere in UK and Republic of Ireland.

The CASE studies confirm past research on clinical samples which suggest that risk factors for self-harm fall into two main clusters: (i) environmental or psychosocial factors which can be thought of as external influences and adverse life events, and (ii) psychological factors which include personality and psychological characteristics (de Wilde, 2002). In addition, social influences, such as family and friends' self-harm, are strongly associated with adolescent self-harm (Hawton et al., 2002; O'Connor et al., 2009a, 2009b). It is not clear whether the same risk factors are associated with self-harm in Northern Ireland. Given that Northern Ireland has recently emerged from decades of conflict ("The Troubles", Edwards, 2011) and there is an established relationship between the Northern Ireland conflict and mental health (e.g., Bunting et al., 2013), it is important not to simply extrapolate findings from elsewhere in the UK to Northern Ireland. Consequently, the second aim of the present study was to investigate the relationship between exposure to "The Troubles" as a risk factor for self-harm in addition to the established risk factors.

Finally, although there is some evidence of a link between the internet/social media use and adolescent self-harm, recent reviews highlight the need for more high quality research to better understand this influence (Daine et al., 2013; Messina and Iwasaki, 2011). Therefore, the third aim of the study was to determine the extent to which adolescents who had self-harmed reported that the internet/social media had influenced their self-harm.

2. Method

A total of 3596 school pupils (1711 female, 1882 male, 3 respondents did not indicate their gender) were recruited from 28 secondary schools in Northern Ireland in 2009 as part of the Northern Ireland Lifestyle and Coping Survey. All pupils were in secondary years Year 11 and Year 12 and in classes in which 90% were aged 15–16 years. The mean age was 15 years (SD=0.69) and this did not differ significantly between the boys and the girls. A random sample of 70 of all the secondary schools in Northern Ireland was invited to participate and 28 schools agreed. Of the 28 participating schools, there was representation from across the Health Boards (Eastern=7 schools; Northern=10 schools; Southern=6 schools; Western=5 schools), from urban (n=21) and rural (n=7) locations, and from schools with different free meal eligibility rates (12 schools had less than 17% of pupils eligible for free meals and 16 schools had more than 17% of pupils eligible for free meals). There was also representation of schools of all management types (Catholic/Other maintained [n=10], Controlled [n=10], Controlled integrated/grant maintained [n=2] and Voluntary Catholic/Other [n=6]). The sample of adolescents was broadly representative of the target populations in terms of school type, ethnic minorities, educational attainment and socioeconomic deprivation. Consistent with the 2011 Census (98.28% of Northern Ireland population is White), 98.09% of the sample was White.

The total sample of adolescents represented approximately 80% of those eligible to participate. Timetable constraints and absenteeism were the main reasons for non-participation. Ethical approval was obtained from the Psychology Department's ethics committee at the University of Stirling. Parents were informed of the project by letter and asked to notify the school if they did not want their child to participate. Two or three weeks before data collection, the nature of participation was explained in detail to the teachers. On the day of participation, pupils were given the choice of opting out and not participating. Respondents completed a modified version of the Child and Adolescent Self-harm in Europe (CASE) Study questionnaire, which also included questions on the Northern Ireland conflict ("The Troubles") and the influence of the internet/social media. This was an anonymous self-report questionnaire that took approximately 30 min to complete. Completion of the survey was completely confidential and following completion, each anonymous questionnaire was sealed in an envelope by the respondent, only to be opened by the research team.

2.1. Measures

The questionnaire included items on demographic characteristics (gender, age, ethnicity), lifestyle (smoking, alcohol/drug use and exercise), life events and problems, exposure to "The Troubles" (see below), social influences, internet influences, psychological variables and self-harm. Self-harm was recorded if a respondent answered "yes" to the following question: "Have you ever deliberately taken an overdose (e.g. pills or other medication) or tried to harm yourself in some other way (such as cut yourself)?" Respondents were also asked to provide a description of the act, its consequences and to endorse the motive behind the act. For the main analyses we did not use the description to classify the act as self-harm because excluding those who chose not to write a description might yield an underestimate of prevalence, as some respondents deemed describing the act as too personal and painful. In addition, after answering questions about social and internet influences, the young people were asked to describe how they were influenced. These responses tended to be brief and selected quotations are presented verbatim.

Six questions (e.g., "Were you a victim of any violent incidents because of the Troubles?") were used to assess experience of "The Troubles" (Muldoon and Downes, 2007). Other measures recorded mood (depression and anxiety), assessed via the Hospital Anxiety and Depression Scale (HADS; Zigmond and Snaith, 1983), impulsivity (6 items from the Plutchik Impulsivity Scale; Plutchick et al., 1989), self-esteem (8-item version of the Self-Concept Scale; Robson, 1989) and perfectionism (the brief version of the Child and Adolescent Perfectionism Scale, O'Connor et al., 2009; Flett et al., 1997).

2.1.1. Statistical analyses

A series of univariate logistic regression analyses and Chi-square tests was conducted to test the association between self-harm and associated variables and to determine entry into the multivariate analyses. In the univariate logistic regression analyses, to adjust for potential clustering effects, the Huber-White sandwich estimator method using logistic regression within the complex samples procedure in SPSS 19 specifying school as the clustering variable was used. Stata 12.1 was used to conduct the multivariate logistic regression analyses, adjusting standard errors for within school clustering. A forced entry model was run to determine the factors that significantly distinguish those with

Download English Version:

https://daneshyari.com/en/article/4186025

Download Persian Version:

https://daneshyari.com/article/4186025

Daneshyari.com