Youth Self-Harm and Suicide

A Prevention Handbook 2018

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Introduction to youth self-harm and suicide

Suicide and self-harm in the youth of Ireland is receiving an increasing amount of coverage over the last number of years, and with good reason. Unfortunately, Ireland is one of the most severely affected countries in the EU in this regard. While there is some recent cause for very cautious optimism, there is much work yet to be done.

While depression and self-harm is far more common in females than males, completed suicide remains far more common in males. In the past, one of the explanations given was that while females were more open about describing their feelings, males tended to "bottle them up", and often resorted to drugs or alcohol to deal with their emotional distress. However, recent work done by the HSE has shown that drug and alcohol misuse is at least as prevalent in teenage females as males, suggesting that we have to look elsewhere for reasons.

While the suicide rate is a very important indicator, by no means does it tell the whole story. The rates of depression in young people are extremely important, because the level of impairment which depression causes can be marked, preventing young people from reaching their potential, and affecting them emotionally, academically and socially.

The issue of self-harm has certainly generated much discussion over recent years, with some research suggesting that children as young as seven years old can engage in such activity. While this is very much the exception, it nonetheless backs up the impression that self-harm in young people is happening at a younger age, and appears to be more widespread. There are many reasons why people engage in self-harm, and it would be wrong to assume that everybody who engages in self-harm is suicidal, and equally it would be incorrect to assume that everybody who engages in self-harm is depressed. Nonetheless, it does represent a worrying act because of its associations.

The most common forms of serious self-harm are cutting (particularly to the arms, but less frequently to the legs, abdomen and torso) or poisoning (particularly with over-the-counter medications), and choking/hanging (which is more common in completed suicides).

Underlying causes of Youth suicide and self-harm

Much work has been done to try to clarify the reasons why young people kill themselves. We know that young people who are depressed are more likely to go on to complete suicide, but it is important to state that it is still only a relatively small percentage. It is also the case that drug and alcohol misuse is certainly more common in those who die by suicide.

Drugs and alcohol tend to have a two-fold effect. The first is that they, in time, act as a depressant, making low mood more likely. The second is that they tend to decrease inhibitions, and therefore remove the internal controls whereby one prevents oneself from engaging in self-harm or suicide. It is also important to be aware that drug and alcohol misuse can be a marker, in any young person, for increasing levels of unhappiness or distress. It is not unusual for those who are unhappy to turn to drugs or alcohol to give themselves a lift, but, as has been mentioned, the effect is short lived and is replaced by a further deterioration in mood.

When young people self-harm, they give a variety of reasons, but certain themes quickly emerge. The most common of these is the break-up of a relationship, or other peer difficulties.

Another common situation is difficulties at home within the family, and such difficulties can either be of longstanding duration or acute. Less frequently young people describe a build-up of pressure, either academic or otherwise, which generally leads to mounting levels of tension and stress and a feeling that a young person cannot cope. If this happens in the context of a personality which is somewhat perfectionistic and rigid in nature, where a young person does not allow themselves the option of “failure”, the result can be catastrophic because a young person’s problem-solving competence in such situations becomes significantly impaired, as does their list of possible remedies.

This issue of problem-solving difficulties is a recurrent one in young people because in many cases of self-harm a young person’s ability to generate an alternative solution is defective. This happens for a variety of reasons.

The first of these is that, for many young people, their ability to put words to their feelings is at a relatively undeveloped stage. Even though we live in an age where

psychological terminology is far more part of the common usage than it was in the past, there is still often a gap between a young person's awareness of the meaning of a term and their ability to apply it to their own situation.

Young people discover, as this ability improves, that they can develop some sense of control by being able to articulate their own internal world, and their developing capacity for abstract thought allows them to discuss these topics in a different way. It is also important to remember that our brains work in a way that makes it more difficult for us to think creatively and flexibly about a difficult situation if we are emotionally aroused. Our ability to generate solutions, to estimate risk, to predict the responses of others, and to manage ourselves through such difficult situations is never as good when we are agitated or distressed as when we are calm. We tend to "catastrophise" whereby we imagine the worst possible outcome and therefore react, which can involve self-harm.

Self-harm also develops as part of an on-going pattern. While it may start in a situation where people feel acutely distressed, it often becomes a means of regulating one's levels of discomfort. Hard though it is to believe, young people who cut themselves while highly distressed describe, not a sense of pain, but a sense of relief. There are many theories as to why this may happen, but fundamental to understanding this dynamic is to realise that, for a young person, cutting themselves may not always be a painful or a distressing act.

Essentially, young people harm themselves (either by cutting or by overdosing, or by drug or alcohol misuse) to get rid of unpleasant feelings. It can create a cycle whereby they believe that the only way to get rid of such feelings is to carry out that specific act, and a pattern ensues. That is the reason why many people who harm themselves on one occasion go on to repeat such an act. It is by no means always a suicidal gesture, and while a very unhelpful way of coping, must be seen in context. In this regard, cutting is the most common method of self-harm which becomes repetitive.

Overdoses tend to be more serious, and are far more likely to have lethal intent. Hanging and choking are almost always lethal with respect to intent and must be taken very seriously. The one exception to this is that many young children, either in their early teens or perhaps younger, can engage in either breath-holding or asphyxiation games in order to induce an altered state of consciousness. While this does not,

generally, have lethal intent, it is quite likely that, in situations where people carry this out alone (by using a ligature) they may be unable to release the ligature in time, and this has led to loss of consciousness, and even death.

Cyber Bullying

One of the reasons frequently given by young persons who harm themselves is social exclusion by peers or indeed overt bullying. Traditionally, this took the form of either physical aggression or a form of relational victimisation whereby a young person was in some way excluded or teased. With the dramatic increase in communication technologies, the means by which this can be perpetrated have increased, in a way which is extremely difficult to monitor.

Under the umbrella term of cyber bullying come a variety of forms of victimisation which include the use of mobile telephones and computers.

These include abusive messages, spreading rumours, posting photographs either via mobile phone or on social network sites. A further and sinister development is the filming of physical aggression perpetrated on the young person and its transmission to others.

It is extremely difficult to police these forms of communication, in many ways because the technological awareness of teenagers is often far ahead of that of their parents.

In addition, while previously there was just one telephone in a house, and nobody would dare ring after 9.00 p.m. or so, young people with mobile phones or computer access can be busy communicating well into the early hours, when others are asleep. One of the dreadful consequences of being the victim of such bullying is the fact that ‘nowhere is safe’. While previously one knew where to avoid, the sense of vulnerability as a consequence of being cyber bullied is much greater.

It is extremely important that young people learn both how to protect themselves and also to report victimisation of others. What can appear to be a “prank” or “teasing” can be highly distressing and has certainly lead to numerous episodes of self-harm, and indeed worse.

Suicide Clusters

Suicide clusters are a recent phenomenon, and cause tremendous concern. With the mushrooming of reality television has come a level of exhibitionism which was previously not in evidence. It has led to a situation where many vulnerable young people lay bare their inner-most thoughts and emotions for an audience, particularly when distressed.

When one adds to this the possibility of networking with other like-minded individuals on the internet, one can see very clearly how suicide clusters can form. While there are still a number of extremely worrying situations where friends will engage in some sort of suicide pact, the geographical dispersal of those involved in internet-based suicide clusters makes it extremely difficult to penetrate and to prevent.

Again, as with cyber bullying, because of the technological awareness of teenagers compared with most adults, the only way of monitoring such situations is by being able to address these topics in a very open way where young people are not blamed for the sites they frequent, in order that they can feel safe to disclose things that particularly concern them.

It is also true that, albeit rarely, clusters can develop in a single geographic location. It tends to be among a disaffected peer group, and it is often facilitated by drug and alcohol use. It is certainly the case that, with any situation where a young person dies by suicide, the level of suspicion must be high that others may be considering the same thing. In such situations, one finds that groups of youths tend to cluster together, and it feels as if adults are excluded.

Nonetheless, what does often happen is that, while teenagers may not talk to adults about their feelings, they certainly may talk about others within their group, and by networking together, a group of concerned adults (including teachers, parents, youth leaders etc.) can build up quite a detailed picture of the various levels of vulnerability within the group.

Furthermore, in the wake of such bad news, a sense of unresolved loss in others may often be triggered, and therefore the index of suspicion among others, not intimately connected with the core group, must still be high. In such situations, the National Education Psychology Service has a very coherent plan for how best to manage a

situation within a school setting, and schools or other Youth organisations are often well advised to seek outside advice on how to manage such situations.

It is a time of intense vulnerability and anxiety, particularly among adults. The tendency for young people to idealise the deceased is very common, and, because one is always so reluctant to speak ill of the dead, it is very difficult to challenge. In time, such intense feelings diminish, but vigilance must remain high for those who continue to show depressive features.

Warning signs and behavioural changes

While suicide is, by its nature, a terminal act, one must be vigilant for the tell-tale signs of a lowering of mood or of other at-risk behaviours. Unfortunately, not every incident of suicide can be predicted, as, even with the benefit of hindsight, it appears clear that some young people tragically kill themselves in an impulsive manner which could not have been foreseen, even by their nearest and dearest. However, it makes it all the more important that we pay very close attention to signs of depression or increasing impulsivity which can lead to timely interventions where appropriate.

Depression is a condition which previously had been considered unusual in teenagers and vanishingly rare in pre-teens. We now know that the incidence of depression, while uncommon, is very much a concern in pre-teens, and rising through adolescence. It is more common in girls than boys, and its incidence increases with age, until it reaches adult levels.

Depression is characterised by low mood, increasing irritability, social withdrawal, poor concentration, and is often accompanied by alterations in sleep pattern and appetite. The thinking patterns which are common in depression are self-critical, finding fault with many things, pessimistic regarding the future and discounting anything which may appear to be of value or benefit to the person. Essentially, it is the very opposite of “rose tinted glasses”.

While most cases of depression are mild to moderate, and resolve within a month or two, some cases become more serious. Teenagers with depression create difficulties for themselves by virtue of their irritability, their deteriorating school performance, their social withdrawal and their resultant behavioural difficulties and lack the flexibility to get themselves out of such situations, because of their low mood.

Therefore they can become alienated from family, and sometimes from their friends.

For teenagers, who take so many of their values and their points of reference from their peer group, to fall out with friends, particularly when they have already fallen out with their families, causes huge difficulties, thereby perpetuating and indeed deepening the cycle. In such cases, particularly when teenagers become agitated and angry, self-harm is often an accompanying concern.

One can see, for such teenagers, how drugs or alcohol might offer a temporary reprieve. Nonetheless, it remains that most episodes of drink and drug use by teenagers is of an experimental type, at least initially, and then often part of a peer activity. It is certainly not the intention to make excuses for it, but merely to point out that it is common, and it is usually not associated with mental illness.

Many teenagers, especially boys, are quite impulsive by nature. This can often be seen in the context of young people with ADHD (Attention Deficit Hyperactivity Disorder) but is not restricted to this. For such teenagers, who struggle with deferred gratification, the likelihood of an impulsive act of self-harm is greater than for the general teenage population.

While in some ways such acts are more easily excused, and indeed occasionally explained away because of the impulsivity, when one thinks further about it, one realises that the level of impulsivity actually makes it more difficult to plan prevention strategies compared to those whose acts of self-harm are the result of the more protracted planning.

Basic guidelines on how to help

When an adult becomes aware of a young person's emotional distress or their self-harm, it comes about either because an adult has, through vigilance or information received, developed an opinion that a young person is at risk, or else a young person has taken the initiative in discussing their concerns with an adult.
Firstly, it is worth considering what the qualities are in an adult that makes a young person feel they can confide in them.

Tolerant and accepting

The issue of stigma regarding psychological difficulties is one which has been widely discussed, and is very much seen as a barrier to intervention. Young people are far more likely to approach those whom they know have a tolerant and accepting attitude towards psychological difficulties rather than those whom they perceive to be disparaging or intolerant of such problems. Therefore, the way in which one discusses or talks about psychological problems already sets the scene for whether or not a teenager is likely to approach in case of difficulties.

Respect

Another significant point is the central importance of the respect which the adult shows to the young person. It cannot be over emphasised that for a young person to describe their own internal world at a time when they feel close to crisis takes a huge amount of courage, and the response of the adult is crucial.

Not judging or trivialising

The most important aspect is to listen carefully and calmly without judging and without jumping to conclusions. Not only must the adult respect the young person, but they must also respect their account of their difficulties. In other words, one cannot trivialise the symptoms, cannot say, in a dismissive way, that everybody experiences such symptoms, or indeed that the young person has much to be thankful for and aren't there those who have much greater difficulties.

Allow the young person to talk

It is not a time, when listening to a young person's story, for drawing premature conclusions or cutting them short. The young person is the expert in their own story. It is also worth remembering that young people, in describing such symptoms, may not always feel ready to describe their most pressing concerns, and often, especially if there are particular on-going stressors, may provide a "test case" of such difficulties in order to see how the adult responds.

Don't guarantee confidentiality

In situations where young people describe episodes of abuse, either physical sexual or emotional, it is absolutely critical that the adult does not give a guarantee of confidentiality to the young person, however much the young person seeks it. To do so, while often based on compassionate grounds, serves to compromise the adult, to undermine the rights of the parent, and indeed on occasion to thwart due process (when the issue is more appropriately dealt with by the civil authorities).

Listening

In a situation where an adult forms the impression, either from their own observations or from information passed on from others, that a young person is particularly low in mood, or at risk of self-harm or indeed suicide, an approach needs to be made to the young person.

It may well be that the adult who has formed the impression is the best person to do so, or perhaps there is another adult with a more developed relationship with the young person who might be more appropriate. In either event, once the initial approach is made, the importance of listening empathically and without judgement to the young person's answers is critical.

Discussion does not cause suicide

There is a diminishing, although unfortunately still prevalent, mistaken belief that discussing the topic of suicide is merely implanting this into the young person's mind. This is not true.

It is important that, in situations where it appears that it needs to be asked, the adult does not shy away from asking very specifically about whether or not the young person feels their life is no longer worth living, whether or not they have in any way harmed themselves in the past, or whether they have plans to do so in the future. It is crucial that the adult can tolerate the young person's distress, because this is very containing and comforting for the young person.

Under 18s

In either event, if one is dealing with a young person under the age of eighteen, it is essential that the young person's parents be first informed. The one exception to this is if there are sufficient grounds for concern that a young person has been the victim of some form of abuse at home and that his or her parents may not have the young person's best interest at heart, then one should approach the civil authorities, most often the HSE Child Protection Team.

Getting support

However, in the more usual situation, it is important that young people can be reassured, in so far as possible, that their feelings are both validated but also that help is available, and that advice can be given on whom to contact.

In situations where there is a level of unhappiness without any concern regarding self-harm or suicide, then there may well be people locally, either within schools, youth clubs or other organisations, who can support the young person. If there are concerns regarding self-harm or significantly lower mood, then parents are best advised to discuss matters with their family G.P. who will know both the family history and also the range of appropriate local options.

Summary

It is important to remember that as many as one in four of the population at some point will experience symptoms of depression, and that as many as 10% of children and adolescents will experience impairing psychological symptoms during their childhood years, so these things are by no means uncommon. It is also the case that, for the vast majority, a full recovery is achieved.

However, there are those whose symptoms are severe and impairing who may need quite active intervention in order to allow them to return to their normal activities and regain their developmental trajectory. It is also important to remember that, in many situations, mental health difficulties may not be preventable.

The most important aspect is how they are dealt with and this is the hallmark of

mature organisations, whereas the less evolved organisations, and by this I include families, schools, clubs etc., have a tendency to disregard any such difficulties, assuming that these things could not happen to them, thereby ignoring them and preventing the appropriate interventions where necessary.