Doyle, L. (2018) Attitudes towards self-harm and its prevention: The views of those who self-harm and their peers. *Journal of Child and Adolescent Psychiatric Nursing*, DOI: 10.1111/jcap.12186

Abstract

Problem: Adolescent self-harm is a common phenomenon however little is known about young peoples' attitudes towards self-harm and what they believe can be done to prevent it. This study aimed to identify adolescents' attitudes about self-harm and their perspectives on preventing it.

Methods: A cross-sectional anonymous survey was administered to 856 post-primary school students across 11 schools in Dublin, Ireland. Attitudes towards self-harm were captured through a five-item scale and views on prevention of self-harm were captured through an open-ended survey question. Responses from those who self-harmed and those who did not were compared to identify differences.

Findings: Significant differences were identified between those who self-harmed and their peers. Those who self-harmed were less likely to believe that self-harm was carried out to get attention or was a result of loneliness or depression; they were more likely to believe that self-harm was impulsive. Findings demonstrated that the majority of young people believed that self-harm could be prevented and a number of preventative strategies were identified.

Conclusions: It is important that the views of adolescents are incorporated into the design and delivery of youth-friendly services and that there is a focus on increasing awareness of the youth-orientated services that currently exist.

Keywords: self-harm, attitudes, prevention, adolescents, peers.

Background

Self-harm in adolescence, defined here as self-injury or self-poisoning regardless of suicidal intent (Kapur, Cooper, O'Connor & Hawton, 2013) is a significant public health problem internationally and can have serious implications for the long-term mental health of young people, particularly when self-harm is repeated (Moran et al., 2012; Zahl & Hawton, 2004). School-based studies identify that 1 in 8 adolescents report a lifetime history of self-harm in

Ireland (Doyle, Treacy & Sheridan, 2015) with similar rates reported internationally (Madge et al., 2008). Hospital treated self-harm also peaks in adolescence (Griffin et al., 2017). Self-harm in adolescence occurs more commonly in females than males at a ratio of approximately 3:1 with self-cutting presenting as the main method of self-harm in non-clinical samples of young people (Doyle et al., 2015; Madge et al., 2008). School-based studies have identified that professional help is not commonly sought by young people who self-harm (Doyle et al., 2015; Ystgaard et al., 2009) thereby strengthening the case for increasing understanding about self-harm in the community and developing community-based supports for young people in distress.

Self-harm is often a misunderstood phenomenon and this lack of understanding can contribute to the development of negative attitudes and stigma towards those who self-harm (Newton & Bale, 2012). A number of studies have identified problematic attitudes towards those who self-harm on the part of health professionals, which in turn can have an impact on care provision (Doyle, Keogh & Morrissey, 2007; Karman, Kool, Poslawsky & Van Meijel, 2015; Saunders, Hawton, Fortune & Farrell, 2012). Successful interventions for young people who self-harm are dependent on improved understanding of self-harm and attitudes towards those who self-harm (Fortune, Sinclair & Hawton, 2008a). However, while there are a number of studies that have explored healthcare staff attitudes towards self-harm, there are very few which report on the attitudes young people themselves hold. This is important to determine as young people who self-harm are more likely to seek help from their peers, who themselves are more likely to engage in self-harming behaviour (Doyle et al., 2015; Ystgaard et al., 2009). Furthermore, while there has been increased focus on the prevention of suicide in recent years, very few studies have explored young people's views on the prevention of self-harm specifically. Those that have identify that young people believe families, peers and schools have a more important role in the prevention of self-harm than external agencies and

ultimately highlight the importance of having someone to talk to (Fortune et al., 2008a; Berger, Hasking & Martin, 2017).

The aim of this study is to identify adolescents' attitudes about self-harm and their perspectives on preventing self-harm. The specific objectives were:

1. To examine attitudes towards self-harm among young people and to determine if there were any differences between those who self-harmed and their peers;
2. To report the views of young people on how self-harm can be prevented and to identify any differences between those who self-harm and their peers.

Methods

Measures

A cross-sectional survey design was utilised in this study. The data collection instrument was the 96-item anonymous self-report Lifestyle and Coping survey, a standardised and validated tool which was developed by for use in the Child and Adolescent Self-harm in Europe (CASE) study, an international multi-site study of self-harm (Madge et al., 2008). The survey measured items relating to demographics, lifestyle, life events, social support and mental health including self-harm. Permission to use the survey was obtained by the co-ordinator of the CASE study. The main focus of this present study was to report on the prevalence of self-harm and associated factors in this cohort, the findings of which are reported elsewhere (*reference withheld*). This paper focuses exclusively on two items reported in the survey. The first item focused on eliciting attitudes towards self-harm. Participants were presented with five statements about young people who harm themselves and asked if they agreed or disagreed with the five statements or if they did not know (Table 1). The second item reported on in this paper focused on an open-ended question asking for all participants' views on what they thought could be done to prevent young people from feeling as if they wanted to

harm themselves. Open-ended survey questions can be a valuable tool for qualitative data gathering in a survey and this open-ended question provided all participants with the opportunity to provide their opinions on the prevention of self-harm in their cohort.

Sample and Procedure

Recruitment for this study was undertaken in post-primary schools in Dublin, Ireland where a representative range of schools across the sample area was sought. In total, 11 schools participated representing areas of low, mid and high socio-economic disadvantage comprising single and mixed gender schools. Recruitment focused specifically on transition year and fifth year classes, which are years 4 and 5 of post-primary school, and the participation rate across schools varied ranging from 54% to 85% with an average of 73%. A total of 856 students across the 11 schools participated in this study, of which 51.2% were male and 48.8% female. The age range of participants was 15-17 years and the majority (50.2%) were 16 years. Ethical approval to undertake the study was granted by the Human Research Ethics Committee of the Faculty of Health Sciences, University College Dublin and both written student assent and parental consent was required to participate in this study.

Analysis

SPSS for Windows Version 22.0 was used to analyse the quantitative data. Descriptive statistics were run to identify participants' attitudes towards self-harm. Pearson's chi-square test for independence was calculated to explore any attitudinal differences between the proportion of those who self-harmed and those who did not. Standardised residuals, which are a measure of how significant cells are to a chi-square value, are reported to make it possible to identify which cells are contributing most or least to the significance value.

Residuals of + or – 2 represent greater or less than expected frequencies.

Responses to the open-ended question eliciting what participants thought could be done to prevent self-harm were analysed using conventional qualitative content analysis which is the

subjective interpretation of text data by assigning codes and identifying themes (Hsieh & Shannon, 2005). Individual responses were read and re-read to allow immersion in the data following which specific words and phrases were highlighted to capture key concepts relating to self-harm prevention (Hsieh & Shannon, 2005). Labels for codes were generated from these specific words and phrases and codes were then formulated into categories which were reflective of a number of related codes. Following a further level of analysis, categories were refined to comprise a final list of 7 thematic categories for those who self-harmed and 8 categories for those who had not, which reflect participants views on how they feel self-harm might be prevented. Participants' responses were also quantified to identify the extent of responses. Responses to this open-ended question ranged from one word to full paragraphs with most participants writing 3-4 sentences. A number of participants reported more than one way to prevent self-harm and in these instances, all responses were coded. Quotes from participants are provided in the findings section to illuminate the data.

Findings

Attitudes toward self-harm.

Participants were asked whether they agreed or disagreed with five attitudinal statements about young people who self-harm. Encouragingly, as seen in Table 1, the strongest level of agreement was with the statement 'most young people who harm themselves could have been prevented from doing so' with 66% (n=559) agreeing with this. A majority of participants also agreed with the statement that most young people who harm themselves are lonely and depressed (65%, n=553). However, there was a general uncertainty and a lack of agreement about the remaining three statements.

Insert Table 1 here

Attitudes toward self-harm: comparison of those who self-harmed and those who did not.

There were significant differences in three of the five of the attitudes towards self-harm between those who had self-harmed and those who had not, although the effect sizes were small. Table 2 reports the three attitudinal statements where significant differences were evident in the level of agreement or disagreement between the groups. The standardised residuals are presented in parenthesis to indicate exactly where the significant results are found. It is clear from the findings that those who had engaged in self-harm were more likely to disagree that it is related to loneliness and depression, more likely to believe that self-harm is impulsive and less likely to believe that young people who engage in self-harm are looking for attention. There was no significant difference in the proportion of participants who believed that most young people could be prevented from engaging in self-harm or in the proportion of participants who believed that most young people who self-harm are suicidal.

Insert Table 2 here

Prevention of self-harm

It was promising that the highest level of agreement around attitudes towards self-harm was that it could be prevented. The open-ended survey question facilitated an exploration of the views of young people on how best self-harm might be prevented. Of the 856 participants who completed the survey, responses to the open-ended question on prevention were received by 62% (n=527). Of the 103 participants who self-harmed, 56% (n = 58) completed the open-ended survey question and of the 753 participants who did not self-harm, 62% (n=469) answered this question. Findings were analysed separately for those who did have a history of self-harm (n=58) and for those who did not (n=469) to allow comparison. A number of participants provided multiple responses with a total of 71 responses from the 58 participants who self-harmed, and 969 responses from the 469 participants who did not self-harm. The greater number of responses from those who did not self-harm may be explained by the

additional time they had to complete the survey, as they were not required to fill out the sections relating to self-harm. As might be expected, there was largely agreement about how self-harm might be prevented in young people. Seven identical categories were derived from those who self-harmed and those who did not and apart from a much stronger focus on ‘promoting alternative coping mechanisms’ from those who had not self-harmed, the level of agreement was broadly similar (Table 3). The only other notable difference between the groups was the addition of another category on ‘considering the impact of self-harm’, which was reported only by the cohort who had not self-harmed.

Insert Table 3 here

Talk to ‘someone’

The most commonly identified strategy to prevent self-harm identified by both groups focused on talking to someone and this was mainly made up of responses where the young person was encouraged to disclose their distress and possible intent to self-harm to other people:

If they just open up to someone close to them and say how they are feeling they will feel better as its better than bottling it up and then they might not need to self-harm.

(S-H)

For the most part, peers were the preferred source of help as there was the belief that speaking to a parent or other adult would result in actions that were unfavourable for the young person:

Talk to a friend or someone like that, not a parent though because they would take you to a hospital thinking you’re crazy. (S-H)

There was the belief that friends better understood what a young person was going through and were therefore better positioned to respond appropriately:

If you talk to a friend they get you, they know how you are feeling because they probably feel something similar, they know what it's like to be young nowadays. (S-H)

However, it was also identified that adults might be in a position to help as they may have experienced similar distress when they were young and have some understanding of how to help:

I think that young people should have the confidence to talk to adults about their problems because the adults have gone through what we have and they have a better understanding of life and the roads that are ahead of us. (No S-H)

Also within these responses, participants identified that others should proactively reach out to young people in distress, recognising that it can be difficult for young people to start a conversation about mental health in the first instance:

Don't wait for them to come to you. If you think they are looking sad and look like they need someone to talk to then you need to start the conversation. Sometimes, it's just hard to find the words. (No S-H)

Focus on precipitating situation

The next most commonly identified preventative action suggested by those who self-harmed involved focusing on the situation that contributed to the person's decision to self-harm (25.8%), although this was less frequently reported by those who did not self-harm (15.7%). The situations identified by participants were diverse however, there was consensus that bullying contributed to self-harm and that this needed to be dealt with:

I think that there should be more of a clamp down on bullying in schools. I know from personal experience that bullying has an awful lot to do with people wanting to self-harm. (S-H)

I think a lot more should be done about bullying in schools because there are incidents where a teacher ignores what's going on in class. (No S-H)

Loneliness was also identified as something that contributed to self-harm and therefore had to be addressed. Within the responses on this topic, there was a realisation that some young people may find it difficult to make friends with other people and the resulting feelings of loneliness can lead to self-harm:

It can be difficult to make friends sometimes. Everybody is in a group and if you're not, you feel left out and lonely and this can make you feel very depressed and I think some people self-harm because of this. (No S-H).

Within this theme, it was also identified that adolescence is an emotionally difficult, transitional time which can result in a young person struggling with how they are feeling which can contribute to their decision to self-harm:

Older people don't realise that teenagers constantly flick back and forth between different emotions. They forget that it can be very easy for us to feel stressed or alone and sometimes self-harm is a way for us to manage these feelings. (S-H)

Participants also identified the need for others including peers, parents and teachers to acknowledge how they are feeling and importantly not to minimise their distress as 'teenage angst':

I think young people need to be listened to more and have their feelings and emotions taken into consideration instead of being brushed aside and told they're only a kid. (S-H)

Seek professional help

Another commonly identified strategy for preventing self-harm highlighted by both groups was to encourage young people in distress to seek professional help. There was a recognition that this service had to be youth-orientated and confidentiality was seen throughout these responses to be a very important component of this service.

There needs to be a place where people my age can go and talk to someone without your parents knowing. There is nothing for people my age. (S-H)

Participants identified that young people often found it difficult to seek professional help in the first instance and perhaps if school-based counselling sessions were mandated, it might make it easier to attend:

Make it compulsory in secondary school for people to see counsellors. (No S-H)

Throughout the responses on professional services, confidentiality was mentioned repeatedly and helplines were frequently perceived as an accessible and confidential service.

Raising awareness

Both groups identified the need to raise awareness about mental health issues generally and self-harm specifically so that young people have a better understanding of it and any longer term impacts:

It should be talked about more. They should know that the scars, both physical and mental will be with them forever. I feel that if you hear about self-harm it is always talked about by referring to certain stereotypes in the media. I think that this is something that needs to change. (No S-H)

There should be specific classes about mental health issues in school. I don't think it is talked about enough in school. (S-H).

Promoting alternative activities

Promoting alternative activities and coping mechanisms was much more likely to be identified by those who did not self-harm (38.8%), than those who did self-harm (5.2%).

Many of these responses focused on promoting and encouraging activities and clubs as a way to both distract the young person from feeling down but also to provide a way of feeling included:

Schools should find out what things people are interested in and use it, different kinds of clubs which give people a place to go and meet others and that way give young people a way of feeling included. (No S-H)

Sport in particular was recognised as a useful activity, which in addition to being helpful in making new friends also helped the person to feel better:

Make sure that they get involved in sports or other activities, they are hugely important for making new friends. Learning new skills and just feeling better generally. (No S-H)

However, there was also the recognition that not everyone was a good fit for sporting activities, which are the predominant activities available:

There needs to be a bigger range of activities in areas so that those who don't fit into football can find other interesting things to do and keep them distracted from thinking about what bothers them. (No S-H)

Considering the impact of self-harm

A strong theme which emerged from those who did not self-harm but did not emerge at all from those who self-harmed was that young people should consider the impact of their actual and/or potential self-harm on their family and friends (28.7%):

Tell them to get a life and they are not just harming themselves but their families as well. Make them know that they are completely destroying their family when doing so.

(No S-H)

It was suggested that if young people were made aware of how self-harm might impact on family members and friends then this might change their mind:

Make an ad about people who harm or kill themselves and show the pain of the family members and friends and how much it has impacted on them. (NO S-H)

It was particularly recognised that friends who themselves are only adolescents may be deeply impacted by a friend's self-harm and ill-equipped to help in a meaningful way.

My friend self-harms and she tells me about it and shows me the scars but it upsets me and I never know what to say. I don't know if I will say the right thing. (No S-H)

Two further categories were identified from both groups which were the belief that nothing could be done and not knowing what could be done to prevent self-harm. As there were relatively fewer responses in these categories and they mainly consisted of phrases such as 'don't know' and 'nothing can be done' without further elucidation they will not be presented here.

Discussion

Attitudes towards self-harm are important to determine as they can have a significant impact on whether and to whom adolescents disclose self-harm (Hasking, Rees, Martin & Quigley, 2015) and on future help-seeking behaviour (Fortune et al., 2008a). The statistically significant difference amongst young people in this study around the belief that self-harm was attention seeking is noteworthy with 57% of those who had self-harmed disagreeing with this compared to 36% of their peers who had not self-harmed. The belief that self-harm is attention seeking is a widely held one and suggests a lack of understanding of the purpose

and function of self-harm. A number of studies have identified that ‘wanting to get attention’ is one of the least frequently endorsed reasons for self-harm with adolescents instead reporting ‘wanting to get relief from a terrible state of mind’ as the most common motivation for their self-harm (Doyle, Sheridan & Treacy, 2017; Scoliers et al., 2009). The common and largely unfounded association between self-harm and attention seeking behaviour is troubling as it can have a negative impact on the care and treatment experiences of young people who self-harm (Doyle et al., 2017). It is interesting to note however that within the limited extant literature on this topic, a lack of understanding about the functions of self-harm is not limited to those who have never self-harmed as even those young people with a history of self-harm have difficulty understanding it in others (Klinberg, Kelly, Stansfeld, & Bhui, 2013).

An interesting finding noted in this study is that fewer people who self-harmed believed that it was related to loneliness and depression than their non-self-harming peers. This may reflect the possibility that those who self-harm are perhaps more aware that for many young people self-harm has multiple functions (Doyle et al., 2017) rather than being solely associated with depression. Furthermore, adolescents who self-harmed were more likely than their peers to believe it was a spur of the moment decision suggesting again a degree of insight into this behaviour. This finding relating to what young people understood about the impulsivity of self-harm supports those from studies which have shown that much adolescent self-harm is not premeditated as the majority of those who self-harm think about it for less than one day (Doyle et al., 2015; Madge et al., 2008). This impulsivity relating to self-harm does have implications for its prevention in the short term as there is decreased potential for a preventative intervention in the short time between a young person thinking about self-harm and actually engaging in it.

That the majority of young people believed that self-harm could be prevented is a very positive finding. As with other studies (Berger et al., 2017; Doyle et al., 2015; Fortune,

Sinclair & Hawton, 2008b) participants suggested that friends are viewed as a significant source of support for young people who self-harm and can have a considerable role to play in the prevention of self-harm. This preference for informal help-seeking from peers should not be negated as, if adequately supported, friends may act as a gateway to more formal professional services if required (Byrne, Swords & Nixon, 2015). However, there are a number of problems with friends being the primary help source for a young person who self-harms. There is evidence to suggest that disclosure of self-harm to a peer is associated with an increase in self-harm in those peers (Hasking et al., 2015). In addition, findings from this study and others suggest that friends might not be adequately equipped to provide support for a distressed peer or to signpost to further support if required (Byrne et al., 2015; Freake, Barley & Kent, 2007). As seeking support from adults is associated with improved coping skills (Hasking et al., 2015) it is important to encourage young people to seek help from adults if they have self-harmed. Furthermore, as peers are still likely to remain a considerable source of support for young people who self-harm, there is therefore a requirement that they be provided with information and education about how to support a distressed friend and signpost to an appropriate adult so that their potential to help can be harnessed.

Seeking professional help was frequently suggested as a way to prevent self-harm by those who self-harmed and their peers. However, it was striking to note that while participants spoke in generalities about the types of services that should be offered, no participant explicitly named an appropriate service to support young people with their mental health. It is evident from the literature that adolescents often lack information about the mental health support services that are available to them (Plaistow et al., 2014; Cohen, Medlow, Kelk & Hickie, 2009). In this study, participants appeared to be largely unaware of the existence of youth-friendly mental health services in Ireland such as *Jigsaw*; a support service for young people which provides easily accessible support in a low-stigma, youth-

friendly setting (McGorry, 2015). The lack of knowledge about existing support services and the sometimes inaccurate perceptions of the type of help that is available heightens the need for young people to have factual and clear information about what professional help actually entails. This is particularly relevant as young people's expectations of counselling are an influencing factor on whether they actually seek help (Rickwood, Deane, Wilson & Ciarrochi, 2005).

The importance of being aware of and proactively responding to the precipitating factors associated with self-harm was identified by those who self-harmed and those who did not. In particular, in both cohorts bullying was identified as a factor strongly associated with self-harm. This association between bullying and self-harm in young people has been supported by many studies (Doyle et al. 2015; McMahon, Reulbach, Keeley, Perry & Arensman, 2012) and adolescents have previously identified the importance of tackling bullying in a bid to prevent self-harm in young people (Fortune et al., 2008a). With the known association between bullying and self-harm it is therefore important that schools introduce and adhere to anti-bullying policies and interventions as a priority (McMahon et al., 2012).

Limitations

This survey was carried out in school with those who were present on the day. It is acknowledged that the responses may not reflect those who were absent from school. Furthermore those who self-harmed had additional questions to fill out and therefore may have had less time to more fully answer the open-ended survey questions on preventing self-harm.

Conclusion

These findings suggest that for the most part, those who self-harm are more likely to hold more understanding attitudes about self-harm than their peers who have not self-harmed. It is promising that the majority of young people surveyed believe that self-harm can be

prevented. The views of adolescents in this study on what might prevent self-harm highlights the need for the continued development of youth-friendly services in addition to the crucial step of increasing awareness of existing services specifically targeting young people.

Ultimately, there is little to be gained by developing and resourcing youth-friendly mental health initiatives if the potential users of these services are not aware of their existence. In addition, strategies which prepare adolescents to better support peers who are self-harming also appear to be warranted.

TABLE 1*Attitudes towards self-harm*

Most young people who self-harm:	Agree	Disagree	Don't know
Are lonely and depressed	64.6%	15.9%	18.6%
Do it on the spur of the moment	27.6%	37.5%	33.5%
Are feeling suicidal	42.2%	30.3%	26.5%
Are trying to get attention	29.7%	38%	31.1%
Could be prevented from doing so	65.3%	8.5%	25.4%

Table 2: Attitudes towards self-harm: differences between those who self-harmed and those who did not

Attitudes towards self-harm	Self-harm	No self-harm	Pearson X^2 & effect size
Most young people who harm themselves are lonely and depressed	26.5% disagree (2.6)	14.6% disagree (-1)	$X^2 (2, n=848) = 10.18, p = .006 \phi = .110$
Most young people who harm themselves do it on the spur of the moment	45.4% agree (3.3)	25.6% agree (1.2)	$X^2 (1, n=844) = 17.67, p = .000 \phi = .145$
Most young people who harm themselves are trying to get attention	56.9% disagree (3.0)	35.9% disagree (-1.1)	$X^2 (2, n=845) = 17.04, p = .000 \phi = .142$

Table 3: Prevention of self-harm

What can prevent self-harm?	Self-harm	No self-harm
Talk to someone	39.6% N=23	43% N=202
Focus on precipitating situation	25.8% N=15	15.7% N=74
Seek professional help	17.3% N=10	27.9% N=131
Raise awareness about mental health	17.2% N=10	26.8% N=126
Nothing can be done	10.3% N=6	12.5% N=59
Don't know	6.9% N=4	6.4% N=30
Alternative coping mechanisms/activities	5.2% N=3	38.8% N=182
Consider the impact on others	0% N=0	28.7% N=135

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