# Britain: dramatic increase in self-harm by children

**Liz Smith**
**23 September 2004**

A new report shows the rate of self-harm in Britain has increased over the past decade and is among the highest in Europe.

The First Interim Inquiry Report into Young People and Self Harm in the UK being conducted by the Mental Health Foundation (MHF) and the Camelot Foundation is based on evidence submitted by young people and parents/carers with experience of self-harm, as well as professionals working in mental health, researchers and academics, etc. The inquiry is ongoing so that those working in the field of young people's services may submit evidence to further inform the inquiry over the next 18 months.

The interim report describes a wide range of things that people do to themselves in a deliberate and usually hidden way that are damaging, but focuses on three main areas:

* Cutting behaviours
* Other forms of self-harm (e.g., burning, scalding, banging, hair pulling)
* Self-poisoning

It states, "More than 24,000 teenagers are admitted to hospital in the UK each year after deliberately harming themselves. Most have taken overdoses or cut themselves. Additional figures from the same study estimate that 1 in 10 teenagers self-harm."

The report makes clear that statistics on self-harm are unreliable for a number of reasons:

"Firstly, many incidents of self-harm will be treated at home and will not reach the attention of services or professionals. Secondly, the incidents that do reach [accident and emergency] services are predominantly cases of self-poisoning and therefore only account for a small sub-population of young people who self-harm. Finally, figures on self-harm are confusing as the definitions of self-harm used vary across the different research."

ChildLine, which provides a free, confidential, 24-hour telephone helpline for any child or young person with a problem has also just released its latest findings on self-harm.

Last year, 3,345 (3,032 girls, 313 boys) children and young people talked to ChildLine about self-harming. Of these, 80 percent talked about other problems in their lives. Forty percent spoke about tensions within their family—for example, separation or divorce, or maltreatment—and 14 percent said they were experiencing symptoms of depression or had other mental health problems.

ChildLine also receives calls from children and adults who are concerned about a young person they know. In 2002/2003, nearly 800 people (children and adults) contacted ChildLine because they were worried about a child they suspected or knew to be self-harming. Over the last 10 years, the number of children disclosing self-harm to ChildLine's counsellors has increased steadily, but has dramatically increased by around 65 percent in the last two years.

The report points out that this increase can be attributed in part to recognition of the problem, self-diagnosis by young people and better identification. But even given this, there are clear indications of worsening mental ill-health caused by the pressures that young people face.

Since ChildLine was established, it normally hears from 4 times as many girls as boys. However, the gender ratio shifts considerably when self-harm is disclosed: 12 times as many girls as boys are counselled about self-harm. The picture is similar when taking into account those who contact ChildLine for their friends.

Of the 70 percent of those who disclosed their age to

© World Socialist Web Site

a counsellor about all problems, a quarter were 5-11 years old, just over 60 percent were 12-15 years old, and the remaining 17 percent were 16-18 years old. Of the majority who talked about self-harm, 62 percent were aged 12-15 years old.

Cutting is the most common form of self-harm disclosed by young people calling ChildLine. In the personal testimonies given, two main themes emerged. Callers often disclose anger and frustration at their situation, with self-harm providing their only outlet for this emotion. As with other mental health problems (e.g., eating disorders, depression, and suicidal thoughts), children who self-harm also talk about a loss of control over their lives, and state that by inflicting injury and pain on their bodies they gain a sense of control and personal ownership. Callers often disclose a "trigger" or circumstance that led them to begin self-harming. In some cases this is prompted by bullying, or other incidences connected to education or schooling.

But the majority of callers raise family relationships as their main trigger. Experiences such as pressure from parents to do well in exams and marital breakdowns were cited as some of the reasons given to counsellors. Others spoke about grief, family crises and sexual abuse.

Some of the young people acknowledged their parents were aware of the cutting. But the young people who are self-harming not only see this as a coping mechanism, but as an alternative to seeking support and advice from professionals. This aspect was highlighted by Dr. Carole Easton, chief executive of ChildLine, who said, "The experiences of ChildLine's callers highlight the need for directly accessible, widely available and well-resourced child and adolescent mental health services."

The report makes clear that the trigger factors alone should be seen in context, because clearly not all teenagers deal with pressures in the same way. Based on previous reports the initial inquiry shows that young people who self-harm are more likely to come from "certain sub-populations that have a much higher likelihood of having direct experience of self-harm compared to the general population." For example:

* Young women, who are three to four times more likely to self-harm than young men

* Young people in prisons, in particular young women

* Young Asian females

* Individuals in other institutional settings such as inpatient psychiatric units.

Within all of the literature previewed, only one paper specifically investigates self-harm within the inquiry's age range of 11-25 years. The vast majority of the literature spans late adolescence through to middle adulthood (i.e., 16+ years).

The report cautions that whilst there has been an expansion in Child and Adolescent Mental Health Services in recent years, there has also been an increase in the voluntary sector and the use of untrained staff. It warns that "there is a tendency to believe that any kind of counselling/therapy, even from an untrained worker, is better than none. For 'talking therapies' to be beneficial to the young people with experience of self-harm it must be carried out by appropriately trained staff, and must be focused on the problems or issues that the young people want to address. There is a need for staff to be knowledgeable and trained in the issues around self-harm specifically and to be engaged with the young person about what else is going on in their lives when addressing their self-harming behaviour."

Additionally, the report points out that if the young person attends hospital, which they do only if they need treatment, the majority of interventions are carried out from a medical and not a psychosocial standpoint.

Thus far, the young people who have submitted evidence to the inquiry have spoken about the negative experiences when they engaged with services for support.

To contact the WSWS and the Socialist Equality Party visit:

**wsws.org/contact**

© World Socialist Web Site