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Selvskadende adfærd blandt unge

i de gymnasiale uddannelser

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12 Summary, discussion and perspectives

The present study aims to identify and illuminate adolescents' vulnerability, thoughts of self-harm, self-harming actions, and factors related thereto. The objective includes an examination of which values the adolescents prioritize the highest and whether they can see a connection between those values and the life they lead.

12.1 Participants

The project is conducted as a questionnaire. In total, 3,819 pupils from 18 schools in the Region of Southern Denmark have answered the questionnaire. 43 % are gathered from the pupils at upper secondary level – the Gymnasium (STX), 40% are from pupils at the Higher Commercial Examination Programme (HHX), 10% are at the Higher Preparatory Examination (HF) and 7% are at the Higher Technical Examination Programme (HTX).

12.2 Welfare and vulnerability

The results show distinct gender differences in health-related risk-behaviour. Consumption of 10 or more units per week and ingestion of narcotic drugs within the last year are more predominant in boys, while questions relating to eating disorders are more characteristic of girls. There exists a significant difference in the proportion of boys and girls who drink alcohol at school arrangements such as parties, Friday bar or café.

The majority of the pupils are comfortable with themselves most of the time, but signi-

ficantly more girls than boys have experienced poor personal welfare for more than half a year. The pupils were asked whether they had experienced any life-changing events within the last year, and if so whether the event/-s had been a positive, somewhat negative, rather negative or very negative experience. **NEW:** Results show that a larger percentage of girls have had a very negative experience of being hurt by someone, having difficulties with schoolwork, breaking up with boyfriend, loss of friendship, illness or accident or death of someone close, being put down, having economic problems at home or own illness or accident. Practically all life-changing events constitute a risk factor for vulnerability. For instance being hurt by someone is a risk factor for vulnerability even if it does not affect one very negatively.

The questionnaire includes a prioritization of values. Close relations, friendship and security in the family are top priorities for both genders. The lowest priorities are solidarity, knowledge, equality and independence.

12.3 Considerations on self-harm

In the present study, 12.8 % of the adolescents have seriously considered self-harm within the last year. Particularly adolescent women experience serious considerations of self-harm and gender itself is highly significant ($p < 0.00005$). Among girls who seriously considered self-harm within the last year, the majority are elder pupils (of 20 years or older),

also a larger part of those who seriously considered self-harm do not live with both parents.

For both genders, to be able to count on and to matter to one's family are the most important protective factors against serious considerations of self-harm within the last year. It is almost of equal importance to be able to count on and matter to friends and to be comfortable in school. Being able to count on teachers is also a major protective factor against self-harm. The most important health-related risk factors for serious considerations of self-harm within the last year are smoking and eating disorders. Being hurt by someone also constitutes a risk factor for serious considerations of self-harm, even if it does not affect one very negatively.

12.4 Self-Harm and attempted suicide

Adolescents who commit self-harm are characterized by a significantly larger percentage of girls whether they harm themselves once or several times. A further characteristic is that a significant larger percentage of self-harming adolescents do not live with both parents.

Those who committed self-harm several times are questioned further about their intentions and how often they have attempted self-harm. If they affirm that they often commit self-harm in order to feel better mentally, their actions are classified as habitually self-harming actions (self-mutilation). Adolescents who profess to self-mutilation constitute 3.8 % and some suffer from both attempted suicide and habitually self-harm. A vast majority of adolescents who commit self-harm cut their arms, legs and body (app. 90%).

For both genders, the most important protective factor against self-harm is being able to count

on their family and knowing that they matter to their family. Furthermore, results show that protective factors against self-harm include that the adolescent understands and is able to structure conditions of life; that the adolescent feels that own resources or resources in his or her surroundings are present; and that it makes sense to spend time and effort on said resources. Adolescents who commit self-harm prioritize "social values" lower than adolescents who do not commit self-harm. "Health" is also of low prioritization for self-harming adolescents. In contrast, solidarity, independence, knowledge, freedom and honesty are prioritized higher by self-harming adolescents than by adolescents who do not commit self-harm.

The most common method of attempted suicide among adolescents is cutting one's wrist (app. 50 %), followed by ingestion of an overdose of pills, other actions intended to cause physical injuries, and the consumption of large quantities of alcohol. The majority of the boys who attempt suicide indicate that their intention was "to get away"/"wanting to die". Attempted suicides with the intention of "punishing themselves" are found more frequently among girls.

One third of adolescents who attempted to commit suicide have not talked about their last attempt to anyone. Adolescents who subsequently talked with someone chose friends or girl-/boyfriends, and often the adolescent initiated the conversation. Parents and siblings also function as confidants in connection with an attempted suicide, and then the family often initiates the conversation, particularly regarding boys.

12.5 Discussion

Of course, results must be considered in light of the applied methods. The adolescents them-

selves answer the questionnaire, which is an advantage. The pupils are of an age where they know whether they feel good about themselves, whether they consider self-harm or whether they commit self-harm. The questionnaire is thoroughly tested, and dyslexic pupils can get help with the questions. The adolescents use their own words to describe thoughts and reasons connected with vulnerability and self-harm which is a further strength.

One weakness of the study is that it is impossible to follow up on the pupils. Instead we gain knowledge of the state of each pupil at the time of the questionnaire. Had the questionnaire been based on the civil registration number, it would be possible to examine if any of the adolescents had attempted to or committed suicide subsequently. The Centre for Suicide Research keeps the Registers for Suicide and for Suicide Attempts, thus data would be easily accessible.

Answers show that the adolescents have difficulties with the question of prioritization of values. Further collection of data requires a renewed explanation of prioritization and how the pupils are to answer the question.

On the whole, the study presents an updated knowledge of the adolescents' vulnerability, thoughts of self-harm and self-harming behaviour. It is a great advantage that the project distinguishes between self-harm, habitual self-harm, and attempted suicide.

12.6 Perspectives

Adolescents' self-harm leaves the parents, teachers, close relatives/confidants and professionals in a situation where the question of what could have been done comes naturally.

Adolescents and grown-ups meet daily at the

educational institutions. Therefore intervention at the schools are of great importance, whether the issue is vulnerability, poor personal welfare or self-harm.

The present study shows that intervention is necessary in order to prevent that poor personal welfare leads to lack of conviction that difficulties can be overcome. Prevention should be based on the adolescents', not the grown-ups', understanding of life. Adolescents who feel appreciated, who feel that they are taken serious and who have confidence in their own abilities, have resources of their own when they encounter problems. Adolescents' problems often seem trivial to the grown-ups but must be considered in light of the adolescent's situation.

It is important to focus on adolescents who are exposed and vulnerable; whose lives indicate an increased risk of committing self-harm. Special attention must be paid to adolescents who previously have attempted to commit self-harm, who have attempted suicide or who experience suicidal behaviour in the family.

Where themes such as prevention of obesity, smoking, alcohol consumption and consumption of fast food, use of contraception, or use of drugs are brought up in the pedagogic discussion, adolescents do not hide their behaviour. These themes are not tabooed, and it is possible to communicate facts and knowledge as basis for discussions.

It is somewhat different with self-harm. Results indicate that the majority of self-harming adolescents do not talk to anyone prior to the action, they do not seek help afterwards and only few come into contact with the Health Service in connection with the self-harm. The adolescents' signals are unnoticed by the significant

grown-ups, and, in the primary social group, self-harm is not mentioned with the intention of getting help and support.

This difference is caused by the fact that over the years self-harm has been tabooed; also, parents find it difficult to discuss problems of general poor personal welfare and vulnerability. No parents want to hear that their child does not want to live. Also, regarding knowledge they have acquired through confessions, essays, letters, conversations etc teachers are uncertain how to act. How and when are the parents to be informed? The adolescents who discover or are confided in the self-harming act or the attempted suicide must often promise not to tell. Thus the adolescent find themselves in an ethical dilemma, which can be difficult to cope with.

The most disadvantaged and vulnerable adolescents who participated in this study have subsequently been offered participation in an intervention programme. The project "Travellers - Life is a journey" is a psycho-educative program directed at vulnerable/self-harming adolescents. The project takes place at the school, during hours, with other vulnerable/disadvantaged adolescents from the same educational institution (Bjergsoe et al, 2009).

The vulnerable adolescents are identified based on screening (answering of a questionnaire) and are afterwards offered participation in small-group sessions with other adolescents. During the Travellers-programme, the adolescents are trained in coping strategies. They learn to accept help and support and to compensate for their weaknesses, thus enabling them to enter social networks as protection against poor personal welfare. The theoretical frame focuses on 6 areas:

- The promotion of mental and emotional health
- Use of metaphors/images
- Meaningful Exercises (Making Meaning) - a socially positive perspective
- Survival Strategies (coping)
- Social support (network)

The project's basic theme is to teach adolescents how to cope with negative experiences and how to carry on with the conviction that they can cope with difficulties. Adolescents must learn that human life exists on mutual dependence, and that they share responsibility for the social environment at school and at leisure. Loneliness and social exclusion ought to be subjected to debate involving all adolescents with focus on the passive bystander and the contempt for weakness. It is important to know that disappointments and frustrations are part of life and that it is possible to cope with such occurrences in a suitable manner with the support of the group and grown-ups. Sorrow and loss must not be tabooed and thus isolating the individual at a time when the family have difficulties supporting the adolescent.

Through social acceptance and support from other adolescents and grown-ups, vulnerable adolescents and adolescents who consider self-harm may gain confidence in their abilities to cope with challenges and difficulties – and discover that life is worth living.

That early health promotion and preventive efforts ought to take place in the educational institutions are based on the following arguments in particular.

- Thoughts of self-harm and self-harming behaviour are common during school age
- Usually, adolescents are present at the educational institutions, thus intervention and evaluation can be performed with regards to cost-benefit.
- Educational institutions are well placed for the promotion of health and intervention as adolescents to a greater extent seek help here rather than consult doctors, psychologists or hospitals outside the schools.

One of the most competent scientists in adolescents' self-harming behaviour (K. Hawton) points out in his book *By Their Own Hand* (2006) that studying the international literature on adolescents' self-harming behaviour shows that many factors are school-related.

This may involve the adolescent's academic difficulties, absence and a negative attitude to the school and the school work. In addition, Danish studies show that being bullied or hurt in school also constitute a major risk factor for the adolescent's self-harming behaviour.

The vision is to ensure that vulnerable self-harming adolescents of any municipality are offered participation in the intervention programme Travellers which has yielded good results.

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