



Ethnicity and adolescent deliberate self-harm

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The characteristics of all adolescents referred to the psychiatric service of a tertiary hospital following an episode of deliberate self-harm (DSH) were studied. Of 100 adolescents selected over a 3-year period, 64 White and 28 Black adolescents were compared to identify factors associated with DSH in Black adolescents. The main findings were: (1) the referral rate for Black adolescents was in proportion to the community composition; (2) the characteristics of Black and White adolescents referred following DSH were similar for background socio-demographic variables, psychiatric symptoms, circumstances of the attempt and outcome. However, more social stress was reported in the Black group.

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Introduction

"Certain groups of people should be given special consideration in the provision of services in view of their acknowledged higher risk of suicide . . . Such groups include those who have deliberately self-harmed themselves, elderly people . . . and adolescents." Thus, the recent NHS Health Advisory Service Thematic Review on Suicide Prevention (1994) draws particular attention to the problem of suicidal behaviour in children and adolescents. Suicidal behaviour covers a broad spectrum of behaviours, from an expression of despair to a wish to die. Here, the term deliberate self-harm (DSH) is used to refer to any deliberate, non-habitual act that causes self-harm or may have potential to do so (non-habitual excludes overdose of drugs/alcohol by a habitual user). Quantification of the degree of the problem however, has proven difficult. No country collects official statistics on DSH, and studies attempting to overcome this deficiency vary in their use of age groupings. As a consequence, Diekstra (1993), reviewing studies based on adolescent samples, found rates of 2.2-10.5%, the wide range reflecting the differences in age groups studied and the definition of DSH used. Hawton and Fagg (1992) estimated that 19,000-20,000 adolescents less than 19-years-old take an overdose every year in England and Wales and account for 4.7% of General Hospital admissions for 12-20-year-olds (Goldacre and Hawton, 1985). DSH in young people, therefore, represents an area for major public health concern.

In an attempt to understand the nature of this problem, psychosocial correlates of DSH in children and adolescents have been examined and reviewed elsewhere (Kosky, 1983; Brooksbank, 1985; Kingsbury, 1993). One-third of adolescents who present following an overdose live in a single parent family, one-tenth with neither parent and one in seven have been, or are presently, in the care of social services (Hawton *et al.*, 1982). Kienhorst *et al.* (1990) report similar findings, plus an increased use of drugs and alcohol among

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attempters. Substance misuse has also been associated with suicide after parasuicide in young people (Hawton *et al.*, 1993).

The issue of ethnicity as a factor in DSH has received less attention. In an adolescent population (age 12–15-years-old), all referrals for deliberate self-poisoning between 1982–1990 in Asians and Caucasians in Coventry ($n=340$) were examined (McGibben *et al.*, 1992). No significant difference was found between the rates of DSH in Asian and Caucasian females—4.06/1000 and 3.47/1000, respectively. Kingsbury (1994) looked at the psychological and social characteristics of Asian adolescent overdose, in a sample of 50 adolescents (age 12–18, with 13 Asians and 37 Caucasians) seen between February 1987 and April 1988. The main findings were that Asians were more socially isolated than their Caucasian peers and they had higher rates of depression, hopelessness, longer premeditation times and previous overdose attempts.

Amongst the Black population, the characteristics of DSH in adolescents have not been well described. In the United States a national school-based representative survey of 11,631 students in grades 9–12 found that Hispanic and White students reported higher levels of suicidal thoughts and behaviours than Black students, though the differences were not always statistically significant (CDC, 1991). In Great Britain, research has mainly been in adult populations. Burke (1976) found that rates of self-poisoning among West Indian immigrants in Birmingham exceeded the rates in the West Indies, though self-poisoning was less prevalent than among the native Birmingham population. Merrill and Owens (1987) compared rates of self-poisoning in referrals to a Birmingham hospital for five groups—Asian, West Indian, Irish, Scottish and English. Although the study focused on the adult population, rates are also given for the under 16-year-olds. Rates amongst West Indian males (98/100,000) and females (229/100,000) were less than in the English comparison group (males: 236/100,000; females: 341/100,000). However, this study had small samples of non-English populations, with only 16 West Indian males and 37 West Indian females for all ages and no breakdown by age.

The literature therefore suggests a lower rate of DSH amongst the Black population with little consideration of the psychological and social characteristics of Black adolescent DSH. "Black" as an ethnic grouping is not always clearly defined. In the American CDC report, the ethnic groupings, examined are White, Hispanic and Black, with no further explanation of the basis of these divisions. The adult studies of DSH mainly refer to West Indian. In this study Black is used to refer to Black-Afro-Caribbean, Black-African and Black-Other.

If a full programme of intervention and ultimately prevention is to be provided, it is important to examine the characteristics of DSH in Black adolescents.

The aim of this study is to compare referral rates for DSH by ethnicity and examine the characteristics of Black and White adolescents referred following self-harm. In particular the questions to be answered are: (i) Are referral rates of Black adolescents for DSH representative of the local population? (ii) Are the characteristics of Black and White adolescent DSH similar?

Method

Case-notes of all referrals to the department of child and adolescent psychiatry of a South London hospital between January 1990–December 1992 were reviewed. Criteria for

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