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In what ways are adolescents who engage in self-harm or experience thoughts of self-harm different in terms of help-seeking, communication and coping strategies?

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Abstract

The purpose of this study was to ascertain whether adolescents who deliberately harmed themselves or had thoughts of self-harm differed from other adolescents in terms of help-seeking, communication and coping strategies. The participants were 6020 15–16 year-old school pupils who were surveyed using an anonymous self-report questionnaire. Adolescents with one or more episodes of deliberate self-harm (DSH) in the previous year were more likely to identify themselves as having serious problems than other adolescents. However, a substantial proportion of adolescents with either DSH or thoughts of self-harm did not identify themselves as having serious problems. Adolescents with DSH were most likely to feel the need for help but not try to get any; they were less able to talk to family members and teachers and had fewer categories of people who they were able to talk to. Like other adolescents, those with DSH or thoughts of self-harm were more likely to seek and receive help from their friends than from other sources. They differed from other adolescents in terms of coping strategies they reported employing when faced with difficulties, showing less focus on problems and more avoidant behaviours. The findings have important implications for preventive strategies, including educational programmes on emotional health and coping, and for the clinical care of adolescents identified as at risk or having self-harmed.

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Abbreviations: DSH, deliberate self-harm

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Introduction

Epidemiological studies have consistently shown that many adolescents in the general population experience suicidal thoughts or engage in self-harming behaviours. For example, in a recent study of American adolescents 8.3% had attempted suicide at least once and 19.3% had considered attempting suicide in the past year (Kann et al., 2000). In a large study of French adolescents, 6.5% were found to have made a suicide attempt at some point in their lives (Choquet & Ledoux, 1994). (The terminology used to identify cases of deliberate self-harm differs between continents, with researchers in the USA tending to use ‘suicide attempts’ and those in Europe using ‘deliberate self-harm’; the former term implies a greater level of suicide intent. In spite of this there is a tendency for studies from the USA to report higher prevalence figures than those from Europe (Evans, Hawton, Rodham, & Deeks, submitted)). As such a large proportion of adolescents experience such problems it is important to extend our understanding of these phenomena in order to identify the best means of prevention. In this study we have addressed this by comparing adolescents who had recently self-harmed with those who had thoughts of self-harm, and with adolescents without either experience. Specifically, we have investigated their patterns of help-seeking, communication and coping strategies.

Coping strategies

It is possible that adolescents that engage in DSH or who have thoughts of self-harm have poorer coping strategies compared to other adolescents. Coping strategies represent both behavioural and cognitive efforts that people employ in order to deal with stressful situations. Lazarus and Folkman’s (1984) transactional model has had a large impact on the conceptualization of coping and views the coping response as being determined both by an individual’s appraisal of the degree of threat posed to them, as well as the resources seen as being available to help them cope with the situation. Coping responses in this model are divided into emotion-focused and problem-focused strategies. Problem-focused coping attempts to actively alter the stressful situation in some way, perhaps by talking to someone about it. In contrast, emotion-focused strategies, such as disengaging from the situation, giving up or avoiding thinking about it, have generally been related to increased distress (e.g. Carver et al., 1993). Identifying whether the coping strategies employed by adolescents who engage in DSH or who have thoughts of self-harm differ from those employed by other adolescents would enable interventions to be better targeted.

Help-seeking and communication

The help-seeking process has been delineated into sequential stages: recognizing there is a problem, deciding that help is needed and seeking help (Saunders, Resnick, Hoberman, & Blum, 1994). There is clear evidence from a number of sources to indicate that a substantial proportion of adolescents with DSH or thoughts of self-harm do not receive help (Choquet & Ledoux, 1994; Kann et al., 2000). It is less clear whether adolescents with such problems recognize the extent of the difficulties they are facing. For example, a study of American adolescents indicated that only about half of the adolescents with thoughts of self-harm recognised that they had a need for help (Saunders et al., 1994). Hill (1995) noted that young people are often at a particular disadvantage

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