

1 in 12 teenagers self-harm but most stop by their twenties

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(Medical Xpress) -- Despite self-harm being one of the strongest predictors of completed suicide, 90% of young people who self-harm as adolescents cease self-harming once they reach young adulthood. However, those who start self-harming as young adults will have often experienced mental health problems as adolescents, such as anxiety or depression, which should be treated.

The study by Dr. Paul Moran at the Institute of Psychiatry at King's College London, and Professor George C Patton from Center for Adolescent Health at the Murdoch Children's Research Institute, Melbourne, Australia was published today in *The Lancet* and found that around 1 in 12 young people self-harm as <u>adolescents</u>, with the balance skewed towards girls.

Self-harm is a global health problem and is especially common among 15 - 24 year old women, a group in whom rates of serious selfharm seem to be rising. In this study, the authors followed a sample of young people from Victoria, Australia from adolescence (14-15 years old) to young adulthood (28-29 years old) between 1992 and 2008. The study is the first population-based study to chart in detail the course of self-harm from adolescence to young adulthood.

The study found that during adolescence, selfharm was associated with symptoms of depression and <u>anxiety</u>, antisocial behavior, high-risk alcohol use, cannabis use and cigarette smoking. Additionally, those who experienced depression or anxiety during adolescence were around six times more likely to self-harm in young adulthood than adolescents without depression/anxiety.

Dr. Moran from the Health Service and Population Research Department at the IoP and Honorary Consultant Psychiatrist in the Self-Harm Service at the South London and Maudsley NHS Foundation Trust says: 'Most adolescent self-harming behaviour resolves itself spontaneously, which should come as a relief to the families of those affected. However, <u>young people</u> who do self-harm often have underlying <u>mental health problems</u> that need to be addressed.

We detected a strong relationship between adolescent anxiety and <u>depression</u> and an increased risk of self-harm in young adulthood. Treating these types of common mental health problems as early as possible in adolescents could therefore help reduce suffering and disability associated with self-harm later on in life, and even prove an important component of <u>suicide</u> prevention in young adults.'

A total of 1802 participants responded in the adolescent phase, with 149 (8%) reporting selfharm. More girls (10%) than boys (6%) reported self-harm, translating to a 60% increased risk of self-harm in girls compared with boys. The frequency of self-harm substantially decreased during late adolescence, and by age 29, less than 1% of participants reported self-harm.

In order to observe the continuity of self harm, 1652 participants were followed to young adulthood, 136 of which confirmed self-harm at some point. Of these, 90% (122) who reported self-harm during adolescence had stopped by the time they reached



young adulthood. Of the 14 who did continue with their self-harming behavior, 13 were female and one male. Self cutting/burning was the most common form of self-harm for adolescents, other common forms of self-harm including poisoning/overdose and self-battery. No single form of <u>self-harm</u> predominated among <u>young adults</u>.

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Provided by King's College London

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