

Children and adolescents who try to harm, hurt or kill themselves



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**A report of further analysis from the
national survey of the mental health
of children and adolescents in Great
Britain in 1999**

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ISBN 1 85774 445 4

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1. Tables showing percentages

The row or column percentages may add to 99% or 101% because of rounding.

The varying positions of the percentage signs and bases in the tables denote the presentation of different types of information. Where there is a percentage sign at the head of a column and the base at the foot, the whole distribution is presented and individual percentages add up to between 99% and 100%. Where there is no percentage sign in the table and an italicised note above the figures, the figures refer to the proportion of people who had the attribute being discussed, and the complementary proportion to add to 100% is not shown in the table.

The following conventions have been used in the tables showing percentages:

- no cases
- 0 values less than 0.5%

2. Small bases

Very small bases have been avoided wherever possible because of the relative large sampling errors that attach to small numbers. Often where the numbers are not large enough to justify the use of all categories, classifications have been condensed. However, an item within a classification is occasionally shown separately, even though the base is small because to combine it with another large category would detract from the value of each. In general, percentage distributions are shown if the base is 30 or more. Where the base is smaller than this, actual numbers are shown within square brackets.

3. Significant differences

The bases for some subgroups presented in the tables were small such that the standard errors around estimates for these groups are biased. Confidence intervals, which take account of these biased standard errors were calculated, and although they are not presented in the tables, they were used in testing for statistically significant differences. Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically different.

Background, aims and coverage of the report (Chapter 1)

- The main aim of this report is to present prevalence rates of self-harm among children and adolescents aged 5-15 in England, Scotland and Wales during the first half of 1999.
- The way the questions were phrased means that it is difficult to distinguish between self-harm with the intention of committing suicide and self-harm without that intention, i.e. self-mutilation. Therefore, most of the analysis in this report is presented by source and covers any attempt by children to harm, hurt or kill themselves.

Sampling and survey procedures (Chapter 2)

- Information was collected on 83% of the 12,529 children eligible for interview from up to three sources resulting in at least some data for 10,438 children and adolescents aged 5-15 in Great Britain.

Attempts by 5-10 year olds to harm, hurt or kill themselves (Chapter 3)

- According to parents, approximately 1.3% of 5-10 year olds had ever tried to harm, hurt or kill themselves. The lowest rate, 0.4% was found among 5-7 year old girls rising to 2.1% of 8-10 year old boys.
- The rate of self harm among the sample of young children with no mental disorder was 0.8%. The rate increased dramatically to 6.2% of children diagnosed as having an anxiety disorder and 7.5% of those who had a conduct disorder, hyperkinetic disorder or a less common mental disorder.

The prevalence of self harm among 5-10 year olds was greater for children in:

- Lone parent compared with two-parent families (1.9% and 1.1%)
- Single child families compared to those with 3 or more children (1.8% and 1.1%)
- Social Class V families (2.6%) compared with Social Class I families (0.9%)
- Families living in terraced houses and maisonettes (1.8-2.0%) compared with those in detached and semi-detached houses (0.8-1.0%)
- Families who were social sector tenants or private renters (1.8-2.1%) compared with owner occupiers (1.0%)
- England (1.4%) rather than Scotland (0.8%) or Wales (0.7%)

The prevalence of self-harm among 5-10 year olds increased with:

- an increase in the number of stressful life events: 0.8% among those with none compared with 2.3% of children who had experienced 3 events and 13.3% among 5-10 year olds who had had 5 or more stressful life events
- an increase in the parent's GHQ score: 1.0% of children with a parental GHQ12 score of 0-2 rising to 3.7% of children with parents who had the highest scores (10-12) on the GHQ12.
- an increase in the degree of family discord (measured by the FAD-GFS): 1.1% among children with no family discord (healthy functioning) rising to 3.7% of children in the most dysfunctional families.
- an increase in the frequency of punishment: 1.0% of children seldom or occasionally punished compared with 1.8% of those frequently punished.

Attempts by 11-15 year olds to harm, hurt or kill themselves (Chapter 4)

- According to parents, approximately 2.1% of 11-15 year olds had ever tried to harm, hurt or kill themselves. The highest rate, 3.1%, was found among 13-15 year old girls.
- The rate of self harm among the sample of 11-15 year olds with no mental disorder was 1.2%. The rate increased markedly to 9.4% of those with anxiety disorders, 18.8% of children diagnosed as having depression, 12.6% of those who had a conduct disorder and 8.5% among children with a hyperkinetic disorder

The prevalence of self harm among 11-15 year olds was greater for children in:

- Lone parent compared with two-parent families (3.1% and 1.8%)
- Families with step children as distinct from those without (3.7% and 1.9%)
- Families with 5 or more children compared with those with less children (6.2% and 2.0%)
- Families who were social sector tenants (3.7%) or private renters (3.2%) compared with owner occupiers (1.5%)
- Wales (2.8%) and England (2.2%) rather than Scotland (1.0%)

The prevalence of self-harm among 11-15 year olds increased with:

- an increase in the number of stressful life events: 1.2% among those with none compared with 3.6% of children who had experienced 3 events and 9.5% among 11-15 year olds who had had 5 or more stressful life events
- an increase in the parents' GHQ score: 1.4% of children with a parental GHQ12 score of 0-2 rising to 7.1% of children with parents who had the highest scores (10-12) on the GHQ12.
- an increase in the degree of family discord (measured by the FAD-GFS): 1.5% among children with no family discord (very healthy functioning) to 8.4% of children in the most dysfunctional families.
- an increase in the frequency of punishment: 1.9% of children seldom or occasionally punished compared with 2.9% of those frequently punished.

Comparison of data from different sources (Chapter 5)

- Overall, 248 children (out of 4,249, 11-15 year olds) reported trying to harm, hurt or kill themselves compared with 78 of parents' reports about their children. Using the children's reports as the base number, only 15% of parents concurred whereas using the parents' report as the denominator the agreement level approached 50%.
- Similarly, among the 4,000 children who said they had not tried to harm themselves, 1% of their parents said they had whereas of the 4,171 children whose parents said they had not tried to harm themselves, 5% of children said they had done so.
- Among the thirty-eight, 11-15 year olds whose parents confirmed their children's self-harm reports, 60% were assessed as having a mental disorder: 27% with depression, 16% with anxiety and 16% with another mental disorder.

1.1 Background

The national survey of the mental health of children and adolescents in Great Britain included a wide range of emotional, behavioural and hyperkinetic disorders (Meltzer et al., 2000). The main aims of the survey were:

- to produce prevalence rates of these three main categories of mental disorder based on ICD-10 and DSM-IV criteria
- to determine the impact (consequence for child) and burden (consequence for others) of the child's mental health problems
- to examine the provision of services of children with mental disorders

The primary purpose of this further analysis is to look in more detail at children and adolescents who had ever attempted to harm, hurt or kill themselves. Questions on these topics were asked of all parents and the children who were eligible for a face to face interview, i.e., all those aged 11-15 at the time of the interview.

1.2 Definition and focus

Questions on self-harm by children were included in several parts of the questionnaire. Which questions were asked were dependant on whether the parent or child was being interviewed and whether the child was feeling depressed, irritable or showing a lack of interest.

The way the questions were phrased means that it is difficult to distinguish between self-harm with the intention of committing suicide and self-harm without that intention, i.e.

self-mutilation. Therefore, most of the analysis in this report is presented by source and covers any attempt to harm, hurt or kill oneself.

Questions to parents if child was feeling depressed/irritable/a lack of interest

Over the whole of his/her lifetime has s/he ever tried to harm himself/herself or kill himself?

During the time when s/he was feeling (depressed, irritable/a lack of interest) did s/he ever try tried to harm himself/herself or kill himself?

Questions to parents if child was feeling neither depressed nor irritable nor a lack of interest

Over the past month, has s/he ever tried to harm or hurt himself/herself?

Over the whole of his/her lifetime has s/he ever tried to harm or hurt himself/herself?

Questions to child, aged 11-15 if child was feeling depressed/irritable/lacking interest

Over the whole of your lifetime have you ever tried to harm yourself or kill yourself?

During the time when you were feeling (depressed/irritable/lacking interest) did you ever try tried to harm yourself or kill yourself?

Questions to child, aged 11-15 if s/he was feeling neither depressed nor irritable nor lacking of interest

Over the past month, have you ever tried to harm or hurt yourself?

Over the whole of your lifetime have you ever tried to harm or hurt yourself?

1.3 Coverage of this report

The main aim of this report is to present prevalence rates of self-harm among children and adolescents aged 5-15 in England, Scotland and Wales during the first half of 1999.

In order to interpret these results it is important to understand the methods adopted for the original survey, thus, the sampling and interviewing procedures of the main survey are summarised in Chapter 2.

Chapter 3 focuses on children aged 5-10 who had ever tried to harm, hurt or kill themselves as reported by their parents. The first half of the chapter presents prevalence rates by psychiatric, personal, family and household characteristics. The second half of the chapter compares the distribution of these characteristics by whether or not the children have tried to harm, hurt or kill themselves.

Chapter 4 follows the same format as Chapter 3 but presents data on older children, the 11-15 year olds. However the tables are more complex as they present data by whether the children's attempts to harm, hurt or kill themselves were reported by the parents, the children or either parent or child.

Chapter 5 re-examines the survey data presented in Chapter 4 by combining the source of information. Four groups of 11-15 year olds have been created:

- Both parent and child reported that child ever attempted to harm him/herself.
- Parent reported that child ever attempted to harm him/herself, child did not.
- Child reported that s/he ever attempted to harm him/herself, parent did not
- Neither parent nor child reported that child ever attempted to harm him/herself

References

Meltzer, H., Gatwood, R., Goodman, R., and Ford, T. (2000) *Mental health of children and adolescents in Great Britain*, London: The Stationery Office.

Chapter 2

Sampling and survey procedures

2.1 The sampling frame

The sample was drawn from Child Benefit Records held by the Child Benefit Centre (CBC). Using centralised records as a sampling frame was preferred to carrying out a postal sift of over 100,000 addresses and to sampling through schools. The postal sift would have been time consuming and expensive. We did not want to sample through schools because we wanted our initial contact to be parents who then would give signed consent to approach the child's teacher.

2.2 Sampling procedures and response

Table 2.1 shows that 14,250 letters were despatched by the Child Benefit Centre (CBC) on behalf of ONS: 30 letters for each of the 475 postal sectors. Nine hundred and thirty one of the sampled addresses (6.5%) contacted ONS via a free phone number to opt out and a further 790 addresses (5.5%) were found to be ineligible. The main reason for ineligibility was that the family had moved and could not be traced. This accounted for 629 of the 790 ineligibles – 4.4% overall. Other reasons for ineligibility were: the child was deceased, fostered out, outside the age criteria, 5-15 or the family had emigrated. Therefore, just over twelve and a half thousand addresses were allocated to around 300 interviewers. (Table 2.1)

Table 2.1 Response to initial CBC letter

	Number	%
Sampled children	14,250	100
Opt outs	931	6.5
Ineligibles	790	5.5
Children eligible for interview	12,529	88.0

Information was collected on 83% of the 12,529 children eligible for interview from up to three sources resulting in at least some data for 10,438 children. (Table 2.2)

Table 2.2 Response to interview

	Number	%
All interviews	10,438	83
Refusals	1,774	15
Non-contacts	317	2
Base = set sample	12,529	100

Among the co-operating families, almost all the parents and most of the children took part. Four out of five teachers also returned their questionnaires, based on an initial mail out and one reminder letter. (*Table 2.3*)

To improve the representativeness of the survey, the data were weighted (a) to take account of differential sampling of postal sectors by country, (b) to match the age/sex distribution of 5-15 year olds in the population at the time of the survey, and (c) to compensate for response variability by metropolitan and non-metropolitan regions, i.e. poorer response in inner cities. Finally, the data were adjusted to take account of the missing teacher data.

Table 2.3 Achieved interviews by type of informant

	Number	%
Parent interviews	10,405	(99.7%)
Child interviews/ assessments	9,347	(95.3%)
Teacher questionnaire	8,382	(80.3%)
<i>Base = achieved interviews</i>	<i>10,438</i>	

3.1 Introduction

This chapter is divided into two sections. The first section looks at the responses of parents to the self-harm questions and presents prevalence rates by psychiatric, biographic and socio-demographic factors. It also looks at whether children try to harm, hurt or kill themselves by family functioning characteristics. The second part of the chapter looks at the family's social functioning, the child's physical health, the use of services and the child's education and scholastic achievement by whether or not the child ever attempted to harm him/herself.

3.2 Prevalence of self harm**Age and sex**

According to parents, approximately 1.3% of 5-10 year olds had ever tried to harm, hurt or kill themselves. Higher proportions were found among boys than girls (1.7% and 0.9%) and 8-10 year olds had twice the rate of 5-7 year olds (1.7% and 0.9%). The lowest rate, 0.4% was found among 5-7 year old girls rising to 2.1% of 8-10 year old boys. (Table 3.1)

Table 3.1 Proportion of children who have ever tried to harm, hurt or kill themselves by age and sex

Children aged 5-10

	5-7 year olds			8-10 year olds			All children (5-10 year olds)		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
	%	%	%	%	%	%	%	%	%
Child has tried to harm, hurt or kill himself/herself	1.3	0.4	0.9	2.1	1.3	1.7	1.7	0.9	1.3
Child has not tried to harm, hurt or kill himself/herself	98.7	99.6	91.9	97.9	98.7	98.3	98.3	91.9	98.7
Base	1,441	1,447	2,888	1,450	1,434	2,883	2,891	2,881	5,771

Psychiatric profile

Not unexpectedly, the prevalence of self-harm was far higher among children assessed as having a mental disorder compared with other 5-10 year olds. The rate of self harm among the sample of young children with no mental disorder was 0.8%. The rate increased dramatically to 6.2% of children diagnosed as having an anxiety disorder and 7.5% of those who had a conduct disorder, hyperkinetic disorder or a less common mental disorder (e.g. autism, tics etc.). In the survey, only 14 of the 5,772 young children, aged 5-10, were assessed as having a depressive disorder and none of their parents indicated that these children had ever tried to harm, hurt or kill themselves. (Table 3.2)

Table 3.2 Proportion of children who had ever tried to harm, hurt or kill themselves by psychiatric characteristics

Children aged 5-10

Whether children had ever tried to harm, hurt or kill themselves		
Hierarchical classification of mental disorders	%	Base
Any depressive disorder	-	14
Other emotional disorder	6.2	178
Other mental disorder	7.5	255
No mental disorder	0.8	5,325

Socio-demographic and family characteristics

Table 3.3 shows that apart from the age and sex differences described above, the prevalence of self harm among 5-10 year olds was greater for children in:

- Lone parent compared with two-parent families (1.9% and 1.1%)
- Single child families compared to those with 3 or more children (1.8% and 1.1%)
- Whether children were in reconstituted families seemed to make little difference to the prevalence of self-harm.

Household and areal characteristics

The prevalence of self harm among children aged 5-10 was looked at for six household and areal characteristics: family employment status, type of accommodation, tenure, social class (based on occupation of head of household), a classification of regional neighbourhoods and country. Four of these factors show a marked relationship with the rates of self harm. (Table 3.4)

Table 3.3 Proportion of children who had ever tried to harm, hurt or kill themselves by socio-demographic and family characteristics*Children aged 5-10*

Whether children had ever tried to harm, hurt or kill themselves		
Characteristics	%	Base
All children aged 5-10	1.3	5,772
Sex		
Boys	1.7	2,891
Girls	0.9	2,881
Age		
5-7 year olds	0.9	2,888
8-10 year olds	1.7	2,883
Ethnicity		
White	1.3	5,293
Non-White	1.3	473
Family type		
Couples	1.1	4,518
Lone parents	1.9	1,254
Family structure		
With step child	1.0	478
No step children	1.3	5,293
No. of children in family		
1	1.8	877
2	1.3	2,756
3	1.1	1,447
4	1.1	523
5	1.2	166

Table 3.4 Proportion of children who had ever tried to harm, hurt or kill themselves by household and areal characteristics*Children aged 5-10*

Whether children had ever tried to harm, hurt or kill themselves		
Characteristics	%	Base
Family employment status		
All working	1.2	3,690
One working, one not working	1.3	1,261
All not working	1.8	819
Type of accommodation		
Detached house	0.9	1,378
Semi-detached house	1.0	2,162
Terraced house	1.8	1,831
Flat or maisonette	2.0	400
Tenure		
Owners	1.0	3,857
Social sector tenants	1.8	1,527
Private renters	2.1	385
Social Class		
I	0.9	429
II	1.1	1,725
III Nonmanual	1.2	680
III Manual	1.2	1,474
IV	1.7	894
V	2.6	267
ACORN		
Thriving	1.1	1,045
Expanding	0.9	823
Rising	2.3	345
Settling	1.2	1,324
Aspiring	1.5	755
Striving	1.4	1,469
Country		
England	1.4	5,013
Scotland	0.8	480
Wales	0.7	277

The prevalence of self harm among 5-10 year olds was greater for children in:

- Social Class V families (2.6%) compared with Social Class I families (0.9%)
- Families living in terraced houses and maisonettes (1.8-2.0%) compared with those in detached and semi-detached houses (0.8-1.0%)
- Families who were social sector tenants or private renters (1.8-2.1%) compared with owner occupiers (1.0%)
- England (1.4%) rather than Scotland (0.8%) or Wales (0.7%)

Family's social functioning

The term social functioning was used in a very broad sense to refer to several aspects of parental attitudes and behaviour and for the purposes of the survey included:

- Mental health of interviewed parent
- Family functioning in terms of degree of family discord
- Punishment regimes
- Stressful life events

The parent who was interviewed about the child's mental health, in most cases the mother, was also asked about her own mental health by means of the GHQ-12 (General Health

Questionnaire, Goldberg and Williams, 1988). The GHQ-12 is a self administered screening test of twelve questions designed to detect non-psychotic psychiatric disorders in community settings.

The instrument used to estimate family functioning was the General Functioning Scale of the MacMaster Family Activity Device (FAD). It comprises 12 statements that parents rate on a four point scale: strongly agree, agree, disagree and strongly disagree. The scale has been shown to have good reliability, internal consistency and validity in distinguishing between non-clinical families and families attending a psychiatric service. (Miller et al., 1985, Byles et al., 1988, Fristad. M.A., 1989)

How parents punished their children for bad behaviour was investigated by asking parents to rate the frequency of their use of six punishment regimes. Parents had a choice of saying whether they carried out each activity, never, seldom, sometimes or frequently.

All parents were asked if the child experienced ten stressful life events. The items in the list were chosen because they are thought to be highly (psychologically) threatening for the child. Goodyer (1990) has suggested that moderately or highly undesirable recent life events exert potential causal effects on the onset of emotional and behavioural symptoms in school aged children.

Of all the factors so far considered, these family social functioning characteristics, along with the psychiatric assessment of the child, show the most marked association with the prevalence of self-harm. (Table 3.5)

Table 3.5 Proportion of children who had ever tried to harm, hurt or kill themselves by family's social functioning

Children aged 5-10

Whether children had ever tried to harm, hurt or kill themselves		
Characteristics	%	Base
Number of stressful life events		
0	0.8	1,827
1	1.0	2,039
2	1.2	1,211
3	2.3	474
4	4.0	173
5	13.3	45
Parent's GHQ12 score		
0-2	1.0	4,411
3-5	2.5	753
7-9	1.4	362
10-12	3.7	215
Family functioning		
Very healthy	1.1	2,179
Fairly healthy	1.1	2,553
Fairly unhealthy	2.0	862
Very unhealthy	3.7	136
Punishment regime		
Seldom or occasional	1.0	3,632
Frequent	1.8	2,129

The prevalence of self-harm among 5-10 year olds increased with:

- an increase in the number of stressful life events: 0.8% among those with none compared with 2.3% of children who had experienced 3 events and 13.3% among 5-10 year olds who had had 5 or more stressful life events
- an increase in the parents' GHQ score: 1.0% of children with a parental GHQ12 score of 0-2 rising to 3.7% of children with parents who had the highest scores (10-12) on the GHQ12.
- an increase in the degree of family discord (measured by the FAD-GFS): 1.1% among children with no family discord (healthy functioning) rising to 3.7% of children in the most dysfunctional families.
- an increase in the frequency of punishment: 1.0% of children seldom or occasionally punished compared with 1.8% of those frequently punished.

Significant correlates of self-harm among 5-10 year olds

Logistic regression analysis was used to look at the increased odds of 5-10 year olds having tried to harm, hurt or kill themselves (compared to never having tried) in terms of the independent association with socio-demographic, psychiatric and social functioning characteristics. If just the psychiatric classification variable was entered in the model, children with an emotional disorders were just over seven times more likely to have attempted to harm themselves than children

Table 3.6 Odds Ratios for psychiatric correlates of children who had ever tried to harm, hurt or kill themselves

Children aged 5-10

Whether children had ever tried to harm, hurt or kill themselves		
Hierarchical classification of mental disorder	Odds Ratio	(95% C!)
No mental disorder	1.00	.....
Any emotional disorder	7.31	(3.73-14.33)
Other mental disorder	9.42	(5.41-16.40)

with no disorder: OR=7.31 (3.73-14.33). The corresponding odds ratio for children with other mental disorders was 9.42 (5.41-16.40). (Table 3.6)

When the social functioning and socio-demographic variables were entered into the model, the odds ratios for children with any emotional disorder fell to 5.20 (2.48-10.93) and for children with other mental disorders, 6.83.(3.63-12.82). The two other significant factors were sex and number of stressful life events: girls were 40% less likely than boys to attempt to harm themselves and children with 5 or more stressful life events were nearly 14 times more like to self-harm compared with children with none. (Table 3.7)

Table 3.7 Odds Ratios for significant psychiatric, social functioning and socio-demographic correlates of children who had ever tried to harm, hurt or kill themselves

Children aged 5-10

Whether children had ever tried to harm, hurt or kill themselves		
Hierarchical classification of mental disorder	Adjusted Odds Ratio	(95% C!)
No mental disorder	1.00	.....
Any emotional disorder	5.20	(2.48-10.93)
Other mental disorder	6.83	(3.63-12.82)
Number of stressful life events		
0	1.00	.....
1	1.07	(0.53-2.13)
2	1.32	(0.62-2.82)
3	2.28	(0.96-5.54)
4	2.59	(0.90-7.37)
5 and over	13.72	(4.28-45.06)
Sex		
Boy	1.00	.....
Girl	0.60	(0.36-0.99)

Other variables entered into the model which were non significant were: ethnicity, family type, family's economic status, tenure, type of accommodation, ACORN classification, punishment regime, parent's GHQ12 score, family functioning, number of children in household and reconstituted families.

3.3 Characteristics of children who had ever tried to harm, hurt or kill themselves

Whereas the previous section looked at prevalence rates by various characteristics, this section looks at the two groups, those who have tried to harm themselves and those who have not, and compares these two groups in terms of

- The key correlates of self harm
- The experience of particular stressful life events
- Specific indicators of family discord
- The physical health of the child
- Life-threatening experiences, accidents and injuries
- Use of health services and specialist care
- Scholastic achievement and education

Key correlates of self harm

Among the 5-10 years who had tried to harm hurt or kill themselves, two thirds were boys, 40% had a mental disorder, and one in three experienced 3 or more stressful life events. In contrast, among those who had never attempted to harm themselves, a half were boys, 7% had a mental disorder, and one in nine had three or more stressful experiences. (Table 3.8)

Table 3.8 Characteristics of children by whether or not they had ever tried to harm, hurt or kill themselves for the key discriminatory variables

Children aged 5-10

	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
Characteristic	%	%	%
Hierarchical classification of mental disorder			
Any depressive disorder	-	0	0
Other emotional disorder	15	3	3
Other mental disorder	25	4	4
No mental disorder	60	93	92
Number of stressful life events			
0	20	32	32
1	27	36	35
2	20	21	21
3	15	8	8
4	10	3	3
5 and over	8	1	1
Sex			
Boy	67	50	50
Girl	33	50	50
<i>Base</i>	<i>75</i>	<i>5,697</i>	<i>5,772</i>

Particular stressful life events

For 8 out of the 9 life events covered in the survey children who had tried to harm, hurt or kill themselves were markedly more likely than other children to have experienced each event.

For example, 31% of children who had tried to harm themselves were in families who had a major financial crisis compared with 14% of other children, for 11% a close friend had died (compared with 4%). (Table 3.9)

Table 3.9 Experience of lifecourse events by whether or not children had ever tried to harm, hurt or kill themselves

Children aged 5-10

Lifecourse event	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
	%	%	%
Since child was born parent had a separation due to marital difficulties or broken off a steady relationship	42	27	28
Since child was born parent (or partner) had a major financial crisis such as losing the equivalent of three months income	31	14	14
Since child was born parent (or partner) had a problem with the police involving a court appearance	9	5	6
At some stage in the child's life s/he had a serious illness which required a stay in hospital	35	20	21
At some stage in the child's life s/he had been in a serious accident or badly hurt in an accident	10	5	5
At some stage in the child's life a parent, brother or sister died	4	2	2
At some stage in the child's life a close friend died	11	4	4
At some stage in the child's life a grandparent died	15	12	12
At some stage in the child's life a pet died	32	27	27
<i>Base</i>	<i>75</i>	<i>5,696</i>	<i>5,771</i>

Specific indicators of family discord

For most of the 12 indicators of family discord, children who had tried to harm, hurt or kill themselves were twice as likely as other children to live in families characterised by poor or

“unhealthy” family functioning. For example, avoiding discussion of fears and concerns (24% compared with 14%), a lot of bad feeling in the family (15% compared with 6%) making decisions is a problem (22% compared with 10%). (Table 3.10)

Table 3.10 Family functioning by whether or not children had ever tried to harm, hurt or kill themselves

Children aged 5-10

	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
Family functioning	%	%	%
Planning family activities is difficult because we misunderstand each other	23	16	17
In times of crisis we can not turn to each other for support	10	5	5
We can not talk to each other about the sadness we feel	32	15	15
Individuals are not accepted for what they are	10	5	5
We avoid discussing our fears and concerns	24	14	14
We can not express feelings to each other	14	8	8
There is lots of bad feeling in the family	15	6	6
We are not accepted for what we are	15	5	5
Making decisions is a problem for our family	22	10	10
We can not make decisions on how to solve problems	18	7	7
We do not get along well together	11	6	6
We do not confide in each other	13	7	7
<i>Base</i>	<i>75</i>	<i>5,696</i>	<i>5,771</i>

Physical complaints

The sample of 5-10 year olds who had tried to harm, hurt or kill themselves were vastly more likely to have a physical complaint, as reported by their mothers, than the other children in the survey. Among the self-harm group of children, nearly a quarter were reported to have speech and language problems (4% of the others), 24% had difficulties with co-ordination (2% of the other children) 12% had epilepsy and 10% were soiling their pants compared to 1% of those never having tried to harm themselves.

(Table 5.11)

Table 3.11 Physical complaints by whether or not children had ever tried to harm, hurt or kill themselves

Children aged 5-10

	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
Physical complaints	%	%	%
Asthma	19	16	16
Eczema	23	14	14
Eyesight problems	14	9	9
Hay fever	7	6	6
Stomach or digestive problems	16	6	6
Non-food allergy	18	4	5
Migraine/severe headaches	8	2	2
Glue ear/otitis media	10	6	6
Bed wetting	20	6	7
Hearing problems	15	5	5
Speech or language problems	24	4	5
Food allergy	11	3	3
Difficulties with co-ordination	24	2	2
Stiffness or deformity of foot	5	1	1
Heart problems	5	2	2
Soiling pants	10	1	2
Muscle disease or weakness	5	1	1
Kidney/urinary tract problems	3	1	1
Obesity	1	1	1
Congenital abnormality	4	1	1
Epilepsy	12	1	1
Any blood disorder	3	1	1
Diabetes	-	0	0
<i>Base</i>	<i>75</i>	<i>5,696</i>	<i>5,771</i>

Life threatening experiences, accidents and injuries

About a quarter of parents who reported that their children had tried to harm themselves also said that at one time they thought their child was so ill that s/he may die. This is in contrast to 11% of the remaining parents. However, this life-threatening experience may have been caused by the child trying to harm, hurt or kill themselves. Nevertheless children who had tried to harm themselves were four times as likely as the other children to have a head injury with loss of consciousness (13% compared with 3%) and to have suffered a burn or accidental poisoning requiring hospitalisation (8% and 2% respectively). (Table 3.12)

Table 3.12 Life-threatening experiences, accidents and injuries by whether or not children had ever tried to harm, hurt or kill themselves

Children aged 5-10

	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
Physically harmful experiences	%	%	%
Thought child was so ill that s/he may die	27	11	12
Accident causing broken bone	15	11	11
Head injury with loss of consciousness	13	3	4
Burn requiring hospital admission	8	2	2
Accidental poisoning with hospital admission	8	2	2
<i>Base</i>	<i>75</i>	<i>5,696</i>	<i>5,771</i>

Use of services

Considering the strong association, shown above, of self-harm with mental disorders, physical complaints, accidents, and injuries, it is not surprising to note that children who had tried to harm, hurt or kill themselves were far more likely to have made visits and more frequent visits to GPs and out-patient clinics than other children. (Table 3.13)

Table 3.13 Service use (for any reason) by whether or not children had ever tried to harm, hurt or kill themselves

Children aged 5-10

Characteristic	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
	%	%	%
GP visits in past 12 months			
None at all	45	62	62
Once	9	12	12
Twice	12	10	10
Three times	12	5	5
Four or more times	21	10	10
A & E visits in the past 12 months			
None at all	78	83	83
Once	18	13	13
Twice	1	2	3
Three times	-	1	1
Four or more times	3	0	0
Inpatient stays in the past 12 months			
None at all	92	94	94
Once	3	5	5
Twice	4	1	1
Three times	-	0	0
Four or more times	1	0	0
Out-patient visits in the past 12 months			
None at all	60	81	80
Once	7	8	8
Twice	12	5	5
Three times	4	2	2
Four or more times	17	4	4
<i>Base</i>	75	5,697	5,772

The survey only allows us to look at the use of specialist services for children who had tried to harm themselves whose mothers indicated they had a significant mental health problem. Two-thirds of children had used such services. Just less than half the children had received specialist help from educational services with a similar proportion receiving help from primary health care services. A third had seen specialist mental health care services such as a psychiatrist or a psychologist and just less than one in five had been in contact with the social services. (Table 3.14)

Table 3.14 Specialist services used by children who had ever tried to harm, hurt or kill themselves

Children aged 5-10

	% using each service*
Educational services	47
Primary health care services	45
Specialist health care services	31
Social services	18
Alternative therapists	7
Other specialist service	10
Any of the above services	65
None of the above services	35
<i>Base</i>	<i>75</i>

* Percentages add to more than 100% because children may have seen more than one specialist service.

Scholastic achievement

Around two-thirds of children who had tried to harm themselves had special educational needs compared with 20% of other 5-10 year olds. They were also three times more likely to have specific learning difficulties than the other children: 16% compared with 5%. (Table 3.15)

Table 3.15 Scholastic achievement by whether or not children had ever tried to harm, hurt or kill themselves

Children aged 5-10 with (a) teachers' data (b) who completed BPVS and BAS assessments

	Whether children had ever tried to harm, hurt or kill themselves		
	Tried	Not tried	All
(a) Special educational needs	%	%	%
None	36	80	80
Stage 1	16	8	8
Stage 2	16	6	6
Stage 3	13	3	3
Stage 4	-	0	0
Stage 5	19	2	2
<i>Base</i>	<i>63</i>	<i>4,516</i>	<i>4,579</i>
(b) Specific learning difficulties			
Present	16	5	5
Not present	84	95	95
<i>Base</i>	<i>62</i>	<i>5,242</i>	<i>5,304</i>

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4.1 Introduction

The first part of this chapter looks at the responses of parents and of the children themselves to the self-harm questions and presents prevalence rates, according to source, by psychiatric, biographic and socio-demographic factors. It also looks at whether children try to harm, hurt or kill themselves by family functioning characteristics. The second part of the chapter looks at the family's social functioning, the child's physical health, the use of services and the child's education and scholastic achievement by whether or not the child ever attempted to harm him/herself.

Although all the tables in this chapter present data by source: parent's report, child's report and any report, the commentary will focus solely on the parent's report (to make it comparable with Chapter 3). The significance of the children's responses are examined in Chapter 5.

4.2 Prevalence of self harm

Age and sex

According to parents, approximately 2.1% of 11-15 year olds had ever tried to harm, hurt or kill themselves. Higher proportions were found among girls than boys (2.5% and 1.8%) and 13-15 year olds had one and a half times the rate of 11-12 year olds (2.5% and 1.6%). The highest rate, 3.1%, was found among 13-15 year old girls. (*Table 4.1*)

Psychiatric profile

Not unexpectedly, the prevalence of self-harm was far higher among children assessed as having a mental disorder compared with other 11-15 year olds. The rate of self harm among the sample of children with no mental disorder was 1.2%. The rate increased markedly to 9.4% of those with anxiety disorders, 18.8% of children diagnosed as having depression, 12.6% of those who had a conduct disorder and 8.5% among children with a hyperkinetic disorder. (*Table 4.2*)

Table 4.1 Proportion of children who had ever tried to harm, hurt or kill themselves by age and sex and by source of information									
<i>Children aged 11-15</i>									
	11-12 year olds			13-15 year olds			All children		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Parent's report	%	%	%	%	%	%	%	%	%
Child has tried to harm, hurt or kill himself/herself	1.6	1.5	1.6	1.9	3.1	2.5	1.8	2.5	2.1
Child has not tried to harm, hurt or kill himself/herself	98.4	98.5	98.4	98.1	96.9	97.5	98.2	97.5	97.9
<i>Base</i>	<i>929</i>	<i>922</i>	<i>1,851</i>	<i>1,344</i>	<i>1,338</i>	<i>2,681</i>	<i>2,273</i>	<i>2,260</i>	<i>4,532</i>
Child's report	%	%	%	%	%	%	%	%	%
Child has tried to harm, hurt or kill himself/herself	4.6	4.4	4.6	5.3	7.9	6.6	5.0	6.5	5.8
Child has not tried to harm, hurt or kill himself/herself	95.4	95.6	95.4	94.7	92.1	93.4	95.0	93.5	94.2
<i>Base</i>	<i>884</i>	<i>879</i>	<i>1,764</i>	<i>1,209</i>	<i>1,179</i>	<i>2,559</i>	<i>2,161</i>	<i>2,161</i>	<i>4,323</i>
Any report	%	%	%	%	%	%	%	%	%
Child has tried to harm, hurt or kill himself/herself	5.7	5.2	5.5	6.1	9.0	7.5	5.9	7.5	6.7
Child has not tried to harm, hurt or kill himself/herself	94.3	94.8	94.5	93.9	91.0	92.5	94.1	92.5	93.3
<i>Base</i>	<i>948</i>	<i>936</i>	<i>1,884</i>	<i>1,362</i>	<i>1,361</i>	<i>2,722</i>	<i>2,310</i>	<i>2,297</i>	<i>4,606</i>

Table 4.2 Proportion of children who had ever tried to harm, hurt or kill themselves by type of mental disorder and by source of information*Children aged 11-15*

Characteristics	Report of parent of child aged 11-15		Report of children aged 11-15		Report of parent or of child aged 11-15	
	%	Base	%	Base	%	Base
Emotional disorders	10.9	253	22.9	239	25.5	258
Anxiety disorders	9.4	208	22.0	193	24.4	212
Separation anxiety	[4]	23	9.0	22	21.6	24
Specific Phobia	7.7	40	20.4	35	22.5	40
Social Phobia	[2]	17	[2]	16	[3]	17
Panic	[-]	15	[2]	15	[2]	15
Agoraphobia	[-]	7	[1]	7	[1]	7
PTSD	[5]	17	[3]	15	[8]	17
OCD	[1]	20	[5]	21	[5]	21
General Anxiety Disorder	9.3	42	22.5	41	23.6	43
Other Anxiety	9.0	80	27.1	73	26.4	82
Depression	18.8	81	37.4	77	41.2	82
Depressive episode	16.9	59	38.9	56	41.2	60
Other depressive episode	[5]	21	[7]	21	[9]	22
Conduct disorders	12.6	253	17.4	224	22.1	256
Oppositional defiant disorder	5.9	84	6.8	76	11.9	85
Conduct disorder (family context)	[3]	9	[3]	8	[4]	9
Unsocialised conduct disorder	[4]	26	[5]	22	[7]	26
Socialised conduct disorder	18.0	78	19.7	67	27.3	78
Other conduct disorder	9.7	56	24.0	51	23.7	58
Hyperkinetic disorders	8.5	58	16.4	50	20.8	58
Hyperkinesis	10.2	49	12.6	41	18.5	49
Other hyperkinetic disorder	[-]	10	[3]	10	[3]	10
Less common disorders	[5]	28	[7]	19	[11]	27
Pervasive Developmental Disorder	[2]	8	[1]	4	[3]	8
Psychotic disorder	[-]	[-]	[-]	[-]	[-]	[-]
Tic Disorder	[-]	4	[-]	3	[-]	4
Eating Disorder	[1]	12	[6]	11	[6]	12
Any mental disorder	10.1	480	18.7	432	21.8	487
No mental disorder	1.2	4,053	4.4	3,891	4.9	4,119
Hierarchical classification						
Any depressive disorder	18.5	81	37.7	77	41.5	82
Other emotional disorder	7.0	171	16.0	162	18.2	176
Other mental disorder	9.3	227	13.5	193	17.5	229
No mental disorder	1.2	4,053	4.4	3,891	4.9	4,119

Socio-demographic and family characteristics

Table 4.3 shows that apart from the age and sex differences described above, the prevalence of self harm among 11-15 year olds was greater for children in:

- Lone parent compared with two-parent families (3.1% and 1.8%)
- Families with step children as distinct from those without (3.7% and 1.9%)
- Families with 5 or more children compared with those with less children (6.2% and 2.0%)

Table 4.3 Proportion of children who had ever tried to harm, hurt or kill themselves by socio-demographic and family characteristics and by source of information

Children aged 11-15

Characteristics	Report of parent of child aged 11-15		Report of children aged 11-15		Report of parent or of child aged 11-15	
	%	Base	%	Base	%	Base
All children aged 11-15	2.1	4,532	5.8	4,323	6.7	4,606
Sex						
Boys	1.8	2,273	5.0	2,161	5.9	2,309
Girls	2.4	2,259	6.5	2,161	7.5	2,297
Age						
11-12 year olds	1.6	1,851	4.5	1,763	5.5	1,884
13-15 year olds	2.5	2,681	6.6	2,557	7.5	2,722
Ethnicity						
White	2.2	4,148	5.7	3,907	6.6	4,166
Non-White	1.3	381	7.0	412	7.1	435
Family type						
Couples	1.8	435	5.5	3,319	6.2	3,514
Lone parents	3.1	1,073	6.7	1,004	8.2	1,092
Family structure						
With step child	3.7	461	8.4	439	10.1	467
No step children	1.9	4,071	5.5	3,883	6.3	4,139
No. of children in family						
1	2.0	1,301	4.5	1,221	5.5	1,310
2	2.0	1,918	6.0	1,846	6.8	1,950
3	2.0	917	6.6	881	7.5	933
4	2.1	283	6.4	264	6.5	293
5	6.2	113	9.2	109	12.3	122

Table 4.4 Proportion of children who had ever tried to harm, hurt or kill themselves by household and areal characteristics and by source of information*Children aged 11-15*

Characteristics	Report of parent of child aged 11-15		Report of children aged 11-15		Report of parent or of child aged 11-15	
	%	Base	%	Base	%	Base
Family employment status						
All working	2.0	3,245	5.6	3,073	6.4	3,245
One working, one not working	2.4	700	6.5	647	7.4	700
All not working	2.6	588	6.6	531	7.8	591
Type of accommodation						
Detached house	2.0	591	6.0	1,115	7.1	1,176
Semi-detached house	1.9	1,792	5.3	1,683	5.9	1,804
Terraced house	2.3	1,297	6.7	1,261	7.7	1,341
Flat or maisonette	2.9	272	4.2	264	5.3	285
Tenure						
Owners	1.5	3,152	5.6	3,024	6.2	3,183
Social sector tenants	3.7	1,128	6.2	1,128	8.1	1,128
Private renters	3.2	250	6.1	244	6.6	257
Social Class						
I	2.6	257	4.9	329	6.6	348
II	1.8	1,471	6.7	1,401	7.3	1,472
III Nonmanual	1.1	545	5.1	513	5.5	545
III Manual	1.7	1,111	6.0	1,055	6.7	1,112
IV	2.9	654	5.9	596	6.9	654
V	2.5	242	5.0	218	6.6	243
Never worked	5.0	60	1.9	54	6.7	60
ACORN						
Thriving	1.7	882	5.9	835	6.4	885
Expanding	1.3	618	4.9	594	5.8	622
Rising	1.6	255	6.6	256	7.0	271
Settling	1.8	1,043	5.9	982	6.9	1,043
Aspiring	2.7	629	5.5	586	6.9	637
Striving	3.0	1,103	6.0	1,055	7.0	1,144
Country						
England	2.2	3,882	6.0	3,715	7.0	3,946
Scotland	1.0	404	3.9	380	4.1	411
Wales	2.8	247	4.9	226	6.4	249

Household and areal characteristics

The prevalence of self harm among children aged 11-15 was looked at for six household and areal characteristics: family employment status, type of accommodation, tenure, social class (based on occupation of head of household), a classification of regional neighbourhoods and country. Two of these factors show a marked relationship with the rates of self harm.

The prevalence of self harm among 11-15 year olds was greater for children in:

- Families who were social sector tenants (3.7%) or private renters (3.2%) compared with owner occupiers (1.5%)
- Wales (2.8%) and England (2.2%) rather than Scotland (1.0%)

Family's social functioning

The term social functioning was used in a very broad sense to refer to several aspects of parental attitudes and behaviour and for the purposes of the survey included:

- Mental health of interviewed parent
- Family functioning in terms of degree of family discord
- Punishment regimes
- Stressful life events

The parent who was interviewed about the child's mental health, in most cases the mother, was also asked about her own mental health by means of the GHQ-12 (General Health Questionnaire, Goldberg and Williams, 1988).

The GHQ-12 is a self administered screening test of twelve questions designed to detect non-psychotic psychiatric disorders in community settings.

The instrument used to estimate family functioning was the General Functioning Scale of the MacMaster Family Activity Device (FAD). It comprises 12 statements that parents rate on a four point scale: strongly agree, agree, disagree and strongly disagree. The scale has been shown to have good reliability, internal consistency and validity in distinguishing between non-clinical families and families attending a psychiatric service. (Miller et al., 1985, Byles et al., 1988, Fristad. M.A., 1989)

How parents punished their children for bad behaviour was investigated by asking parents to rate the frequency of their use of six punishment regimes.

Parents had a choice of saying whether they carried out each activity, never, seldom, sometimes or frequently.

All parents were asked if the child experienced ten stressful life events. The items in the list were chosen because they are thought to be highly (psychologically) threatening for the child. Goodyer (1990) has suggested that moderately or highly undesirable recent life events exert potential causal effects on the onset of emotional and behavioural symptoms in school aged children.

Of all the factors so far considered, these family social functioning characteristics, along with the psychiatric assessment of the child, show the most marked association with the prevalence of self-harm. (*Table 4.5*)

Table 4.5 Proportion of children who had ever tried to harm, hurt or kill themselves by family's social functioning characteristics and by source of information*Children aged 11-15*

Characteristics	Report of parent of child aged 11-15		Report of children aged 11-15		Report of parent or of child aged 11-15	
	%	Base	%	Base	%	Base
Number of stressful life events						
0	1.2	1,160	4.5	1,098	4.8	1,163
1	1.6	1,507	5.8	1,421	6.4	1,508
2	1.7	1,052	5.3	975	5.9	1,052
3	3.6	506	7.0	473	8.7	505
4	6.3	224	9.6	209	13.4	224
5	9.5	84	17.3	75	22.6	84
Parent's GHQ12 score						
0-2	1.4	3,260	4.7	3,059	5.3	3,260
3-5	2.6	618	6.3	584	7.6	618
7-9	3.6	360	10.0	340	11.9	360
10-12	7.1	268	13.4	246	15.7	267
Family functioning						
Very healthy	1.5	1,442	5.0	1,358	5.8	1,442
Fairly healthy	1.8	2,110	5.1	1,974	5.8	2,110
Fairly unhealthy	3.0	807	8.6	760	9.5	807
Very unhealthy	8.4	119	13.6	110	17.8	118
Punishment regime						
Seldom or occasional	1.9	3,576	5.4	3,348	6.2	3,576
Frequent	2.9	954	7.7	900	8.8	953

The prevalence of self-harm among 11-15 year olds increased with:

- an increase in the number of stressful life events: 1.2% among those with none compared with 3.6% of children who had experienced 3 events and 9.5% among 5-10 year olds who had had 5 or more stressful life events
- an increase in the parents' GHQ score: 1.4% of children with a parental GHQ12 score of 0-2 rising to 7.1% of children with parents who had the highest scores (10-12) on the GHQ12.
- an increase in the degree of family discord (measured by the FAD-GFS): 1.5% among children with no family discord (very healthy functioning) to 8.4% of children in the most dysfunctional families.
- an increase in the frequency of punishment: 1.9% of children seldom or occasionally punished compared with 2.9% of those frequently punished.

Significant correlates of self-harm among 11-15 year olds.

Logistic regression analysis was used to look at the increased odds of 11-15 year olds having tried to harm, hurt or kill themselves (compared to never having tried) in terms of the independent association with socio-demographic, psychiatric and social functioning characteristics. If just the psychiatric classification variable was entered in the model, children with depressive disorders were twenty times more likely to have attempted to harm themselves than children with no disorder: OR=20.06 (10.65-37.78). The corresponding odds ratio for children with anxiety disorders and other mental disorders was 6.54 (3.40-12.60) and 8.94 (5.24-15.27). (Table 4.6)

When the social functioning and socio-demographic variables were entered into the model, the odds ratios for children with depression fell to 14.05 (6.78-29.11. for anxiety, 4.07 (2.00-8.31) and 7.09 (3.82-13.16) for children with other mental disorders. (Table 4.7)

Table 4.6 Odds Ratios for psychiatric correlates of children who had ever tried to harm, hurt or kill themselves by source of information

Children aged 11-15

	Report of parent of child aged 11-15		Report of children aged 11-15		Report of parent or of child aged 11-15	
	Odds Ratio	(95% CI!)	Odds Ratio	(95% CI!)	Odds Ratio	(95% CI!)
Hierarchical classification of mental disorder						
No mental disorder	1.00	.....	1.00	.....	1.00	.....
Any depressive disorder	20.06	(10.65-37.78)	13.27	(8.10-21.74)	13.86	(8.68-22.13)
Other emotional disorder	6.54	(3.40-12.60)	4.19	(2.66-6.60)	4.31	(2.85-6.52)
Other mental disorder	8.94	(5.24-15.27)	3.44	(2.19-5.39)	4.29	(2.96-6.22)

Table 4.7 Odds Ratios for significant psychiatric, social functioning and socio-demographic correlates of children who had ever tried to harm, hurt or kill themselves by source of information*Children aged 11-15*

	Report of parent of child aged 11-15		Report of children aged 11-15		Report of parent or of child aged 11-15	
	Adjusted Odds Ratio	(95% CI) Odds Ratio	Adjusted	(95% CI) Odds Ratio	Adjusted	(95% CI)
Hierarchical classification of mental disorder						
No mental disorder	1.00	.....	1.00	.....	1.00	.....
Any depressive disorder	14.05	(6.78-29.11)	11.96	(6.90-20.76)	11.17	(6.61-18.86)
Other emotional disorder	4.07	(2.00-8.31)	3.71	(2.28-6.06)	3.44	(2.20-5.38)
Other mental disorder	7.09	(3.82-13.16)	3.04	(1.84-5.03)	3.88	(2.55-5.86)
Number of stressful life events						
0	*		1.00	.....	1.00	.....
1	*		1.22	(0.83-1.82)	1.24	(0.86-1.78)
2	*		0.99	((0.63-1.55)	1.02	
3	*		1.05	(0.62-1.77)	1.31	(0.82-2.10)
4	*		1.12	(0.59-2.15)	1.62	(0.92-2.83)
5+	*		2.67	(1.23-5.78)	3.23	(1.62-6.42)
Parent's GHQ12 score						
"0-2"	*		1.00	.....	1.00	.....
"3-5"	*		1.15	(0.77-1.71)	1.17	(0.82-1.68)
"6-9"	*		1.64	(1.06-2.54)	1.64	(1.10-2.43)
"10-12"	*		1.66	(1.01-2.70)	1.66	(1.08-2.58)
Family functioning						
Very good	1.00	.....	*	.	1.00	.....
Good	1.09	(0.62-1.93)	*		0.91	(0.67-1.24)
Poor	1.34	(0.70-2.56)	*		1.27	(0.89-1.82)
Very poor	2.89	(1.19-7.05)	*		1.92	(1.06-3.47)
Sex						
Boy	1.00	.....	1.00	.....	1.00	.....
Girl	1.60	(1.02-2.51)	1.46	(1.10-1.93)	1.46	(1.13-1.88)
Number of children in hhd						
1	1.00	.....	*		1.00	.....
2	0.95	(0.55-1.65)	*		1.28	(0.93-1.75)
3	0.97	(0.50-1.89)	*		1.38	(.95-2.00)
4	0.78	(0.29-2.08)	*		0.96	(0.53-1.72)
5	2.74	(1.01-7.44)	*		2.43	(1.22-4.83)
Reconstituted families						
No stepchildren in household	*		1.00	.....	1.00	.....
Stepchildren in household	*		1.58	(1.04-2.41)	1.48	1.00-2.18)

Other variables entered into the model which were non significant for all groups were: Ethnicity, Family type, Family's economic status, Tenure, Type of accommodation, ACORN classification and punishment regime.

The three other significant factors were sex, family functioning and number of children in household:

- girls were 60% more likely than boys to attempt to harm themselves,
- children in families with the most discord were nearly three times as likely to harm themselves than those with a very healthy family functioning rating, and
- children in households with at least four other children were 2.74 times more likely to try to harm, hurt, or kill themselves than lone-child families.

4.3 Characteristics of children who had ever tried to harm, hurt or kill themselves

Whereas the previous section looked at prevalence rates by various characteristics, this section looks at the two groups, those who have tried to harm themselves and those who have not, and compares these two groups in terms of:

- The key correlates of self harm
- The experience of particular stressful life events

- Specific indicators of family discord
- The physical health of the child
- Life-threatening experiences, accidents and injuries
- Use of health services and specialist care
- Scholastic achievement and education

Key correlates of self harm

Among the 11-15 years who had tried to harm hurt or kill themselves, 58% were girls, 50% had a mental disorder, and just over 40% had experienced 3 or more stressful life events. In contrast, among those who had never attempted to harm themselves, a half were girls, 10% had a mental disorder, and 18% had three or more stressful experiences. (*Table 4.8*)

Particular stressful life events

For the majority of life events covered in the survey children who had tried to harm themselves were markedly more likely than other children to have experienced each event. For example, 31% of 13-15 year olds who had tried to harm themselves had broken off a steady relationship compared with 9% of other children, for 10% a parent, brother or sister had died (compared with 4%). (*Table 4.9*)

Table 4.8 Characteristics of children by whether or not they had ever tried to harm, hurt or kill themselves for the key discriminatory variables by source of information*Children aged 11-15*

Characteristic	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
	%	%	%	%	%	%	%	%	%
Hierarchical classification of mental disorder									
Any depressive disorder	16	2	2	12	1	2	11	1	2
Other emotional disorder	13	4	4	10	3	4	10	3	4
Other mental disorder	22	5	5	10	4	5	13	4	5
No mental disorder	50	90	89	68	91	90	66	91	89
Number of stressful life events									
0	15	26	26	20	26	26	18	26	26
1	25	33	33	33	34	33	31	33	33
2	19	23	23	21	23	23	20	23	23
3	19	11	11	13	11	11	14	11	11
4	15	5	5	8	5	5	10	5	5
5 and over	8	2	2	5	2	2	6	2	2
Parent's GHQ12 score									
"0-2"	50	73	72	58	73	72	57	74	72
"3-5"	17	14	14	15	14	14	15	14	14
"6-9"	14	8	8	14	8	8	14	8	8
"10-12"	20	6	6	13	5	6	14	5	6
Family functioning									
Very good	23	32	32	27	33	32	27	33	32
Good	41	47	47	40	47	47	41	48	47
Poor	26	18	18	26	18	18	25	18	18
Very poor	11	3	3	6	2	3	7	2	3
Sex									
Boy	42	50	50	44	50	50	44	51	50
Girl	58	50	50	56	50	50	56	49	50
Number of children in hhd									
1	27	29	29	22	29	28	23	29	28
2	40	42	42	44	43	43	43	42	42
3	19	20	20	23	20	20	23	20	20
4	6	6	6	7	6	6	6	6	6
5	7	2	3	4	2	3	5	3	3
Reconstituted families									
No stepchildren in household	82	90	90	85	90	90	85	90	90
Stepchildren in household	18	10	10	15	10	10	15	10	10
Base	95	4,437	4,532	250	4,072	4,322	308	4,298	4,606

Table 4.9 Experience of lifecourse events by whether or not children had ever tried to harm, hurt or kill themselves by source of information

Children aged 11-15

Lifecourse event	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
	%	%	%	%	%	%	%	%	%
Since child was born parent had a separation due to marital difficulties or broken off a steady relationship	53	34	34	44	34	34	46	34	34
Since child was born parent (or partner) had a major financial crisis such as losing the equivalent of three months income	29	18	18	24	17	18	26	17	18
Since child was born parent (or partner) had a problem with the police involving a court appearance	12	7	7	12	7	7	12	7	7
At some stage in the child's life s/he had a serious illness which required a stay in hospital	25	20	20	22	20	20	23	20	20
At some stage in the child's life s/he had been in a serious accident or badly hurt in an accident	16	6	6	8	6	6	10	6	6
At some stage in the child's life a parent, brother or sister died	10	4	4	6	4	4	6	4	4
At some stage in the child's life a close friend died	14	7	7	9	7	7	10	7	7
At some stage in the child's life a grandparent died	19	13	13	10	13	13	13	13	13
At some stage in the child's life a pet died	26	26	26	27	26	26	28	26	26
In the past year child has broken off a steady relationship with a boy or girlfriend (asked if aged 13 or above)	31	9	10	21	9	10	22	9	10
<i>Base (All children)</i>	95	4,437	4,532	248	4,001	4,249	307	4,227	4,534
<i>Base (Children aged 13 or above)</i>	67	2,594	2,661	169	2,331	2,500	204	2,456	2,660

Specific indicators of family discord

For most of the 12 indicators of family discord, children who had tried to harm, hurt or kill themselves were at least twice as likely as other children to live in families characterised by poor or “unhealthy” family functioning. For example, avoiding discussion of fears and concerns (29% compared with 16%), a lot of bad feeling in the family (18% compared with 7%), making decisions is a problem (27% compared with 13%). (Table 4.10)

Physical complaints

The sample of 11-15 year olds who had tried to harm, hurt or kill themselves were vastly more likely to have a physical complaint, as reported by their mothers, than the other children in the survey. Among the self-harm group of children, 14% had difficulties with co-ordination (2% of the other children), 6% had epilepsy and 5% were soiling their pants compared to 1% of those never having tried to harm themselves. (Table 4.11)

Life threatening experiences, accidents and injuries

About a quarter of parents (28%) who reported that their children had tried to harm themselves also said that at one time they thought their child was so ill that s/he may die. This is in contrast to 11% of the remaining parents.

However, this life-threatening experience may have been caused by the child trying to harm, hurt or kill themselves. (Table 4.12)

Use of services

Considering the strong association, shown above, of self-harm with mental disorders, physical complaints, accidents, and injuries, it is not surprising to note that children who had tried to harm, hurt or kill themselves were far more likely to have made visits and more frequent visits to GPs and out-patient clinics than other children. (Table 4.13)

The survey only allows us to look at the use of specialist services for children who had tried to harm themselves whose mothers indicated they had a significant mental health problem. Sixty per cent had received specialist help from educational services with 42% receiving help from primary health care services. About a quarter of these children had seen specialist mental health care services such as a psychiatrist or a psychologist and a similar proportion had been in contact with the social services. (Table 4.14)

Scholastic achievement

Around 40% of 11-15 year olds who had tried to harm themselves had special educational needs compared with 15% of other children. (Table 4.15)

Table 4.10 Family functioning by whether or not children had ever tried to harm, hurt or kill themselves by source of information

Children aged 11-15

	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
Family functioning	%	%	%	%	%	%	%	%	%
Planning family activities is difficult because we misunderstand each other	31	21	22	31	21	22	30	21	22
In times of crisis we can not turn to each other for support	12	4	4	9	4	4	9	4	4
We can not talk to each other about the sadness we feel	24	18	18	22	17	18	23	17	18
Individuals are not accepted for what they are	8	5	5	7	4	5	8	4	5
We avoid discussing our fears and concerns	29	16	17	22	16	17	23	16	17
We can not express feelings to each other	22	8	8	13	8	8	16	8	8
There is lots of bad feeling in the family	18	7	7	15	7	7	14	7	7
We are not accepted for what we are	14	4	5	8	4	5	9	4	5
Making decisions is a problem for our family	27	13	13	18	12	13	20	12	13
We can not make decisions on how to solve problems	16	8	8	13	7	8	13	7	8
We do not get along well together	12	6	6	9	6	6	10	6	6
We do not confide in each other	17	8	8	14	8	8	15	8	8
<i>Base</i>	94	4,417	4,511	249	3,986	4,235	307	4,206	4,513

Table 4.11 Physical complaints by whether or not children had ever tried to harm hurt or kill themselves by source of information*Children aged 11-15*

	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
Physical complaints	%	%	%	%	%	%	%	%	%
Asthma	18	15	15	18	15	15	19	15	15
Eczema	15	10	10	9	10	10	10	10	10
Eyesight problems	15	13	13	12	13	13	12	13	13
Hay fever	20	14	14	17	14	14	18	14	14
Stomach or digestive problems	11	6	6	9	6	6	9	6	6
Non-food allergy	12	7	7	8	7	7	8	7	7
Migraine/severe headaches	17	8	8	15	8	9	16	8	8
Glue ear/otitis media	8	3	3	3	3	3	3	3	3
Bed wetting	10	2	2	2	2	2	4	2	2
Hearing problems	5	3	3	4	3	3	4	3	3
Speech or language problems	11	2	3	5	2	2	6	2	3
Food allergy	10	4	4	5	4	4	6	4	4
Difficulties with co-ordination	14	2	2	4	2	2	6	2	2
Stiffness or deformity of foot	5	2	2	4	2	2	4	2	2
Heart problems	1	1	1	2	1	1	2	1	1
Soiling pants	5	1	1	2	1	1	2	1	1
Muscle disease or weakness	3	1	1	2	1	1	2	1	1
Kidney/urinary tract problems	1	1	1	2	1	1	2	1	1
Obesity	3	1	1	1	1	1	1	1	1
Congenital abnormality	3	0	0	2	0	0	2	0	0
Epilepsy	6	1	1	1	0	0	2	1	1
Any blood disorder	1	0	0	1	0	0	1	0	0
Diabetes	4	1	1	1	0	0	2	1	1
<i>Base</i>	<i>96</i>	<i>4,437</i>	<i>4,533</i>	<i>248</i>	<i>4,001</i>	<i>4,249</i>	<i>306</i>	<i>4,227</i>	<i>4,533</i>

Table 4.12 Life-threatening experiences, accidents and injuries by whether or not children had tried to harm, hurt or kill themselves by source of information

Children aged 11-15

	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
Physically harmful experiences	%	%	%	%	%	%	%	%	%
Accident causing broken bone	26	23	23	25	22	22	25	22	23
Thought child was so ill that s/he may die	28	11	12	16	11	12	18	11	12
Head injury with loss of consciousness	8	6	6	7	5	5	8	5	6
Burn requiring hospital admission	5	2	2	2	2	2	3	2	2
Accidental poisoning with hospital admission	7	2	2	4	2	2	4	2	2
<i>Base</i>	<i>96</i>	<i>4,437</i>	<i>4,533</i>	<i>248</i>	<i>4,001</i>	<i>4,249</i>	<i>306</i>	<i>4,227</i>	<i>4,533</i>

Table 4.13 Service use (for any reason) by whether or not children had tried to harm, hurt or kill themselves by source of information*Children aged 11-15*

Characteristic	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
	%	%	%	%	%	%	%	%	%
GP visits in past 12 months									
None at all	46	67	67	64	67	67	60	67	67
Once	14	11	11	7	12	11	9	11	11
Twice	14	10	10	10	10	10	11	10	10
Three times	6	5	5	7	5	5	6	5	5
Four or more times	21	7	8	12	7	7	14	7	8
A & E visits in the past 12 months									
None at all	69	81	81	77	81	81	76	81	81
Once	21	14	14	15	14	14	16	14	14
Twice	5	3	4	4	3	3	4	3	4
Three times	2	1	1	2	1	1	2	1	1
Four or more times	3	1	1	2	1	1	2	1	1
Inpatient stays in the past 12 months									
None at all	83	95	95	90	96	95	91	95	95
Once	16	4	4	8	4	4	8	4	4
Twice	1	1	1	1	0	0	1	0	1
Three times	..	0	0	0	0	0	0	0	0
Four or more times	..	0	0	..	0	0	..	0	0
Out-patient visits in the past 12 months									
None at all	62	82	81	73	82	82	71	82	81
Once	12	8	8	9	8	8	10	8	8
Twice	8	4	4	4	4	4	5	4	4
Three times	5	2	2	3	2	2	3	2	2
Four or more times	13	4	5	11	4	4	11	4	5
<i>Base</i>	96	4,437	4,533	249	4,001	4,250	306	4,228	4,534

Table 4.14 Specialist services used by children who had ever tried to harm, hurt or kill themselves by source of information

Children aged 11-15

	Report of parent of child aged 11-15	Report of children aged 11-15	Report of parent or of child aged 11-15
Specialist services	<i>Percentage of children using each service*</i>		
Educational services	60	22	29
Primary health care services	42	16	22
Specialist health care services	26	9	13
Social services	27	7	12
Alternative therapists	10	2	4
Other specialist service	8	4	5
Base	96	251	308

* Percentages add to more than 100% because children may have seen more than one specialist service.

Table 4.15 Scholastic achievement by whether or not children had ever tried to harm, hurt or kill themselves by source of information

Children aged 11-15 with (a) teachers' data (b) who completed BPVS and BAS assessments

	Report of parent of child aged 11-15			Report of children aged 11-15			Report of parent or of child aged 11-15		
	Tried	Not tried	All	Tried	Not tried	All	Tried	Not tried	All
(a) Special educational needs	%	%	%	%	%	%	%	%	%
None	59	85	84	83	85	85	76	85	84
Stage 1	3	4	4	3	4	4	2	4	4
Stage 2	10	4	4	6	4	4	7	4	4
Stage 3	12	3	3	3	3	3	5	3	3
Stage 4	-	0	0	-	0	0	-	0	0
Stage 5	16	4	4	6	4	4	9	4	4
Base	73	3,282	3,355	201	3,028	3,229	242	3,157	3,399
(b) Specific learning difficulties									
Present	4	5	5	6	6	7	4	5	5
Not present	96	95	95	94	94	93	96	95	95
Base	76	3,863	3,939	234	3,740	3,974	272	3,717	3,989

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5.1 Introduction

This chapter looks at the relationship between the responses of parents and of the children themselves to the self-harm questions

The analysis differs from that in Chapter 4 as it covers the answers to parents and children at the same time. Thus, four groups of 11-15 year olds were identified.

- Both parent and child reported that child ever attempted to harm him/herself.
- Parent reported that child ever attempted to harm him/herself, child did not.
- Child reported that s/he ever attempted to harm him/herself, parent did not
- Neither parent nor child reported that child ever attempted to harm him/herself

Table 5.1 Proportion of children who had ever tried to harm, hurt or kill themselves (a) parent by child, and (b) child by parent

Children aged 11-15

(a) Parents' report as a percentage of children's report	Children's report		
	Yes	No	All
Parent's report	%	%	%
Yes	15.3	1.0	1.8
No	84.7	99.0	98.2
<i>Base</i>	<i>248</i>	<i>4,001</i>	<i>4,249</i>
(b) Children's report as a percentage of parent's report	Parent's report		
	Yes	No	All
Children's report	%	%	%
Yes	48.7	5.0	5.8
No	51.3	95.0	94.2
<i>Base</i>	<i>78</i>	<i>4,171</i>	<i>4,249</i>

Overall, 248 children (out of 4249, 11-15 year olds) reported trying to harm, hurt or kill themselves compared with 78 of parents reports about their children. Using the children reports as the base number, only 15% of parents concurred whereas using the parents' report as the denominator the agreement level approached 50%.

Similarly, among the 4000 children who said they had not tried to harm themselves, 1% of their parents said they had whereas of the 4171 children whose parents said they had not tried to harm themselves, 5% of children said they had done so. (Table 5.1)

Although all the remaining tables in this chapter present data for these four groups the commentary will focus solely on the group where both parent

and child have reported the child having once tried to harm, hurt or kill themselves, i.e. 38 children.

5.2 Characteristics of children who had ever tried to harm, hurt or kill themselves as reported by both parents and children

Psychiatric characteristics

Among the thirty-eight, 11-15 year olds whose parents confirmed their self-harm reports, 60% were assessed as having a mental disorder: 27% with depression, 16% with anxiety and 16% with another mental disorder. (Table 5.2)

Table 5.2 Distribution of psychiatric characteristics of children who had ever tried to harm, hurt or kill themselves by combined source of information

Children aged 11-15

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Characteristics	%	%	%	%	%
Hierarchical classification					
Any depressive disorder	27	10	9	1	2
Other emotional disorder	16	12	9	3	4
Other mental disorder	16	15	9	4	4
No mental disorder	40	62	72	92	90
<i>Base</i>	<i>38</i>	<i>40</i>	<i>210</i>	<i>3,961</i>	<i>4,250</i>

Socio-demographic characteristics

In terms of their socio-demographic characteristics, 82% were aged 13 or older, 65% were girls, 29%

were children living in lone parent families, and 21% were in reconstituted families. Nearly 1 in 5 were in families of four or more children. (Table 5.3)

Table 5.3 Distribution of the socio-demographic characteristics of children who had ever tried to harm, hurt or kill themselves by combined source of information

Children aged 11-15

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Characteristics	%	%	%	%	%
Age					
11-12 year olds	18	30	35	41	41
13-15 year olds	82	70	65	59	59
Sex					
Boys	35	46	45	50	50
Girls	65	54	55	50	50
Ethnicity					
White	95	95	89	92	92
Black	-	5	3	3	3
Indian	3	-	3	2	2
Pakistani & Bangladeshi	3	-	3	2	2
Other	-	-	2	2	2
Family type					
Couples	71	60	73	77	77
Lone parents	29	40	27	23	23
Family structure					
With step child	21	20	14	10	10
No step children	79	80	86	90	90
No. of children in family					
1	24	32	21	29	28
2	40	37	45	43	43
3	16	22	24	20	20
4	11	5	6	6	6
5	8	5	4	2	2
<i>Base</i>	<i>38</i>	<i>40</i>	<i>210</i>	<i>3,961</i>	<i>4,250</i>

Family and household characteristics

Among the 38 children with both self and parental reports of self harm, 68% were in families with all parents workings (including lone parent families), 39% lived in a terraced house or maisonette, 50% were living in rented accommodation, 47% were in families with manual occupations and 43% were living in the poorest neighbourhoods. (Table 5.4)

Social functioning characteristics

Thirty two per cent of children, whose parents confirmed their self harm report, had experienced 3 or more stressful life events, 36% had parents whose GHQ12 score was 7 or above, 41% were living with some degree of family discord and 32% were frequently punished. (Table 5.5)

Particular stressful life events

Of the 38 children who had tried to harm, hurt or kill themselves, as reported by parents and children, about a half were in families where there was a separation due to marital difficulties or a relationship broken off. About a quarter of these children were in families that had suffered a major financial crisis. (Table 5.6)

Specific indicators of family discord

Among our sample of 38 children, about 1 in 3 of their parents reported that “planning family activities are difficult because we misunderstand each other”. A similar proportion agreed with the statement that “we avoid discussing our fears or concerns”. A quarter of their parents said that making decisions was a problem for the family; one in four parents also stated that there was lots of bad feeling in the family. (Table 5.7)

Physical complaints

In relation to physical complaints the sample of 11-15 year olds who had tried to harm, hurt or kill themselves reported by both parents and the children themselves were not particularly different from those where self-harm was mentioned from one source. About one in five had hay fever and eyesight problems and one in six suffered from severe headaches or migraine. (Table 5.8)

Life threatening experiences, accidents and injuries

Parents of about 30% of the sample of the 38 children said that that at some time they thought their child was so ill that s/he may die. (Table 5.9)

Table 5.4 Distribution of household and areal characteristics of children who had ever tried to harm, hurt or kill themselves by combined source of information*Children aged 11-15*

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Characteristics	%	%	%	%	%
Family employment status					
All working	68	70	69	73	73
One working, one not working	18	8	17	15	15
All not working	13	22	14	12	12
Type of accommodation					
Detached house	21	31	28	26	26
Semi-detached house	40	26	35	40	39
Terraced house	29	33	34	28	29
Flat or maisonette	10	10	3	6	6
Tenure					
Owners	50	46	71	71	70
Social sector tenants	34	49	25	24	24
Private renters	16	5	4	6	6
Social Class					
I	5	8	6	8	8
II	37	30	38	33	33
III Nonmanual	5	8	11	12	12
III Manual	21	20	26	25	25
IV	21	18	13	14	14
V	5	5	4	5	5
Armed Forces	3	-	-	0	0
FT student	3	2	-	1	1
Never worked	-	8	1	1	1
Inadequate information	-	2	0	1	1
ACORN					
Thriving	19	18	20	20	20
Expanding	3	8	13	14	14
Rising	5	3	7	6	6
Settling	16	26	25	23	23
Aspiring	14	15	12	14	14
Striving	43	31	22	24	24
Country					
England	87	90	90	86	86
Scotland	5	2	6	9	9
Wales	8	7	3	5	5
Base	38	40	210	3,961	4,249

Use of services

Not surprisingly, the use of services was more prevalent among children whose parents said that their children had tried to hurt, harm or kill themselves. Where the child concurred with the parents report of self harm, 60% had used educational services, 35% accessed primary health care services, 21% had contact with social

services and 18% had specialist mental health care services. (Table 5.10, 5.11)

Scholastic achievement

A third of 11-15 year olds who had tried to harm, hurt or kill themselves, as stated by both parent and child, had special educational needs. (Table 5.12)

Table 5.5 Distribution of social functioning characteristics of children who had ever tried to harm, hurt or kill themselves by combined source of information

Children aged 11-15

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Characteristics	%	%	%	%	%
Number of stressful life events					
0	19	10	20	26	26
1	30	35	34	34	34
2	10	15	21	23	23
3	16	18	12	11	11
4	11	18	8	5	5
5	5	15	5	1	2
Parent's GHQ score					
0-2	47	50	60	74	72
3-5	16	28	15	14	14
7-9	10	20	14	8	8
10-12	26	12	11	5	6
Family functioning					
Very healthy	17	22	30	33	32
Fairly healthy	42	42	40	48	47
Fairly unhealthy	33	22	25	18	18
Very unhealthy	8	12	5	2	3
Punishment regime					
Seldom or occasional	68	66	73	79	79
Frequent	32	34	27	21	21
<i>Base</i>	<i>38</i>	<i>40</i>	<i>210</i>	<i>3,960</i>	<i>4,247</i>

Table 5.6 Experience of life course events of children who had ever tried to harm, hurt or kill themselves by combined source of information*Children aged 11-15*

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Lifecourse event	%	%	%	%	%
Since child was born parent had a separation due to marital difficulties or broken off a steady relationship	53	55	43	33	34
Since child was born parent (or partner) had a major financial crisis such as losing the equivalent of three months income	24	27	24	17	18
Since child was born parent (or partner) had a problem with the police involving a court appearance	10	12	12	7	7
At some stage in the child's life s/he had a serious illness which required a stay in hospital	21	24	22	20	20
At some stage in the child's life s/he had been in a serious accident or badly hurt in an accident	10	20	7	6	6
At some stage in the child's life a parent, brother or sister died	10	10	5	4	4
At some stage in the child's life a close friend died	8	15	9	7	7
At some stage in the child's life a grandparent died	10	28	10	13	13
At some stage in the child's life a pet died	13	46	29	26	26
In the past year child has broken off a steady relationship with a boy or girlfriend (asked if aged 13 or above)	36	25	17	9	10
<i>Base (All children)</i>	<i>38</i>	<i>44</i>	<i>210</i>	<i>3,960</i>	<i>4,249</i>
<i>Base (Children aged 13 or above)</i>	<i>31</i>	<i>28</i>	<i>138</i>	<i>2,303</i>	<i>2,500</i>

Table 5.7 Family functioning characteristics of children who had ever tried to harm, hurt or kill themselves by combined source of information*Children aged 11-15*

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Family functioning	%	%	%	%	%
Planning family activities is difficult because we misunderstand each other	38	28	30	21	22
In times of crisis we can not turn to each other for support	16	10	9	4	4
We can not talk to each other about the sadness we feel	18	32	22	17	18
Individuals are not accepted for what they are	3	12	8	4	5
We avoid discussing our fears and concerns	32	32	20	16	17
We can not express feelings to each other	19	22	12	8	8
There is lots of bad feeling in the family	27	12	13	7	7
We are not accepted for what we are	16	15	6	4	5
Making decisions is a problem for our family	24	27	16	12	13
We can not make decisions on how to solve problems	20	13	12	7	8
We do not get along well together	10	10	8	6	6
We do not confide in each other	11	20	15	8	8
<i>Base</i>	<i>38</i>	<i>40</i>	<i>210</i>	<i>3,947</i>	<i>4,234</i>

Table 5.8 Physical complaints of children who had ever tried to harm, hurt or kill themselves by combined source of information*Children aged 11-15*

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Physical complaints	%	%	%	&	%
Asthma	14	21	19	15	15
Hay fever	19	16	17	14	14
Migraine/severe headaches	16	14	15	8	9
Eyesight problems	19	11	11	13	13
Eczema	10	13	8	10	10
Stomach or digestive problems	7	10	9	6	6
Non-food allergy	14	13	7	7	7
Food allergy	11	13	4	4	4
Speech or language problems	8	10	4	2	2
Difficulties with co-ordination	11	7	3	2	2
Bed wetting	5	10	2	2	2
Hearing problems	5	5	4	3	3
Stiffness or deformity of foot	6	5	4	2	2
Glue ear/otitis media	11	5	1	3	3
Kidney/urinary tract problems	-	2	2	1	1
Obesity	3	5	1	1	1
Heart problems	3	-	2	1	1
Soiling pants	5	5	1	0	1
Muscle disease or weakness	3	-	1	1	1
Epilepsy	3	6	1	0	1
Diabetes	5	3	1	1	1
Congenital abnormality	3	-	2	0	0
Any blood disorder	3	-	1	0	0
<i>Base</i>	<i>38</i>	<i>40</i>	<i>210</i>	<i>3,961</i>	<i>4,249</i>

Table 5.9 Physically harmful experiences of children who had ever tried to harm, hurt or kill themselves by combined source of information*Children aged 11-15*

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Physically harmful experiences	%	%	%	%	%
Accident causing broken bone	30	27	24	22	22
Thought child was so ill that s/he may die	29	29	13	11	12
Head injury with loss of consciousness	5	8	8	5	5
Accidental poisoning with hospital admission	10	5	2	2	2
Burn requiring hospital admission	-	10	2	2	2
<i>Base</i>	<i>38</i>	<i>40</i>	<i>210</i>	<i>3,961</i>	<i>4,250</i>

Table 5.10 Service use (for any reason) of children who had ever tried to harm, hurt or kill themselves by combined source of information*Children aged 11-15*

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
Characteristic	%	%	%	%	%
GP visits in past 12 months					
None at all	50	58	66	67	67
Once	8	8	7	12	11
Twice	10	20	10	10	10
Three times	13	-	6	5	5
Four or more times	18	15	11	7	7
A & E visits in the past 12 months					
None at all	66	75	79	82	81
Once	18	20	14	13	14
Twice	8	-	4	3	3
Three times	5	-	1	1	1
Four or more times	3	5	2	1	1
Inpatient stays in the past 12 months					
None at all	74	95	93	95	95
Once	24	5	5	4	4
Twice	3	-	1	0	0
Three times	-	-	1	0	0
Four or more times	-	-	-	0	0
Out-patient visits in the past 12 months					
None at all	66	68	74	82	82
Once	8	12	9	8	8
Twice	5	8	4	4	4
Three times	8	5	2	2	2
Four or more times	13	8	10	4	4
<i>Base</i>	38	40	210	3,961	4,250

Table 5.11 Specialist services used by children who had ever tried to harm, hurt or kill themselves by combined source of information
Children aged 11-15

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child
Specialist services	%	%	%
Educational services	60	50	15
Primary health care services	35	40	13
Specialist health care services	18	25	8
Social services	21	18	5
Alternative therapists	5	10	1
Other specialist service	8	8	3
Base	38	40	211

* Percentages add to more than 100% because children may have seen more than one specialist service.

Table 5.12 Scholastic achievement of children who had ever tried to harm, hurt or kill themselves by combined source of information
Children aged 11-15

	Yes by parent Yes by child	Yes by parent No by child	No by parent Yes by child	No by parent No by child	All
(a) Special educational needs	%	%	%	%	%
None	76	58	84	86	85
Stage 1	6	-	2	4	4
Stage 2	6	12	6	4	4
Stage 3	6	12	2	3	3
Stage 4	-	-	-	0	0
Stage 5	6	19	6	4	4
Base	34	26	166	2,959	3,195
(b) Specific learning difficulties					
Present	-	9	5	5	5
Not present	100	91	95	95	95
Base	38	35	194	3,717	3,989

ACORN classification

ACORN is a geodemographic targeting classification, combining geographical and demographic characteristics to distinguish different types of people in different areas in Great Britain. (CACI Information Services, (1993), *ACORN User Guide*, CACI Limited 1994. All Rights Reserved. Source: ONS and GRO(S) © Crown Copyright 1991. All Rights Reserved)

Although the ACORN classification has various levels, 6 categories, 17 groups and 54 types, for the purposes of this report, the highest level, i.e. the six broad categories have been chosen for comparative analysis. The ACORN User Guide gives the following description of each category.

Thriving: wealthy achievers, suburban areas; affluent greys, rural communities; prosperous pensioners, retirement areas.

Expanding: affluent executives, family areas; well-off workers, family areas.

Rising: affluent urbanites, town and city areas, prosperous professionals, metropolitan areas; better off executives, inner city areas.

Settling: comfortable middle agers, mature home owning areas; skilled workers, home owning areas.

Aspiring: new home owners, mature communities; white collar workers, better-off multi-ethnic areas.

Striving: older people, less prosperous areas; council estate residents, better off homes; council estate residents, high unemployment; council

estate residents, greater hardship, people in multi-ethnic, low-income areas.

Burden of mental disorders

The burden of the child's problem is a measure of the consequences of the symptoms in terms of whether they cause distress to the family by making the parents worried, depressed, tired or physically ill.

Case vignettes

This case vignette approach for analysing survey data uses clinician ratings based on a review of all the information of each subject. This information includes not only the questionnaires and structured interviews but also any additional comments made by the interviewers, and the transcripts of informants' comments to open-ended questions particularly those which ask about the child's significant problems.

Educational level

Educational level was based on the highest educational qualification obtained and was grouped as follows:

Degree (or degree level qualification)

Teaching qualification

HNC/HND, BEC/TEC Higher, BTEC Higher

City and Guilds Full Technological Certificate

Nursing qualifications: (SRN, SCM, RGN, RM, RHV, Midwife)

A-levels/SCE higher
ONC/OND/BEC/TEC/not higher
City and Guilds Advanced/Final level

GCE O-level (grades A-C if after 1975)
GCSE (grades A-C)
CSE (grade 1)
SCE Ordinary (bands A-C)
Standard grade (levels 1-3)
SLC Lower SUPE Lower or Ordinary
School certificate or Matric
City and Guilds Craft/Ordinary level

GCE O-level (grades D-E if after 1975)
GCSE (grades D-G)
CSE (grades 2-5)
SCE Ordinary (bands D-E)
Standard grade (levels 4-5)
Clerical or commercial qualifications
Apprenticeship
Other qualifications

CSE ungraded

No qualifications

Ethnic Group

Household members were classified into nine groups:

White
Black – Caribbean
Black – African
Black – Other
Indian
Pakistani
Bangladeshi
Chinese
None of these

For analysis purpose these nine groups were subsumed under 5 headings: White, Black, Indian, Pakistani and Bangladeshi and other

Household

The standard definition used in most surveys carried out by ONS Social Survey Division, and comparable with the 1991 Census definition of a household, was used in this survey. A household is defined as a single person or group of people who have the accommodation as their only or main residence and who either share one meal a day or share the living accommodation. (See E McCrossan *A Handbook for interviewers*. HMSO: London 1985.)

Impact of mental disorders

Impact refers to the consequences of the disorder for the child in terms of social impairment and distress. Social impairment refers to the extent to which the disorder interferes with the child's everyday life in terms of his or her home life, friendships, classroom learning or leisure activities.

Marital status

Two questions were asked to obtain the marital status of the interviewed parent. The first asked: "Are you single, that is never married, married and living with your husband/wife, married and separated from your husband/wife, divorced or widowed?" The second question asked of everyone except those married and living with husband/wife was "May I just check, are you living with someone else as a couple?" The stability of the cohabitation was not assessed.

Mental disorders

The questionnaires used in this survey were based on both the ICD10 and DSM-IV diagnostic research criteria, but this report uses the terms mental disorders as defined by the ICD-10: to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.

Region

When the survey was carried out there were 14 Regional Health Authorities in England. These were used in the sample design for stratification.

Scotland and Wales were treated as two distinct areas. However, for analysis purposes, the postal sectors were allocated to Government Office Regions with Metropolitan counties (GOR2):

1. North East Met
2. North East Non Met
3. North West Met
4. North West Non Met
5. Merseyside
6. Yorks and Humberside Met
7. Yorks and Humberside Non Met
8. East Midlands
9. West Midlands Met
10. West Midlands Non Met
11. Eastern Outer Met
12. Eastern Other
13. London Inner
14. London Outer
15. South East Outer Met
16. South East Other
17. South West
18. Wales 1 – Glamorgan, Gwent
19. Wales 2 – Clwydd, Gwynedd, Dyfed, Powys
20. Scotland 1 – Highlands, Grampian, Tayside
21. Scotland 2 – Fife, Central, Lothian
22. Scotland 3 – Glasgow Met
23. Scotland 3 – Strathclyde Exc Glasgow
24. Scotland 4 – Borders, Dumfries, Galloway

These 24 codes were collapsed into seven categories and in the tables the two areas of Scotland were grouped together.

1. Inner London
2. Outer London
3. Metropolitan England
4. Non-metropolitan England
5. Wales
6. Glasgow Met
7. Other Scotland

Social class

Based on the Registrar General's *Standard Occupational Classification*, Volume 3 OPCS London: HMSO 1991, social class was ascribed on the basis of occupation and industry:

Descriptive definition	Social class
Professional	I
Intermediate occupations	II
Skilled occupations – non-manual	III non-manual
Skilled occupations – manual	III manual
Partly-skilled	IV
Unskilled occupations	V
Armed Forces	

Social class was not determined where informant (and spouse) had never worked, or was a full-time student or whose occupation was inadequately described.

Tenure

Tenure was assessed by asking two standard questions: how the accommodation was occupied and who was the landlord.

How accommodation was occupied

- Own outright
- Buying it with the help of a mortgage or loan
- Pay part rent and part mortgage (shared ownership)
- Rent it
- Live here rent free (including rent free in relative's or friend's property)
- Squatting

Type of landlord

- Local authority or Council or New Town development or Scottish Homes
- A housing association or co-operative or charitable trust
- Employer (Organisation) of a household member
- Another organisation
- Relative or friend (before living there) of a household member
- Employer (individual) of a household member
- Another individual private landlord

Three types of tenure categories were created:

Owners means bought without mortgage or loan or with a mortgage or loan which has been paid off. Includes co-ownership and shared ownership schemes.

Social sector tenants means rented from local authorities, New Town corporations or commissions or Scottish Homes, and housing associations which include co-operatives and property owned by charitable trusts.

Private renters includes rent from organisations (property company, employer or other organisation) and from individuals (relative, friend, employer or other individual).

Type of accommodation

Four types of accommodation were created:

Detached means a detached house or bungalow

Semi-detached includes a semi-detached whole house or bungalow

Terraced means a terraced or end of terraced whole house or bungalow

Flat/maisonette includes a purpose built flat or maisonette in block, converted flat or maisonette in house, a room in a house or block, a bedsit.

Working status

Working adults

The two categories of working adults include persons who did any work for pay or profit in the week ending the last Sunday prior to interview, even if it was for as little as one hour, including Saturday jobs and casual work (e.g. babysitting, running a mail order club).

Self-employed persons were considered to be working if they worked in their own business, professional practice, or farm for the purpose of making a profit, or even if the enterprise was failing to make a profit or just being set up.

The unpaid 'family worker' (e.g., a wife doing her husband's accounts or helping with the farm or business) was included as working if the work contributed directly to a business, farm or family practice owned or operated by a related member of the same household. (Although the individual concerned may have received no pay or profit, her contribution to the business profit counted as paid work). This only applied when the business was owned or operated by a member of the same household.

Anyone on a Government scheme which was employer based was also 'working last week'

Informants definitions dictated whether they felt they were working full time or part time.

Unemployed adults

This category included those who were waiting to take up a job that had already been obtained, those who were looking for work, and people who intended to look for work but prevented by temporary ill-health, sickness or injury.

Economically inactive adults

This category comprised five main categories of people:

“Going to school or college” only applied to people who were under 50 years of age. The category included people following full time educational courses at school or at further education establishments (colleges, university etc). It included all school children (16 years and over).

During vacations, students were still coded as ‘going to school or college’. If their return to college depends on passing a set of exams, you should code on the assumption that they will be passed. If however, they were having a break from full time education, i.e. they were taking a year out, they were not counted as being in full time education.

“Permanently unable to work” only applied to those under state retirement age, i.e. to men aged 16 to 64 and to women aged 16 to 59. Include were people whose inability to work was due to health or emotional problems or disablement.

“Retired” only applied to those who retired from their full-time occupation at approximately the retirement age for that occupation, and were not seeking further employment of any kind.

“Looking after the home or family” covered anyone who was mainly involved in domestic duties, provided this person had not already been coded in an earlier category.

“Doing something else” included anyone for whom the earlier categories were inappropriate.

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