Coronavirus policy brief: Young people who self–harm

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Introduction

Rates of self-harm have been rising for two decades in England, especially among young people (aged 16-24),[1] alongside rates of suicide.[2] Self-harm is a strong risk factor for suicide,[3] though most people who self-harm do not go on to take their own life.[4] Tackling these rising rates of self-harm should therefore be at the heart of suicide prevention efforts for young people.

What do we know from Samaritans' callers?

Our callers discussed self-harm with us once every two minutes in 2019.[5] Over the past six months, we have seen an increase in the number of contacts about self-harm across all groups.[6] While the rates of self-harm appear to have remained relatively constant during the pandemic,[7] initial research shows steep declines in the number of people attending their GP or presenting in hospital having self-harmed.[8] This raises significant concerns about how young people who self-harm are coping at this time. Before Coronavirus, young people who self-harm already struggled to access support. [9] Now, young people are telling us that lack of access to mental health support is a major concern. They are putting off seeking help until they reach a crisis point, through fear of burdening services, and many are trying to cope with increased distress, negativity, uncertainty and loneliness on their own.[10]

Negativity and uncertainty about the future

During the first lockdown, uncertainty and negativity about the future were key themes in our calls from young people. Many of them were worried about the effect of restrictions on their work, as well as their education and friendships. We know that the economic impacts of Coronavirus have disproportionately impacted young people, and this is contributing to their additional uncertainty and negativity. Those aged 16-24 have experienced the biggest drop in employment compared to other age groups, with 306,000 fewer young people in work in July-September, compared to before the pandemic.[11] During the first lockdown, the proportion of young people who lost their main job was three times the figure across all employees.[12] As a result, under-25s accounted for a third of all new Universal Credit applications as claims rose significantly over the summer.[13] They are also most likely to work in sectors, like hospitality, which are hardest hit by restrictions.[14] Early-career unemployment means young people are likely to see 'pay-scarring', reducing their income for years to come.[15]

These economic factors are crucial because they increase risk of self-harm among young people. Socioeconomically disadvantaged young people are more likely to self-harm compared to their peers[16] and there is a strong relationship between job loss and self-harm.[17] These correlations may be even stronger for young women, with those living in the lowest income households five times more likely to self-harm than women in the highest income homes.[18]

As young people experience increased uncertainty and negativity because of the economic impacts of Coronavirus, it is crucial that Government uses its Kickstart scheme and other initiatives effectively to support young people back into work quickly, sustainably, and in a way that minimises negative long-term effects.

Loneliness and lack of peer contact

Our recent report about the support available for young people who self-harm, *Pushed from pillar to post*, revealed that loneliness and isolation were key themes among people calling us about self-harm even before Coronavirus.[19] Samaritans' volunteers report young people having difficulty in maintaining their relationships and forming new friendships due to restrictions. Young people experience this lack of contact acutely, with feelings of disconnection and anxiety reported frequently.[20] The number of young people feeling lonely has tripled in recent months, and they were the most likely group to experience loneliness during lockdown.[21]

Anyone can experience loneliness, but if this loneliness becomes persistent it can pose a significant risk to our health and wellbeing. Social isolation, loneliness,[22] and the associated emotional distress they cause are risk factors for self-harm and suicide. [23] Our recent analysis of the Adult Psychiatric Morbidity Survey showed that 3 in 10 people who self-harmed in the past year said they felt lonely and isolated 'very much'.[24]

This is a problem that existed before Coronavirus, and we have explored it in our previous research on young people.[25] Young people reported the highest levels of loneliness before Coronavirus[26] and, as many returned to education in the autumn, one study found that students felt their mental health was equally as poor or even worse than it was during the first national lockdown.[27] Therefore, while Coronavirus has brought attention to this issue, it is important to acknowledge that it has exacerbated pre-existing trends and to consider how to better mitigate loneliness among young people as a key risk factor for self-harm.

Loss of coping mechanisms

Our recent research found that many people who self-harm use it as a way of coping with difficult or distressing feelings and circumstances, distinct from suicide attempts. [28] [29] During Coronavirus, Samaritans' volunteers have found that young people are struggling more than usual to maintain positive mental wellbeing and manage existing mental health problems, and studies suggest that young people consistently had worse mental wellbeing outcomes compared to other groups during the early months of the pandemic.[30] At the same time, access to their usual coping mechanisms has become more difficult. For example, restrictions prevent young people from attending some community or voluntary groups and mental health services for young people saw a dramatic drop in referrals during the first national lockdown, despite an anticipated increase in mental health needs, as fewer young people had contact with referrers such as GPs and their school.[31]Difficulty in developing new coping mechanisms was a major theme in calls with young people over recent months. Many did not feel they could rely on their family for fear of not being understood or burdening them.

In the absence of their normal coping strategies, some young people may turn to alternative strategies in response to their additional emotional distress, including self-harm.[32] Some of our volunteers reported an increase in calls during the pandemic from young people who have resorted to self-harm as a coping mechanism. It is vital that policymakers ensure early and adequate support is available to young people, before self-harm becomes an embedded coping mechanism. Different coping strategies work for different people, and the ways in which individuals seek and access support are changing. A robust policy response means ensuring that young people get the right support at the right time, and requires an adaptive, person-centred approach to care.

Recommendations

- The Government should fund and implement a new, cross-departmental system of early intervention to support young people who self-harm, based on a preventative approach and underpinned with investment in wider community-based services.

- A disproportionate number of young people are likely to be in contact with unemployment services because of Coronavirus. Funding set aside in the Spending Review to increase capacity in Jobcentre Plus must ensure these services provide a key point of intervention for young people in distress. A more systematic approach is needed to identify and help young people who self-harm and receive unemployment support, which will require sustained investment including capacity building for Work Coaches.

- The Department of Health and Social Care must set aside additional funding for community-based and voluntary organisations, including specific provision for those who self-harm.

- Planned investment in mental health through the NHS Long Term Plan must support services for young people who self-harm, such as IAPT, with additional resource to increase their capacity and remove exclusion criteria.

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