Coronavirus policy brief: Young people and self-harm

June 2021

Introduction

Rates of self-harm have been rising for two decades in England, especially among young people (aged 16-24), along side rates of suicide. Self-harm is a strong risk factor for suicide, though most people who self-harm do not go on to take their own life. Tackling 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. We have seen an increase in the number of contacts about self-harm during the pandemic, though evidence suggests rates of self-harm have remained relatively constant over the past year.

Young people who self-harm already struggled to access support before the pandemic, and there were initially steep falls in hospital presentations for self-harm during the first national lockdown. Although these have begun to recover towards pre-pandemic levels, we have significant concerns about how young people who self-harm have coped during this time. Young people have told us that lack of access to mental health support is a major concern. Similarly, young people’s reduced access to community support services or networks, such as support provided in schools, social activities, or physical activity groups, was a common cause of distress. Our volunteers suggested that young people saw the loss of these support structures or coping mechanisms as a key driver for the decline in their mental health.

Negativity and uncertainty about the future

Some of the most common concerns during the pandemic among young people have been uncertainty, fear, and concerns about the future, especially the impact of restrictions on their work and education. Volunteers noted that some young callers expressed fear of being a ‘lost generation’. Young people have experienced the biggest drop in employment compared to other age groups, with under 25s accounting for over half of job losses since March 2020. Early-career unemployment means some young people are likely to see ‘pay-scarring’, reducing their income and job prospects for years to come.

This economic disruption caused by the pandemic may increase the risk of self-harm for young people. Socioeconomically disadvantaged young people are more likely to self-harm compared to their peers and experiencing job loss has been found to contribute to self-harm for some people. 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.

Loneliness and lack of peer contact

Anyone can experience loneliness, but if this loneliness becomes persistent it can pose a significant risk to our wellbeing and increase the risk of self-harm and suicide. Loneliness and isolation were key themes among people calling us about self-harm even before coronavirus.
Coronavirus policy brief: Young people who self-harm

Since the pandemic began, we have taken calls from young people who have been affected by loss of contact with friends and tense relationships among those they are living with. Many say they have found it harder to maintain their relationships and form new friendships over the past year. Young people experience this lack of contact more acutely than other age groups, with young people twice as likely to feel lonely during lockdowns.16

Loneliness among young people is not a new problem; young people also reported the highest levels of loneliness before the pandemic.17 Moreover, the relationship between young people’s mental health and their peer contacts is a complex one. Some young people reported that they felt their mental health was actually worse when restrictions initially loosened and they returned to school.18 Nevertheless, coronavirus has both highlighted and exacerbated high rates of loneliness among young people.

Loss of coping mechanisms

Many people who self-harm use it as a way of coping with difficult or distressing feelings and circumstances, distinct from suicide attempts.19 20 During coronavirus, Samaritans’ volunteers have found that young people are feeling less able to cope as many of the ways they have maintained emotional wellbeing in the past, such as private contact with friends, hobbies, or accessing mental health support, have been less available. As restrictions have gone on, difficulty in developing new coping mechanisms has also become more common with many volunteers hearing from young people who do not feel understood by their family or are worried about burdening them. Volunteers told us that some younger callers felt increased anxiety about hiding evidence of their self-harm from family members.

During the pandemic, we have seen increases in the number of contacts about self-harm, across a range of groups.21 Young people are reaching out with worries about managing or resisting self-harm, and self-harm behaviours re-emerging following the loss of other coping mechanisms. Different coping strategies work for different people, and the ways in which individuals seek and access support are changing. In this context, it is vital that policymakers ensure early and adequate support is available to young people, before self-harm becomes an embedded coping mechanism.

Recommendations

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

• People who self-harm have told us about the challenges they faced getting support from Improving Access to Psychological Therapies (IAPT), the flagship NHS programme for treating common mental health disorders. Many IAPT services feel they lack the expertise to support a person who self-harms and lack the capacity to manage the perceived risks associated with it.22 The Westminster Government’s COVID-19 mental health and wellbeing recovery action plan includes £38m to improve IAPT services. This funding must go towards increasing the capacity and expertise in these services to support young people who self-harm and remove exclusion criteria.

• For many young people, schools are likely to be the first place where mental health needs are recognised. Mental Health Support Teams (MHSTs) are a key part of the Government’s
efforts to support young people’s mental health, delivering early school-based interventions and improving access to mental health support for young people who are struggling. These teams can play a crucial role in helping to promote understanding around self-harm for students, parents, and carers. MHSTs need to be rolled out much quicker and more comprehensively than currently planned, with the Government’s recent £79m funding pledge leaving nearly two-thirds of children without this support in 2023. These teams must also be trained in self-harm and suicide prevention specifically.

- A disproportionately high number of young people are likely to be in contact with jobcentres due to the pandemic. It is more important than ever that they act as an effective touchpoint between young people who are struggling and services that could help them. The UK Government set aside £1.4bn in the November 2020 Spending Review to increase capacity in Jobcentre Plus; this should be used to increase the knowledge and capacity of Work Coaches, better equipping them to recognise the signs that a young person may be struggling and signpost them to appropriate support.
References

4 Samaritans. (2021). One year on: how the coronavirus pandemic has affected wellbeing and suicidality.
8 Ibid.
21 Samaritans. (2021). One year on: how the coronavirus pandemic has affected wellbeing and suicidality.