



University of Galway

UNESCO Child and Family Research Centre

School of Psychology

Adolescent Mental Health & Adversity

Profiles & Trends in the West of Ireland from 2018 - 2022



OLLSCOIL NA GAILLIMHE
UNIVERSITY OF GALWAY

In partnership with



Key Findings

Adolescent Mental Health & Self-Harm

- 1 Wellbeing and mental health among teens in the west of Ireland declined from 2018-2022, while depressive tendencies increased.
- 2 Approximately 32% of adolescents (i.e., 4th year secondary students) reported having self-harmed at some point in their lifetime.
- 3 Compared to boys, girls and non-binary teens were more likely to self-harm, and experience poorer mental health outcomes.
- 4 Irish adolescents, and those from two-parent households, reported better mental health outcomes than adolescents from other family structures or cultural backgrounds.

Risk & Adversity

- 1 Adversity is a key risk factor for self-harm and poor mental health outcomes among young people.
- 2 A large percentage of adolescents experienced adversity across home and/or community (e.g., peer, school) settings.
- 3 The social context (e.g., at home or at school) in which adolescents experience adversity moderates their risk of experiencing poor mental health outcomes or engaging in self-harm behaviours.
- 4 Compared to adolescents who do not experience adversity, those who experience adversity in the parental context are approximately 3 times more likely to self-harm.
- 5 Compared to adolescents who do not experience adversity, those who experience adversity in the peer context are approximately 6 times more likely to self-harm.
- 6 Compared to adolescents who do not experience adversity, those who experience adversity across multiple contexts (e.g., home, school and peer contexts) are approximately 30 times more likely to self-harm.
- 7 Young people who experience adversity across multiple contexts showed the highest levels of depressive tendencies and the lowest levels of wellbeing and mental health.
- 8 Experiencing adversity (in any context) increases youth's risk of self-harm and poor mental health – but those navigating adversity across multiple contexts (peer, school, & home) are most at risk.

Supports (What Helps?)

- 1 Personal health behaviours (e.g., sleep, physical activity) and social supports (e.g., school safety, parental support, friend support) are associated with lower self-harm and better mental health outcomes.
- 2 The significance and strength of protective effects fluctuates depending on one's history of adversity.

Key Implications & Recommendations

The high rates of self-harm, and observed declines in mental health functioning over time indicate that greater prevention and early intervention work in this area is needed and that this should be a priority health objective.

Adolescents appear to experience adversity across diverse social settings. It is crucial that adversity is defined and measured in a way that captures the wide array of challenges that teens experience across different social settings, to avoid underestimating the prevalence and impact of youth adversity.

The context in which young people experience adversity is important. Adolescents who experience adversity across multiple settings appear to be most at risk of self-harm and poor mental health outcomes, and should be a priority group for intervention and prevention.

Protective factors operate at multiple levels. Adolescents should have access to supports across an array of community settings (e.g. parents, schools, peers) AND be encouraged to engage in positive health behaviours (e.g. sleep, physical activity).

Project Overview

This research explores risk and protective factors for adolescent mental health and self-harm, using data from the 2018, 2020 and 2022 Planet Youth surveys. The study aims to:

1. Examine the prevalence of self-harm behaviours among teenagers in the west of Ireland and explore outcomes relating to mental health, wellbeing, and depressive tendencies.
2. Track changes in wellbeing, mental health, depressive tendencies, and self-harm behaviours over time (i.e., 2018-2022), and across key demographics (i.e., gender, nationality, family structure).
3. Explore the patterns of adversity young people experience across home, peer, and school contexts, and establish whether adolescents' patterns of adversity are linked to their mental health outcomes or self-harm behaviours.
4. Identify protective factors and determine whether health behaviours (i.e., sleep, physical activity) and relational/community supports (i.e., parental support, friend support, school safety) are associated with better mental health outcomes and/or buffer adversity related risk.

Outcomes

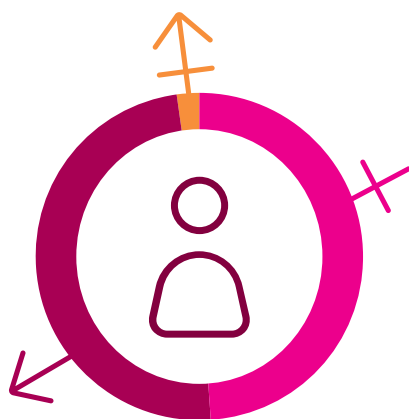
- **Self-Harm** was measured through a single item: "During your lifetime have you ever harmed yourself on purpose?" which was coded as a yes or no response.
- **Wellbeing** was measured through the Warwick Edinburgh Subjective Mental Wellbeing scale¹, which includes seven questions assessing student mental wellbeing over the previous two weeks (e.g., *I've been thinking clearly; I've been feeling relaxed*). Scores on this scale range from 1-35.
- **Mental Health** was measured through a single item: "How would you rate your mental health?", on a scale of 1 (Very Bad) to 5 (Very Good).
- **Depressive Tendencies** was measured through nine items adapted from the Symptoms Checklist², and assessed the mental discomforts students experienced over the previous week (e.g., *I felt lonely; I thought the future seemed hopeless*). Scores on this scale range from 1-36.

Method

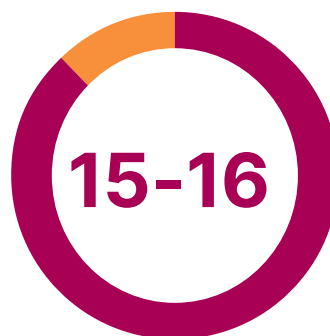
Secondary data-analyses were conducted on the Planet Youth data. The Planet Youth surveys are cross-sectional, self-report, lifestyle questionnaires that are carried out every two years with secondary school students in three (e.g., Galway, Mayo and Roscommon) west of Ireland counties.

Participants

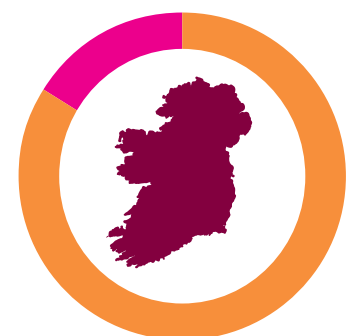
Participants included 15,129 adolescents, in their 4th year of secondary school education in the west of Ireland, who took part in the 2018 (n=4848), 2020 (n=5004), or 2022 (n=5277) Planet Youth survey.



**49% Male 49% Female
2% non-binary /
prefer not to say**



**Most (88%)
participants were
15/16 years old**



**84% of
participants
identified as Irish**

1. Prevalence Rates

Research Question

What percentage of adolescents in the west of Ireland have self-harmed? Do adolescents show high or low levels of mental health, wellbeing and depressive tendencies?

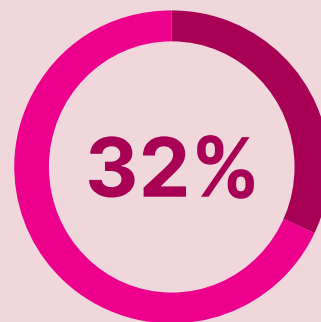
Rationale

Adolescence is an important developmental stage and is often marked by an increased risk of self-harm and mental health issues³. Accurate prevalence data is needed to understand the type and scope of the mental health challenges affecting young people, and can help direct intervention strategies. More timely research examining mental health functioning and behaviours among community-based samples of adolescents is needed to provide further insight into the youth mental health context in Ireland.

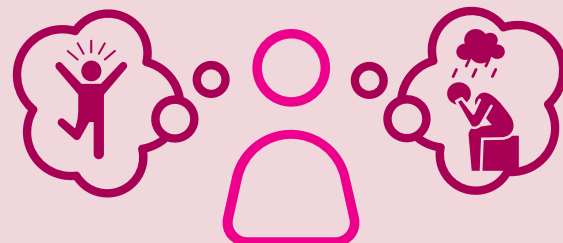
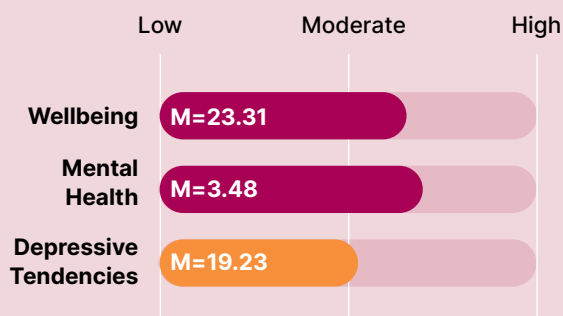
Main Findings



Almost
1 in 3
students had
self harmed



Students reported:



Moderate-high levels of
Wellbeing & Mental Health



Moderate levels of
Depressive Tendencies

Conclusions & Key Recommendations

The high percentage of adolescents who reported engaging in self-harm is concerning, and suggests that greater prevention and intervention work in this area is needed.

Mental health is complex, and young people may experience both positive (e.g., subjective wellbeing) and negative (e.g., depressive tendencies) symptoms simultaneously. Holistic mental health approaches, that measure and target, both positive and negative mental health symptoms and behaviours are needed.

2. Trends

Research Question

Are there differences in adolescent wellbeing, mental health, depressive tendencies or self-harm behaviours over time (i.e., 2018-2022) or across key demographics (i.e., gender, nationality, family structure)?

Rationale

The youth mental health landscape is continually changing. Mental health can fluctuate over time, and is impacted by an array of factors, including biological processes, life events, environmental stressors and individual experiences⁵. However, there are concerns that rates of self-harm and mental health issues among young people are rising. Further research examining trends over time is needed to help us better understand the evolving landscape of youth mental health and self-harm in Ireland. Monitoring changes in mental health and self-harm prevalence across key demographic groups is also important for helping us identify vulnerable groups, and understand the unique challenges faced by specific groups in society. This can help enable the development of more effective and equitable supports.

Main Findings



Similar rates of youth **self-harm** were found in 2018, 2020 and 2022.



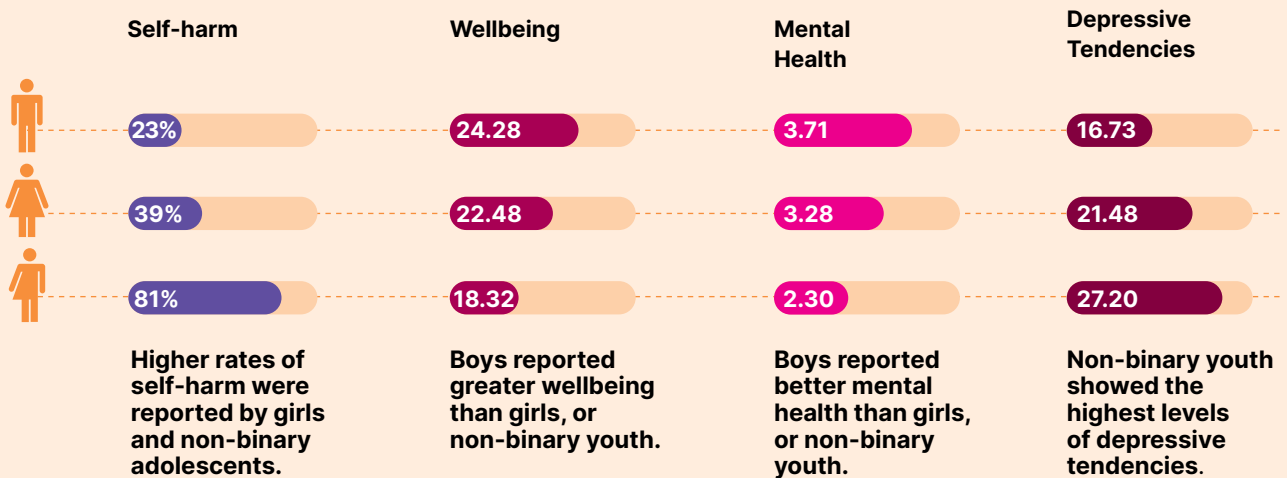
Wellbeing declined significantly from 2018-2022.



Mental health decreased significantly between 2018-2022.



Depressive tendencies rose significantly between 2018-2022.



Youth living in two-parent households



Youth who identified as Irish

Showed greater mental health and wellbeing, as well as lower self-harm and depressive tendencies, compared to youth from other nationalities or family structures.

Conclusions & Key Recommendations

The observed declines in youth mental health and wellbeing, and corresponding rise in depressive tendencies over time are noteworthy. Greater prevention efforts are needed to address this growing decline in youth mental health functioning.

Certain demographic groups (including non-binary youth, non-Irish youth, and youth from alternative family structures) may be more vulnerable to experiencing poor outcomes. Ensuring that those youth who are most vulnerable have access to targeted supports is important.

3. Adversity

Research Question

What are the prominent patterns of adversity experienced by young people in the west of Ireland? And are adolescents' patterns of adversity linked to their mental health outcomes or self-harm behaviours?

Rationale

Evidence suggests that childhood adversity is one of the strongest risk factors for poor mental health.⁶ Traditionally, researchers have defined adversity in terms of exposure to family dysfunction, abuse and/or neglect⁷, but there are now concerns that this definition of adversity may be overly restrictive and limits understanding about the prevalence and impact of traumatic events that occur outside the family context (e.g., being bullied). Furthermore, while research suggests that young people who experience adversity are likely to experience more than one traumatic event, there is little knowledge about the patterns of adversity youth experience across various social contexts (e.g., at home, in school, or with peers).

Main Findings

Four distinct adversity patterns were identified*

Low Adversity Group

Youth unlikely to have experienced adversity

Parental Adversity Group

Youth likely to have experienced adversity at home (e.g., witnessing parental conflict)

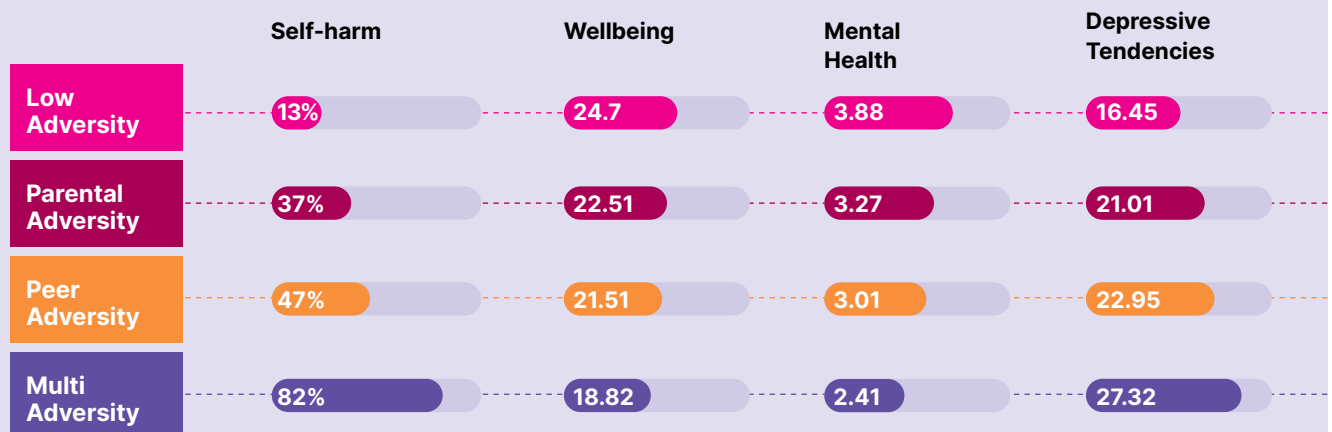
Peer Adversity Group

Youth likely to have experienced adversity with peers (e.g., being teased/bullied).

Multi Adversity Group

Youth likely to have experienced adversity across numerous settings, including home, school and peer contexts (e.g., witnessing parental conflict AND being teased/bullied)

*(e.g., adolescents could be classified into one of four groups based on the type of adverse events they were likely to have experienced).



Significant differences in self-harm behaviours, mental health, wellbeing, and depressive tendencies were found across the four adversity groups.

Adolescents in the multi adversity group had the highest probability of self-harming (e.g., 82% of teens in this group were likely to self-harm, compared to 13% of the low adversity group).

Wellbeing was highest for the low adversity group and lowest for the multi adversity group

Mental health was highest for the low adversity group and lowest for the multi adversity group

Depressive tendencies were highest for the multi adversity group and lowest for the low adversity group

Conclusions & Key Recommendations

Findings suggest that adolescents experience adversity across both home and community (e.g., in school or with friends) contexts. These findings highlight the importance of extending the definition of adversity to reflect the wide array of challenges youth experience both inside and outside the home.

Findings suggest that adolescents who experience adversity within a single domain (e.g., at home OR with peers) consistently show poorer mental health outcomes, and higher rates of self-harm, than youth who do not experience adversity, BUT adolescents who experience adversity across multiple social domains (e.g., at home, with peers AND in school) are most at risk, and should be a priority target for intervention and prevention.

4. Protective Factors

Research Question

Can personal health behaviours (i.e., sleep, physical activity) & relational/community supports (i.e., parental support, friend support, school safety) buffer against adversity related risk?

Rationale

Policies like the Irish Connecting for Life Strategy have declared suicide prevention and mental health promotion as major public health priorities, and have identified young people as a vulnerable group in need of special consideration⁸. Understanding the factors that help protect young people from engaging in self-harm and promote mental health functioning is crucial for informing effective intervention and prevention policies and actions⁹. In particular, greater understanding of the factors that help mitigate or buffer against the risk imposed by adversity exposure is needed.

Main Findings



Sleep



School Safety



Parental Support



Physical Activity



Friend Support

Sleep was associated with greater wellbeing and mental health, as well as lower depressive tendencies and reduced risk of self-harm among adolescents. This relationship was significant across all four (e.g., low, parental, peer & multi) adversity groups.

Feeling safe at school was significantly linked to greater wellbeing, better mental health and lower depressive tendencies, for adolescents across all adversity groups. School safety was also linked to lower risk of self-harm – but not for those in the multi adversity group.

Parental support was significantly associated with greater wellbeing, better mental health and lower depressive tendencies, for adolescents across all

adversity groups. Parental support was also linked to lower risk of self-harm – but not for those in the low or multi adversity groups.

Physical activity was associated with greater wellbeing, better mental health and lower depressive tendencies - but only for some adversity groups. Physical activity was linked to lower self-harm, but only for adolescents in the low adversity group.

Friend support was associated with greater wellbeing, better mental health, and lower depressive tendencies – but not for youth in the multi adversity group. Friend support was linked to lower risk of self-harm, but only for the low adversity group.

Conclusions & Key Recommendations

Findings suggest that both personal health behaviours and community/relational supports are linked to lower risk of self-harm and better mental health functioning. It is important to ensure that adolescents have access to community-based supports (e.g., schools; parents; friends) and are encouraged to engage in positive health behaviours (e.g., sleep; physical activity).

Further research is needed to understand why some factors are associated with better mental health outcomes for some adversity groups but not for others. This research is essential to ensure that all adolescents have access to targeted, effective supports and information regarding their mental health.

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Peer-reviewed publications from this research:

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Silke, C., Heary, C., Bunting, B., Devaney, C., Groarke, A., Major, E., ... & Brady, B. (2024). Examining the relationship between adversity and suicidality and self-harm in Irish adolescents from 2020 to 2022. *Journal of affective disorders*, 349, 234-243.

For further information see: <http://tinyurl.com/bdf39efb>

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References

1. Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): A Rasch analysis using data from the Scottish Health Education Population Survey. *Health and Quality of Life Outcomes*, 7(1), 1-8.
2. Derogatis, L. R., Rickels, K., & Rock, A. F. (1976). The SCL-90 and the MMPI: A step in the validation of a new self-report scale. *The British Journal of Psychiatry*, 128(3), 280-289.
3. Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S. J., Dick, B., Ezeh, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. *The Lancet*, 379(9826), 1630-1640.
4. Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC psychiatry*, 20(1), 1-22.
5. Wasserman, D., Carli, V., Iosue, M., Javed, A., & Herrman, H. (2021). Suicide prevention in childhood and adolescence: a narrative review of current knowledge on risk and protective factors and effectiveness of interventions. *Asia-Pacific Psychiatry*, 13(3), e12452
6. Wade, M., Wright, L., & Finegold, K. E. (2022). The effects of early life adversity on children's mental health and cognitive functioning. *Translational Psychiatry*, 12(1), 244.
7. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258.
8. Health Service Executive. (2020). Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024. Accessed November 2022, <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/national-strategy-to-reduce-suicide/>
9. Ati, N. A., Paraswati, M. D., & Windarwati, H. D. (2021). What are the risk factors and protective factors of suicidal behavior in adolescents? A systematic review. *Journal of child and adolescent psychiatric nursing*, 34(1), 7-18.