A lack of resilience and self-control in teens contributes to self-harm and suicide

A report by New Zealand’s Chief Science Advisor, Professor Sir Peter Gluckman, on mental health and youth suicide highlights concerns that rapid social and technological changes have impacted the lives of young people, creating a “range of poorly understood but probably critical pressures that affect their psyche and behaviour”. The report outlines how a lack of resilience and self-control in young people, along with early puberty and the advent of cyberbullying, contribute to concerning rates of self-harm and suicide among adolescents.

In April this year, the New Zealand Prime Minister requested that the Chief Science Advisor consider issues in mental health in response to the nation’s concerning rate of youth suicide. The resulting report, published in July, noted that in 2010, New Zealand’s suicide mortality rate of 15.6 per 100,000 adolescents aged 15 to 19 was the highest in the OECD. In just two years from July 2014 to June 2016, a total of 238 young New Zealanders aged 12 to 24 took their own lives. Research also shows that many more young people have suicidal thoughts and that rates of hospitalisation for self-harm are 50-100 times greater than for suicide.

International research demonstrates that there are multiple drivers of youth suicide. It is “much more complex” than simply providing “outward evidence of a mental disorder”.

Rather, it needs to be seen as the result of a state of stressed, impaired or underdeveloped self-control in which mental health, emotional and brain development, alcohol, sociological, economic, and other factors interact to put some young people at greater risk.

The many contributing factors include socioeconomic background; low educational achievement; poor family relationships; domestic violence; impulsive-aggressive behaviours; anti-social and delinquent behaviours; drug and alcohol misuse; low self-esteem, hopelessness and loneliness; and close proximity to suicide among family and friends.

Professor Gluckman notes that the lives of today’s young people are dramatically different to those of previous generations. Family structure and parenting have changed; technology has transformed society; traditional community support groups such as churches and youth groups have declined; and young people have far greater freedoms and access to money.

The pace of these sociological and technological changes is unprecedented and it is not surprising that for many young people, particularly those with less psychological resilience, it can leave them with a growing sense of dislocation.

Gluckman writes that it is vital to understand how the brains of young people develop, and the part that environmental and social stresses play, in order to reduce the risks of teen self-harm, suicidal thoughts and suicide. As the adolescent brain matures, and new neural pathways are formed, changes occur which increase the likelihood of risk-taking behaviours, which affect impulse control and judgement, particularly in young males.

There is now “compelling evidence,” writes Gluckman, that “children who enter puberty at a younger age are at far greater risk of behavioural, psychological, and emotional disorder”. In addition, there is “unequivocal evidence” that children who enter puberty early demonstrate more impulsive behaviours and are more likely to misuse drugs and alcohol.
Some of the many reasons for this include that children who enter puberty early experience “a longer period before counterbalancing inhibitory brain pathways fully mature”. There are also “greater sociological and sexual pressures related to the mismatch between the earlier onset of physical signs of maturity” and the child’s chronological age. Children who enter puberty early may also choose to socialise with older peers.

For girls who enter puberty early, research shows they are at greater risk of eating disorders, mood disorders, alcohol and drug misuse, and being a victim of violence. They are also 50% more likely to attempt suicide than girls who enter puberty at the average age. While this is concerning, the rate of attempted suicide is five-fold (or 500%) higher in boys entering puberty early, compared with boys of average maturation. In addition, their rates of depression are double, and they experience higher rates of alcohol, drug and tobacco use.

In western countries, the age of puberty declined from 17 years of age in the early 1800s — and continues to fall. Genetics plays a role, though research also shows that childhood obesity and emotional stress in infancy and childhood “both accelerate the rate of maturation”. Because adolescence is a period of “poorly developed self-control and heightened impulsive behaviour”, stressors that might prompt resilience in adults may result in “severe and harmful” responses in teenagers. These stressors can include bullying, cyberbullying and emotional situations such as relationship breakups.

Studies show that bullying is related to increased anxiety and depression, more aggression and increased antisocial behaviours, all of which are linked to poor educational outcomes. Research on cyberbullying is in its infancy but points to similar social, academic and health impacts, “with cyberbullying possibly having greater effects on thinking about suicide than traditional face to face bullying”, particularly for vulnerable and minority adolescents.

Social media is also negatively affecting teens who may spend more time on devices than physically interacting with peers. They are also gaining independence from their parents, but without the “robust peer support” they require. As a result, changing patterns of interpersonal behaviours may be affecting teens’ self-awareness and their capacity to feel and express genuine empathy for others.

Professor Gluckman writes that, given the difficulties of predicting youth suicide, there is a growing international focus on primary and second interventions aimed at “providing young people with the capacity to better withstand the stresses of the teenage years and, in particular, addressing their impulsivity by enhancing self-control in the early years”.

Primary prevention, which must start in the pre-puberty period, should aim to develop resilience to the “inevitable stressors of growing up”, as well as promoting development of impulse control. There is “clear and strong evidence” that strategies focused on good behaviour in children aged as young as 6 and 7 contribute to reducing suicide in adolescence and other unwanted behaviours.

Young people also need to develop enhanced skills to deal with the online world. A 2016 study of cyberbullying found that schools can take action to reduce rates of bullying and victimisation. The most effective programs combine whole-school cultural change with training in media literacy, self-control and social skills. Successful programs involve parents, as well as teachers and students, and operate over terms of at least six months.
Secondary prevention focuses on programs seeking to change attitudes about youth suicide and identifying at-risk adolescents so they can be referred for assistance where necessary. The role of teachers, trained counsellors and peer leaders is crucial. The best results are achieved when primary and secondary interventions are used, along with engaging well-trained peer leaders.

Professor Gluckman believes that youth suicide is “more than simply a mental health issue”. The focus must include an emphasis on primary prevention in the early years, as well as continuing strategies throughout the adolescent years.

This means promoting resilience to the inevitable exposure to emotional stresses and building self-control skills in early childhood and primary school years … It means promoting mental health awareness and ensuring that there are competent and adequate adult and peer support systems in secondary schools.

Crucially, it must also include supporting children and young adults who are in mental distress and ensuring that they receive “early and effective” interventions and therapy.

New Zealand’s Chief Science Advisor concludes that there is a “high-priority need” to introduce primary prevention programs to “improve impulse control and executive function from early childhood” and to develop secondary prevention strategies involving well trained staff and mentors. The “broader benefits” of such an approach will, he believes, include “major spillover benefits to educational achievement and, later, in employment, family stability, and quality-of-life measures”.

References