

17 August 2001

**Coverage**

Great Britain

**Theme**

Health and Care

# Children and adolescents who try to harm or kill themselves

According to parents, about one in 50 (2.1 per cent) of 11-15 year-olds had ever tried to harm, hurt or kill themselves. The highest rate, 3.1 per cent, was found among 13-15 year-old girls, according to a survey report\* published today by National Statistics. These figures represent all types of self-harm and do not indicate the numbers of children and young people who have suicide as their intent.

Among 5-10 year-olds, according to parents, approximately 1.3 per cent (just over one in 100) had ever tried to harm, hurt or kill themselves. The lowest rate, 0.4 per cent was among 5-7 year-old girls, rising to 2.1 per cent of 8-10 year-old boys.

The rate of self-harm among the sample of 11-15 year-olds with no mental disorder was 1.2 per cent. The rate increased markedly to 9.4 per cent of those with anxiety disorders, 18.8 per cent of those diagnosed as having depression, 12.6 per cent of those who had a conduct disorder and 8.5 per cent among children with hyperkinetic disorder.

Among 5-10 year-olds with no mental disorder, the rate of self-harm was 0.8 per cent. The rate increased dramatically to 6.2 per cent of young children diagnosed as having an anxiety disorder and 7.5 per cent of those who had a conduct disorder, hyperkinetic disorder or a less common disorder.

The findings are derived from a further analysis of the 1999 survey of the mental health of children and adolescents in Great Britain. The aim of this analysis, carried out for the Department of Health, was to look in more detail at those who had ever attempted to harm, hurt or kill themselves. Questions on these topics were asked of parents of all children aged 5-15 and of young people in the 11-15 age group.

Issued by  
National Statistics  
1 Drummond Gate  
London SW1V 2QQ

Telephone  
Press Office 020 7533 5702  
Public Enquiries 020 7533 5888

Statistician  
Howard Meltzer 020 7533 5391  
Email [howard.meltzer@ons.gov.uk](mailto:howard.meltzer@ons.gov.uk)

Statfax – fax retrieval service  
This release 0906 7360 298

Internet  
[www.statistics.gov.uk](http://www.statistics.gov.uk)

---

**\*Children and adolescents who try to harm, hurt or kill themselves. ISBN 1 85774 445 4.**

Other key findings from the survey are:

Self-harm among 5-10 year olds was greater for children in:

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

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

- An increase in the number of stressful life events (for example, separation of parents, serious illness, death of parent or close relative): 0.8 per cent among those with none compared with 2.3 per cent of children who had experienced 3 events and 13.3 per cent among those who had had 5 or more stressful life events.
- An increase in the parent's General Health Questionnaire (GHQ) score indicating mental health problems: 1 per cent of children with a low parental GHQ score (0-2) rising to 3.7 per cent with parents who had the highest scores (10-12).
- An increase in the degree of family discord: 1.1 per cent among children with no family discord (healthy functioning) rising to 3.7 per cent in the most dysfunctional families.
- An increase in the frequency of punishment: 1.0 per cent of children seldom or occasionally punished compared with 1.8 per cent of those frequently punished.

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

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

Self-harm among 11-15 year-olds increased with:

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

## BACKGROUND NOTES

1. The way the questions were phrased in the survey means that it is difficult to distinguish between self-harm with the intention of committing suicide and self-harm without that intention. Therefore most of the analysis in this report is presented by source (parent or child) and covers any attempt by children to harm, hurt or kill themselves.
2. Information was collected on 83 per cent of the 12,529 children eligible for interview from up to three sources resulting in a least some data for 10,438 children and adolescents aged 5-15 in Great Britain.
3. **Emotional disorders** cover various types of anxiety – separation anxiety, specific phobias, social phobias, panic attacks and agoraphobia, compulsions and obsessions, generalised anxiety – and depression. **Hyperkinesis** is a disorder characterised by inattention and overactivity. **Conduct disorders** involve awkward, troublesome, aggressive and antisocial behaviours.
4. Details of the policy governing the release of new data are available from the press office.
5. National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. © Crown copyright 2001.