



Youth Wellbeing Study Longitudinal Survey: Summary of the 1st wave of results

Why am I receiving this?

You may remember your child or rangatahi brought home information about the Youth Wellbeing Study (YWS) in 2012 or 2013, related to completing a longitudinal survey. We are sending you this summary of the survey results so far, as you'd indicated on a consent form (either online or in hardcopy form) that you would like a copy of the overall results. We hope you find this information interesting and informative. Along with the research findings so far, we also want to let you know where the research is headed in the future, and provide some information on available resources and websites related to youth or rangatahi wellbeing.

Who are we?

We are the YWS research team from Victoria University of Wellington consisting of Associate Prof. Marc Wilson, Dr. Jessica Garisch (Research Fellow, Clinical Psychologist), Dr. Robyn Langlands (Research Fellow, Clinical Psychologist), Dr. Lynne Russell (Senior Research Fellow – Māori Health), Angelique O'Connell (Consultant Clinical Psychologist), Tahlia Kingi (PhD Candidate, Clinical Psychology Student), Emma Brown (PhD Candidate, Clinical Psychology Student), Maddie Judge (PhD candidate) and Kealagh Robinson (Research Assistant). We are supported with Māori cultural advice by our *Kaitakawaenga*, Witeria (Witi) Ashby.

What is the Youth Wellbeing Study (YWS)?

The YWS is a research project run through the School of Psychology at Victoria University, funded by the Health Research Council of New Zealand. We are investigating several aspect of youth or rangatahi wellbeing, and are particularly interested in understanding adolescent non-suicidal self-injury (NSSI). In our research, we use the definition of NSSI provided by the International Society for the Study of Self Injury; where NSSI is defined as 'the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned (ISSS, 2007).' Such behaviours include cutting, burning, and scratching for the purpose of injuring oneself.

Through our research, we want to:

- Investigate, over time, what leads adolescents or rangatahi to hurt themselves on purpose.
- Examine barriers to help-seeking for adolescents or rangatahi who self-injure.
- Develop workshops and resources, in collaboration with adolescents or rangatahi, school staff, parents, caregivers and whānau, about recognising



the signs of NSSI, how adolescents or rangatahi can seek help, and how best to help those who are self-injuring.

Although these questions focus on understanding self-injury, the survey we run in schools only has a small section dedicated to this topic. The survey asks a range of other questions on other areas of interest (e.g., social functioning, self-esteem, bullying, and school connectedness), which tells us how young New Zealanders are faring.

There are several parts to the overall project, including a longitudinal survey with secondary school students in the wider Wellington region, interviews and focus groups with school counsellors, and interviews and focus groups with youth or rangatahi.

Where do these results come from?

The Youth Wellbeing Study survey was given to Year 9 and 10 students from sixteen different schools in the wider Wellington region to complete from November 2012 – December 2013 (Wave 1 data was collected over an extended period whilst recruiting schools to become involved). The survey took approximately 30 minutes to complete, and was completed in classrooms, under the supervision of a research team member(s). Following participation, students were given debriefing information and a list of contact details for services in the community, should they wish to seek support (a generic copy of the support sheet is attached). Students were also given the opportunity to approach team members following participation.

The survey is longitudinal; as the same group of students complete the survey each year, over the next three to four years, as they progress through secondary school. Assessing wellbeing and social factors over time will allow us to investigate the risk and protective factors for non-suicidal self-injury (NSSI) among adolescents.

The results from the Wave 1 survey are given below. The statistics have been rounded to the nearest percentage. The analyses are placed under their appropriate headings.

Who took part in Wave 1?

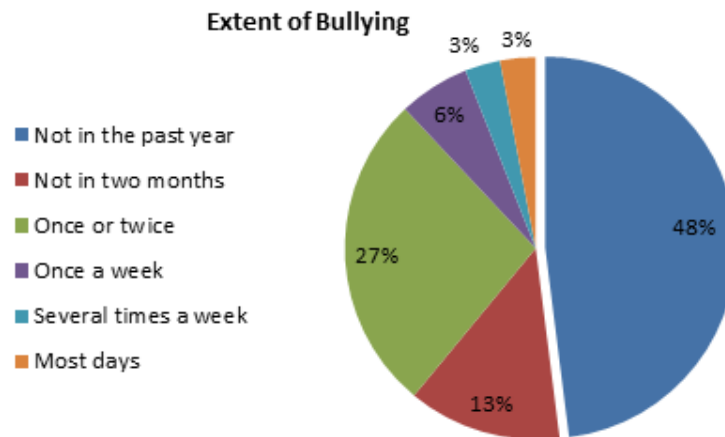
Nine hundred and thirty seven students took part in the survey. Of these, 43% were male and 57% were female. Students were asked to indicate one ethnicity to describe themselves; 70% identified as Pākeha, 8% as Māori, 4% as Pacific Islander, 2% as Chinese, 2% as Indian, 10% as non-listed ethnicity and 5% could not choose a single ethnicity to identify themselves. This is slightly different to the 2013 census data for ethnicity in the wider Wellington region where 77% identified as European, 13% as Maori, 8% as Pacific Islander and 11% as Asian ethnicity (Statistics New Zealand); albeit the proportions are similar (aside from the 'Asian' category, which we broke down into sub-categories).

Sexuality:

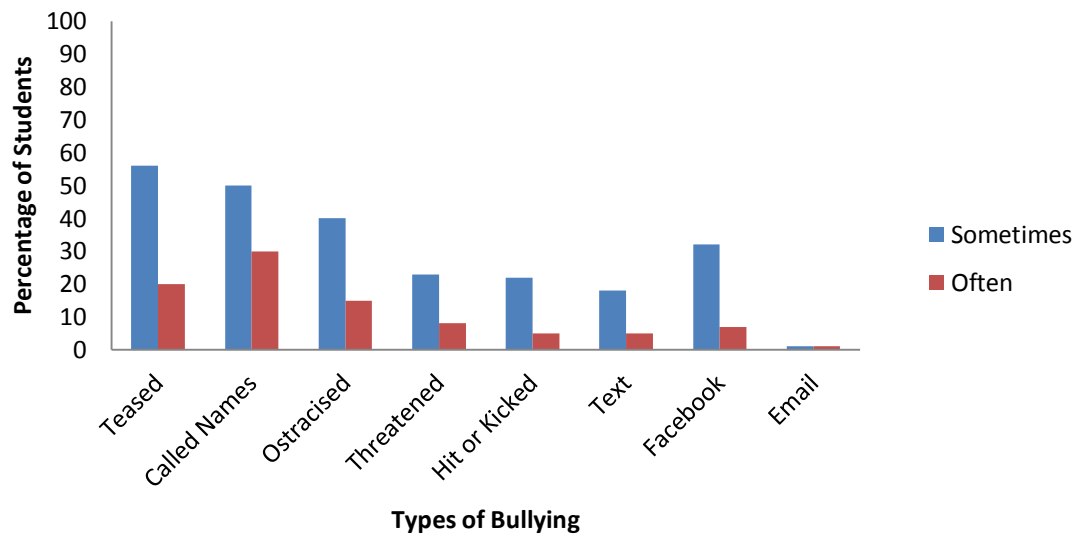
Ninety-three percent of students identified as completely or mostly heterosexual, 1% as bisexual, 1% as completely or mostly homosexual, and 3% as asexual. Sixty-five percent of students reported that they did not worry about their sexuality.

Bullying:

Extent of bullying: Students were asked if they had been bullied in the last 12 months:

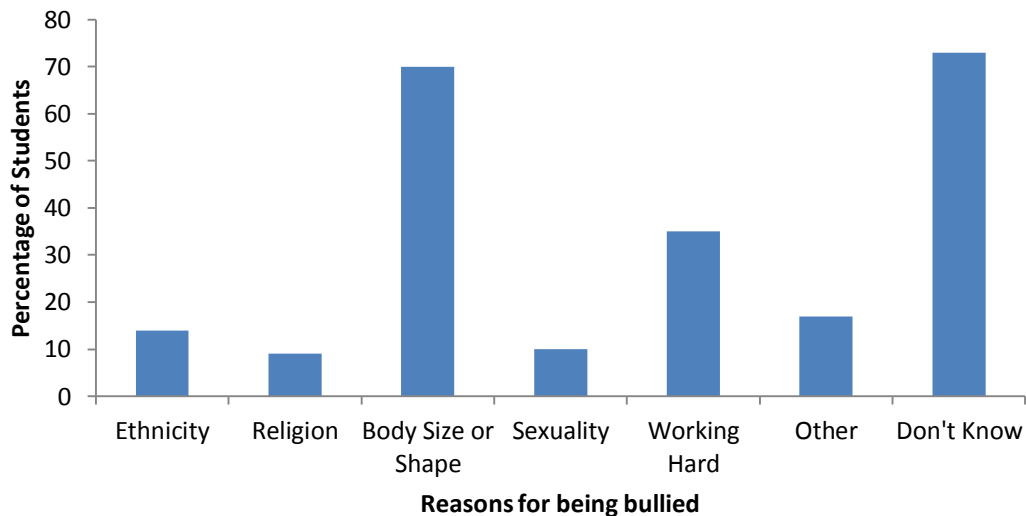


Types of bullying: The graph below shows the rate of different types of bullying amongst students who have been bullied in the previous two months. The most common types of bullying were being teased, called names, and being left out of things on purpose. These forms of bullying are also the most commonly reported in international studies of bullying in adolescents.



Students who had been bullied in the past two months were asked how bad the bullying was; 24% of them reported it was not bad, 42% a little bad, 25% pretty bad, 5% really bad, and 3% reported it was terrible. This indicates that a small subset of students (about a third) who are bullied may be particularly negatively affected by the experience of being bullied.

These students were also asked why they thought they were bullied. The graph below shows that the most common reasons for being bullied were body size or shape, and working hard at school. However, a large proportion of students also indicated that they did not know why they were bullied.



Social context: Of the students who had been bullied in the past two months, 14% had wagged school at least once in the past month because they were afraid of being bullied. Twenty-nine percent of students reported that they ‘almost never’ ignore the bullying of other students, 12% of students thought that other students almost always take action when they know a student is being bullied in school, and 40% thought that teachers almost always take action when they know a student is being bullied. Overall, three-quarters of students agreed or strongly agreed with the statement ‘I feel safe at school’.

Alcohol and Drug Use:

Seven percent of students chose not to respond to the questions about alcohol and drug use. Of the students that did respond, 19% reported that they had drunk alcohol in the past 12 months (more than a few sips), 5% had used cannabis and 3% had used another drug to get high.

Suicidal thoughts and behaviours:

When students were asked if they had ever thought about committing suicide, 89% of students said never or that they had as just a passing thought.

There was a clear risk management process to alert the school guidance counsellors of students at risk of suicidal behaviours. There was a cut-off score for the questions asking about suicide (based on research for identifying at-risk youth or rangatahi) and school counsellors were given the names of students who exceeded the cut-off score. These students were then followed up by the school counsellor(s) and referred to relevant agencies if appropriate. The research team were available for consultation regarding these students. This process was appreciated by schools, as it helped identify students at-risk who may otherwise have remained unidentified.

Non-suicidal self-injury:

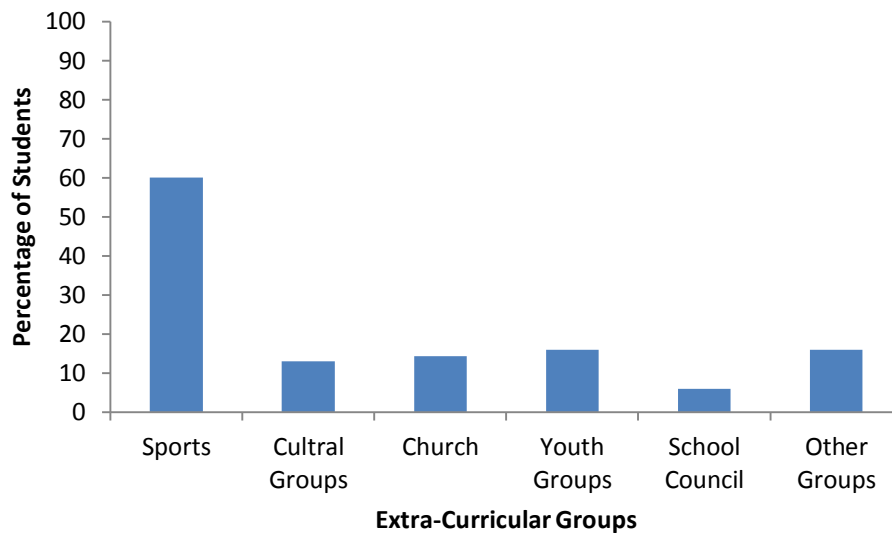
One in five students reported having engaged in self-injury at some point and 13% had thought about it. The most common types of NSSI were cutting, scratching, punching or banging themselves, and preventing wounds from healing. These results are consistent with research undertaken in other countries.

Positive wellbeing:

Many students felt school was an important part of their life; two thirds agreed or strongly agreed to the statement ‘I feel like I’m a part of the school I go to’, 77% that ‘my school is important to me’, and half of students to ‘I like school a lot’. Sixty-four percent of students felt that they were doing well at school.

Most students felt happy in their family or whānau life and felt as though they were cared for (e.g., three quarters reported that they feel very close to their family or whānau). Additionally, most students (80%) had an adult outside of their family or whānau they could talk to if they were having a problem.

Many students were also involved in an organisation or extra-curricular group.



Additionally, the majority of students appeared to have healthy self-esteem and felt good about themselves; 80% reported feeling satisfied with themselves, 84% agreed that they have a number of good qualities, and 77% reported that they do take a positive attitude towards themselves.

Where to from here?

We will be coming back into the schools who participated in Wave 1 to run the survey again with the same cohort of students each year, over the next three or more years. This is so we can get information on how students’ wellbeing changes over time, and what factors interconnect with each other. With this longitudinal data we will be able to draw conclusions about what factors cause certain issues for some young people or rangatahi. For example, we know that people who are bullied tend to have lower self-esteem, but we don’t know whether low self-esteem makes it more likely that someone will be bullied (i.e. is a causal factor) or being bullied causes low self-esteem (or both) among New Zealand adolescents. This study will help us further understand what factors make young New Zealanders vulnerable to particular difficulties, and what factors foster positive wellbeing. Each year we will be creating summaries of our findings, which we will again send to you at your request.



To check that our survey was well received by students, they were asked how happy they felt at the beginning of the survey, and again at the end of the survey. No difference was found between these two ratings, which suggests that students' mood did not change as a result of taking part in the survey, despite having been asked sensitive questions. This is consistent with research undertaken in other countries indicating that participating in questionnaire research including sensitive questions is not detrimental.

Want more information about youth or rangatahi wellbeing?

At the end of this summary we provide a list of agencies, services and websites related to youth or rangatahi wellbeing and mental health. We also provide links to resources on our website: <http://www.victoria.ac.nz/psyc/research/youth-and-wellbeing-study>

If you'd like to receive updates about the YWS, and information about events or resources relevant to youth or rangatahi mental health, you can request to receive our quarterly e-newsletter. Just email us using the email address below and we'd be happy to add you to our mailing list.

Comments or Questions?

If you have any comments or queries about the above summary please contact the Youth Wellbeing Study team (Youth-Wellbeing@vuw.ac.nz or phone (04) 463 9657).

For information about Health and Disability advocacy please contact the Health and Disability Commission (advocacy services) on 0800 555 050 or email advocacy@hds.org.nz

References:

Statistics New Zealand, 2013 census map – ethnicity, accessed on 13th May 2014; <http://www.stats.govt.nz/StatsMaps/Home/Maps/2013-census-map-ethnicity-as-a-percentage-of-total-population.aspx>



Support information

Youthline (Available throughout New Zealand)

Youthline offers a free, confidential, and non-judgemental telephone counselling service. You can ring 0800 376 633, text 234 (free text service) or email talk@youthline.co.nz or go to www.youthline.co.nz

In Wellington:

Vibe: Vibe is a free health and support service for young people or rangatahi aged 10-24. They have offices in Lower Hutt and Upper Hutt. You can visit their website at www.vibe.org.nz.

Evolve: Evolve is a youth service in central Wellington for young people or rangatahi aged 10-25. You can check them out at www.evolveyouth.org.nz, email them at reception@evolveyouth.org.nz or give them a call on (04) 473 6204.

Child and Adolescent Mental Health Service (CAMHS): This is a mental health service for young people and their families, run by your local District Health Board (DHB). CAMHS provides assessment and treatment for moderate to severe mental health difficulties. There are three DHB services in the wider Wellington region, each with their own CAMHS service:

CAMHS, Capital and Coast DHB: People in need of mental health support can contact Te Haika (ph. 0800 745 477), to seek advice or referral options.

CAMHS, Wairarapa DHB: To access mental health support in the Wairarapa, contact the Mental Health Access Centre on 0508 432 432. The Mental Health Access Centre offers contact for urgent and non-urgent referrals, consultation, liaison and education regarding mental health.

Infant, Child and Adolescent Mental Health Service, Hutt Valley DHB: This service offers assessment and treatment for children and young people aged 0 – 18 years, with access via a referral from a GP or another health practitioner.

In Kapiti

Kapiti Youth Support (KYS): is a free confidential health and support service for anyone aged 10 - 24 living in Kapiti. There are two locations; Paraparauma (ph. (04) 905 9597) and Otaki (ph. (06) 364 7305). Visit their website www.kys.co.nz

In the Wairarapa

Pathways: Provider of community based support for mental health.

Address: 20 Victoria Street, Masterton

Supporting Families: Provides services for families or whānau and individuals who experience mental health difficulties.

Address: 323 Queen St, Masterton. Phone: 06 377 3081. Website: www.sfwai.org.nz

Te Hauora Runanga o Wairarapa: Delivers Kaupapa Maori Health and Support services. All ethnic groups may access the service.

Address: 15 Victoria St, Masterton. Phone: 06 378 0140. Website: www.tehauora.org.nz

Other helpful websites:

www.thelowdown.co.nz

www.urge.co.nz

www.sparx.org.nz