



Youth Wellbeing Study Longitudinal Survey: Summary of the second 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:

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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 aspects 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.

Now in our second year of research, we are working towards:

- Investigating, over time, what leads adolescents or rangatahi to hurt themselves on purpose.
- Examining the barriers to help-seeking experienced by adolescents or rangatahi who self-injure.
- Engaging with adolescents or rangatahi, school staff, parents, caregivers and whānau, to create workshops and resources about recognising the signs of NSSI, how adolescents or rangatahi can seek help, and how best to help those who are self-injuring.

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.

The survey is longitudinal; the same group of students complete the survey each year, over the next two to three 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.

Although we are particularly interested in understanding self-injury, the survey we run in schools only has a small section dedicated to this topic. The survey asks a range of 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.

Where do these results come from?

Year 10 and 11 students from sixteen different schools in the wider Wellington region took part in the YWS survey. The survey was administered in classrooms under the supervision of a research team member(s), and took approximately 30 minutes to complete. Following participation, students were debriefed and given 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 results from the Wave 2 survey are given below. The statistics have been rounded to the nearest percentage.

Who took part in Wave 2?

Nine hundred and twenty-nine students took part in the survey. Of these, 41% identified as male, 58% as female and < 1% as transgender. When asked to indicate one ethnicity to describe themselves; 72% identified as Pākeha, 7% as Māori, 4% as Pacific Islander, 1% as Chinese, 2% as Indian, 9% as non-listed ethnicity and 5% could not choose a single ethnicity to identify themselves.

Sexuality: Ninety-five percent of students identified as completely or mostly heterosexual, 2% as bisexual, 1% as completely or mostly homosexual, and 2% as asexual. Eighty-five percent of students reported that they did not worry about their sexuality.

Peer Bullying:

Extent of bullying: Approximately a third of students reported having experienced bullying in the last 12 months. However, as can be seen in Figure 1, some students report experiencing much more frequent bullying than others.

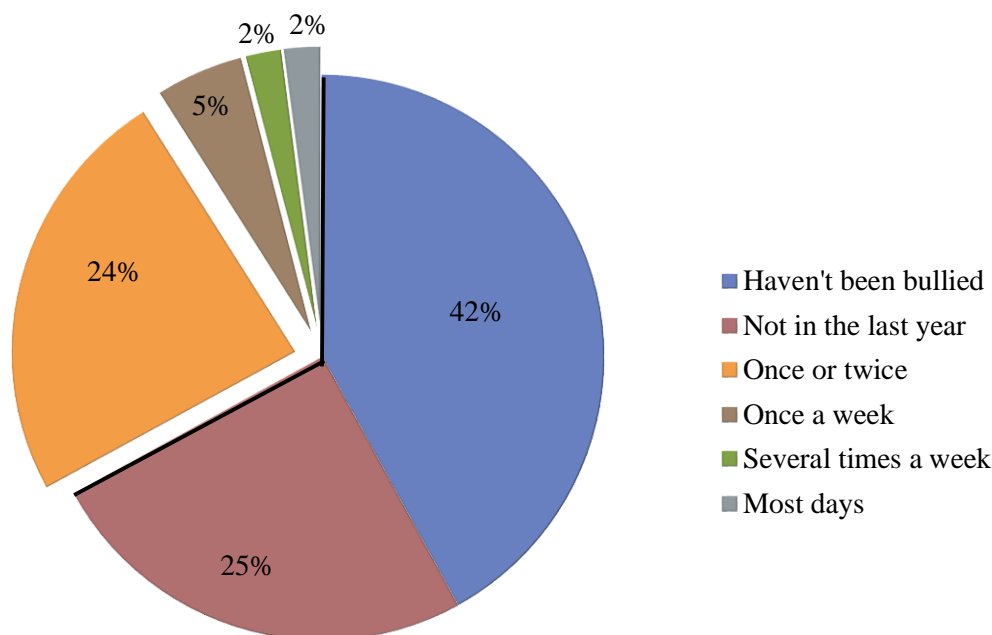


Figure 1. Student reports of the extent of bullying in the last 12 months

The proportion of students who report experiencing bullying (one or twice, once a week, several times a week or most days) has reduced by 6% compared to 2013 reports, suggesting that the frequency of bullying for this group of students has reduced from 2013 to 2014.

Types of bullying: Students reported a wide range of forms of bullying (see Figure 2), although the most common were being teased, called names, and being left out of things on purpose. These were the most prevalent forms of bullying reported by students in 2013 and 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; 25% of them reported it was not bad, 49% a little bad, 20% pretty bad, 4% really bad, and 2% reported it was terrible. This indicates that a subset of students (about one in four) 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 most common reasons students gave for being bullied were body size or shape (39%) and working hard at school (17%). However, a large proportion of students also indicated that they did not know why they were bullied (43%).

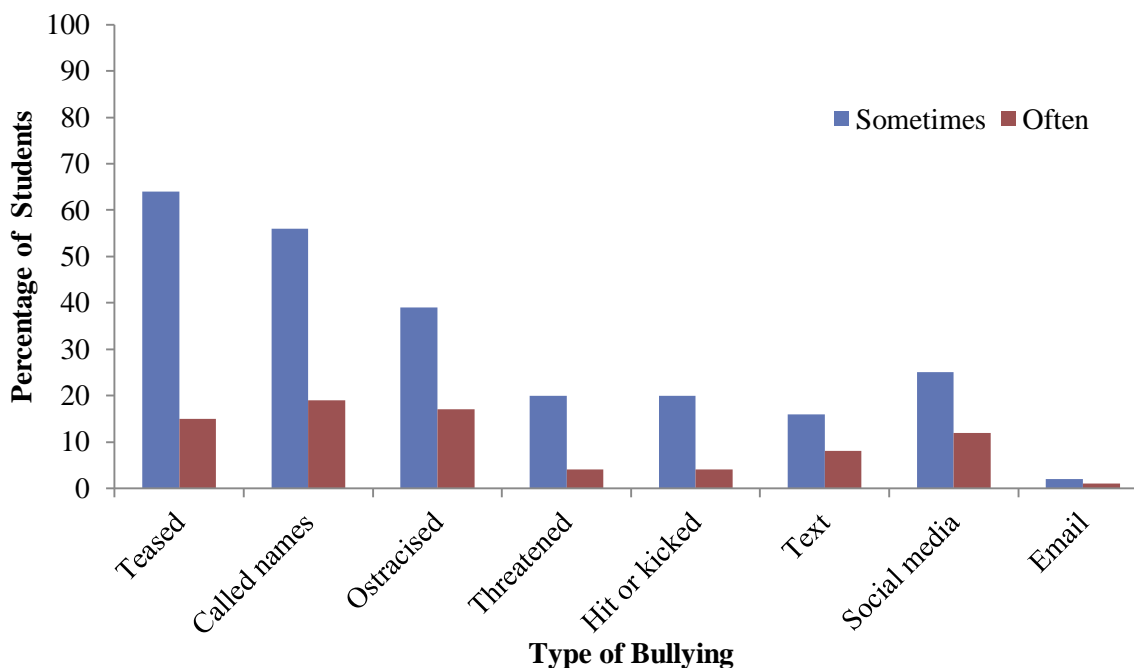


Figure 2. The proportion of students who reported experiencing each type of bullying in the last 12 months.

Social context: Of the students who had been bullied in the past two months, 11% had waggged school at least once in the past month because they were afraid of being bullied. Thirty percent of all students reported that they ‘almost never’ ignore the bullying of other students, 11% of students thought that other students almost always take action when they know a student is being bullied in school, and 36% thought that teachers almost always take action when they know a student is being bullied. Overall, 79% of students agreed or strongly agreed with the statement ‘I feel safe at school’.

Alcohol and Drug Use:

Figure 3 demonstrates that, although rates of drug use remain relatively low, the proportion of students who report drinking alcohol (more than a few sips) and using cannabis in the past 12 months has increased since 2013. This is likely to be a developmental effect; whereby as students become older more are experimenting with alcohol and cannabis, and there may be greater access to these substances through older and same-age peers.

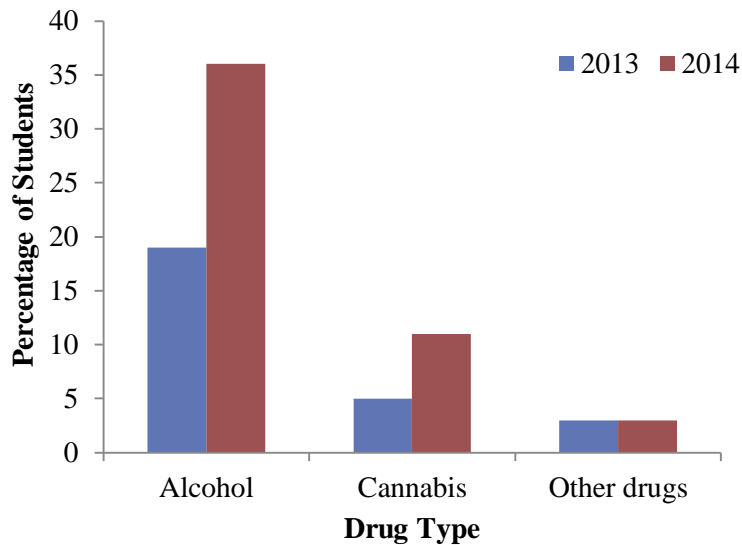


Figure 3. Reported alcohol and drug use over 2013 and 2014.

Suicidal thoughts and behaviours:

When students were asked if they had ever thought about committing suicide, 88% of students said never or that they had as just a passing thought. This is comparable to the proportion of students who indicated no history of suicidal thoughts and behaviour in 2013.

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 (21%) students reported having engaged in self-injury at some point and 10% had thought about it. The most common types of NSSI were cutting, scratching, putting sharp objects into skin, punching or banging themselves, and preventing wounds from healing. These results are consistent with research undertaken in other countries. Students who had indicated that they had thought about or engaged in self-injury were asked how many times they had hurt themselves since the last survey; 38% reported never having hurt themselves, 21% once, 26% a few times and 15% many times. This indicates that, although the majority of students (59%) engaging in self-injurious behaviour do so only rarely, a subset self-injure with much higher frequency.

Positive wellbeing:

Many students felt school was an important part of their life; 62% agreed or strongly agreed to the statement ‘I feel like I’m a part of the school I go to’, 76% that ‘my school is important to me’, and 41% of students to ‘I like school a lot’. Additionally, 59% percent of students felt that they were doing well at school.

Most students felt happy in their relationships with family, whānau and friends, and this has remained stable over time (see Figure 4). Additionally, most students (80%) had an adult outside of their family or whānau they could talk to if they were having a problem.

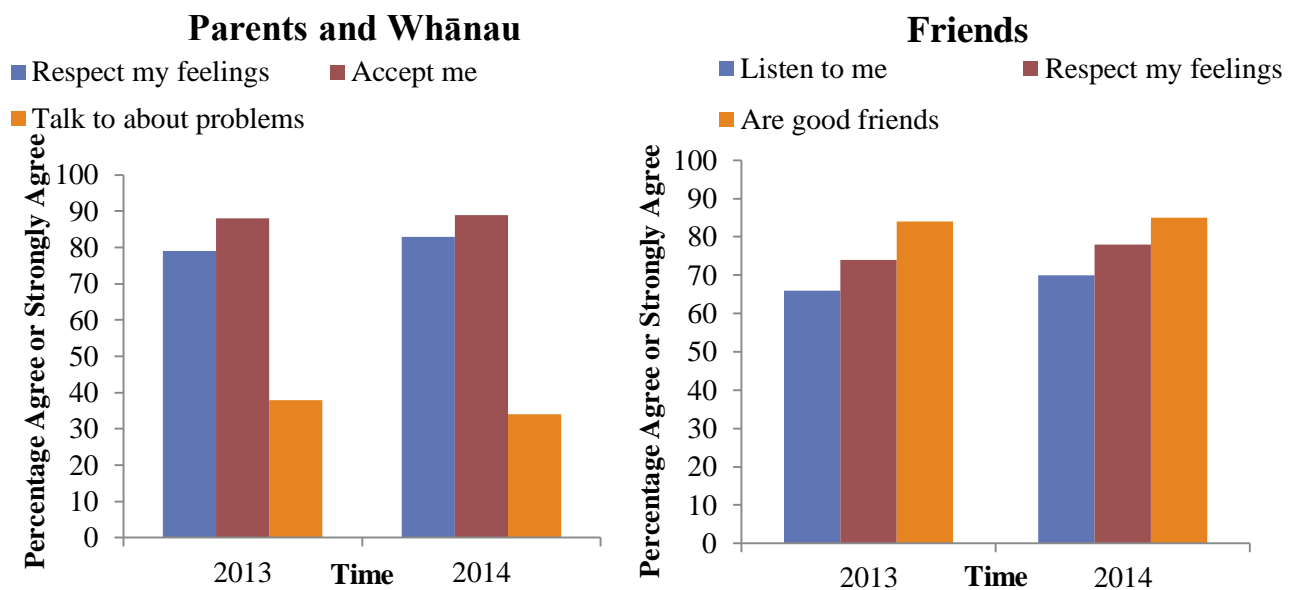


Figure 4. Student reports of their relationships family, whānau and friends.

The majority of students appeared to have healthy self-esteem and felt good about themselves; 77% reported feeling satisfied with themselves, 85% 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 and 2 to run the survey again with the same cohort of students each year, over the next two 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 and rangatahi. 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.



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



Need some help?

Completing this survey may have made you feel a bit low, worried, or stressed about things that are happening in your life, or someone else's. If you'd like to text or talk to someone who can help, you can contact one of the following organisations below:

School Support: You can talk to one of your school Guidance Counsellors. They may be able to help you themselves or may support you to talk to someone else.

Youthline: Youthline offers a free, confidential, and non-judgemental telephone counselling service. Just ring 0800 376 633. Or you can text 234 for a free text service even if you have no credit on your phone. If you'd prefer to email, the address is talk@youthline.co.nz or you could check them out at www.youthline.co.nz

Evolve: Evolve is a youth service in central Wellington for young people 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 473 6204.

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

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 in Wellington can contact Te Haika (ph. 0800 745 477), to seek advice or referral options.

Other helpful websites:

- The Low Down is a website that helps young people understand and deal with depression. You can check them out at www.thelowdown.co.nz
- SPARX website (www.sparx.org.nz): SPARX offers an e-therapy program, includes a mood quiz to help young people identify depression, and has information on where to get help. The phone line 0508 4 SPARX is staffed by professional counsellors 12 hours a day, seven days a week.
- Embrace the Future is a website that helps to educate young people in strategies and skills which promote and sustain resiliency and positive mental health. You can check them out at <http://www.embracethefuture.org.au/>

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