Children in high HDI countries suffer from boredom, higher suicidal tendencies and the urge to harm themselves

> "The basic purpose of development is to enlarge people's choices. In principle, these choices can be infinite and can change over time. People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives."
>
> -- Mahbub ul Haq,
> Founder of the Human Development Report

Countries ranked high in the Human Development Index (HDI) offer people greater access to knowledge, better nutrition and healthcare, secure livelihoods, social and cultural freedom and safety.

These attributes should make the quality of life better in high HDI nations, but children in these countries have a high level of suicidal tendencies, and have a greater urge to harm themselves. A large number of them complain of boredom and loneliness.

The data collected by child helplines in the top 9 HDI (ranking in 2010) countries demonstrates that apart from abuse and violence[1], the second main reason children, and others on behalf of children, contacted child helplines was psychosocial and mental health issues. Some 14 per cent of all of the contacts in these countries dealt with psychosocial and mental health issues.

The highest number of contacts for reasons related to psychosocial and mental health was seen in New Zealand, which has a relatively small population, where the child helpline received 81,764 such contacts by children and young people, followed by 55,909 in Germany. Child helplines in the US received 43,372 contacts, and in The Netherlands and Sweden, this figure was around 20,000 contacts each.

Child helplines in Australia and Ireland dealt with 19,525 and 14,475 contacts on psychosocial and mental health issues respectively, while in Canada this number was 8,010. Norway, which tops the HDI ranking, saw 1,437 psychosocial and mental health related contacts. Although this number is relatively low when compared with the other countries, it is almost 24% of the total reasons for contact to the child helpline in Norway.

The data further indicates that aside from children and young people experiencing boredom, the most alarming reason for contact with child helplines in high HDI countries are the suicidal tendencies amongst children. Other than Norway, where most children reached out to the child helpline because of boredom, in the rest of the high HDI countries nearly 48,000, or 18% of all psychosocial and mental health related contacts, were about suicide.

[1] Child Helpline International (CHI) publishes a separate annual report entitled `Violence Against Children' which outlines child helpline data on violence and abuse.

The second most number of contacts was about causing self-harm. Nearly 38,000, or 14% of all psychosocial and mental health related contacts, have been classified by child helplines in these countries as those related to causing self-harm.

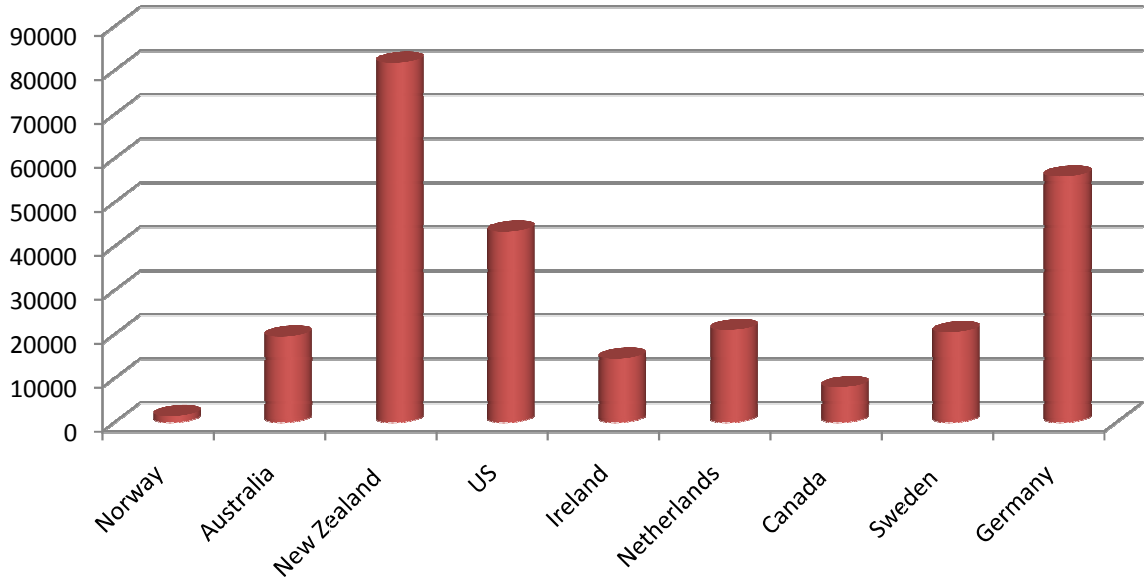

Fig. 1 Number of Contacts about psychosocial and mental health issues in top 9 HDI countries

In spite of a better quality of life and availability of recreational and leisure opportunities, many children in high HDI countries feel lonely and depressed. As many as 11 per cent of all psychosocial and mental health related contacts to child helplines in the 9 highest ranking HDI countries were about loneliness, and 9 per cent of the reasons for such contacts was depression.

This analysis is based on some 266,000 specific contacts made with child helplines in the top 9 HDI countries (HDI rankings in 2010) about psychosocial and mental health matters. While this data does not give an absolute or holistic picture of the psychosocial problems faced by children in these countries, it certainly is indicative of the general trend and should be considered as extremely valuable as it is based on direct interaction with children who voluntarily shared their concerns and fears with counsellors at child helplines.

Child Helpline International collates data from child helplines around the world. This data is unique as it comes directly from the children and is not based on any sample survey or time-bound quantitative research.

Suicidal tendencies amongst children and young people

Child helplines in high HDI countries receive hundreds of thousands of contacts every year from children and young people who wish to talk about psychosocial and mental health issues. Suicide is one of the most important reasons for contact in this category.

Child helplines operating in Australia, which ranks second in the HDI, and the United States, with an HDI rank of 5, reported that in 2010 as many as 32% of contacts in the psychosocial and mental health category were related to suicide. In Canada (HDI rank 8) 27% of psychosocial and mental health contacts were classified under suicidal tendency, and in New Zealand (HDI rank 3) this figure was 23%.

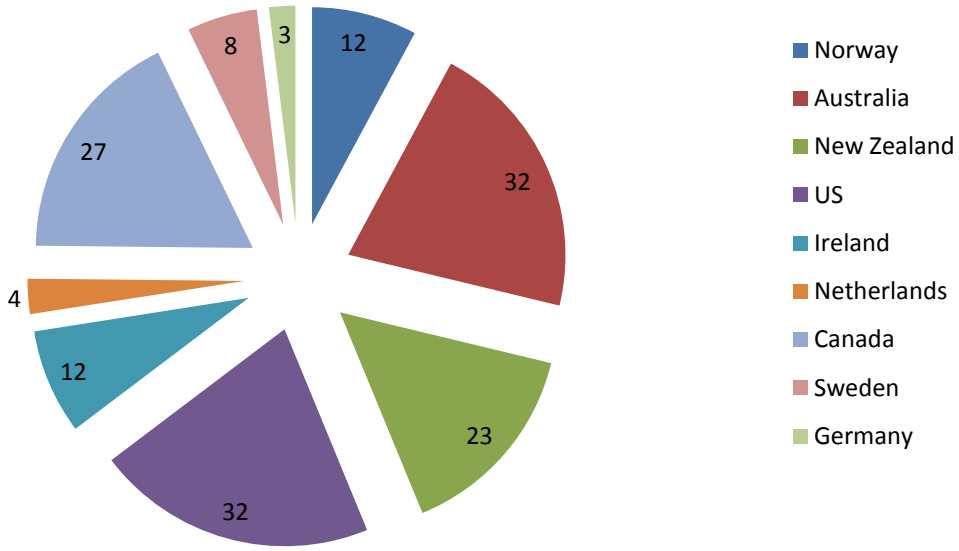

Fig. 2 Psychosocial and mental health contacts on suicidal tendencies in %

Norway, the topmost HDI country, recorded 12% psychosocial and mental health contacts relating to suicide and the child helpline in Ireland (HDI 5) also reported that 12% of all such contacts had to do with suicidal tendencies. In Sweden 8% of the psychosocial and mental health contacts were from children and youth with suicidal tendencies. The Netherlands (HDI rank 7) received only 4% contacts on this issue and in Germany (HDI rank 10) only 3% of the reasons for contacts on psychosocial and mental health issues were about suicide.

While the percentages demonstrate that suicide is one of the main reasons for contact with child helplines, the hard numbers are startling and indicate that suicide is a serious issue that needs to be tackled at the societal and family level. Child helplines in New Zealand received 19,152 contacts about children and young people dealing with suicidal tendencies, followed by child helplines in the United States where 14,013 contacts concerned suicides.

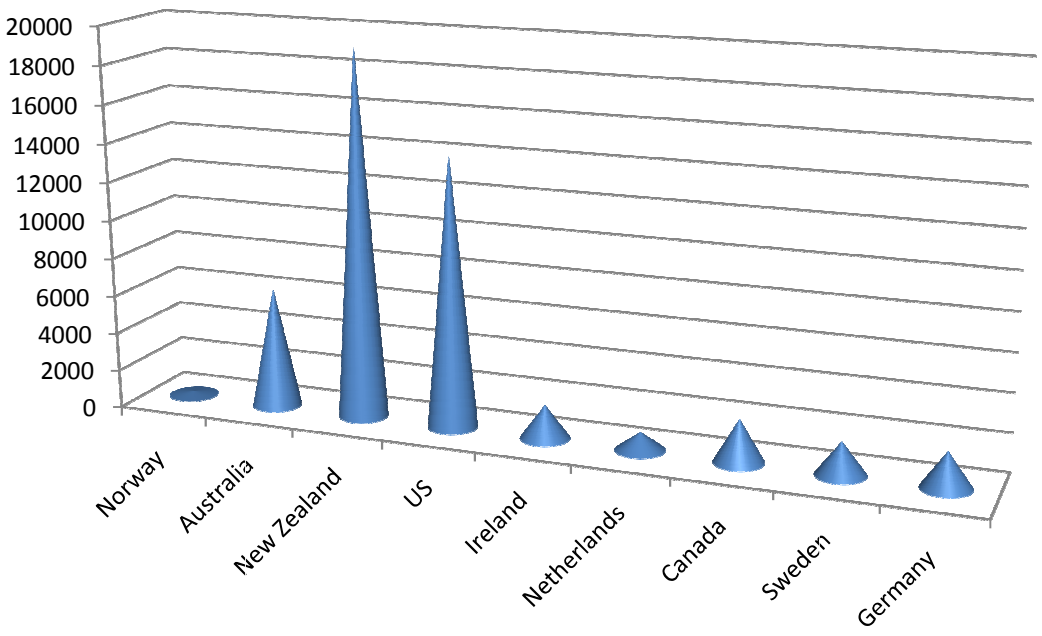

Fig. 3 Suicidal tendencies in numbers

There is a need to investigate the reasons for such high levels of suicidal tendencies amongst children and young people in countries where the quality of life is believed to be better than in the rest of the world. Abundant academic research has been done to look into the reasons, but the data collected by Child Helpline International underscores the need to look at the remedial measures that can be adopted to reduce the factors that cause children in such high HDI level nations to think about ending their lives.

Children causing self-harm

Self-harm is often described as an attention seeking behaviour or a coping mechanism to deal with psychosocial problems.

In high HDI countries this behaviour appears to be highly prevalent amongst children and young people. In 2010 child helplines in the 9 high HDI countries received 36,874 contacts about self-harm alone.

The child helpline in New Zealand reported that as many as 18,600 or 17% of all psychosocial and mental health related contacts were about self-harm, whereas in neighbouring Australia this figure was 10,440 or 53%. Canada saw 1,367 contacts from children and young people about causing self-harm, accounting for 17% of all psychosocial and mental health related contacts there.

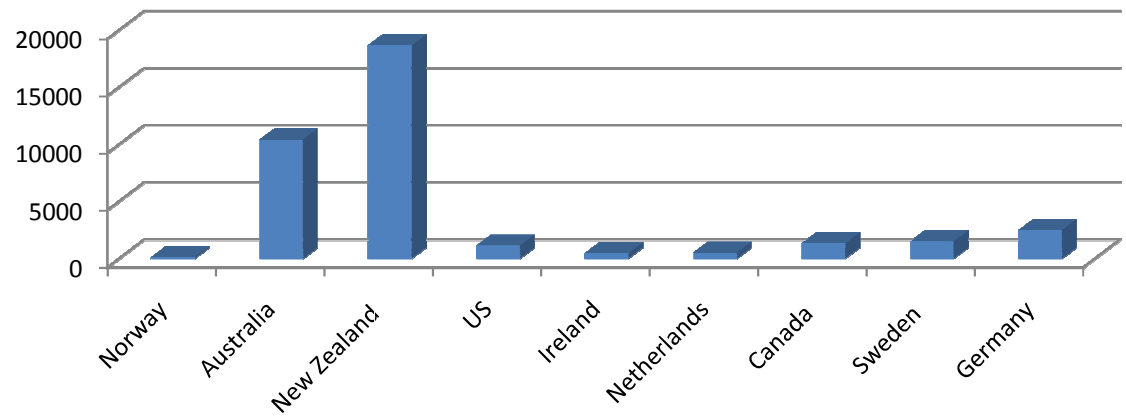

Fig. 4 Self-harm in numbers

In Norway 9% (136 contacts) of all psychosocial and mental health related contacts were about self-harm and in Sweden it was 7% or 1523 contacts. The child helpline in Germany received 2519 contacts about self-harm, accounting for 5% of all psychosocial and mental health related contacts. In both Ireland and the Netherlands only 3% of all contacts on psychosocial and mental health had to do with self-harm.

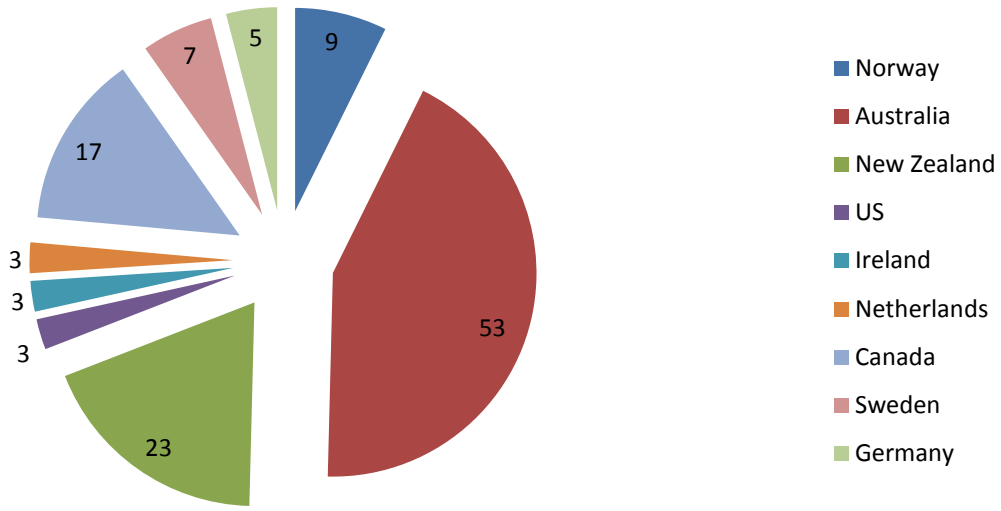

Fig. 5 Self-harm as % of all contacts on psychosocial and mental health

Self-harm is not an isolated psychosocial problem. The American Psychiatric Association has described self-harm as a borderline personality disorder, while Britain's Royal College of Psychiatrists says that it could be caused by other issues that a child or young person is faced with, such as:

- physical or sexual abuse
- feeling depressed
- feeling bad about yourself
- relationship problems with partners, friends, and family
- being unemployed, or having difficulties at work

Self-harm is more likely to happen if a person is using alcohol or drugs.

When analysed in terms of absolute numbers, New Zealand reported the highest number of contacts on self-harm or deliberate self-harm. In Australia both the numbers and the percentage were much less when compared with the total contacts concerning psychosocial and mental health. More than half of the children and young people's reason for contact under the psychosocial and mental health category was about self-harm.

Boredom and Loneliness

In countries with high HDI levels, modern amenities and entertainment facilities are easily accessible to people of all ages. Interestingly, in spite of this, quite a large number children and young people complain of boredom and loneliness. They contact child helplines to share their concerns and worries.

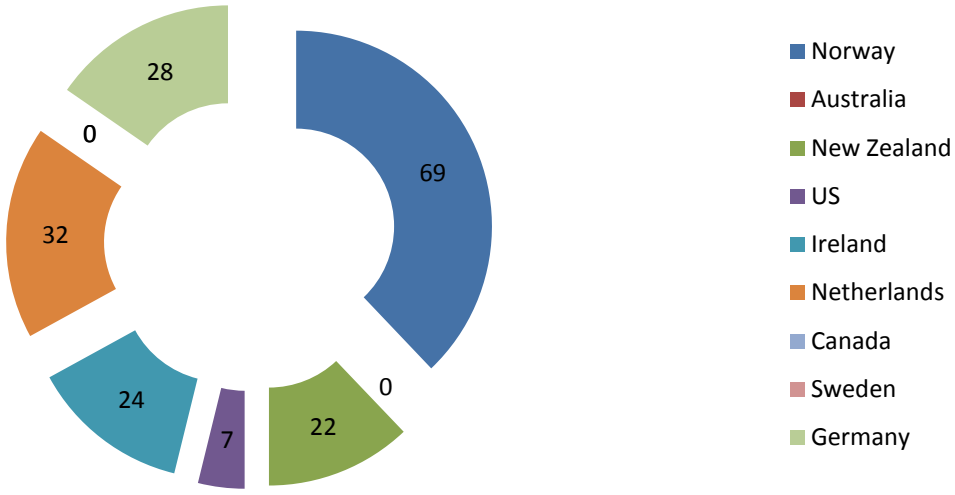

Fig.6 Boredom as a percentage of contacts on psychosocial and mental health

The data collected by child helplines in the 9 top HDI countries demonstrates that the highest level of boredom is found amongst children and young people in Norway, the topmost country in the HDI. In Norway 69% of the contacts on psychosocial and mental health were about boredom whereas only 4% were about loneliness.

The Netherlands had the second most bored children and young people, with 32% of contacts on psychosocial and mental health about boredom. On the other hand, only 3% of the psychosocial and mental health contacts in The Netherlands were about feeling lonely. In Germany 28% of the psychosocial and mental health related contacts were from children and young people feeling bored while 11% said they were suffering from loneliness. Ireland had 24% of the contacts in this category about boredom and 9% about loneliness.

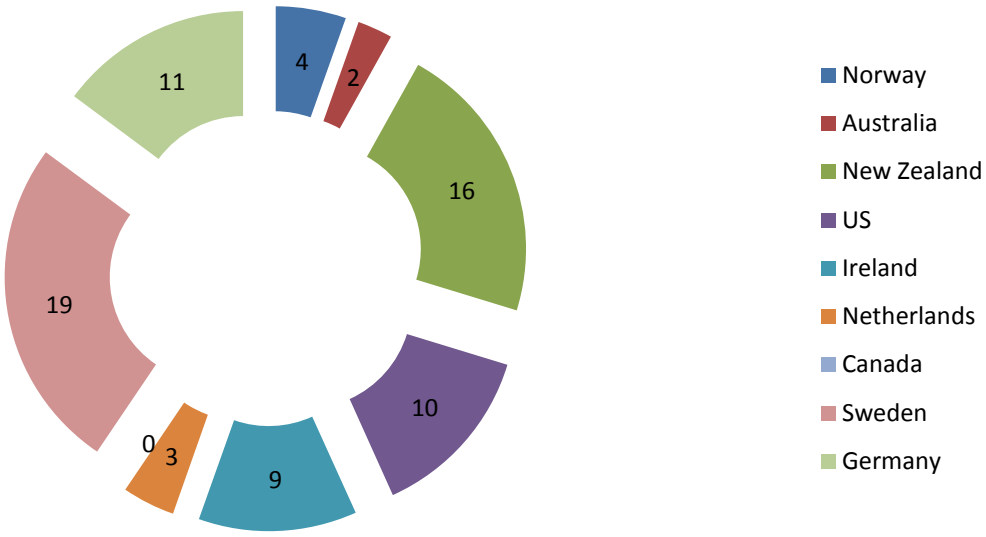

Fig.7 Loneliness as a percentage of psychosocial and mental health related contacts

In New Zealand, where a large number of contacts were about suicidal tendencies and self-harm, boredom and loneliness also appear to be quite high. As many as 22% and 16% of the contacts on psychosocial and mental health matters were about boredom and loneliness respectively.

Contrary to the high levels of boredom amongst children and young in the other high level HDI countries, there were no contacts made with the child helpline about this matter in Australia and Sweden.

Canada is the only country where no children and young people contacted the child helpline about boredom or loneliness.

Both boredom and loneliness, in addition to being problems in and of themselves, are also often symptoms of or caused by other issues children and young people in developed

countries face. The same is true for other psychosocial and mental health issues, such as depression, fear and anxiety, for example.

Depression, fear and anxiety

Depression is another significant reason why children and others on behalf of children contact child helplines in high level HDI nations. The largest percentage of contacts from children and young people feeling depressed was in the US (22% of all psychosocial and mental health related contacts), followed by 13% in Ireland, 12% in New Zealand and 5% in The Netherlands.

Children and young people in Sweden appear to suffer from fear and anxiety more than in other countries. 32% of all contacts on psychosocial and mental health in Sweden were pertaining to fear and anxiety. In the United States this number was around 20%, Ireland reported 11%, Canada 9%, Germany and The Netherlands 8% each, and in New Zealand it was a mere 1%. Norway and Australia did not record any contacts for either depression or fear and anxiety.

Other reasons for contact

There are several other reasons classified by the child helplines under the psychosocial and mental health category for which children and young people contact child helplines.

In Canada some 36% of the contacts under this category were about lack of confidence, the highest amongst the top HDI countries. Contacts about lack of confidence accounted for 16% of all psychosocial and mental health contacts in Germany, 12% in The Netherlands and 11% in Ireland. In the rest of the five countries examined this reason for contact was not sizeable in number or percentage.

Children and young people often wonder about the purpose of their lives. They wish to discuss this with others. In Sweden, 20% of contacts under the psychosocial and mental health category were on this topic. In Germany it was 4%, Australia and Ireland 3%, and in Norway, where boredom was reported to be the highest, only 1% contacts were on this subject.

Body and physical appearance too are a matter of concern that children and young people share with child helplines. Data indicates that 30% of contacts classified under psychosocial and mental health were about body and physical appearance. Germany reported 22%, Sweden and Ireland 10%, Australia 5% and US 4%.

Eating disorders, phobias and obsessions are also reasons for contact with child helplines in these countries, but such contacts are not large in numbers.

Conclusions

Children and young people voluntarily contact child helplines for assistance and support. Children appreciate the anonymity child helplines offer. They are willing to share their problems with counsellors at child helplines hoping to find support and solutions, even when they hesitate to speak about these issues with their parents, other family members, close friends or peers.

Child helplines refer serious cases of suicidal tendencies and self-harm to specialised organisations or mental health personnel so that necessary help can be provided to these children and young people.

The data collected by child helplines shows that an alarming number of children in countries with high development indices suffer from psychosocial and mental health issues. Boredom, tendencies to commit suicide and deliberate self-harm appear to be very high.

However, this data is merely the tip of the iceberg. Not all children and young people contact child helplines when they face problems. Therefore, the figures presented above are representative of problems faced by children in different countries.

Based on the data it is difficult to pinpoint a reason or set of reasons responsible for the high level of psychosocial issues children with high HDI ranks report. The situation, conditions and background of these children and young people may play a role in triggering such problems.

There are specialised services provided by governments and civil society groups to help children and young people suffering from psychosocial and mental health problems, but more in depth study and research is required to understand the reasons behind problems and the high incidence in high HDI level nations.

Government departments responsible for children's welfare, mental health workers, child psychiatrists, civil society organisations working with children and academics in these countries should investigate the reasons for these issues so that the causes can be addressed at the societal and family levels.

Meanwhile, the data underscores the need to further strengthen psychosocial and mental health services in developed countries to prevent suicide and deliberate self-harm tendencies amongst children and young people.