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Focus on: Bullying and Mental Health

As we come to better understand bullying, the more concerned health professionals are becoming over the potentially damaging and long-lasting impact that bullying has on the mental health of children and young people who experience it

Cover:
Pupils at Passmores Academy in Harlow, Essex are taught the value of openness, honesty and caring for others.

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Focus on: Bullying and Mental Health

Awareness of school bullying is greater than it has ever been before, but as we come to better understand bullying, the more concerned health professionals are becoming over the potentially damaging and long-lasting impact that bullying has on the mental health of children and young people who experience it. This briefing paper pulls together the latest findings, both in the UK and internationally, which show how involvement in school bullying, whether as a 'victim', 'bully, or 'bully-victim', is linked to poorer mental health outcomes throughout adolescence and into adulthood.

What is mental health?

Mental health is an integral part of who we are. It governs how we are able to think, feel and behave, and maintaining good mental health is as important to our wellbeing as having good physical health. Despite the negative connotations and stigma attached to them, mental health problems are common, with up to 1 in 4 people in the UK experiencing mental health problems each year². There are many different mental health problems, but some of the most common include:

- Depression
- Anxiety Disorders
- Schizophrenia
- Bipolar disorder
- Personality disorders
- Eating disorders

Although not defined as mental health problems themselves, there are also specific feelings or behaviours, such as self-harming and suicidal thoughts, which are closely associated with, and in some cases brought about by, other mental health problems. As with any physical illness, mental health problems can pose significant life challenges, but can be recovered from with the appropriate help and support, such that many people who have experienced mental health problems are able to go on and lead productive, fulfilling lives.

The impact of bullying on mental health

The links between school bullying and mental health have been known for a long time³. Some of the earliest studies of school bullying showed how being bullied could lead to children feeling sad, withdrawn, and anxious; all of which are key indicators of mental health problems. As research in this area has continued to grow, it has become clear that the experience of being bullied, and in some cases bullying others, can have a negative impact on all aspects of a child's mental functioning³.

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The association between bullying and mental health represents a vicious circle

Are mental health problems a cause or consequence of bullying?

Before discussing this research, one key factor that must be taken into account is the direction of causality: does bullying lead to mental health problems, or are children with existing mental health problems more likely to be involved in bullying? Research shows that many of the symptoms associated with mental health problems, such as behavioural or emotional difficulties, act as significant risk factors for bullying involvement⁴. Children who have low self-esteem, are anxious or socially withdrawn, and who have behavioural, emotional, or peer relationship problems are at greater risk of becoming victims or bully-victims at school. Additionally, children who exhibit behavioural difficulties and conduct problems may be more likely to engage in bullying others⁴. While many of these characteristics may be present before children become involved in school bullying, there is also evidence that bullying can exacerbate these problems further, such that someone who is bullied because they are anxious and socially withdrawn, becomes further isolated and worried as a result of being bullied⁵. The association between bullying and mental health represents a vicious circle, where children who are already vulnerable and at-risk suffer further at the hands of their peers, thus worsening their outcomes, and the likelihood of experiencing more severe mental health issues.

Distinguishing between mental health problems that are pre-existing and those that arise solely as a result of bullying is a focus of current research, and one that helps us to determine the true damage that bullying can cause. Contemporary studies have begun to use longitudinal data, which is comparable data gathered over a specific period of time, to show the independent effect that bullying has upon mental health outcomes. After controlling for external influences which may affect mental health, such as family history or household situation, longitudinal studies are now able to compare how children perform on mental health variables both before and after incidents of bullying, thereby showing the unique contribution that bullying has had towards a person's mental health.

Key Findings

In the following sections, recent longitudinal research examining the mental health problems resulting from school bullying is discussed. Four key mental health outcomes are identified: depression, anxiety, psychotic disorders, and self-harm and suicide. Each of these mental health problems can have a wide ranging impact on children's wellbeing, affecting how they perceive themselves and others, how they behave and fit in at home and school, and how they feel inside, whether that is conveyed externally or not.

Depression

As one of the most commonly studied mental health outcomes, there is substantial evidence which shows a greatly increased risk of depression among children who are victims or bully-victims at school. Depression can be manifested in many different ways, and some typical symptoms can include²:

- Feeling sad or helpless
- Lacking energy or enthusiasm
- Feeling restless or irritable
- Struggling to concentrate
- Having difficulty sleeping
- Feeling tired or exhausted
- Being socially withdrawn
- Having a lack of appetite

Depression can lead to a marked change in children's behaviour and lead to them skipping school, and distancing themselves from their family and friends. Severe depression has also been linked with self-harming and suicidal thoughts or behaviour.

A recent study in the UK⁶, comprising over 3,692 children, found that after controlling for a range of existing risk factors, such as psychopathology and family adversity, being the victim of school bullying greatly increased the risk of children developing severe depressive symptoms. Furthermore, a dose-response relationship was found, whereby stable and frequent victimization led to children experiencing more severe and persistent depressive symptoms.

More recently, another study compared depression scores at age 18 among 3,898 young people⁶. Distinguishing between those that had been bullied or not at age 13, the researchers found that while 5.5% of non-victims were depressed at age 18, this rose to 7.1% among those that had experienced some victimisation. In contrast, among those that were bullied frequently, 14.8% were depressed at age 18; representing over a two-fold increase in the likelihood of developing clinical depression.

A meta-analysis of 28 longitudinal studies⁸ showed that the effects of bullying on depression can be long lasting, concluding that the experience of being bullied in childhood was a unique and significant risk factor for depression throughout adolescence and adulthood, even after a large number of pre-existing risk factors had been controlled for.

Although a few studies have suggested that children who bully others may experience some depressive symptoms, on the whole, research has found few associations with bullying perpetration, indicating that bullying others (as a bully only) is unlikely to lead to depression.

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Anxiety

Often found in combination with depression and sharing some similar symptoms, anxiety is another common outcome of school bullying, particularly among children who are victims or bully-victims at school. Anxiety can lead to children feeling constantly worried about many aspects of their daily life, and some of the typical symptoms may include²:

- Excessive worrying
- Feeling panicky
- Sweating, shaking, or shortness of breath
- Feeling nauseous
- Heart palpitations
- Feeling restless
- Having difficulty sleeping
- Struggling to concentrate

In addition, severe anxiety can also develop into a variety of anxiety-related disorders, which include:

- Panic attacks
- Social phobias including agoraphobia (fear of open or public spaces)
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

Symptoms of anxiety can have a profound impact on how well children integrate and perform at school. As well as causing difficulties in forming and maintaining friendships, some of these symptoms can make children stand out amongst their peers, exposing them as different, and making them more susceptible to further bullying.

Many cross-sectional studies show increased anxiety among victims or bully-victims compared to those who are not bullied

Many cross-sectional studies show increased anxiety among victims or bully-victims compared to those who are not bullied. For example, a survey of over 2,700 Dutch school children⁹, aged between 9 and 12, found that 28% of victims and 23% of bully-victims reported experiencing anxiety, compared to 10% among children who were not victimised. Additionally, only 10% of children who bullied others reported that they felt anxious, suggesting that anxiety is unlikely to be an outcome of bullying others.

Longitudinal studies provide confirmation of the association between victimisation and anxiety. A prospective survey of 1,420 participants which controlled for existing childhood psychiatric problems and family hardships, found that victims of school bullying were at much greater risk of generalised anxiety, panic disorder, and agoraphobia in young adulthood, while bully-victims were more likely to experience panic disorder and, for females only, agoraphobia¹⁰.

Another longitudinal study of 3,629 UK adolescents compared anxiety scores at age 18 with experiences of being bullied at the age of 13¹¹. Among those that had not been bullied, only 6% had any form of anxiety disorder at age 18, however, this rose to 11% among occasional victims of bullying, and over 15% among those that had

Psychotic disorders are classified as severe mental health problems which affect a person's ability to think and act normally

been bullied frequently. In particular, frequent victimisation led to participants being more likely to develop several anxiety related disorders, including generalised anxiety disorder, social and specific phobias, and panic disorder. Overall, the experience of being victimised led to children being two to three times more likely to develop an anxiety disorder compared to those that had not been victimised.

Psychotic Disorders

There is emerging evidence that children who are frequent victims of bullying at school may be at risk of developing severe mental health problems in the form of psychotic symptoms or disorders. Psychotic disorders are classified as severe mental health problems which affect a person's ability to think and act normally. People with these disorders may increasingly lose touch with reality, and can experience symptoms such as visual and auditory hallucinations, delusional thoughts and patterns of thinking, and paranoia. In addition, some recognisable symptoms associated with psychotic disorders include:

- Social withdrawal
- Depression
- Anxiety
- Lack of motivation
- Agitation or restlessness
- Disorganised speech
- Erratic or unusual behaviour
- Lack of appetite

In addition to these symptoms, there are also several psychotic disorders which, without the appropriate treatment and medication, can have a major impact on an individual's wellbeing. These psychotic disorders include:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Borderline personality disorder
- Delusional disorder

At present, only a handful of studies have investigated the association between bullying and psychotic symptoms, however, being a victim or bully-victim does appear to substantially increase the risk of children developing these conditions. A longitudinal survey of 6,000 adolescents assessed whether children had been victimised at school from the age of 8, and whether they had experienced psychotic symptoms in the 6 months prior to the interview¹². Controlling for pre-existing risk-factors, results showed that 11% of non-victims showed some psychotic symptoms, however, this rose to 14% among children who were occasionally bullied, and 22% among those that were frequently victimised. Although any bullying increased the risk, being frequently as opposed to occasionally bullied doubled the risk of children developing psychotic symptoms.

The findings showed a consistent link between the experience of being bullied, and the development of psychotic symptoms

To collate research findings, a meta-analysis drew together the results of 14 studies which reported an association between school bullying and psychotic symptoms¹³. The authors concluded that while there was still a lack of research in the area, the findings showed a consistent link between the experience of being bullied, and the development of psychotic symptoms. The more frequent, severe and prolonged the bullying was, the stronger this association became. Overall, the findings suggested that the experience of being bullied led to an almost threefold increase in the likelihood of children developing psychotic symptoms.

Recently, a new study based on data from 4,720 UK participants¹⁴ identified the association between bullying perpetration and psychotic symptoms. Controlling for characteristics including behavioural, emotional and mental health problems, the authors found that any involvement in school bullying, as either a victim, bully, or bully-victim, increased the likelihood of children experiencing psychotic symptoms by the age of 18. Furthermore, the more often children engaged in bullying, or were bullied, the more likely they were to show psychotic symptoms. Whereas children who bully do not appear at greater risk of becoming depressed or anxious, this study does suggest they may be more vulnerable to developing psychotic symptoms later in adolescence and adulthood.

Self-harm and suicide

Although not diagnosed as specific mental health problems, self-harm and suicidal thoughts and behaviours are closely associated with mental health issues, and may be symptomatic of some of the disorders discussed above. Numerous newspaper headlines over the past twenty years provide evidence of how bullying can lead to children self-harming or attempting to take their own life, and while these represent particularly extreme cases, research does confirm a greater risk of both self-harm and suicide among victims of bullying. There are a number of indicators pertaining to both self-harming and suicidal thoughts and behaviour which parents, carers and school staff can look out for, including:

- Persistent depression
- Unexplained cuts or bruises, particularly around the wrists, arms, legs or chest
- Talking about suicide or death
- Wearing long clothing or keeping themselves covered
- Lack of motivation or interest
- Extreme mood swings
- Social withdrawal and isolation
- Expressing feelings of hopelessness or worthlessness

Despite significant public attention of this issue, few studies have been able to accurately assess whether bullying alone can lead to children self-harming or attempting suicide. Only recently have researchers been able to use longitudinal data to explore this connection. One of the first to do so used a sample of 2,141 UK children¹⁵, who had been followed from the age of 5 through to 12.

By the age of 12, 2.9% of participants had self-harmed, however over half of those that did also reported being a victim of frequent bullying. After controlling for multiple personal and family risk factors, children who were victimised were around 3 times more likely to self-harm than those who had not been victimised.

Another study followed children from birth, assessing whether participants had experienced bullying at school at age 12, and whether they engaged in self-harming at age 15¹⁶. Many personal and situational characteristics were associated with a greater likelihood of self-harming, including being female, having emotional and behavioural problems, having parental illness, and having an absent parent, however, after controlling for all these factors, being bullied independently increased the likelihood of children considering self-harming. Only 2% of non-victims had considered self-harm, compared to over 9% of victims.

Picking up on this finding, researchers began to explore the pathways through which bullying, in combination with other risk factors, can lead to children self-harming. Using a sample of 4,810 UK children¹⁷, bullying was assessed between the ages of 7 to 10, and self-harming at age 16. The authors found that bullying alone increased the risk of children self-harming, but furthermore, had an indirect influence, by causing children to become depressed, and then in turn, self-harming as a way of dealing with the depression. Additionally, family risk factors, including maladaptive parenting and domestic violence were linked to self-harming via bullying: exposure to an aggressive home environment increased the risk of children self-harming, but this was further intensified if the child also experienced bullying at school.

In addition to self-harm, there appears to be a clearly increased risk of suicide among children who are bullied at school

In addition to self-harm, there appears to be a clearly increased risk of suicide among children who are bullied at school. A meta-analysis of 37 mainly cross-sectional studies¹⁸, combined multiple findings from different countries and settings, concluding that any participation in school bullying, whether as a bully, victim, or bully-victim, significantly increased the risk of suicidal ideation or behaviours across a broad spectrum of children and young people.

While many studies fail to address other factors within children's lives which may additionally contribute towards their suicidal feelings or behaviour, one UK study of 6,000 children¹⁹ examined suicidal ideation at age 11, and bullying involvement from ages 4-10, while controlling for multiple individual and family risk factors. All roles in bullying were linked with a stronger likelihood of suicidal ideation and behaviour; both victims and bully-victims were 2 to 3 times more likely than children not involved in bullying to think about or attempt suicide. Furthermore, children who bullied others showed a threefold increase in the likelihood of suicidal ideation and behaviour. The authors conclude that irrespective of any pre-existing risk factors, involvement in bullying, particularly that which is frequent and prolonged, substantially increases the risk of suicidal or self-harming thoughts and behaviour in adolescence.

The long term impact of bullying

While much of the above research focuses on more immediate mental health outcomes, recent studies have begun to look at the longer term impact of bullying, by investigating the mental health of adults who experienced bullying as a child. The findings suggest that the impact of bullying is both damaging and lasting, with victims continuing to experience behavioural, emotional and relationship problems into adulthood, having poorer physical and mental health, and achieving less financially and occupationally than those who were not bullied²⁰.

The findings showed that adults who were both victims and bully-victims as a child experienced significantly more mental health problems

Some of the clearest data comes from the Great Smoky Mountain Study, a population based study which has followed a cohort of over 1,400 participants throughout adolescence and into adulthood. Involvement in bullying was assessed during their time at school, and psychiatric assessments from the age of 19 through to 26 indicate whether being bullied had any long term impact on their mental health. One study which used this data¹⁰ compared those involved in bullying, as both victims, bullies, and bully-victims, on multiple psychiatric measures in adulthood, including depression, anxiety, antisocial personality disorder, and suicidal thoughts or behaviour. After controlling for multiple risk factors which may have affected participants mental health outcomes, the findings showed that adults who were both victims and bully-victims as a child experienced significantly more mental health problems. Compared to non-involved children, victims were 4 times more likely to have agoraphobia, twice as likely to experience generalised anxiety disorder, and 3 times more likely to have panic disorder. Bully-victims showed slightly differing outcomes, with an almost fivefold increase for the risk of depression, 14 times more likely to develop panic disorder, and a greater likelihood of agoraphobia among females, and of suicidal thoughts or behaviours among males. In comparison, bullies only differed from children not involved in bullying on one outcome: they were at four times greater risk of developing antisocial personality disorder.

Using the data above, as well as that from the Avon Longitudinal Study of Parents and Children, a new report finds similar outcomes, and suggests that the experience of being bullied can have a more profound impact on mental health than any other form of child maltreatment²¹. Using multiple measures of bullying and child maltreatment during childhood, the authors compared participants based on three mental health outcomes: anxiety, depression, and self-harm or suicidality. The results showed that children who had been bullied by their peers were significantly more likely to have mental health problems than those children who had experienced any other form of maltreatment. Bullied children were over four times more likely to develop anxiety, and twice as likely as maltreated children to be depressed and self-harm in adulthood.

Reducing the impact of bullying on mental health

As the above findings show, bullying has a significant and sustained impact on the mental health of those who experience it. In some cases the ill effects are still present decades later, creating challenges which can hamper individuals for the rest of their life. Tackling bullying as early as possible is the most effective way to limit the damaging impact that it can have, and give children the best possible chance in life. The Anti-Bullying Alliance guide “Bullying and mental health: Guidance for teachers and other professionals”²² recommends that schools and teachers address issues of bullying and mental health using a whole school approach, based around three key components:

1 Communication

The guidance recommends that the schools stance on bullying and mental health should be communicated to all members of the school community, and must be clearly understood by parents, pupils and staff. Anti-bullying policies should refer to the mental health impact that bullying can have, and include signs to look out for. In addition, mental and emotional health should be taught through the school curriculum, increasing awareness and challenging the stigma that surrounds it, ensuring pupils are able to recognise and talk about issues, and making sure that those who experience mental health problems feel supported and confident that the appropriate steps and strategies will be put in place. In addition, staff should realise the importance of listening, and make sure pupils feel comfortable talking to them about bullying and issues of mental health, and confident that this information will not be disclosed further without their consent.

2 Prevention

By understanding the underlying causes behind bullying, the guidance suggests that schools can begin to identify situations or circumstances in which bullying is likely to happen, and take measures to stop these incidents from happening. At a whole school level, it is important to establish a positive, open environment which supports good mental health, and outlines a clear approach towards supporting the mental health needs of those who are involved in bullying. Among staff, greater awareness of the warning signs associated with bullying and mental health problems can ensure children at risk are detected early, and the appropriate measures put in place should they require support. In addition to many of the symptoms previously described, others indicator staff should look out for which may suggest a child is experiencing mental health issues include:

Staff should realise the importance of listening. At a whole school level, it is important to establish a positive, open environment which supports good mental health

Counsellors or support staff should also be named, and available for pupils to speak with privately and confidentially

- Poorer academic performance
- Lack of engagement
- Persistent absence from school
- Increased isolation
- Loss or breakdown of existing friendships
- Lack of motivation or interest
- Changes in behaviour
- Lack of concentration
- Signs of self-harming

3 Response

In addressing mental health concerns, the guidance suggests that it is important for any response to be sensitive to the situation, and to address the particular concerns and needs of the children and young people involved. Across the whole school, all incidents of bullying should be reported and recorded. Counsellors or support staff should also be named, and available for pupils to speak with privately and confidentially. Schools should also attempt to form strategic partnerships with specialist external services, such as Child and Adolescent Mental Health Services (CAMHS), to ensure their response is suitable. For staff, responses to bullying and mental health issues should be carried out sensitively, and not rushed into. Concerns can be communicated to relevant staff within the school, including counsellors, nurses, or heads of pastoral care. By using the additional support network, strategies and techniques can be developed and implemented that will help children and young people deal with the situation they are in, and hopefully assist them in improving their mental and emotional wellbeing.

Written by Neil Tippett
on behalf of the Anti-Bullying Alliance

ABA was set up by NSPCC and the NCB in 2002 and brings together organisations and individuals with a shared vision to stop bullying between children and young people. ABA leads on high profile programmes to reduce levels of bullying. ABA is an evidence-based organisation that looks to transform research into practice to improve the lives of children and young people. For more information visit www.anti-bullyingalliance.org.uk.

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