

## Youth Mental Health

OP55

**MENTAL HEALTH IN YOUNG PEOPLE WITH HEARING LOSS: LONGITUDINAL ANALYSIS OF THE MILLENNIUM COHORT STUDY**

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**Background** Children and young people with hearing loss (HL) may be at high risk of peer victimisation and negative mental health, which have lasting consequences for health, relationships, and employment. We estimated the prevalence of peer victimisation and negative mental health in young people with childhood HL and examined the association of HL with depression.

**Methods** We included 7241 singleton 14 year-olds ( $n=3670$ , 49.2% girls) with complete data from the UK Millennium Cohort Study, a prospective cohort born between 2000–2002. Outcomes were self-reported dichotomous measures at age 14 of: depressive symptoms (low,  $<8$ , or high,  $\geq 8$ , score on the Short Mood and Feelings Questionnaire), self-harm (yes/no), and peer victimisation (yes/no either in person or online). HL was defined as parent- or self-reported HL at any interview (ages 9 months, and 3, 5, 7, 11, or 14 years). Sources of confounding included: sex, ethnicity, neonatal intensive care/special care baby unit (NICU) admission, maternal age, limiting longstanding illness (LLI), and highest parental educational qualification. We calculated prevalence of HL and outcomes, followed by multivariable logistic regression to estimate the odds of high depressive symptoms by childhood HL status, adjusting for confounding, survey design, and age 14 attrition (Stata: Release 15; StataCorp LP).

**Results** HL was reported in 1395 young people (20.7%, 95% CI: 19.4–22.1%). Boys, those of white ethnic background, or with LLI were over-represented in those with HL (8.6%, 3.5%, and 8.9% difference to those without HL, respectively).

At age 14 years, 31.5% ( $n=433$ , 95% CI: 28.5–34.7%) of young people with HL reported a high level of depressive symptoms, compared to 27.6% ( $n=1573$ , 26.1–29.1%) without HL. Similar trends were seen for self-harm and peer victimisation, with 17.9% (15.4–20.8%) and 12.9% (10.8–15.3%) young people with HL reporting these, versus 14.6% (13.4–15.9%) and 10.1% (9.2–11.1%) without HL, respectively. The adjusted odds of high depressive symptoms in young people with HL were 1.28 (1.09–1.50) times higher than in those without HL.

**Conclusion** Preliminary findings suggest that young people with HL are at increased risk of depression. Strengths are the nationally representative and prospective nature of the study. Limitations are the lack of objective HL measures. Next steps are to fit causal models to explore the relationship of childhood HL with depression, peer victimisation, and self-harm further. Should these analyses suggest a causal association, it will be important to identify strategies to protect the mental health of young people with HL.

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**INCREASING RATES OF SELF-HARM AMONG CHILDREN, ADOLESCENTS AND YOUNG ADULTS: A TEN-YEAR NATIONAL REGISTRY STUDY 2007–2016**

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**Background** Self-harm is a significant public health issue with highest rates recorded among young people. Few studies have examined recent trends in self-harm across children, adolescents and young adults. The current study examined trends in rates and methods of self-harm among young people in Ireland over a ten-year period.

**Methods** Data from the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10–24 years during the period 2007–2016 were included. We calculated annual self-harm rates per 100,000 by age, gender and method of self-harm. Poisson Regression models were used to examine trends in rates of self-harm.

**Results** The average person-based rate of self-harm among 10–24 year-olds was 318 per 100,000. Peak rates were observed among 15–19 year-old females (564 per 100,000) and 20–24 year-old males (448 per 100,000). Over a ten-year period, rates of self-harm increased by 22% overall (IRR=1.22, 95% CI=1.16–1.29), with increases most pronounced for females. Among 10–14 year-olds, the self-harm rate increased by 75% (IRR=1.75, 95% CI=1.15–2.10), with a 25% increase for 15–19 year-olds (IRR=1.25, 95% CI=1.16–1.35) and a 39% increase among 20–24 year-olds (IRR=1.39, 95% CI=1.29–1.50). There were marked increases in specific methods of self-harm, including those associated with high lethality such as self-cutting and attempted hanging.

**Conclusion** Increases in rates of self-harm were recorded across all age groups of children, adolescents and young adults over the ten year study period and our findings indicate that the age of onset of self-harm is decreasing. These increasing rates have been accompanied by large increases in the use of highly lethal methods. Further examination of these trends is needed to identify mental health service needs and deficits for young people in the key transition stages between childhood and adolescence and adolescence and adulthood.

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**ENDORSEMENT OF MASCULINE NORMS AND ASSOCIATIONS WITH SUICIDALITY AMONG ADOLESCENT MALES**

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**Background** On many indicators of mental health, such as suicide, adolescent boys and young men fare worse than girls and young women of the same age. Traditional masculine-