

**Question for written answer E-004131/2014
to the Commission
Rule 117
James Nicholson (ECR)**

Subject: Adolescent self-harm

New research in my own constituency has found that one in ten adolescents self-harms. The findings indicate that this is due to a variety of factors such as bullying, sexual and physical abuse and alcohol and drug abuse. According to the study, there are also new associated risk factors, namely the emergence of social media and past exposure to the Northern Ireland conflict.

The one in ten figure was both lower than in neighbouring Member States, and unexpected given that Northern Ireland has high rates of hospital-treated self-harm and some of the highest rates of mental disorders in Europe. Indeed, researchers believe the discrepancy is due to the fact that as a result of the conflict, young people in Northern Ireland are more reluctant to disclose personal information, thus masking the true extent of the problem.

This unwillingness to discuss mental health among adolescents will not be unique to my constituency, even if the determinants of its prevalence may be. Does the Commission have any strategies in place to tackle the problem of adolescent self-harm across Europe? While I am aware of the programme called 'The European Network for Traumatic Stress - Training and Practice', does the Commission have any educational mental health programmes directed specifically at adolescents?