
CHAPTER 6

Physical and Mental Health Issues

Mental health is influenced by biological, social, cultural and psychological factors. Some researchers believe many of the recent trends in adolescent, health-compromising behaviors (e.g., increased alcohol and other drug use, suicide, and sexual behavior) mirror psychological and emotional difficulties teens experience today. Nationally, suicide is now the third leading cause of death among 15 to 24 year olds (Arenofsky, 1997; National Institute of Mental Health, 1999). In New Hampshire, suicide is the second leading cause of death among those in the same age group. There were 2 suicides in Carroll County in 1998 from the 15-24 age group (NH Department of Health and Human Services, 1998).

Feelings of depression, loneliness and despair are often associated with attempted suicides (Arenofsky, 1997; Koch, 1999). The presence of a social support system, however, can help to buffer teens from such feelings and possible negative consequences. Similarly, teens with positive self-esteem may be better equipped to resist negative influences and pressures in the environment than teens who have low self-esteem (Arenofsky, 1997).

Teen Worries

What do local teens worry about? Their concerns (in order of greatest to least) are: 1) getting good grades at school (66%); 2) what they will do after high school (51%); 3) getting along with their parents at home (47%); 4) how they look (45%); 5) that a friend is considering suicide (44%); 6) loss of a parent by death or divorce (40%); 7) how well parents get along with each other (39%); 8) that they are too fat or too thin (27%); 9) not fitting in with the other kids at school (26%); 10) being left alone (14%); and 11) being pressured into having sex (13%). Figure 6-1 shows the top eight worries as indicated by the percentage of students responding “*quite a bit*” or “*very much*” and shows the differences between junior high school and high school students. High school students are more worried than junior high students about their plans after high school (junior high school, 38%; high school, 56%).

Figure 6-1: Teen Worries
(Quite a Bit or Very Much, by School Level)

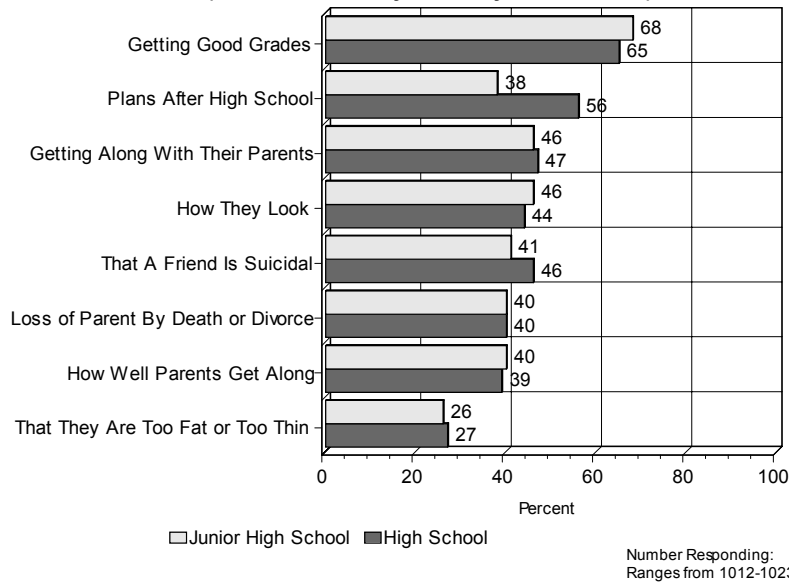
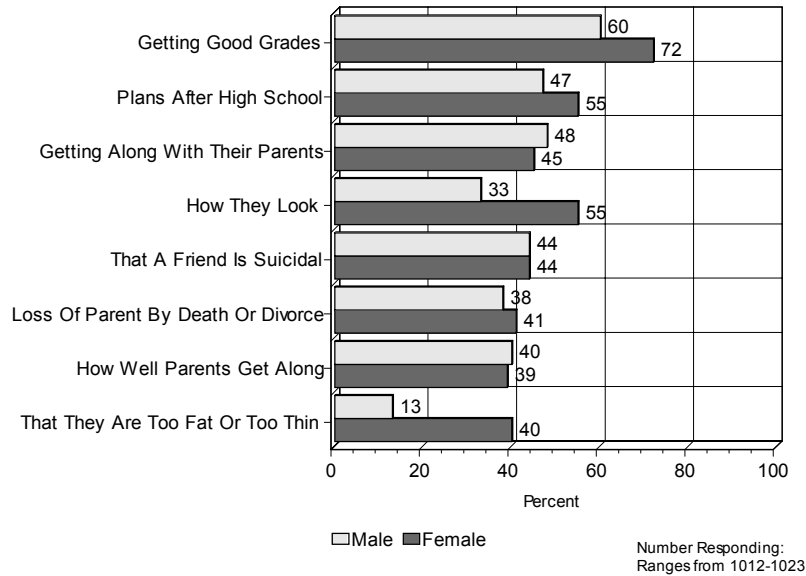


Figure 6-2 shows the same worries on the basis of gender. Females are more worried than males about getting good grades, how they look and that they are too fat or too thin.

Figure 6-2: Teen Worries
(Quite a Bit or Very Much, by Gender)



Note: Due to rounding, some graphs may not total 100%.

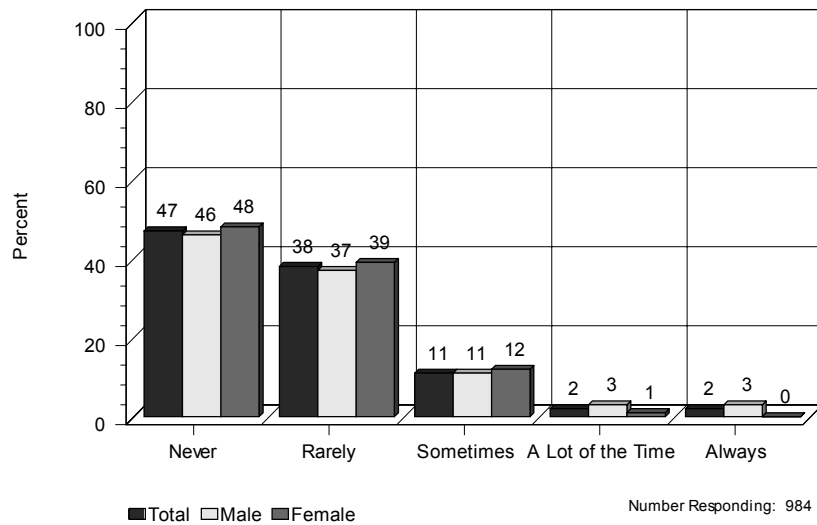
Other teen concerns by “quite a bit” or “very much” are:

- not fitting in (junior high school, 29%; high school, 24%; males, 21%; females, 30%);
- being left alone (junior high school, 13%; high school, 14%; males, 11%; females, 16%).
- being pressured into having sex (junior high school, 18%; high school, 11%; males, 11%; females, 16%);

Peer Influence

Teens were asked their opinion about the statement “I let my friends talk me into doing things I really don’t want to do.” Eighty-five percent (85%) reported that this “never” or “rarely” occurs. Figure 6-3 shows the responses by grade and gender.

Figure 6-3: Teens Who Let Friends Talk Them Into Doing Things (By Gender)



Support and Advice

When asked “If you were having a personal problem and needed someone to talk to, to whom would you most likely go to?”, more teens (43%) responded “Boyfriend/girlfriend or one of my friends” than any other category. Teens’ second choice was a parent or stepparent (34%). Figure 6-4 shows who students would talk to based on the school level of the students. Junior high school students were most likely to talk to a parent or stepparent (46%). High school students were more likely to talk to a boyfriend/girlfriend or one of their friends (48%). Three percent (3%) said they have no one to talk to (junior high school, 2%; high school, 4%).

**Figure 6-4: Who Teens Would Talk to About Problems
(By School Level)**

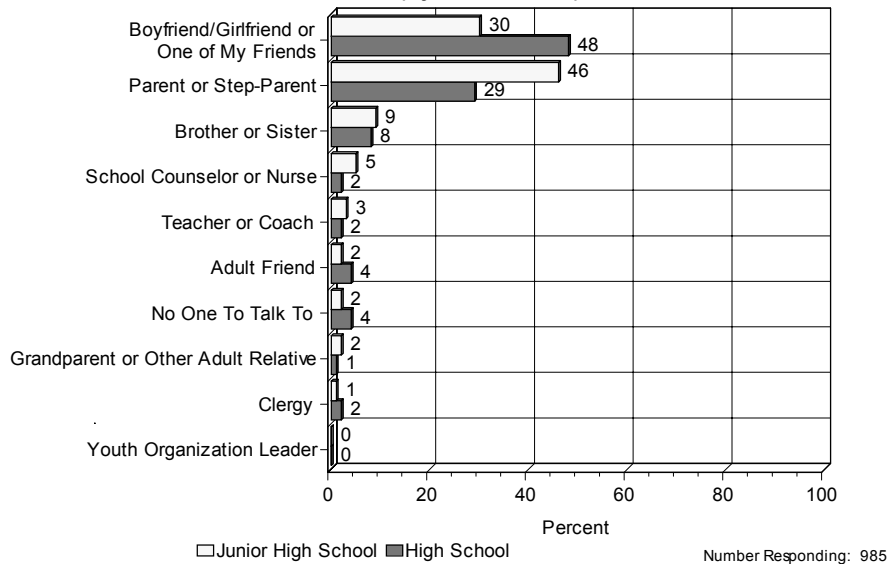
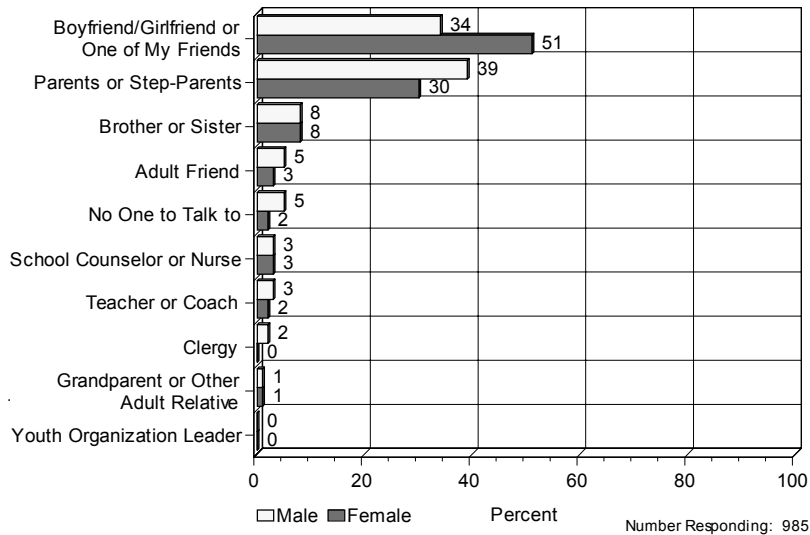


Figure 6-5 highlights the differences between males and females on the issue of to whom local teens felt they would turn to with a personal problem. Females were more likely to turn to their friends than were males (males, 34%; females, 51%). Males were more likely to turn to their parents or stepparents than females (males, 39%; females, 30%). Twice as many males as females said they have no one to talk to (males, 5%; females, 2%).

**Figure 6-5: Who Teens Would Talk to About Problems
(By Gender)**



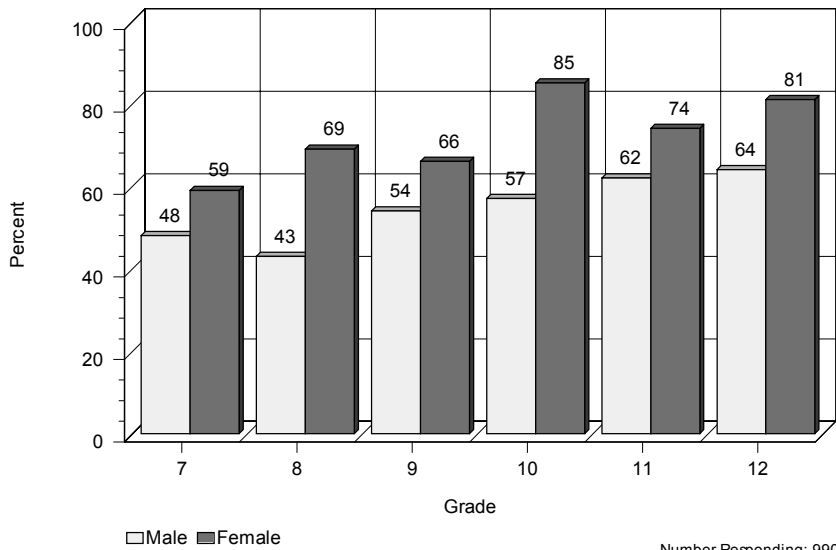
Teen Depression and Suicide

National surveys of non-hospitalized youth have found between 35% and 40% of teens reported having feelings of sadness or worthlessness some of the time (Adams et al., 1995; Schichor, Bernstein and King, 1994). Feelings of sadness or mild depression are not uncommon and are often associated with feelings of loss. For example, losing an important romantic relationship can contribute to depressive feelings. Similarly, loss of self-esteem can follow experiences of failure or feelings of guilt.

Severe depression is distinguished from mild depression by the intensity and duration of symptoms. Symptoms of serious depression may include changes in appetite and sleeping patterns, loss of interest in activities, fatigue, feelings of guilt or self-blame, inability to concentrate, feeling hopeless and helpless, and suicidal thoughts or attempts (American Academy of Child & Adolescent Psychiatry, 1997c).

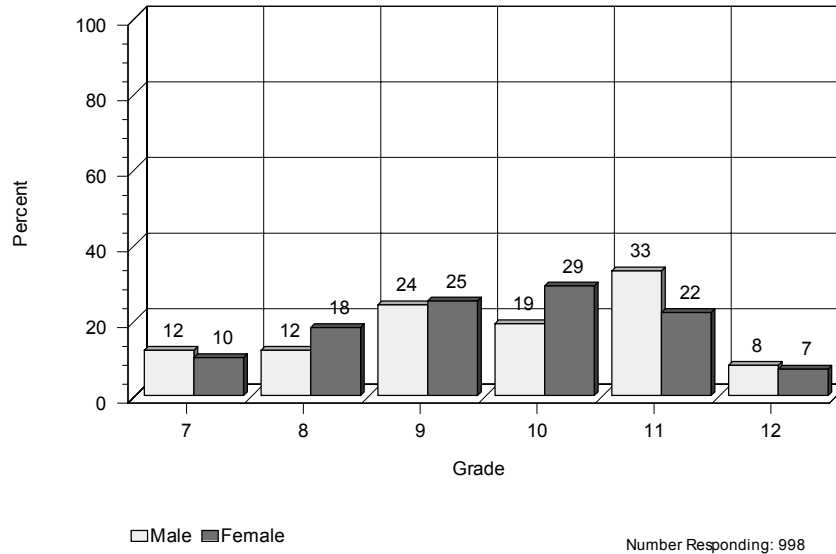
Overall, 63% of local youth surveyed reported having experienced depression or sadness at some time in the past month (junior high school, 56%; high school, 67%; males, 55%; females, 72%). Figure 6-6 shows the percentage of local teens who experienced depression or sadness in the past month. Note the rate for is higher for females than for males at every grade level.

Figure 6-6: Depression or Sadness Among Students
(At Any Time in the Past Month, by Grade and Gender)



We asked teens “During the **past month**, have you seriously **thought** about killing yourself?” Overall, 19% of local youth had serious thoughts about suicide during the past month. Suicidal thoughts were reported by more high school than middle school students (22% vs. 13%). Equal percentages of males and females reported suicidal thoughts in the past month (males, 19%; females, 19%). Figure 6-7 shows responses to this question by grade and gender.

Figure 6-7: Serious Thoughts About Killing Themselves
(At Any Time in the Past Month, by Grade and Gender)



Thoughts about suicide are fairly common during the teen years. Fortunately, not many teens act on these thoughts. However, the fact they are having such thoughts may be an indication of several things, including a current disappointment or frustration, depression, feeling alienated or detached from others, as well as an unrealistic conception about suicide and death.

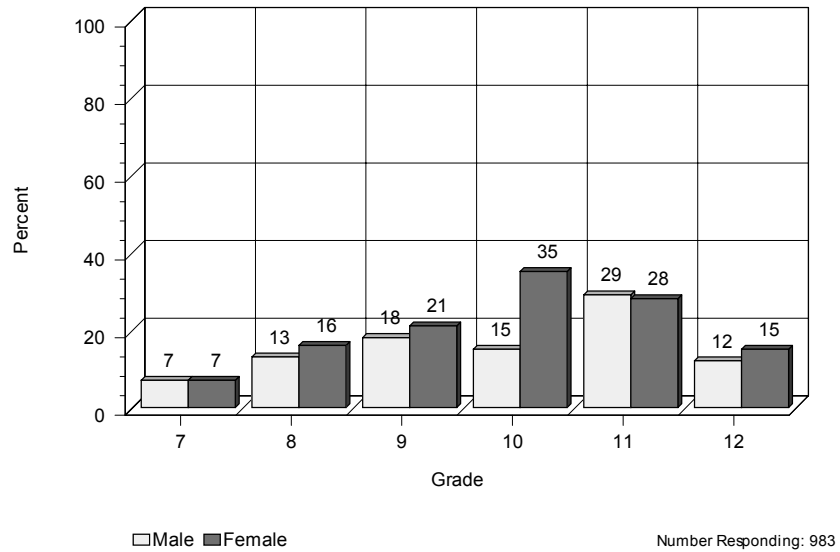
Table 6-1 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2000).

Table 6-1: 2000 YRBS Data: Seriously Considered Attempting Suicide
(Grades 9-12 only)

Behavior	YRBS National 2000 %			YRBS N.H. 2000 %		
	Total	Male	Female	Total (Ranking)	Male	Female
YRBS: Seriously considered attempting suicide during the 12 months preceding the survey	19.3	13.7	24.9	20 (9 th of 32)	13.2	26.5

Teens were asked “*Have you ever **made a plan** to kill yourself?*”. Figure 6-8 shows how teens answered this question by grade and gender. Overall, 18% of local youth reported making a plan to commit suicide at some time in the past. A greater percentage of high school than junior high school students reported this (junior high, 11%; high school, 22%). Similar percentages of males and females reported ever having made a plan (males, 16%; females, 20%).

Figure 6-8: Plans Made to Commit Suicide
(At Any Time, by Grade and Gender)



Ten percent (10%) of local youth reported making a plan to kill themselves in the past year (junior high school, 6%; high school, 12%; males, 10%; females, 11%). Figure 6-9 shows the breakdown of responses by grade and gender.

Figure 6-9: Plans Made to Commit Suicide
(In the Past Year, by Grade and Gender)

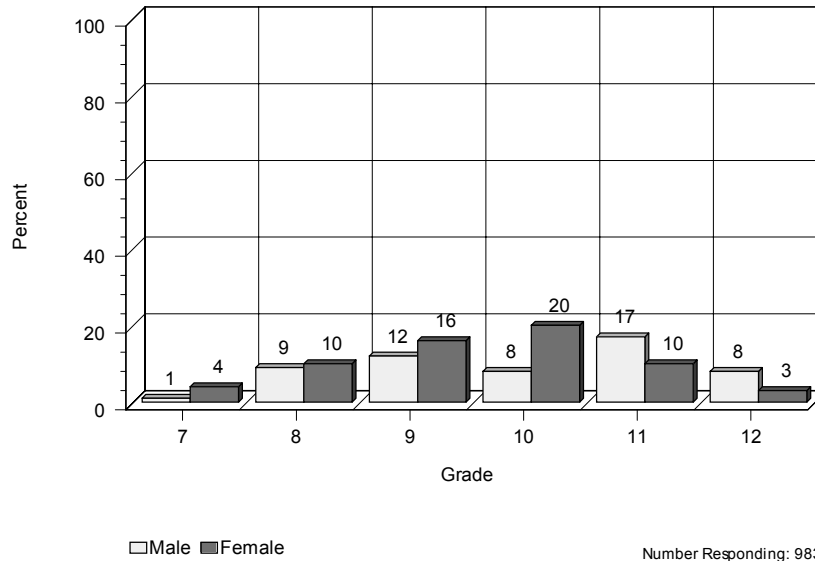


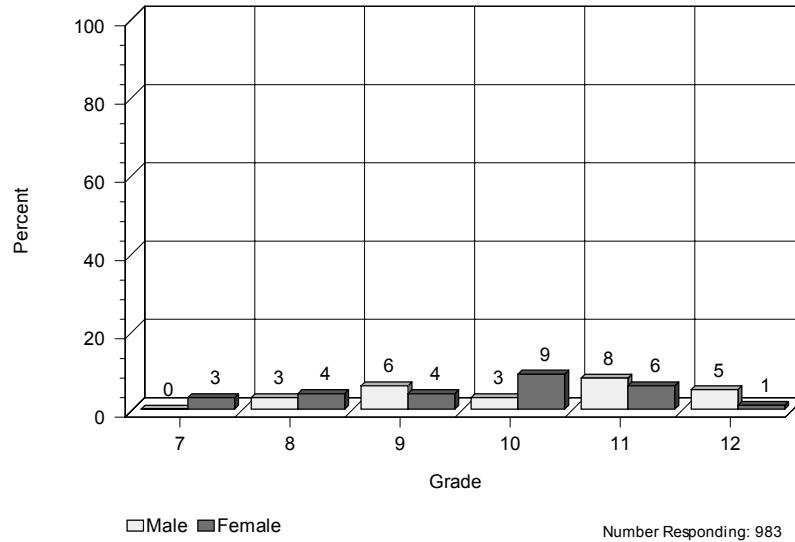
Table 6-2 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2000).

Table 6-2: 2000 YRBS Data: Made a Suicide Plan
(Grades 9-12 only)

Behavior	YRBS National 2000 %			YRBS N.H. 2000 %		
	Total	Male	Female	Total (Ranking)	Male	Female
YRBS: Made a suicide plan (During the 12 months preceding the survey)	14.5	10.9	18.3	15.7 (8 th of 32)	10.6	20.4

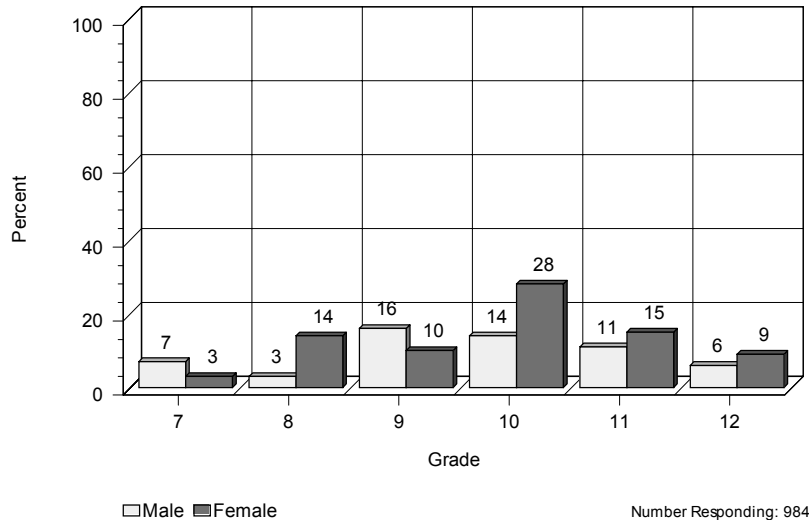
Figure 6-10 shows the percentages of local students who reported they had made a plan to kill themselves during the past month. Overall, 4% of local youth reported having made a plan to commit suicide at some time during the past month (junior high school, 2%; high school, 5%; males, 4%; females, 4%).

Figure 6-10: Plans Made to Commit Suicide
(In the Past Month, by Grade and Gender)



When asked “*Have you ever **actually tried** to kill yourself?*”, 12% of teens responded “yes” (junior high school, 7%; high school, 14%; males, 10%; females, 13%). Figure 6-11 shows these responses by grade level and gender. There is no way to know what these attempts consisted of or how life threatening they were; however, they should all be taken seriously.

Figure 6-11: Suicide Attempts
(At Any Time, by Grade and Gender)



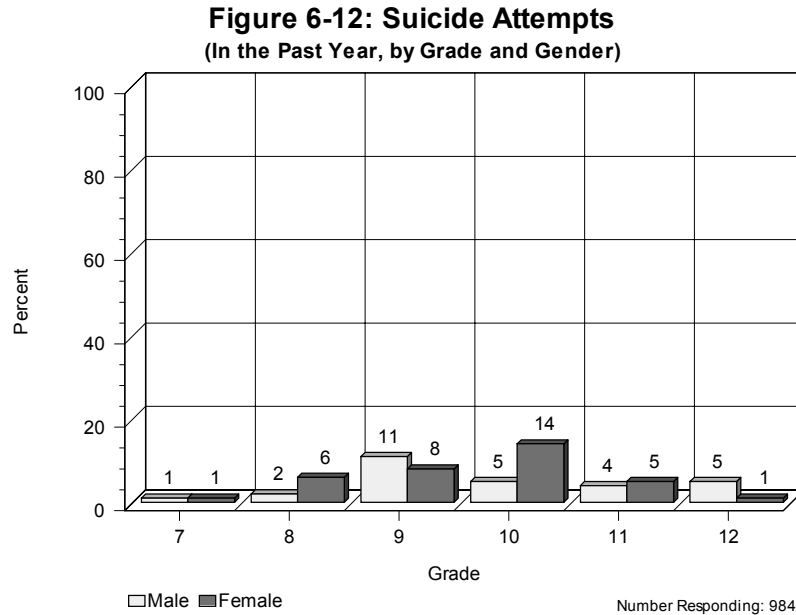
According to the National Institute of Mental Health (1999), there are an estimated 25 attempted suicides to one completion. More females than males report a history of attempted suicide. However, more males die by suicide than females. This is often because males choose a more lethal method, such as using a firearm, whereas females are more likely to take pills or cut their wrists. The strongest risk factors for attempted suicide in youth are depression, alcohol or other drug use disorder, and aggressive or disruptive behaviors (National Institute of Mental Health, 1999).

Table 6-3 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2000).

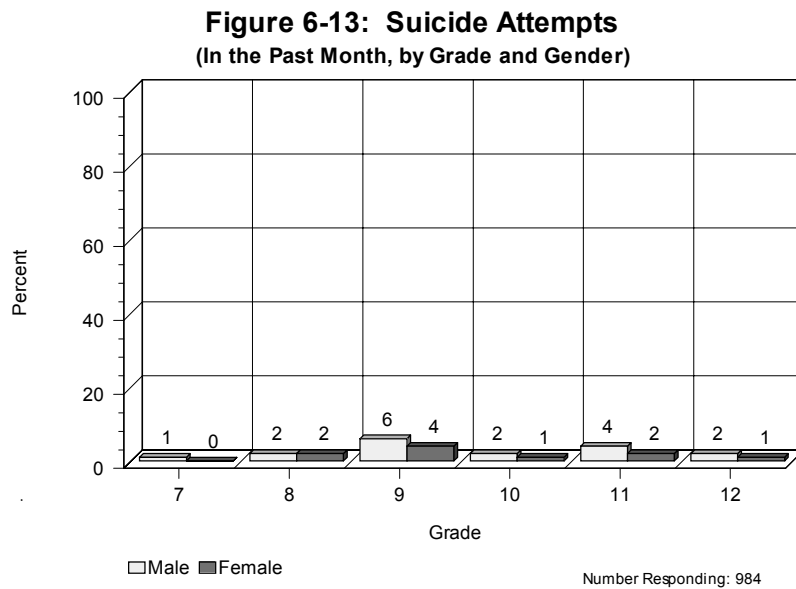
Table 6-3: 2000 YRBS Data: Attempted Suicide
(Grades 9-12 only)

Behavior	YRBS National 2000 %			YRBS N.H. 2000 %		
	Total	Male	Female	Total (Ranking)	Male	Female
YRBS: Attempted suicide (One or more times during the 12 months preceding the survey)	8.3	5.7	10.9	7.7 (13 th of 33)	4.4	10.8

Of all students surveyed, 6% reported they had actually tried to kill themselves in the past year (junior high school, 3%; high school, 7%; males, 5%; females, 6%). Figure 6-12 shows the data broken down by grade level and gender.



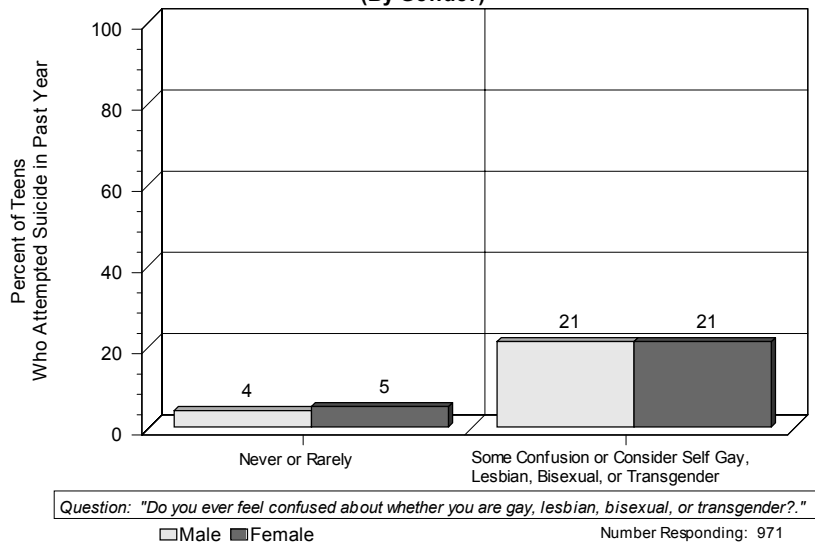
Two percent (2%) of students surveyed reported they actually tried to kill themselves in the past month (junior high school, 1%; high school, 3%; males, 3%; females, 2%). Figure 6-13 shows suicide attempts in the month prior to the survey by grade level and gender.



One group of teens more at risk for suicidal behavior is gay/lesbian and bisexual teens (McFarland, 1998; Remafedi, 1999). These teens are often very confused about their sexual identity and may feel they must hide it. The fact that being gay or lesbian may not be acceptable within their religion, family or culture is another difficult issue. In addition to these concerns is the fear of HIV infection, especially among gay males. Gay youth are more likely to attempt suicide than heterosexual young people (National Institute of Mental Health, 1999).

Local youth were asked whether they ever felt confused about being gay, lesbian, bisexual or transgender. Six percent (6%) reported that they either had some confusion about their sexuality or that they considered themselves gay, lesbian, bisexual or transgender. Twenty-one percent (21%) of those who reported confusion or who considered themselves gay, lesbian, bisexual or transgender reported attempted suicide in the past year. Four percent (4%) of students who reported no confusion about their sexuality reported attempted suicide in the past year. Figure 6-14 shows this relationship between concern about sexuality and attempted suicides by gender. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior caused another, only that there is a relationship between the two.

Figure 6-14: Relationship Between Teens' Concern about Their Sexuality and Suicide Attempts in Past Year (By Gender)



Intentional Bodily Harm

Self-injury is when someone deliberately destroys their body tissue. This may include cutting, carving, burning, or scratching. Teens may self-injure to take risks and rebel, or it may be a sign that the youth suffers from serious psychiatric problems (American Academy of Child & Adolescent Psychiatry, 1997b). We asked local youth, “*Have you ever intentionally caused yourself bodily harm (for example, cutting, carving, burning)?*”. Overall, 21% responded that they had some time in the past (junior high school, 16%; high school, 23%; males, 22%; females, 20%). Figure 6-15 displays the results by grade and gender.

Figure 6-15: Frequency of Intentional Harm to Self
(by School Level)

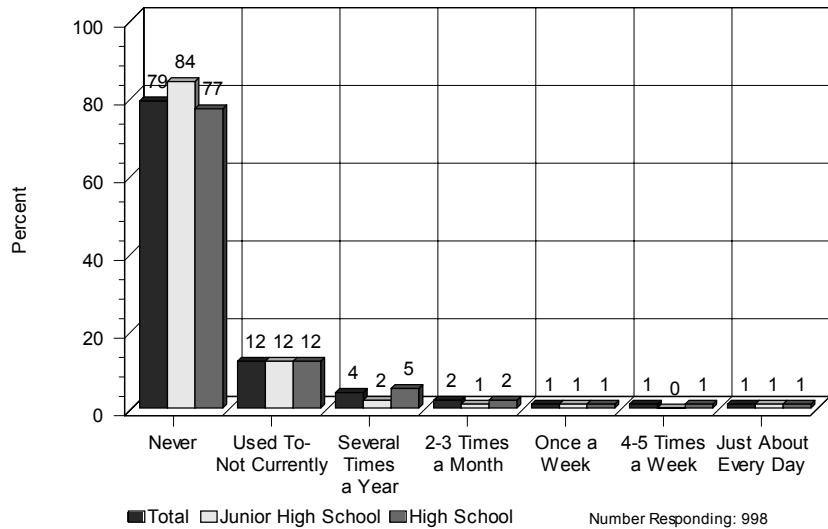


Figure 6-16 shows the frequency of self-inflicted intentional bodily harm broken down by school level; Figure 6-17 shows the data by gender.

Figure 6-16: Frequency of Intentional Harm to Self (by School Level)

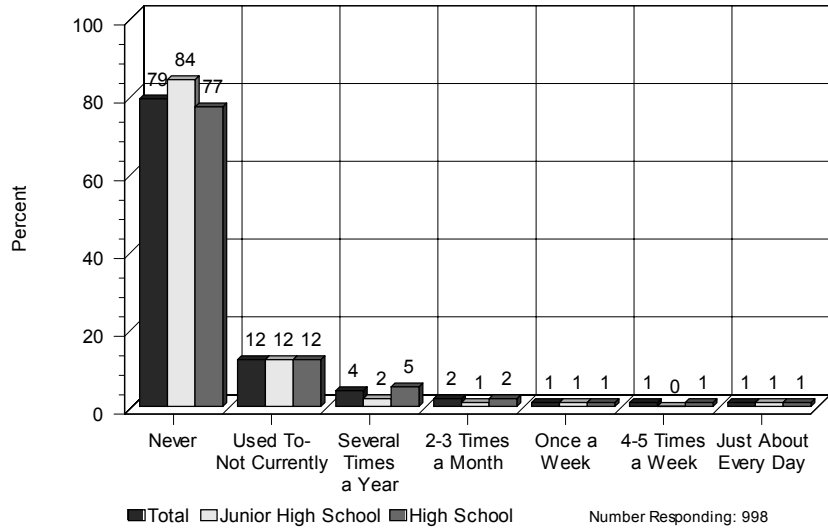
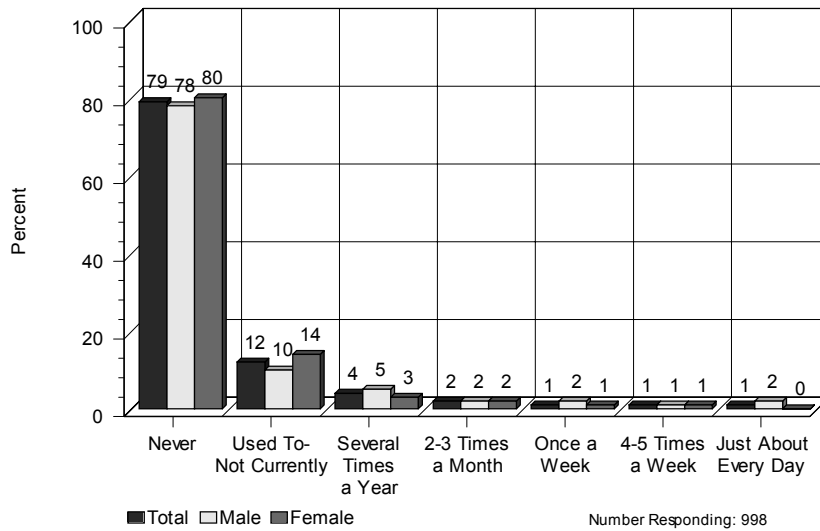


Figure 6-17: Frequency of Intentional Harm to Self (by Gender)



Diet and Exercise

American society seems concerned with body image. Specialists treating eating disorders report seeing children as young as 6 years old obsessed with dieting and weight. Dieting in high school is now the norm, involving 61% to 77% of the females and 28% to 42% of the males (Emmons, 1992).

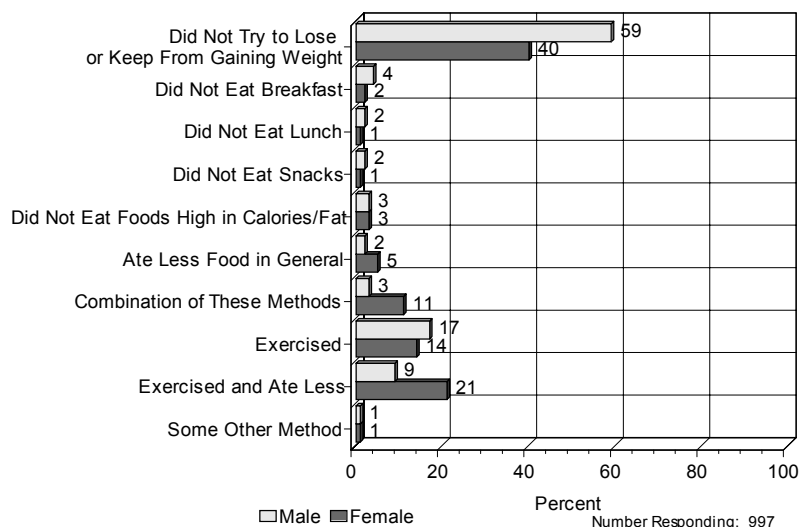
Adolescents are particularly sensitive about their appearance (Emmons, 1994). Dissatisfaction with body shape and size is prevalent, with female students less satisfied than male students (Emmons, 1994). One study of 14 to 16 year old females showed 77% wanted to lose weight and 51% had tried in the past month (Coleman, 1995).

Nationally and in New Hampshire, more female high school students considered themselves overweight than male high school students (nationally -- males, 23.7%; females, 36.4%; New Hampshire - males, 27.2%; females, 42.7%) (Centers for Disease Control and Prevention, 2000).

Local youth were asked in two questions whether they were trying to lose weight or to keep from gaining it. The choices for one question involved “healthier” methods of weight reduction such as exercising, eating less food, etc.. The other question gave “unhealthy” choices such as purging, using laxatives, etc.

Figure 6-18 shows the responses to the “healthier” methods of weight reduction question by gender. Overall, 51% of the students reported trying to lose weight or to keep from gaining it with these methods. A greater percentage of females than males exercised and ate less as a means to control weight (males, 9%; females, 21%).

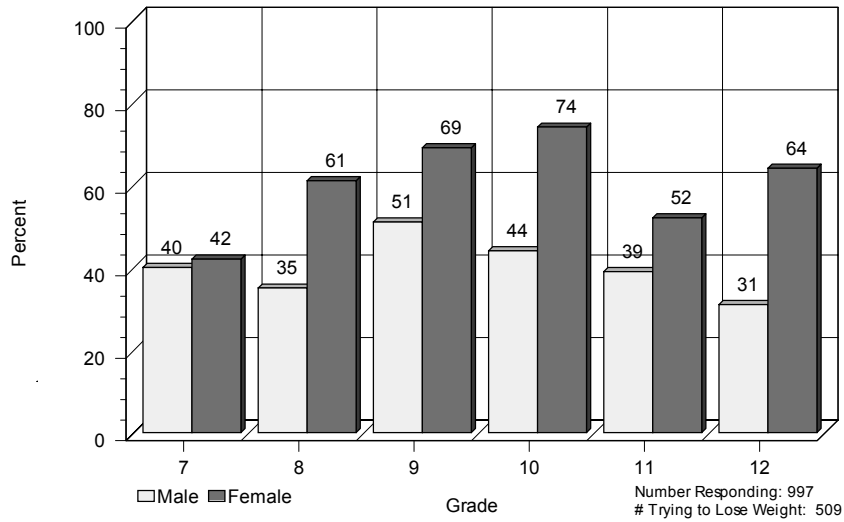
Figure 6-18: What Teens Did To Lose Weight or Keep from Gaining Weight ("Healthier Way")
(In the Past Month, By Gender)



The percentage of overweight youth has doubled in the past 20 years (Centers for Disease Control and Prevention, 2001). A higher proportion of males than females are overweight (11% vs. 10%, respectively) (Centers for Disease Control and Prevention, 2001). Figure 6-19 shows how many students reported having attempted to lose weight the “healthier way” by grade level and gender.

Figure 6-19: Teens Who Tried to Lose Weight or Keep from Gaining Weight (“Healthier Way”)

(In the Past Month, by Grade and Gender)



Eating disorders such as anorexia and bulimia are serious problems among adolescents, especially among teenage girls. In 1999, 5% of teenagers reported having vomited or taken laxatives to lose weight or to keep from gaining weight (Centers for Disease Control and Prevention, 2001). Figure 6-20 shows the student responses to the “unhealthy” way to lose or maintain weight. Some of these behaviors may be associated with eating disorders (Krowchuk, Kreiter, Woods, Sinai, DuRant, 1998). Overall, 6% of males and 8% of males reported trying to lose weight or to keep from gaining it with the problematic methods of vomiting or taking laxatives or diet pills. Figure 6-21 shows the responses by grade level and gender.

Figure 6-20: What Teens Did To Lose Weight or Keep From Gaining Weight ("Unhealthy Way")
(In the Past Month, By Gender)

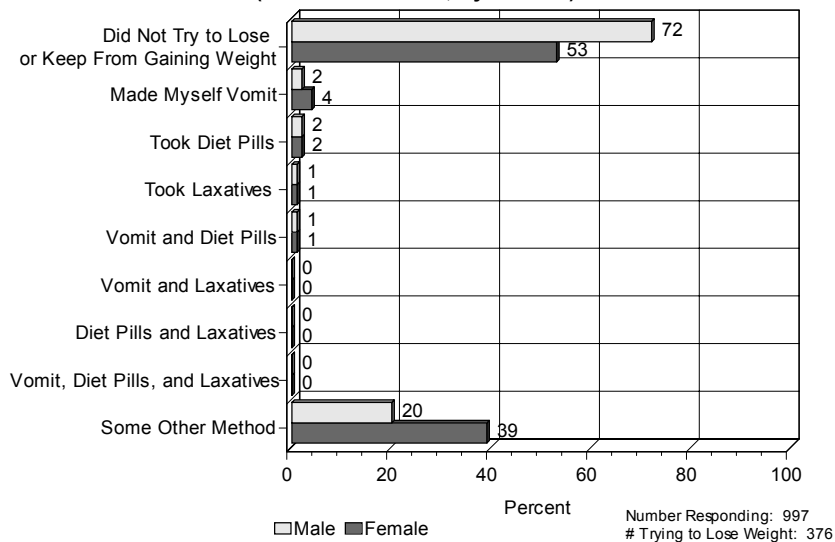
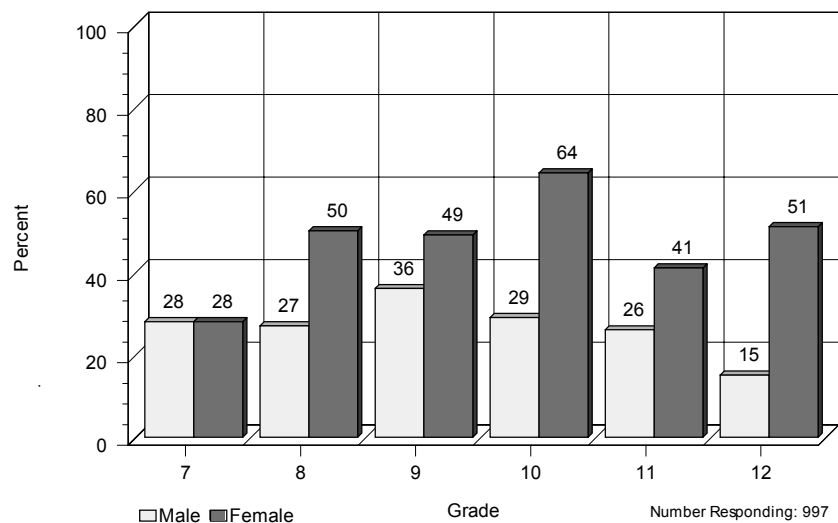


Figure 6-21: Teens Who Tried to Lose Weight or Keep from Gaining Weight ("Unhealthy Way")
(In the Past Month, by Grade and Gender)



Exercise. Local teens were asked, “*In the past 7 days, how often have you exercised or been physically active (for example, played basketball, done aerobics, gone rollerblading) for at least 20 minutes?*”. Eighty-nine percent (89%) of teens said they had exercised one or more times a week. Seventy-two percent (72%) indicated they had exercised three or more times in the past week. Only 12% said they had not exercised in the past week. Figure 6-22 shows how often teens exercised in the past week by school level. Figure 6-23 shows the responses by gender.

Figure 6-22: How Often Teens Exercised
(In the Past Week, by School Level)

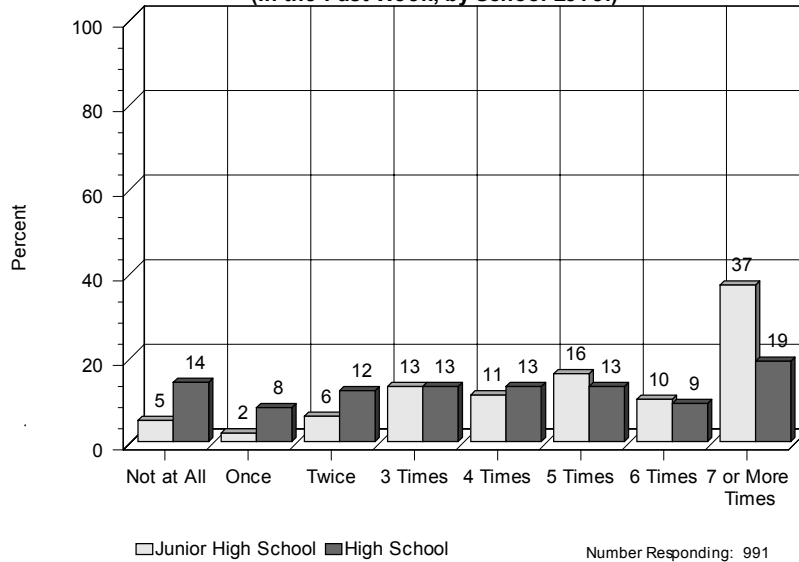
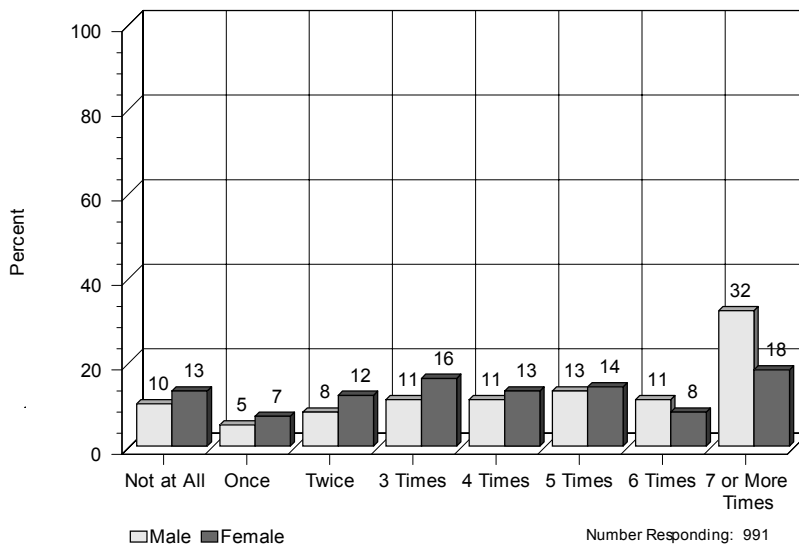
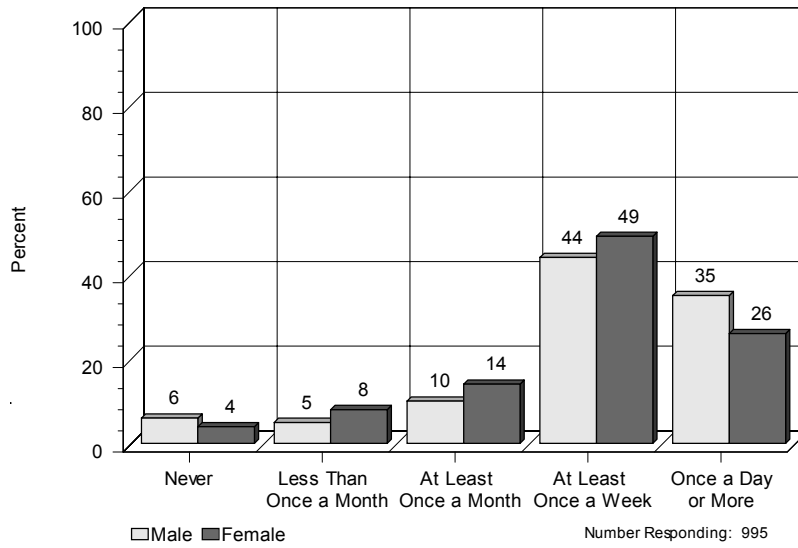


Figure 6-23: How Often Teens Exercised
(In the Past Week, by Gender)



Caffeine Use. We asked students, “About how often do you consume caffeine containing products such as coffee, Mountain Dew, Jolt, Red Bull, Coke or others?”. Figure 6-24 shows that a third of the students report consuming caffeine at least once a day or more (males, 35%; females, 26%).

**Figure 6-24: How Often Teens Consume Caffeine
(By Gender)**



Presentation Of Comparable Data

In this section, Conway data are compared with other data. The two surveys used for comparison are the *1999 Youth Risk Behavior Surveillance Survey (YRBS)*, published by the Centers for Disease Control and Prevention (CDC) and *Tapping Into Teen Concerns, Perceptions and Behavior: 1998/99 Multi-Community Report* published by the Teen Assessment Project (TAP).

The *Youth Risk Behavior Surveillance Survey* monitors six categories of priority health-risk behaviors among youth and adults — behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs); unhealthy dietary behaviors; and physical inactivity (Centers for Disease Control and Prevention, 2000). It is administered every other year and includes a national school-based survey conducted by the CDC as well as state, territorial, and local school-based surveys conducted by education and health agencies. Although the goal is to obtain representative samples, due to a lower than expected response rate, the results of the survey for New Hampshire should not be generalized to other students in the state.

The Teen Assessment Project report is a state-wide report based on five school districts surveyed from April 1998 through December 1999 (Teen Assessment Project, 2000). A strong case can be made that these results are indicative of the behaviors, opinions, attitudes and beliefs of New Hampshire teens. These data represent 9105 teens from five different counties around the state – Merrimack, Hillsborough, Rockingham, Strafford, and Grafton. Geographically, these counties cover much of the state, excluding the northern tip. New Hampshire is a demographically homogeneous state particularly in terms of racial and ethnic make-up, and the school districts consist of students from both rural and urban communities. Due to the nature of this project, however, the survey process is not random. Therefore, results cannot be generalized to the population of New Hampshire teens.

**Table 6-4: Physical and Mental Health Comparison
(Grades 9-12 only)**

Behavior	YRBS National 2000 %	YRBS¹ N.H. 2000 % (ranking)	TAP² Multi- Community 2000 %	TAP Conway 2002 %
YRBS: During the past 12 months, did you ever seriously consider attempting suicide?	19.3	20.0 (9 th of 32)	-	-
TAP: During the past month, have you seriously thought about killing yourself?	-	-	21	22
YRBS: During the past 12 months, did you make a plan about how you would attempt suicide?	14.5	15.7 (8 th of 32)	-	-
TAP: Have you ever made a plan to kill yourself? (coded as during past mo. or yr.)	-	-	11	12
YRBS: During the past 12 months, how many times did you actually attempt suicide?	8.3	7.7 (13 th of 33)	-	-
TAP: Have you ever actually tried to kill yourself? (coded as during past mo. or yr.)	-	-	7	7
YRBS: Were attempting weight loss at the time of survey	42.7	46.3 (4 th of 33)	-	-
TAP: Had attempted to lose weight or keep from gaining it during the past month				
* 'Healthier' way through exercise and diet	-	-	47	46
* 'Less healthy' way through purging, use of laxatives and/or diet pills	-	-	-	39

¹ Youth Risk Behavior Surveillance Survey--CDC, 2000. The ranking represents NH's placement within the states that participated in the YRBS survey. Ranking is based on weighted and unweighted data combined.

² Teen Assessment Project, 2000.

Note: Because of wording differences, the results of YRBS and TAP are not directly comparable.