
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 today experience. 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. Between 1992-1996 there was one suicide in Strafford County in the 19 or younger group and one suicide in 1997 from the 15-24 age group (K. Roos, Bureau of Health Statistics and Data Management, personal communication, February 11, 2000)

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 top concerns are: getting good grades at school; how they look; getting along with their parents at home; that they are too fat or too thin; how well their parents get along with each other; that a friend is considering suicide; not fitting in with the other kids at school; and that they might get pregnant or get someone else pregnant; in that order. 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 middle school and high school students. Middle school students are more concerned than high school students about how well their parents get along (middle school, 27%; high school, 17%), how well they get along with their parents (middle school 36%; high school 23%), and not fitting in (middle school, 16%; high school, 10%). High school students are more worried than middle school students about getting good grades (high school, 55%; middle school, 45%), that they are too fat

or too thin (high school, 22%; middle school, 17%), and that they might get pregnant or get someone else pregnant (high school, 10%; middle school, 6%). For the other worries there are only slight differences between middle school and high school students.

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

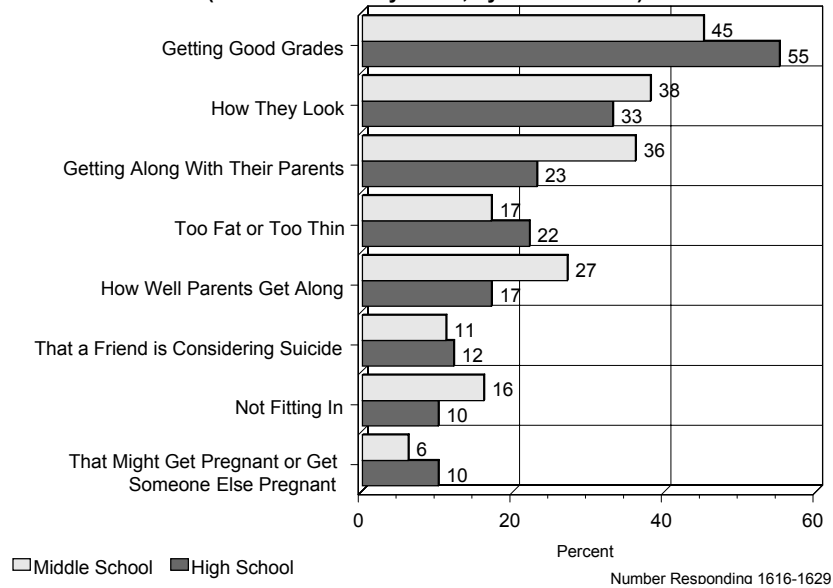
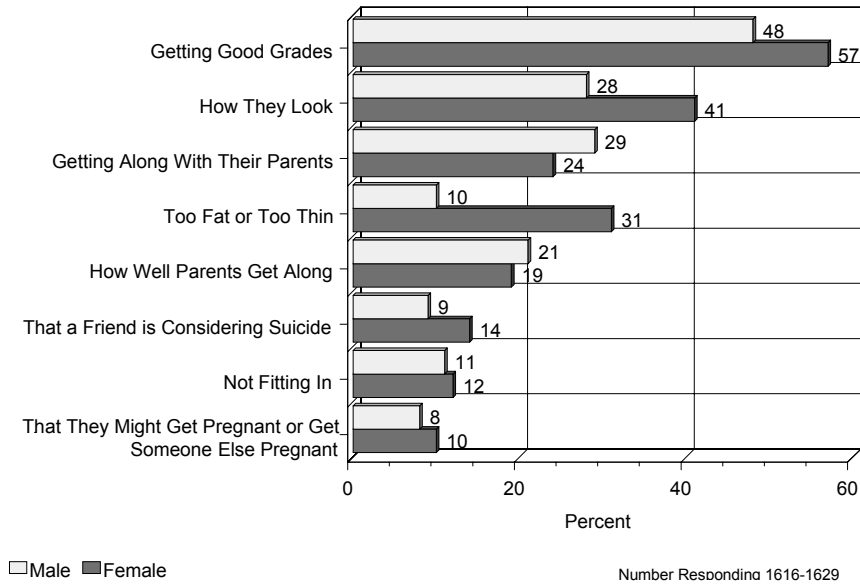


Figure 6-2 shows the same worries on the basis of gender. Females are more worried than males about getting good grades, (females, 57%; males, 48%), whether they are too fat or too thin (females, 31%; males, 10%) and how they look (females, 41%; males, 28%). Males are slightly more worried than females about getting along with their parents (males, 29%; females, 24%).

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



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

- being picked on or hurt by another teen (middle school, 10%; high school, 7%; males, 7%; females, 9%);
- being pressured into having sex (middle school, 8%; high school, 7%; males, 6%; females, 8%);
- that their parents drink too much or use drugs (middle school, 7%; high school, 5%; males, 4%; females, 8%);
- being pressured into drinking or using drugs (middle school, 6%; high school, 5%; males, 7%; females 5%);
- that their parents might physically hurt them (middle school, 2%; high school, 3%; males, 3%; females, 3%);
- whether they are gay/lesbian or bisexual (middle school, 3%; high school, 3%; males, 2% females, 3%).

Who Teens Turn to for 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?," more teens (47%) responded "Boyfriend/girlfriend or one of my friends" than any other category. Teens' second choice was a parent or step-parent (31%) and their third choice was a brother or sister (9%). Figure 6-3 shows who students would talk to based on the school level of the students. Middle school students were more likely to talk to a parent or stepparent than anyone else. High school students were more likely to talk to a boyfriend/girlfriend or one of their friends. Only 3% said they have no one to talk to.

Figure 6-3: Who Would Students Talk To
(By School Level)

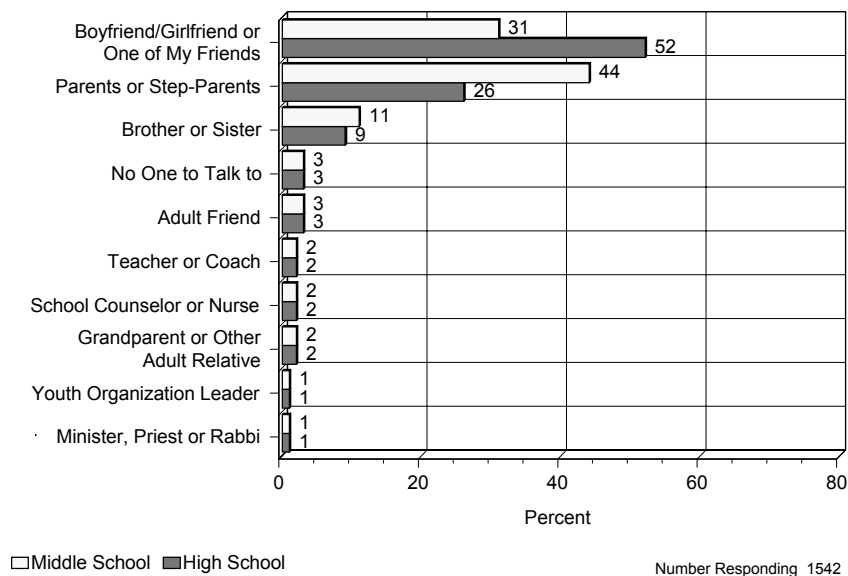
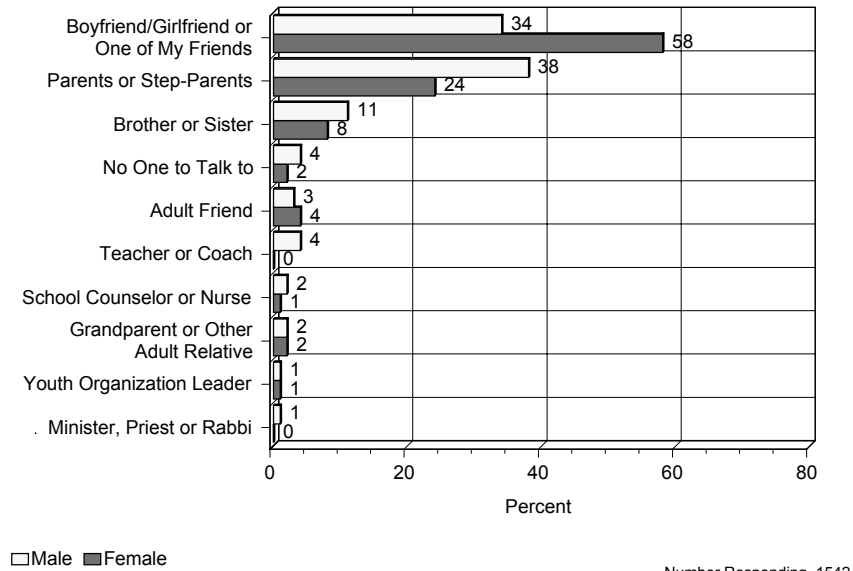


Figure 6-4 highlights the differences between males and females on the issue of whom local teens felt they would turn to with a personal problem. Females were more likely to turn to their friends than were males (females, 58%; males, 34%), while males were more likely to turn to their parents or step-parents than females (males, 38%; females, 24%). Slightly more males (4%) than females (2%) said they have no one to talk to.

**Figure 6-4: Who Would Students Talk To
(By Gender)**



We asked teens what adult in school they felt most comfortable talking to. More students (21%) chose their teachers than any other person as their response. About 2 out of 5 of those surveyed (42%) responded, "No adult at school" to this question. Figure 6-5 shows the responses by school level.

Figure 6-5: Adult in School Teens Feel Most Comfortable Talking To (By School Level)

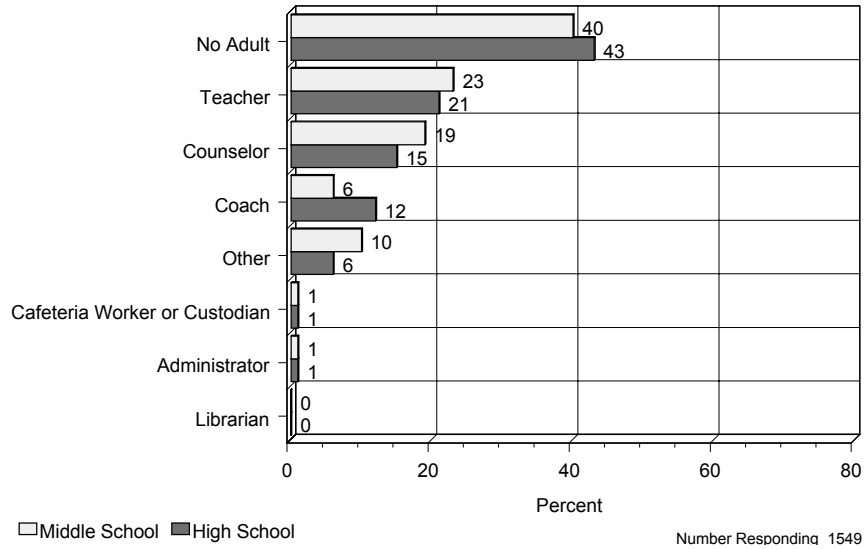
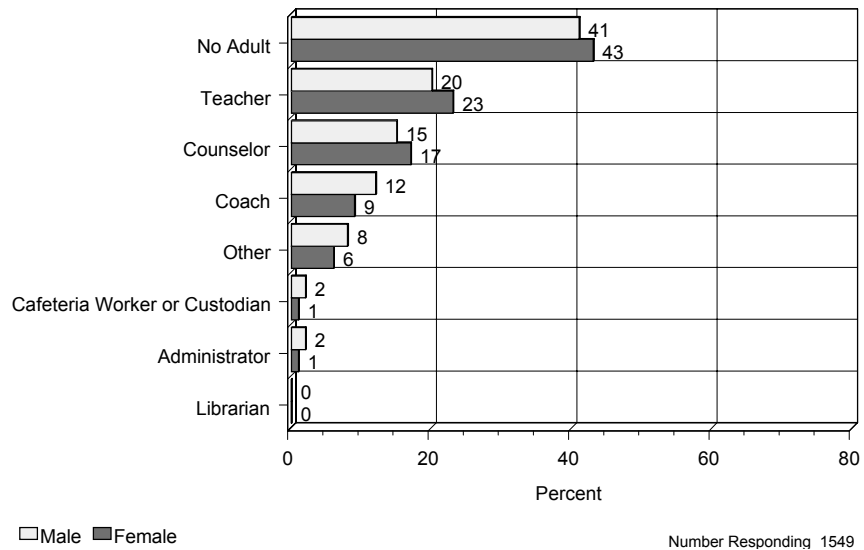


Figure 6-6 shows slightly more females than males consider a teacher to be someone in school they feel most comfortable talking to (females, 23%; males, 20%). Slightly more males (12%) than females (9%) responded "Coach."

Figure 6-6: Adult in School Teens Feel Most Comfortable Talking To (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, 1997).

Overall, 67% of local youth surveyed reported having experienced depression or sadness at some time in the past month (middle school, 55%; high school, 72%; males, 57% and females 77%). Figure 6-7 shows the percentage of local teens who experienced depression or sadness in the past month, on the basis of gender and grade. The rate for females is much higher than the rate for males at every grade level.

Figure 6-7: Depression or Sadness Among Students
(At Any Time in the Past Month, by Grade and Gender)

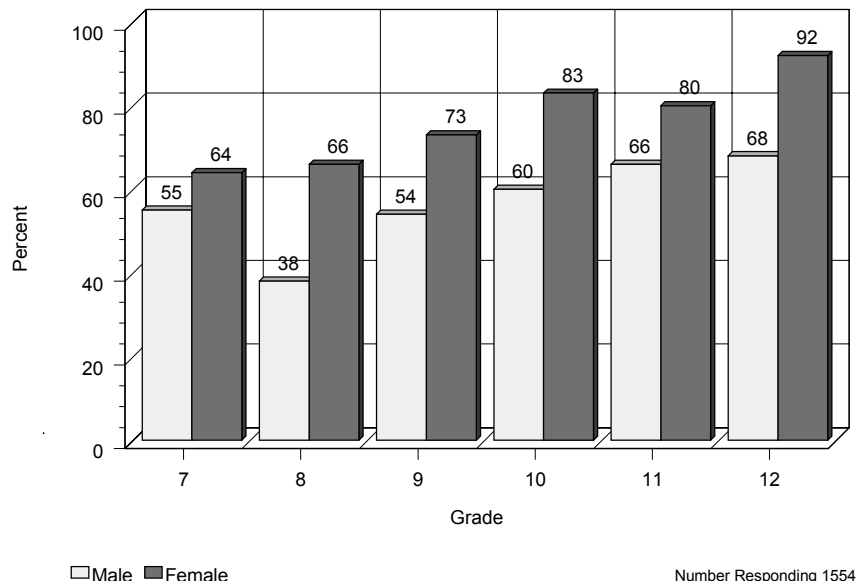
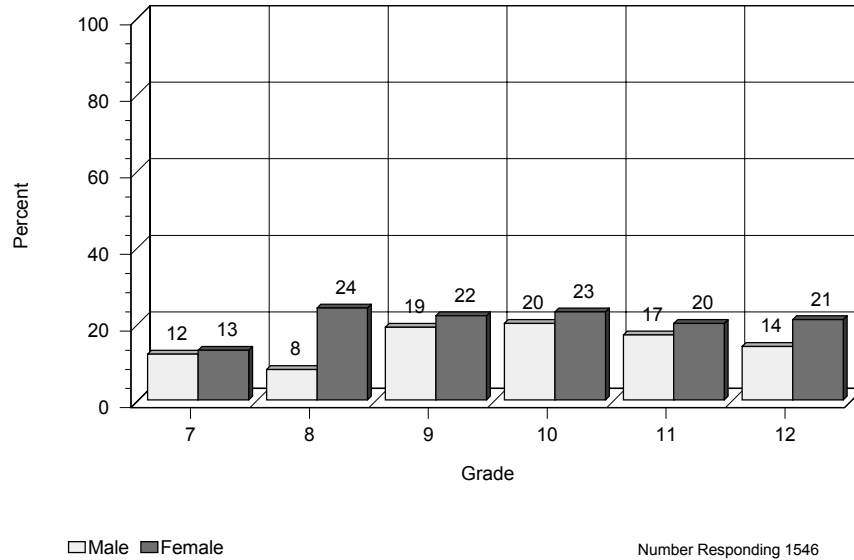


Figure 6-8 displays the percentages of local teens who reported they had *seriously thought about killing themselves during the past month.* Overall, 18% of local youth had serious thoughts about suicide during the past month (males, 16% and females, 21%). More high school youth than middle school youth reported they had serious thoughts about killing themselves in the past month (high school, 20%; middle school, 14%).

Figure 6-8: Serious Thoughts About Killing Themselves
(At Any Time in the Past Month, by Grade and Gender)

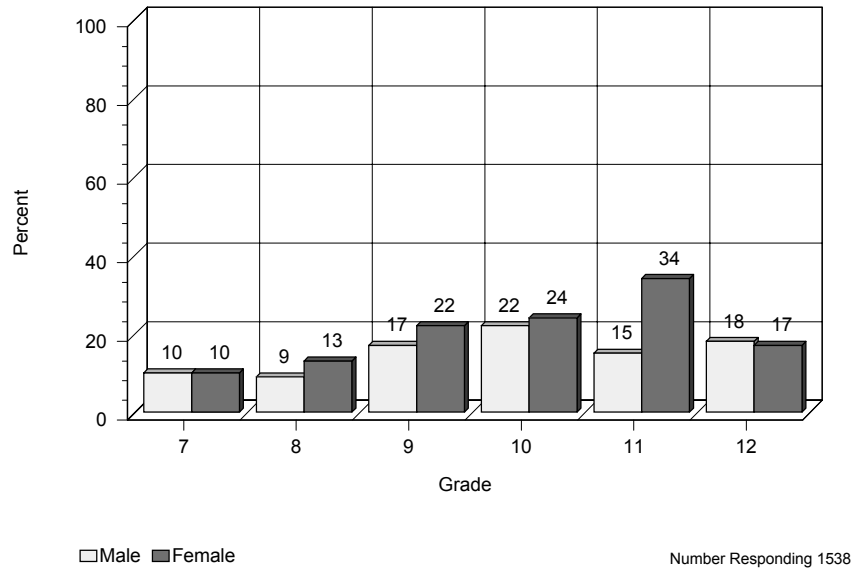


The Youth Risk Behavior Surveillance survey found 20.5% (N.H., 24.5%) of high school youth (*grades 9-12*) had seriously considered suicide in the 12 months prior to the survey (Centers for Disease Control and Prevention, 1998). New Hampshire ranks 4th out of all the states surveyed by the CDC.

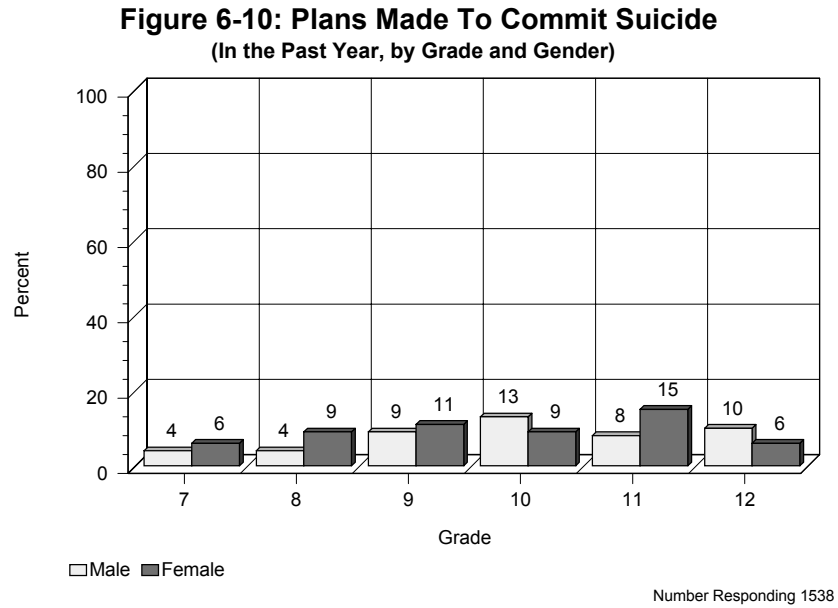
Thoughts about suicide are fairly common during the teen years. Fortunately, not many teens act on these thoughts. However, the fact they are having such thoughts may be an indication of several things, including a current disappointment or frustration, depression, feeling alienated or detached from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

Figure 6-9 shows the number of teens who "have ever at any time" made a plan to commit suicide. Overall, 18% of local youth reported "making a plan to commit suicide" at some time in the past (middle school, 10%; high school, 21%; males, 16%; and females, 21%).

Figure 6-9: Plans Made To Commit Suicide
(At Any Time, by Grade and Gender)



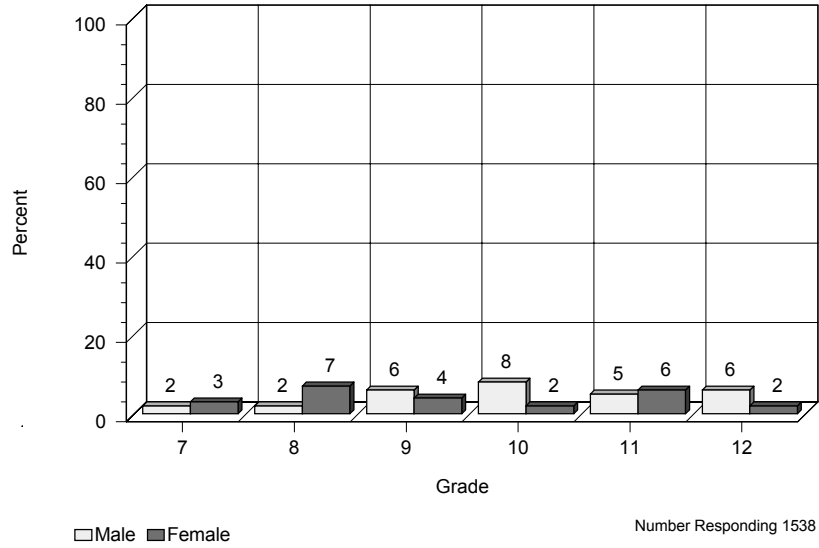
During the past year, 9% of local youth reported making a plan to kill themselves (middle school, 6%; high school, 10%; males, 8%; females, 9%). Figure 6-10 shows the breakdown of responses by grade and gender.



The Youth Risk Behavior Surveillance Survey found that 15.7% (N.H., 20.1%) of high school youth (*grades 9-12*) had made a plan to commit suicide in the 12 months prior to the survey (Centers for Disease Control and Prevention, 1998). New Hampshire ranks 3rd out of the 32 states surveyed by the CDC.

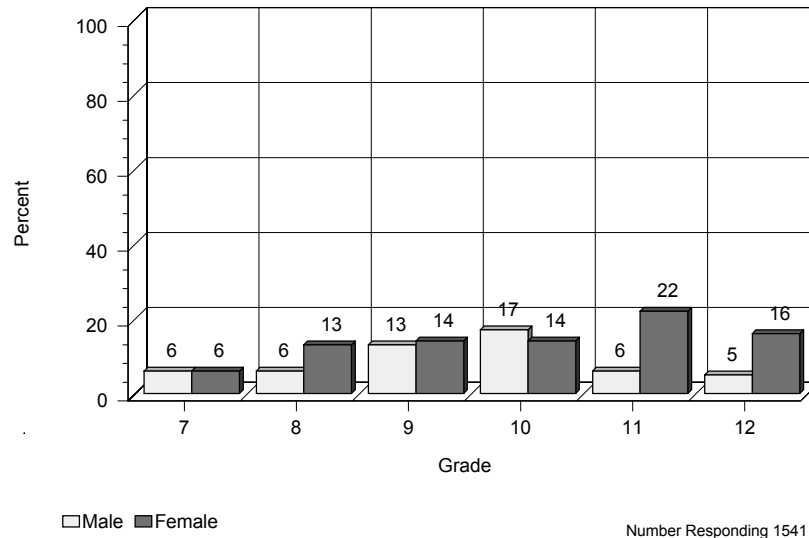
Figure 6-11 shows the percentages of local students who reported they had made a plan to kill themselves during the past month. Overall, 4% of local youth reported having made a plan to commit suicide at some time during the past month (middle school, 3%; high school, 5% males, 5%; females, 4%).

Figure 6-11: Plans Made To Commit Suicide
(In the Past Month, by Grade and Gender)



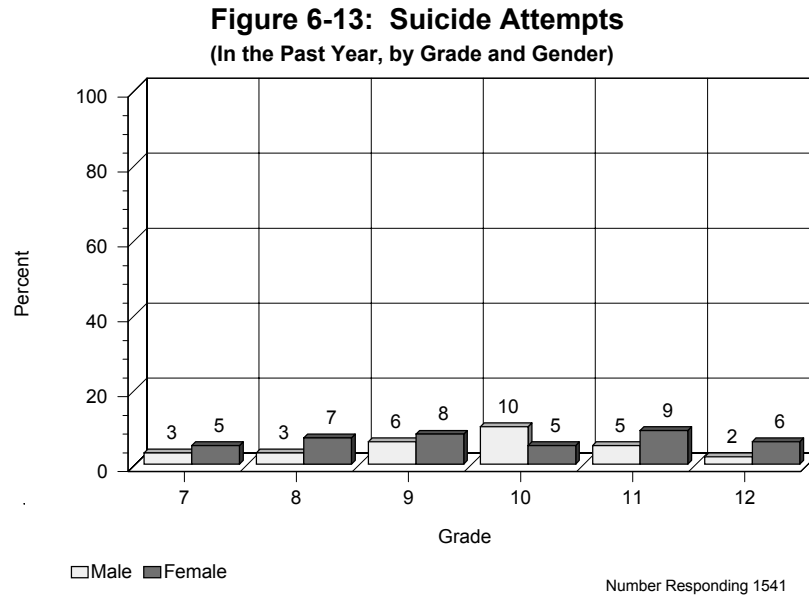
When asked, "Have you ever actually tried to kill yourself?", 12% of teens responded "yes" (middle school, 8%; high school, 14%; males, 10%; females, 15%). Figure 6-12 shows these responses by grade level and gender. It is difficult to know what these attempts consisted of or how life threatening they were. However, they should all be taken seriously.

Figure 6-12: Suicide Attempts
(At Any Time, by Grade and Gender)



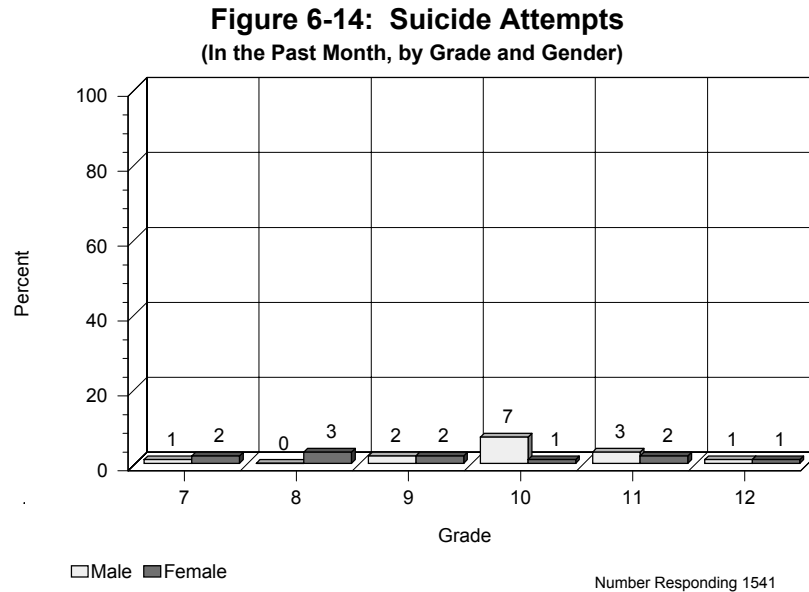
According to the National Institute of Mental Health (1999), there are an estimated 25 attempted suicides to one completion. Also, more females than males report a history of attempted suicide. However, more males die by suicide than females. This is often because males choose a more lethal method, such 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).

Of all students surveyed, 6% reported they had actually tried to kill themselves in the past year (middle school, 5%; high school, 7%; males, 5% and females, 7%). Figure 6-13 shows the data broken down by grade and gender.



On a national level, the Youth Risk Behavior Surveillance study found that 7.7% (N.H., 9.8%) of high school youth (*grades 9-12*) attempted suicide in the past year (Centers for Disease Control and Prevention, 1998). New Hampshire ranks 9th out of 32 states surveyed by the CDC.

Two percent (2%) of students surveyed reported they actually tried to kill themselves in the past month (middle school, 1%; high school, 2%; males, 3%; females, 2%). Figure 6-14 shows suicide attempts in the month prior to the survey by grade 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).

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 (Facts for Families: Self-Injury in Adolescents, 1999). TAP asked local youth, "Have you ever *intentionally* caused yourself bodily harm?" A total of 22% responded they have at some time in the past (middle school, 12%; high school, 26%; males, 20%; females, 23%). Figure 6-15 shows the results by grade and gender.

Figure 6-15: Teens Who Intentionally Harmed Themselves
(At Any Time, by Grade and Gender)

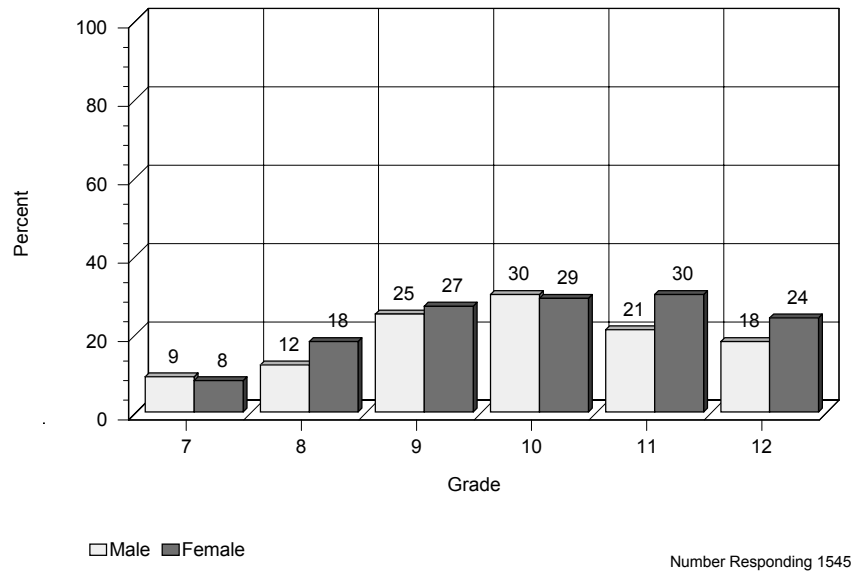
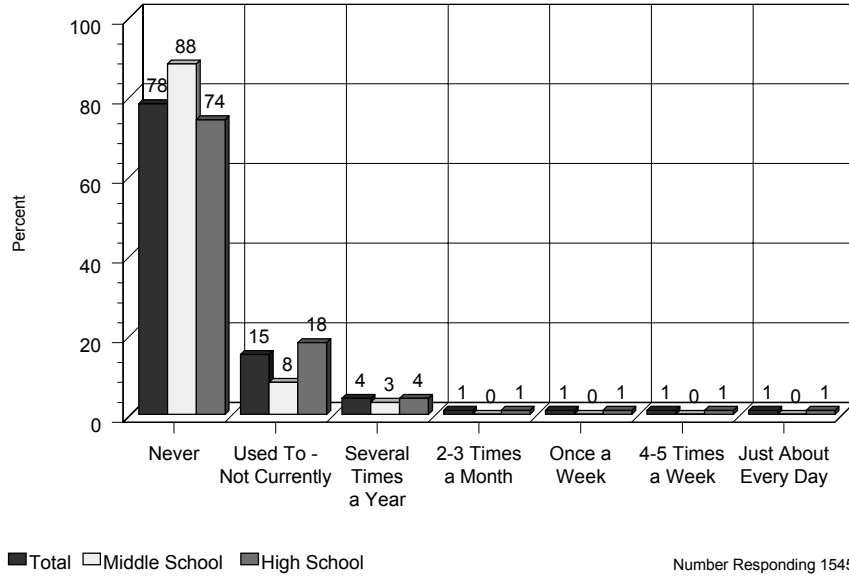
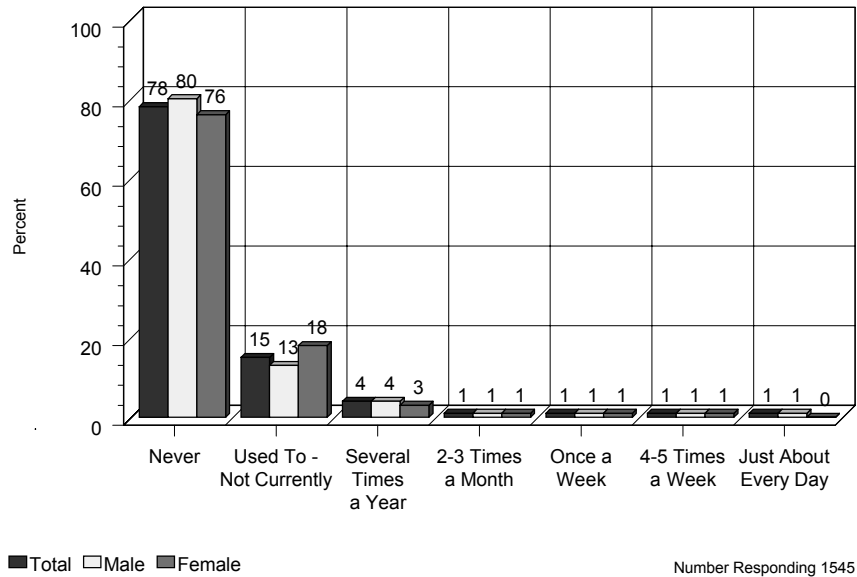


Figure 6-16 shows the frequency of intentional harm broken down by school level and Figure 6-17 shows the data by gender.

**Figure 6-16: Frequency of Intentional Harm
(By School Level)**



**Figure 6-17: Frequency of Intentional Harm
(By Gender)**



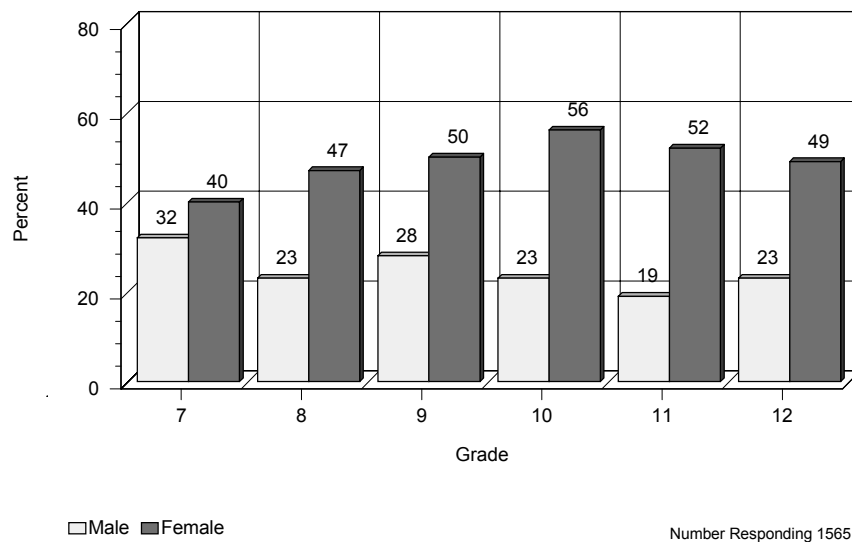
Dieting

American society is obsessed 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 61-77% of the females and 28-42% of the males (Emmons, 1992).

Adolescents are particularly sensitive about their appearance (Teens At Risk, 1996; Emmons, 1994). Dissatisfaction with body shape and size is prevalent, with female students less satisfied than male students (Emmons, 1994). One study of 14-16 year old girls 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 - females, 33.5% and males, 22.2%; New Hampshire - females, 37.6% and males, 21.9%) (Centers for Disease Control and Prevention, 1998). Overall, TAP found 37% of all youth surveyed reported having attempted to lose weight or kept from gaining it in the past month. Over half of all females in high school attempted to lose weight or keep from gaining it. Figure 6-18 shows how many students surveyed reported having attempted to lose weight in the past month on the basis of gender and grade.

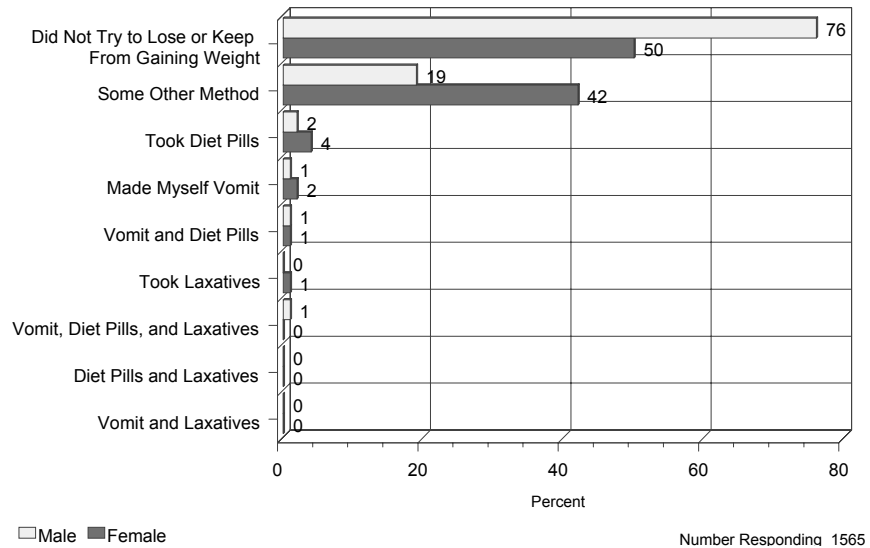
Figure 6-18: Teens Who Tried To Lose Weight Or Keep From Gaining It

(In The Past Month, by Grade and Gender)



Nationwide, over 40% of adolescents are trying to lose weight, even though the majority are not overweight (Teens At Risk, 1996). It is easy to see from Figure 6-19 that females were far more likely to have attempted to lose weight than were males (females, 50%; males, 24%). Slightly less middle school students (35%) than high school students (38%) reported they tried to lose weight in the past month.

Figure 6-19: What Teens Did in the Past Month To Lose Weight or Keep From Gaining It (By Gender)



Seat Belt Use

We asked students how often they wore seat belts when driving or riding in a motor vehicle. Almost half of students responded they "always" did (49%). Figure 6-20 shows slightly more middle school students (51%) than high school (48%) always use seat belts.

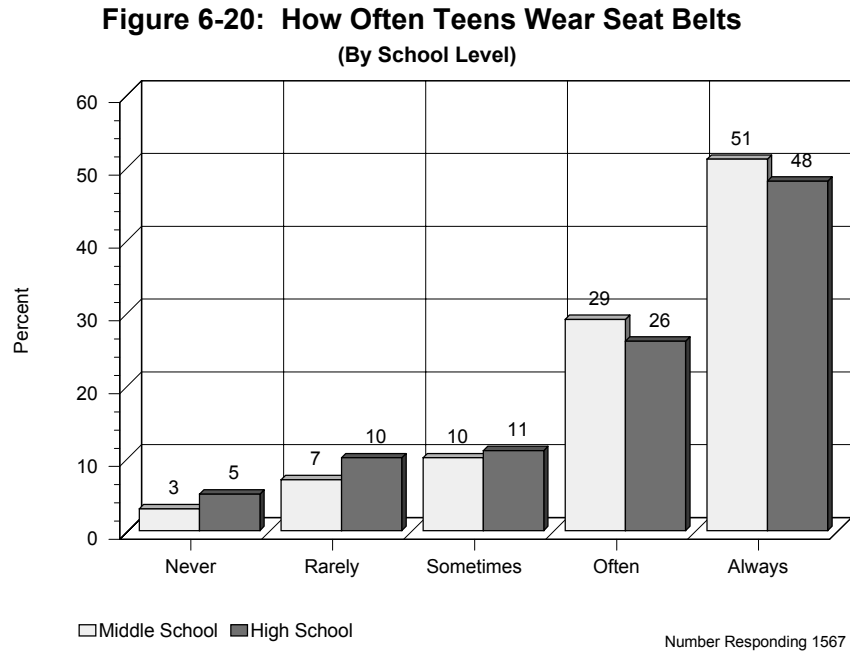


Figure 6-21 shows slightly more females (51%) than males (47%) said they always use seatbelts.

