
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 this same age group.

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 teens worry about? Teens were given a list of issues and were asked how much they worry about each one. Figure 6-1 shows the percentages of youth who chose either “quite a bit” or “very much” for each issue.

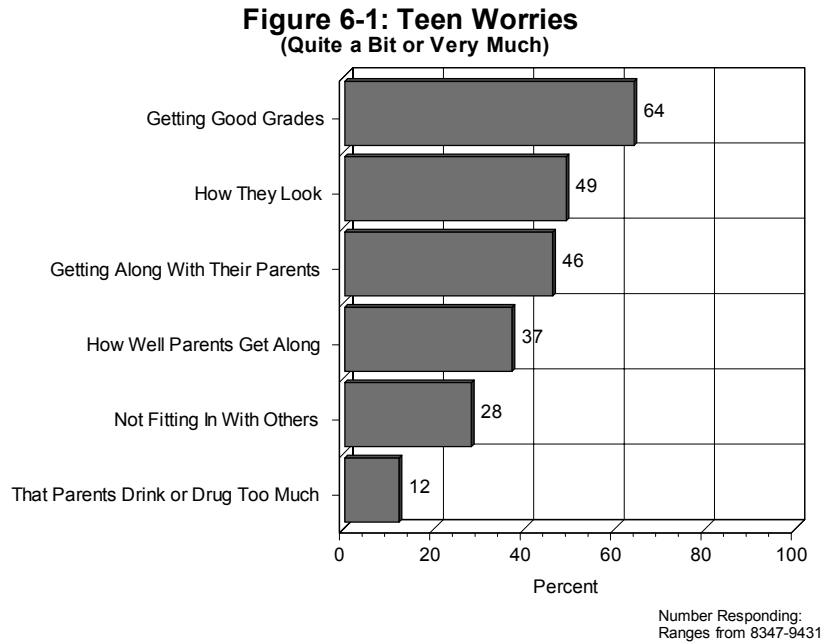


Figure 6-2 shows the six worries as indicated by the percentage of students responding “quite a bit” or “very much” by school level.

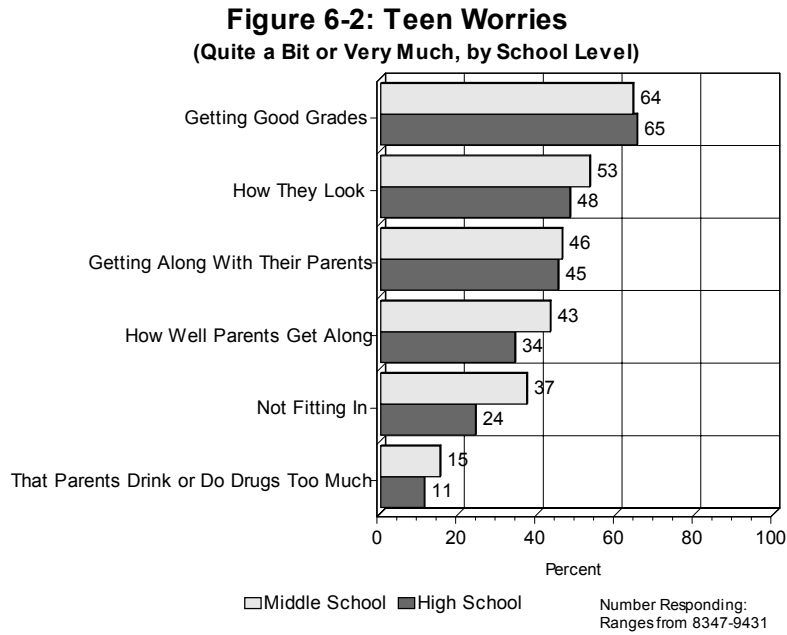
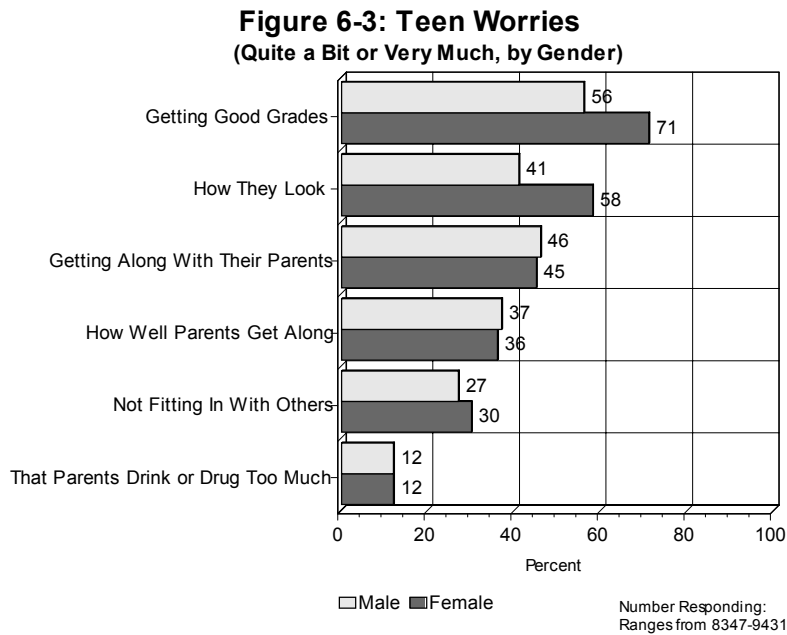


Figure 6-3 shows the same worries on the basis of gender. Females are more worried than males about getting good grades, how they look, and not fitting in.



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

Support and Advice

When asked “If you were having a personal problem and needed someone to talk to, who would you most likely go to?”, more teens (47%) responded “Boyfriend/girlfriend or one of my friends” than any other category. Teens’ second choice was a parent or stepparent (29%). Figure 6-4 shows who students would talk to based on the school level of the students. Middle school students were most likely to talk to a parent or stepparent (38%) or a friend (37%). High school students were most likely to talk to a boyfriend/girlfriend or one of their friends (52%). Four per cent (4%) said they have no one to talk to.

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

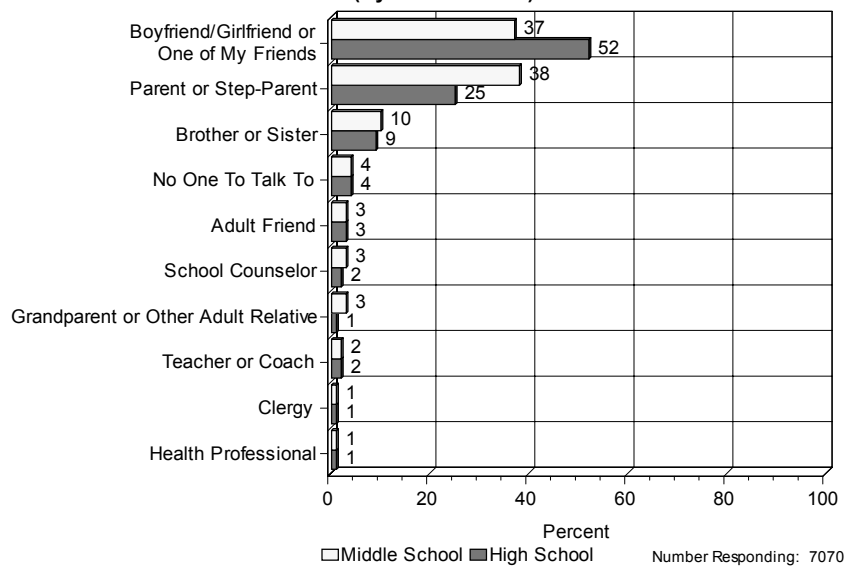
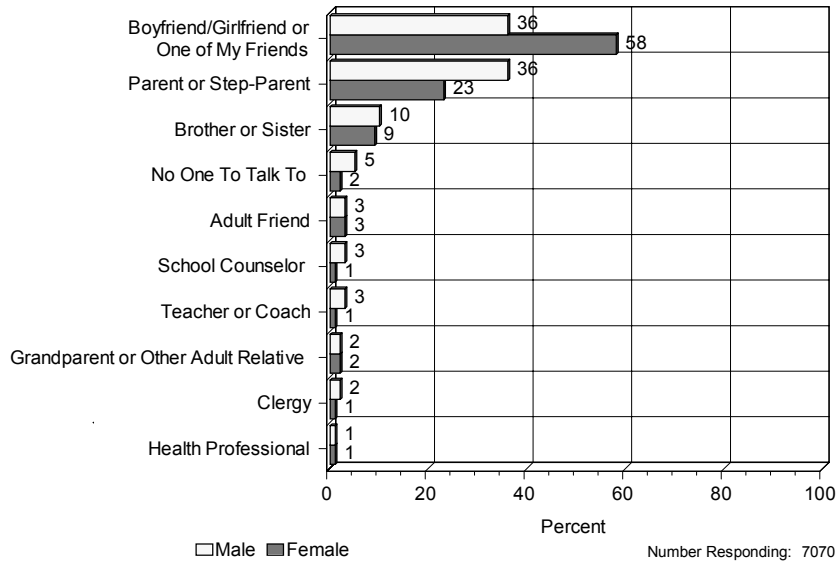


Figure 6-5 highlights the differences between males and females on the issue of to whom teens felt they would turn to with a personal problem. Females were more likely to turn to their friends than were males (males, 36%; females, 58%). Males were more likely to turn to their parents or stepparents than females (males, 36%; females, 23%). 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)**



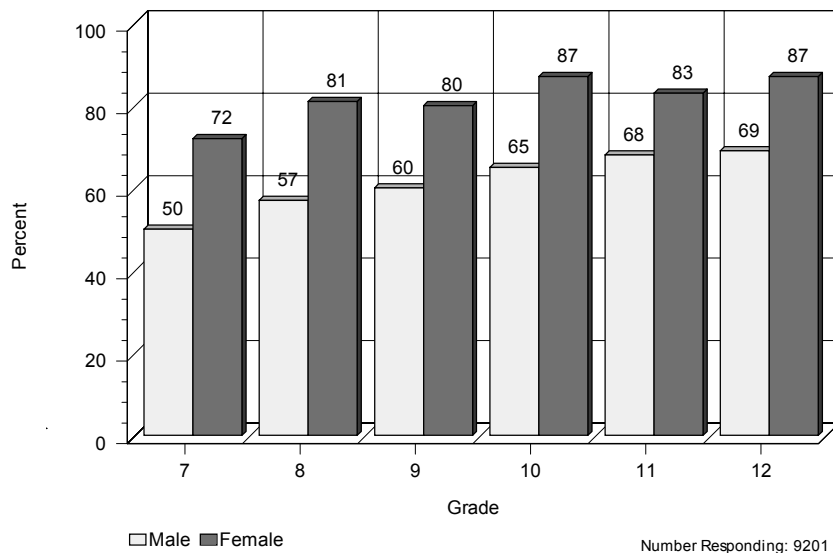
Teen Depression and Suicide

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 (Schichor, Bernstein & 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, 1997b).

Overall, 72% of youth surveyed reported having experienced depression or sadness at some time in the past month (middle school, 65%; high school, 75%; males, 61%; females, 82%). Figure 6-6 shows the percentage of teens who experienced depression or sadness in the past month. Note the rate of depression 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, 22% of youth had serious thoughts about suicide during the past month. Suicidal thoughts were reported equally by middle and high school students (22%, 23% respectively). A greater percentage of females than males reported suicidal thoughts in the past month (males, 18%; females, 26%). Figure 6-7 gives the response 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)

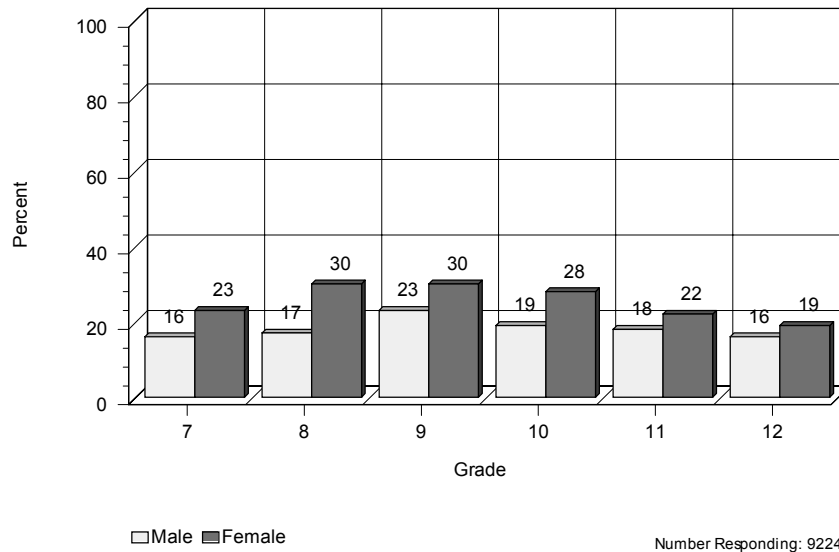


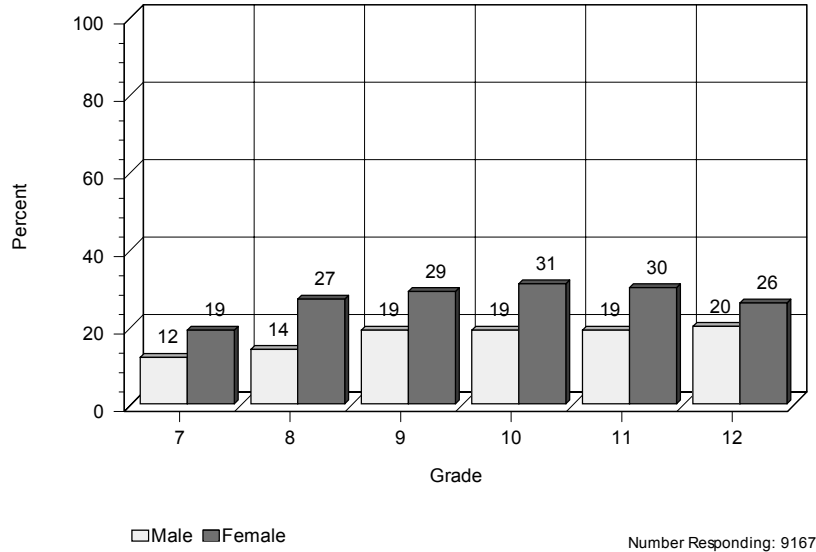
Figure 6-1 shows the data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

Table 6-1: 2001 YRBS Data: Seriously Considered Attempting Suicide
(Grades 9-12 only)

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Seriously considered attempting suicide during the 12 months preceding the survey	19.0	14.2	23.6	21.9	17.1	26.3

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, 22% of youth (2,034 students) reported making a plan to commit suicide at some time in the past. A greater percentage of high school than middle school students reported this (middle school, 18%; high school, 24%). A greater percentage of females than males reported ever having made a plan (males, 17%; females, 27%).

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



Twelve percent (12%) of youth (1,126 students) reported making a plan to kill themselves in the past year (middle school, 12%; high school, 12%; males, 9%; females, 15%). 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)

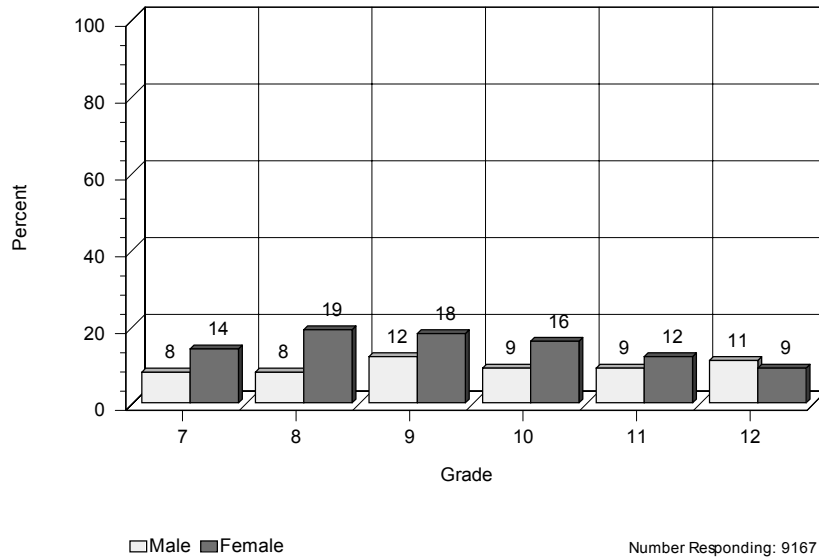


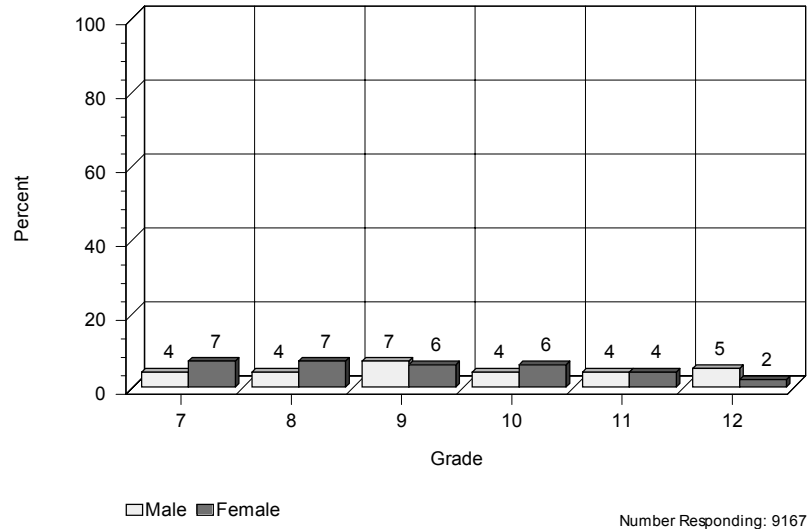
Table 6-2 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

Table 6-2: 2001 YRBS Data: Made a Suicide Plan
(Grades 9-12 only)

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Made a suicide plan (During the 12 months preceding the survey)	14.8	11.8	17.7	16.8	15.0	18.3

Figure 6-10 shows the percentages of students who reported they had made a plan to kill themselves during the past month. Overall, 5% of youth (465 students) reported having made a plan to commit suicide at some time during the past month (middle school, 6%; high school, 5%; males, 5%; females, 5%).

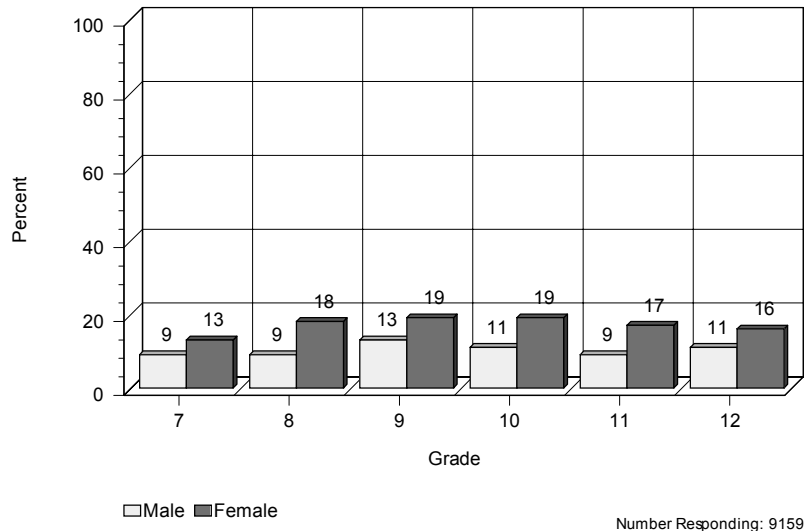
Figure 6-10: Plans Made to Commit Suicide
(In the Past Month, by Grade and Gender)



According to the Brown University Child & Adolescent Behavior Letter (1998) up to 60% of adolescents report that they have had suicidal thoughts. A small percent of youth act on these thoughts. One study of 12,118 adolescents found that 4% reported having attempted suicide within the past year (Resnick, et al., 1997). Studies have documented four risk factors for suicide attempts: psychiatric illness such as clinical depression or substance use, stress especially in areas of achievement or sexuality, familial history of suicide, and family stress (e.g., parental rejection, familial disruption) (Rubenstein, Heeren, Housman, Rubin, & Stechler, 1989; Wagner, 1997).

When asked “*Have you ever **actually tried** to kill yourself?*”, 14% of teens (1,269 students) responded “yes” (middle school, 12%; high school, 15%; males, 10%; females, 17%). 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. This ratio is higher for women and youth and lower for men and the elderly. 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)

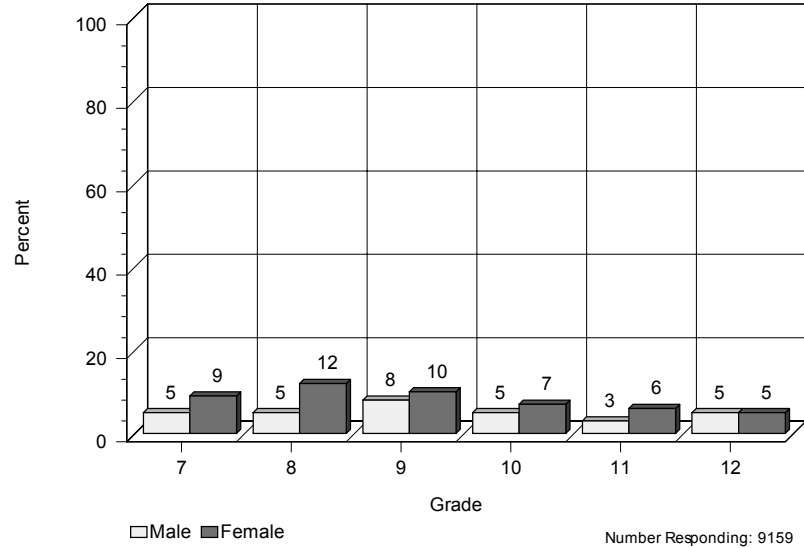
Table 6-3 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

Table 6-3: 2001 YRBS Data: Attempted Suicide
(Grades 9-12 only)

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Attempted suicide (One or more times during the 12 months preceding the survey)	8.8	6.2	11.2	Not Available	NA	NA

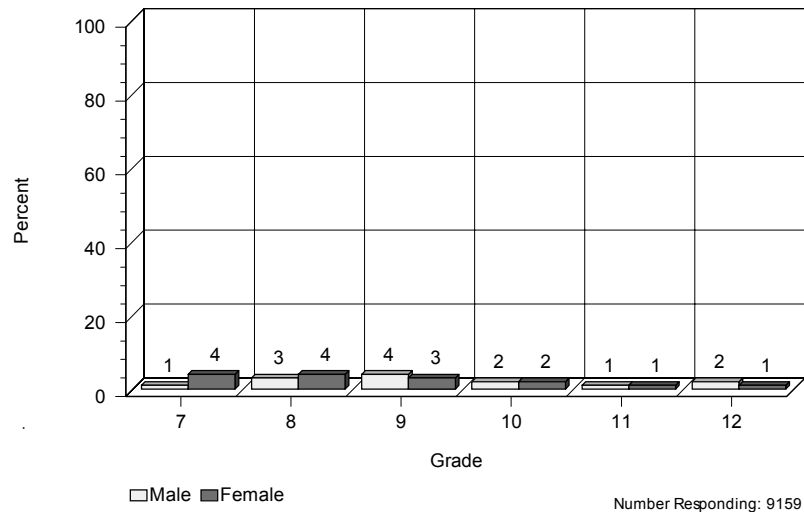
Of all students surveyed, 6% of teens (616 students) reported they had actually tried to kill themselves in the past year (middle school, 8%; high school, 6%; males, 5%; females, 8%). Figure 6-12 shows the data broken down by grade level and gender.

Figure 6-12: Suicide Attempts
(In the Past Year, by Grade and Gender)



Two percent (2%) of teens (224 students) surveyed reported they actually tried to kill themselves in the past month (middle school, 3%; high school, 2%; males, 2%; females, 3%). Figure 6-13 shows suicide attempts in the month prior to the survey by grade level and gender.

Figure 6-13: Suicide Attempts
(In the Past Month, by Grade and Gender)



Presentation Of Comparable Data

In this section, multi-community data are compared with other data. The two surveys used for comparison are the *2001 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, 2002). It is administered every other year and includes a national school-based survey conducted by the CDC as well as state, territorial, and school-based surveys conducted by education and health agencies. Although the goal is to obtain a representative sample, the overall response rate in New Hampshire was less than the minimum criterion of 60%. Thus, the YRBS data could not be weighted for nonresponse and selection probability. Unweighted data represent those 1,303 students who participated in the survey and are not generalizable to all New Hampshire students.

The *Tapping Into Teen Concerns, Perceptions and Behavior: 1998/99 Multi-Community Report* is a multi-community report based on data from five school districts surveyed from April 1998 through December 1999 (Teen Assessment Project, 2000). These data represent 9,105 teens from five different counties around the state--Merrimack, Hillsborough, Rockingham, Strafford and Grafton. Due to the nature of TAP, the survey process is not random. Therefore, the results cannot be generalized to the population of New Hampshire teens.

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

Behavior	YRBS¹ National 2001 %	YRBS² N.H. 2001 %	TAP³ Multi- Community 1998-1999 %	TAP⁴ Multi- Community 2000-2001 %
YRBS: Made a suicide plan in the 12 months preceding the survey	14.8	16.8	-	-
TAP: Ever made a plan to kill yourself? (coded as within past year)	-	-	11	12
YRBS: Attempted suicide one or more times in the 12 months preceding the survey	8.8	Not Available	-	-
TAP: Ever actually tried to kill self (coded as during past year)	-	-	7	6

¹ Youth Risk Behavior Surveillance Survey: National--CDC, 2002.

² Youth Risk Behavior Surveillance Survey: NH--CDC, 2002.

³ Teen Assessment Project, 2000.

⁴ Teen Assessment Project, 2002.

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