
CHAPTER 6

Physical and Mental Health Issues

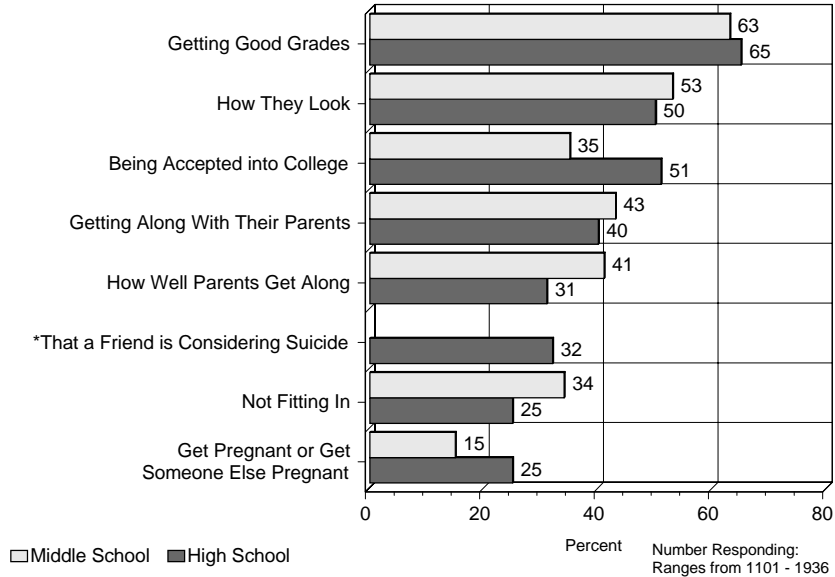
Mental health is influenced by biological, social, cultural and psychological factors. Some researchers believe many of the recent trends in adolescent, health-compromising behaviors (e.g., increased alcohol and other drug use, suicide, and sexual behavior) mirror psychological and emotional difficulties 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. There were eleven suicides in Hillsborough County in 1998 from the 15-24 age group (A. Chalsmond, Bureau of Health Statistics and Data Management, personal communication, May 3, 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: 1) getting good grades at school; 2) how they look; 3) getting accepted into college; 4) getting along with their parents at home; 5) how well their parents get along with each other; 6) that a friend is considering suicide; 7) not fitting in with the other kids at school; and 8) 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, 41%; high school, 31%) and not fitting in (middle school, 34%; high school, 25%). High school students are more worried than middle school students about getting into college (high school, 51%; middle school, 35%) and that they might get pregnant or get someone else pregnant (high school, 25%; middle school, 15%). For the other worries there are only slight differences between middle school and high school students.

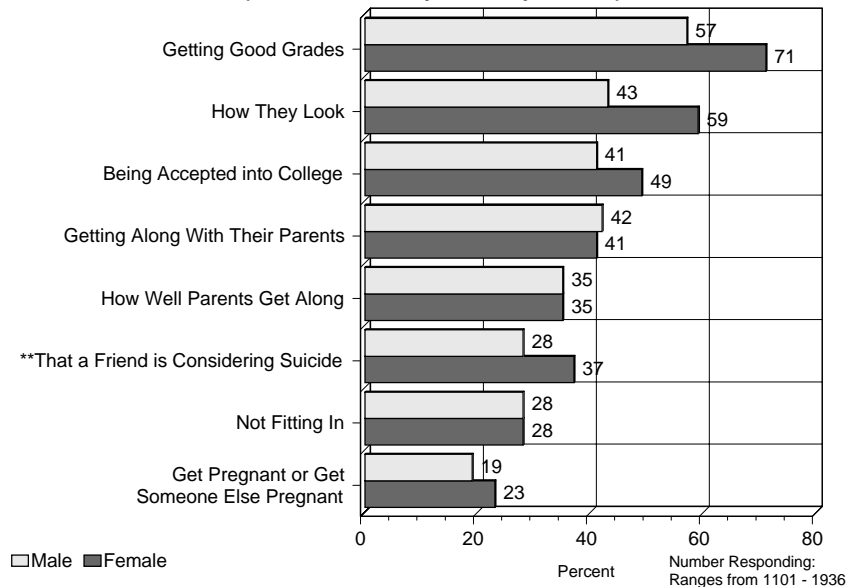
Figure 6-1: Teen Worries
(Quite a Bit or Very Much, by School Level)



*No Middle School data for this question

Figure 6-2 shows the same worries on the basis of gender. Females are more worried than males about getting good grades, (females, 71%; males, 57%), how they look (females, 59%; males, 43%), and being accepted into college (females, 49%; males, 41%). Males and females are equally worried about other issues named in the surveyed.

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



**High School only

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

- being picked on or hurt by another teen (middle school, 16%; high school, 11%; males, 11%; females, 14%)
- being pressured into having sex (middle school, 9%; high school, 6%; males, 4%; females, 10%)
- that their parents drink too much or use drugs (middle school, 9%; high school, 7%; males, 8%; females, 7%)
- whether they are gay/lesbian or bisexual (middle school, 4%; high school, 4%; males, 2% females, 2%).

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 (51%) responded "Boyfriend/girlfriend or one of my friends" than any other category. Teens' second choice was a parent or step-parent (28%) 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 boyfriend/girlfriend (41%) than anyone else. High school students were also more likely to talk to a boyfriend/girlfriend or one of their friends. Three percent (3%) said they have no one to talk to.

Figure 6-3: Who Teens Would Talk to About Problems (By School Level)

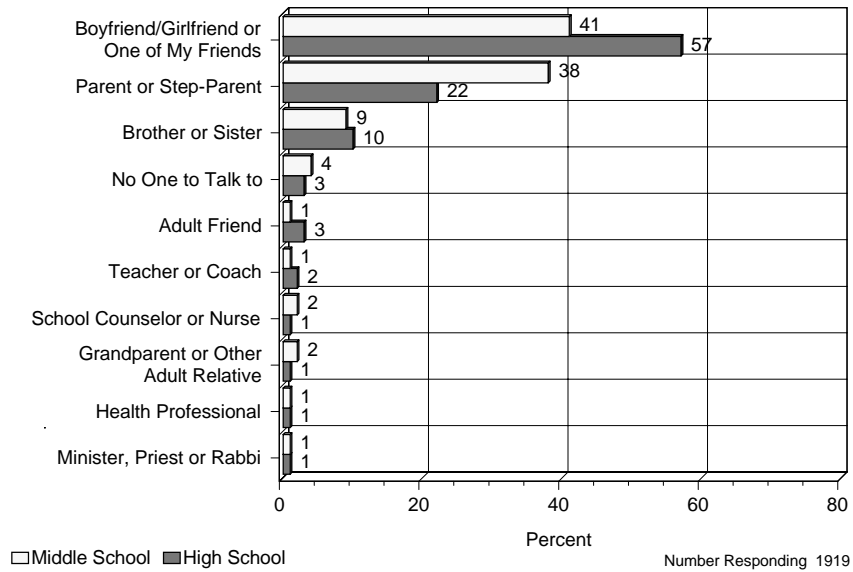
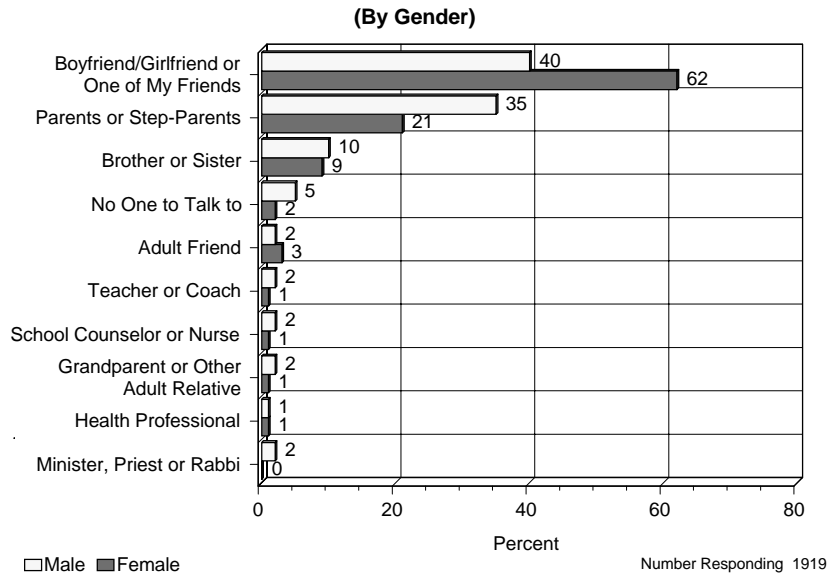


Figure 6-4 highlights the differences between males and females on the issue of whom local teens felt they would turn to with a personal problem. Females were more likely to turn to their friends than were males (females, 62%; males, 40%), while males were more likely to turn to their parents or step-parents than females (males, 35%; females, 21%). Slightly more males (5%) than females (2%) said they have no one to talk to.

Figure 6-4: Who Teens Would Talk to About Problems



We asked students whether or not they *currently* felt the need for help in five areas that tend to worry teens: 1) pregnancy; 2) weight control; 3) relationship with parents; 4) sexual orientation; and 5) an alcohol or drug problem. Overall, high school students were more likely to say they currently needed help in all of the five problem areas than middle school students, and females were more likely to indicate a need for help than males. Figure 6-5 shows student responses to this question by school level. Figure 6-6 shows responses by gender.

Figure 6-5: Teens' Need for Help with Various Concerns (By School Level)

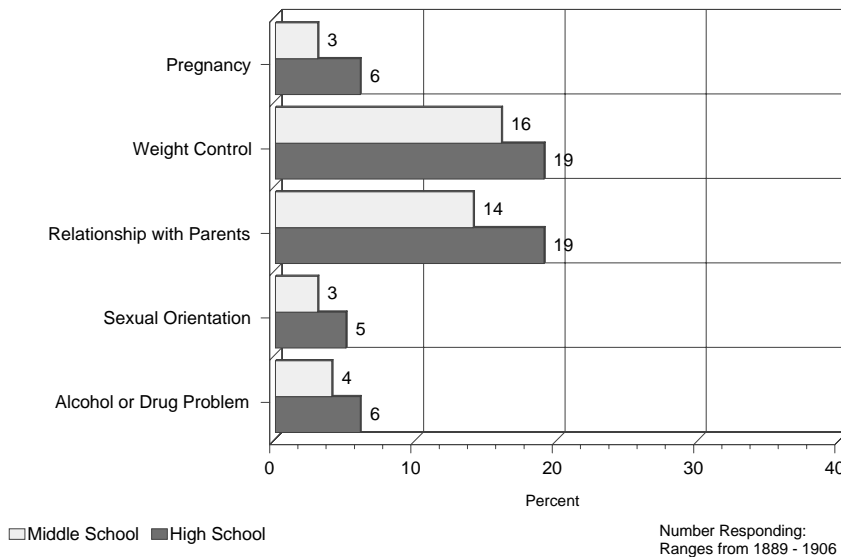


Figure 6-6: Teens' Need for Help with Various Concerns (By Gender)

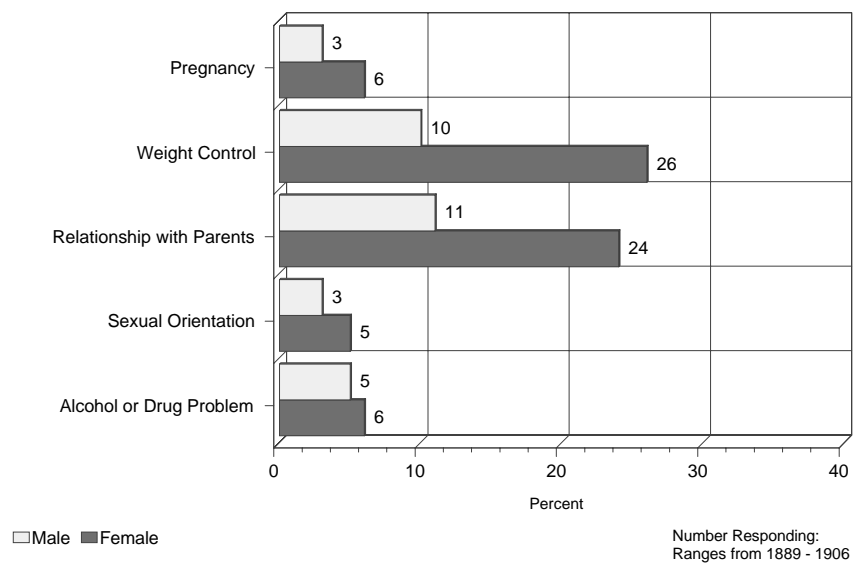


Figure 6-7 shows those teens who indicated they are *currently* receiving help with some of their problems by school level. Figure 6-8 shows those same teens by gender.

Figure 6-7: Teens Receiving Help with Various Concerns

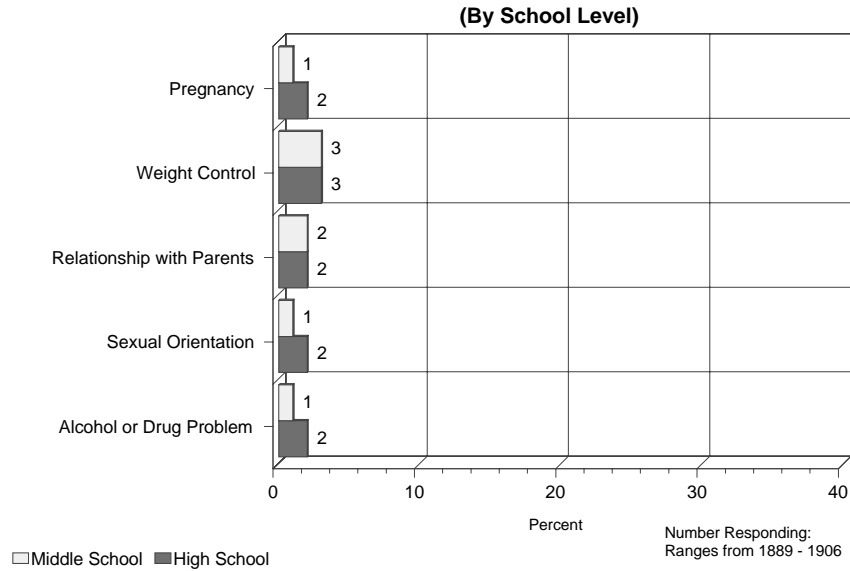
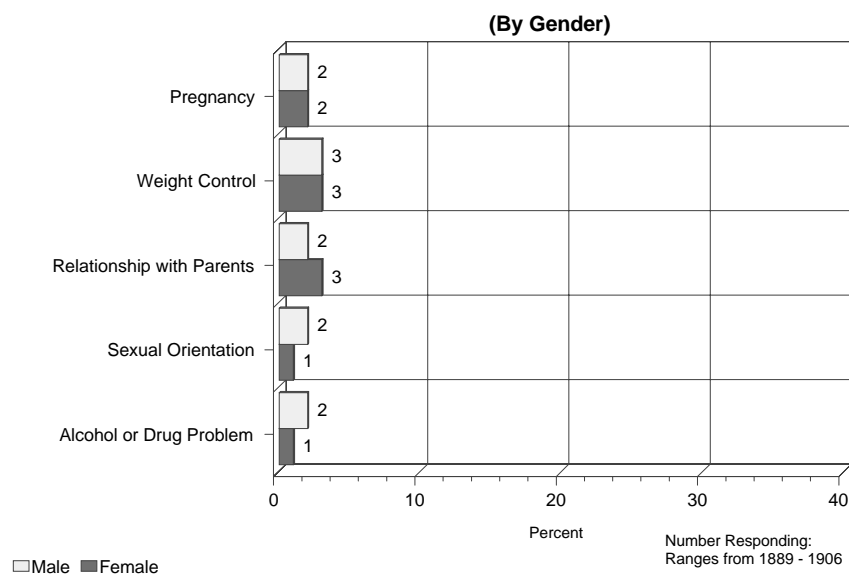


Figure 6-8: Teens Receiving Help with Various Concerns



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, 72% of local youth surveyed reported having experienced depression or sadness at some time in the past month (middle school, 67%; high school, 75%; males, 62%; and females 81%). Figure 6-9 shows the percentage of local teens who experienced depression or sadness in the past month, on the basis of grade and gender. Note the rate of depression or sadness among teens in Merrimack is higher than the national average for students at every grade level. Also, the rate for females is much higher than the rate for males at every grade level.

Figure 6-9: Depression or Sadness Among Students
(At Any Time in the Past Month, by Grade and Gender)

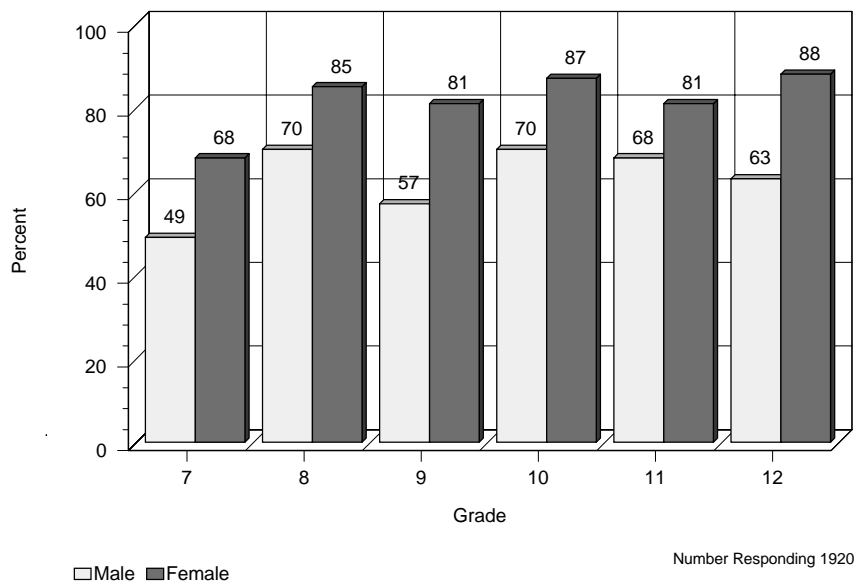
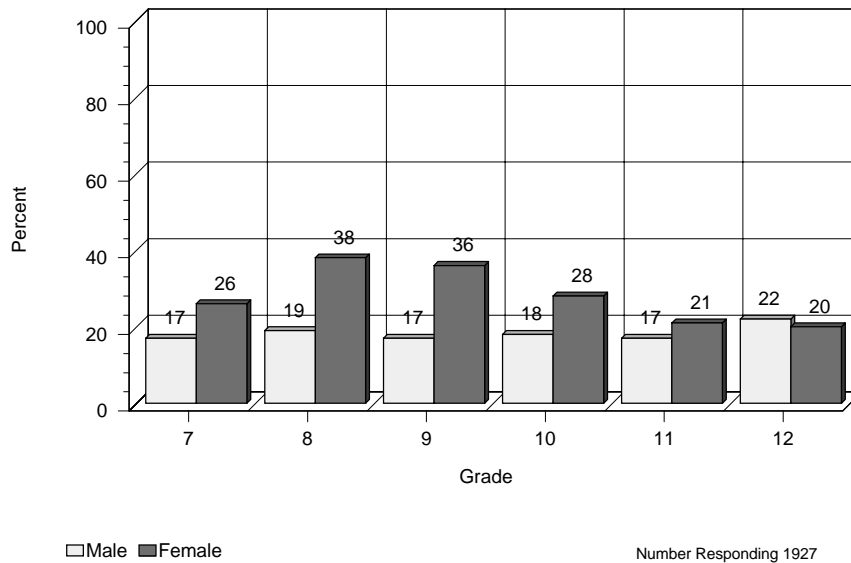


Figure 6-10 displays the percentages of local teens who reported they had *seriously thought about killing themselves during the past month.* Overall, 23% of local youth had serious thoughts about suicide during the past month. There was little difference between high school youth and middle school youth on this question (high school, 22%; middle school, 24%), but females were more apt to report they had serious thoughts about killing themselves in the past month than males (males, 18%; females, 28%).

Figure 6-10: Serious Thoughts About Killing Themselves
(At Any Time in the Past Month, by Grade and Gender)

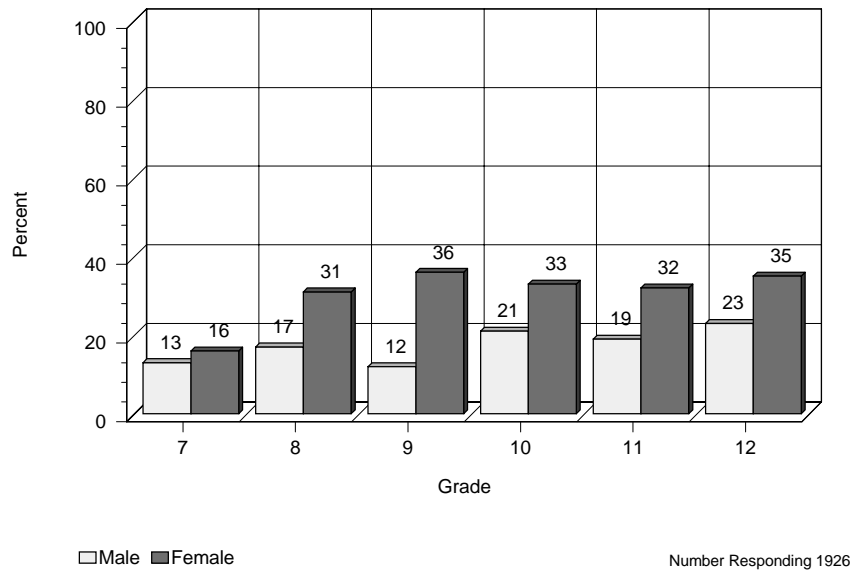


The Youth Risk Behavior Surveillance survey found 20.5% (N.H., 24.5%) of high school youth (*grades 9-12*) had seriously considered suicide in the 12 months prior to the survey (Centers for Disease Control and Prevention, 1998). New Hampshire ranks 4th out of all the states surveyed by the CDC.

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.

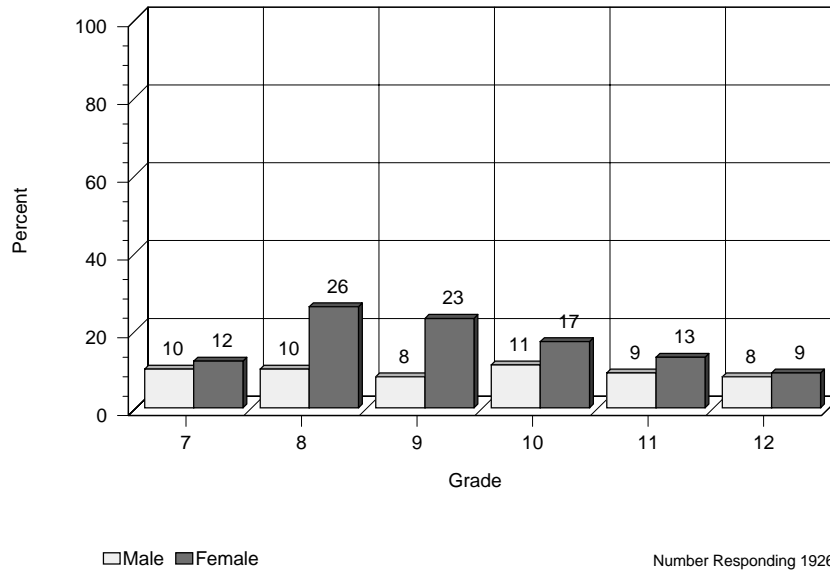
Teens were asked *"Have you ever made a plan to kill yourself?"* Figure 6-11 shows how teens answered this question by grade and gender. Overall, 24% of local youth reported making a plan to commit suicide at some time in the past. High school students were more likely to have actually made a plan to commit suicide than middle school students (middle school, 18%; high school, 27%). Females were nearly twice as likely to have made a plan for suicide than males (males, 17%; females, 30%).

Figure 6-11: Plans Made to Commit Suicide
(At Any Time, by Grade and Gender)



During the past year, 13% of local youth reported making a plan to kill themselves (middle school, 14%; high school, 13%; males, 10%; females, 17%). Figure 6-12 shows the breakdown of responses by grade and gender.

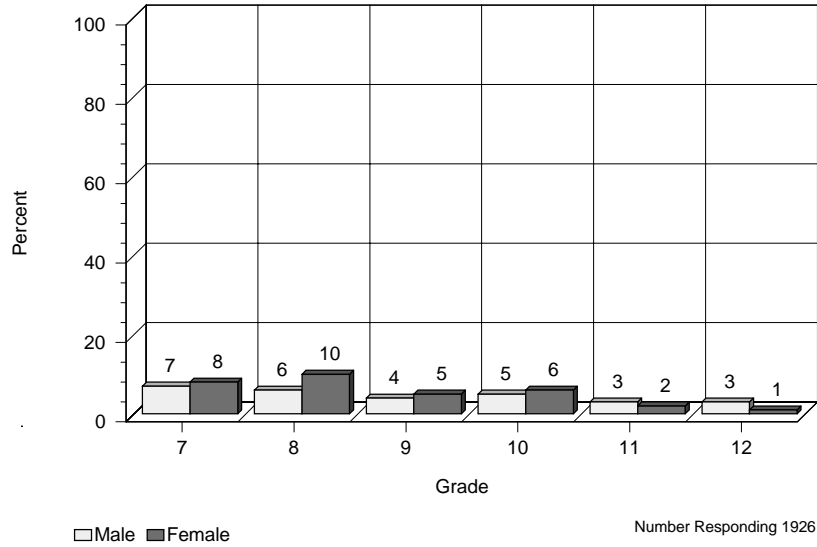
Figure 6-12: Plans Made to Commit Suicide
(In the Past Year, by Grade and Gender)



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.

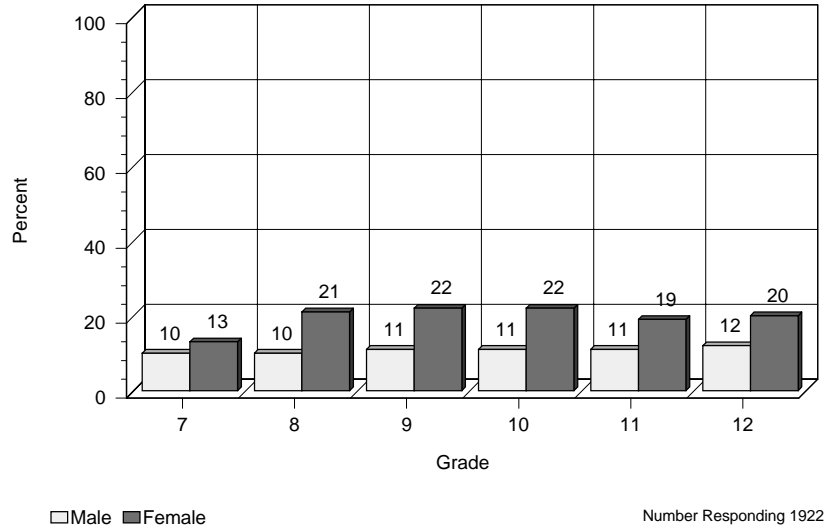
Figure 6-13 shows the percentages of local students who reported they had made a plan to kill themselves during the past month. Overall, 5% of local youth reported having made a plan to commit suicide at some time during the past month (middle school, 8%; high school, 4%; males, 5%; females, 6%).

Figure 6-13: Plans Made to Commit Suicide
(In the Past Month, by Grade and Gender)



When asked "Have you ever *actually tried* to kill yourself?", 15% of teens responded "yes" (middle school, 13%; high school, 16%; males, 11%; females, 19%). Figure 6-14 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.

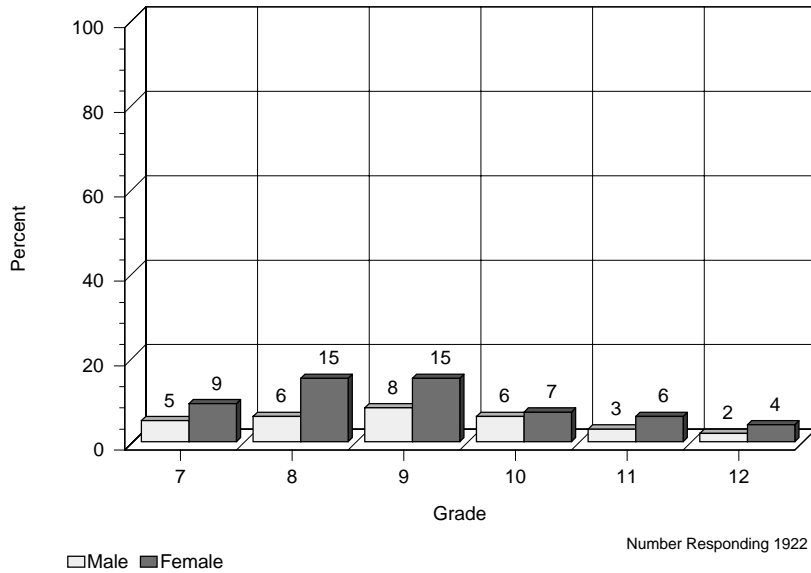
Figure 6-14: Suicide Attempts
(At Any Time, by Grade and Gender)



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).

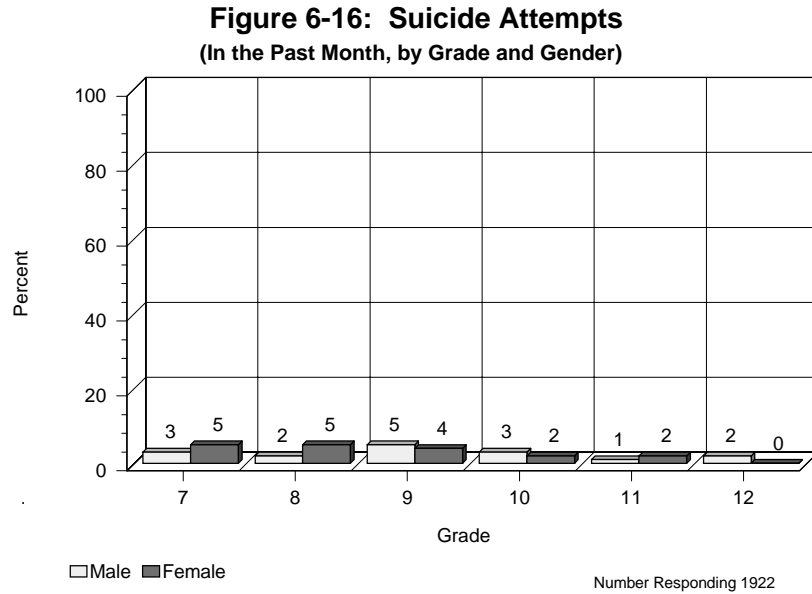
Of all students surveyed, 7% reported they had actually tried to kill themselves in the past year (middle school, 9%; high school, 7%; males, 5%; females, 10%). Figure 6-15 shows the data broken down by grade level and gender.

Figure 6-15: Suicide Attempts
(In the Past Year, 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 8th out of 32 states surveyed by the CDC.

Three percent (3%) of students surveyed reported they actually tried to kill themselves in the past month (middle school, 1%; high school, 3%; males, 3%; females, 2%). Figure 6-16 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).

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 24% responded they had at some time in the past (middle school, 20%; high school, 26%; males, 21%; females, 27%). Figure 6-17 shows results by grade and gender.

Figure 6-17: Teens Who Intentionally Harmed Themselves
(At Any Time, by Grade and Gender)

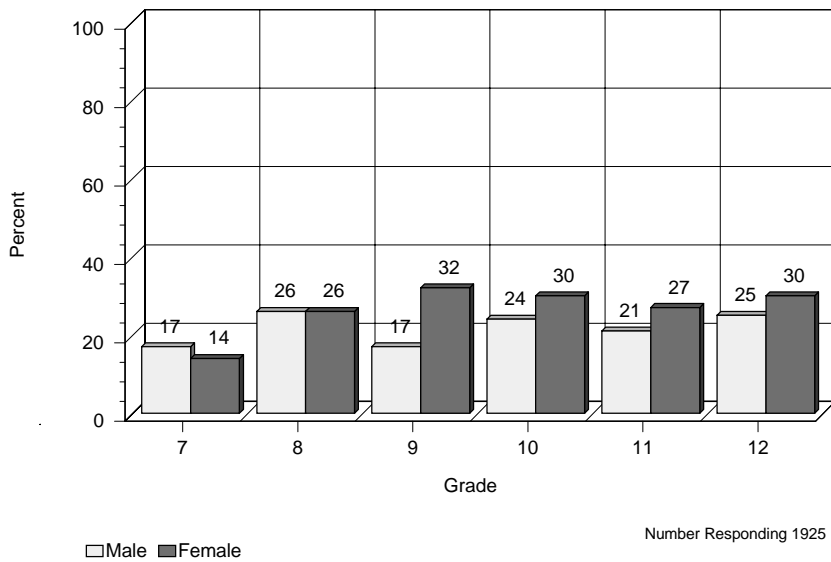


Figure 6-18 shows the frequency of intentional harm broken down by school level and Figure 6-19 shows the data by gender.

Figure 6-18: Frequency of Intentional Harm (By School Level)

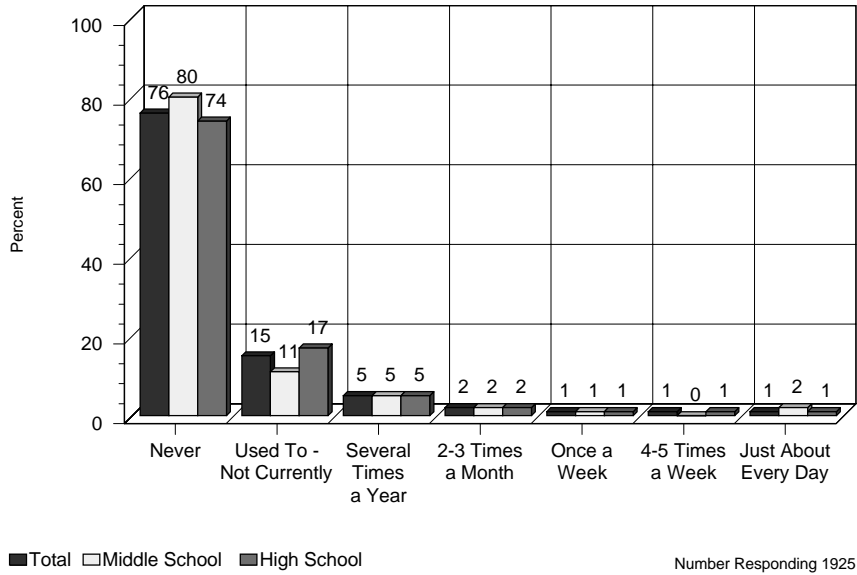
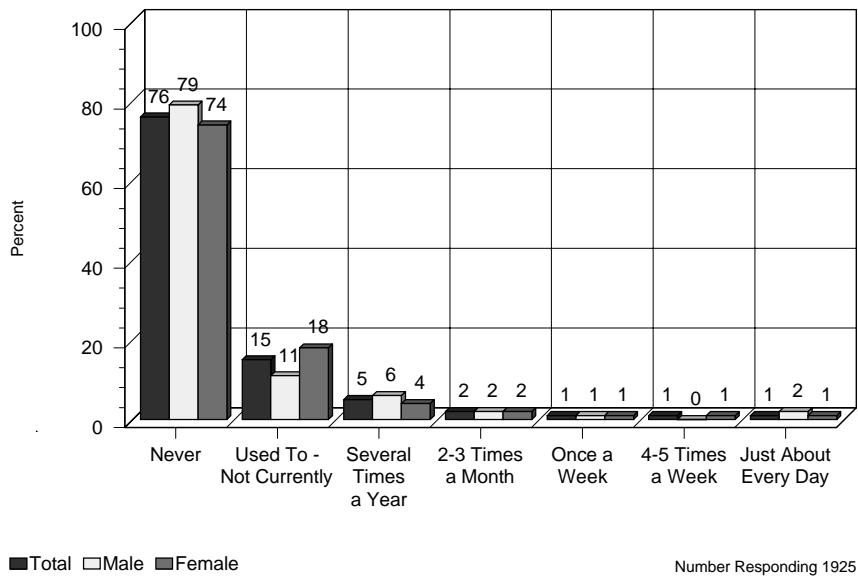


Figure 6-19: Frequency of Intentional Harm (By Gender)

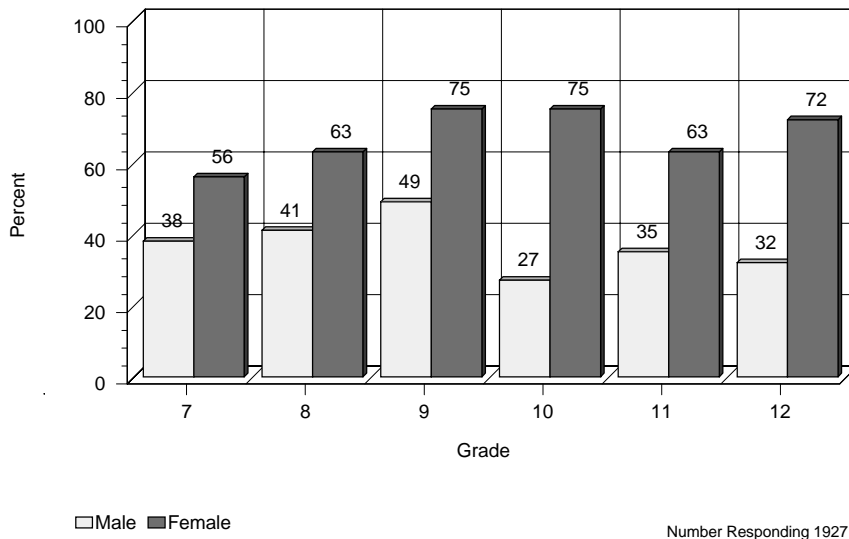


Dieting

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).

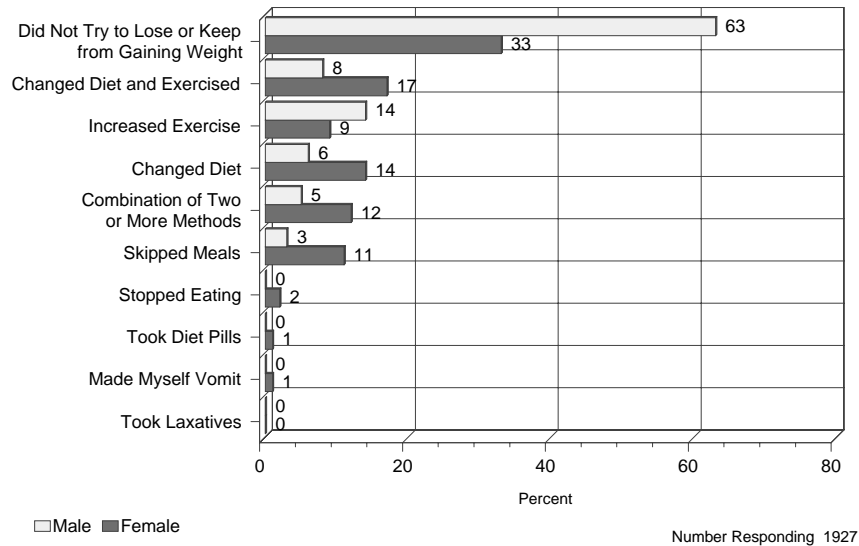
Adolescents are particularly sensitive about their appearance (Teens At Risk, 1996; Emmons, 1994). Dissatisfaction with body shape and size is prevalent, with female students less satisfied than male students (Emmons, 1994). One study of 14-16 year old females showed 77% wanted to lose weight and 51% 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 - females, 33.5%; males, 22.2%; New Hampshire - females, 37.6%; males, 21.9%) (Centers for Disease Control and Prevention, 1998). Overall, TAP found 52% of all youth surveyed reported having attempted to lose weight or keep from gaining weight in the past month. Figure 6-20 shows how many students reported having attempted to lose weight in the past month on the basis of grade level and gender. More females than males were engaged in some form of weight control at every grade level.

Figure 6-20: Teens Who Tried to Lose Weight or Keep from Gaining Weight (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 6-21 that females were far more likely to have attempted to lose weight than were males (females, 67%; males, 37%). Fewer middle school students (49%) than high school students (54%) reported they tried to lose weight in the past month.

Figure 6-21: What Teens Did in the Past Month to Lose Weight or Keep from Gaining Weight (By Gender)



Sleep and Physical Exercise

We asked local youth "On average, how many hours of sleep do you get on a school night?" Only 39% of students claim to get eight or more hours of sleep on the average school night (middle school, 55%; high school, 30%; males, 44%; females, 35%). Figure 6-22 shows student responses to this question by grade level. Figure 6-23 shows responses by gender.

**Figure 6-22: Hours of Sleep Teens Get on a School Night
(By School Level)**

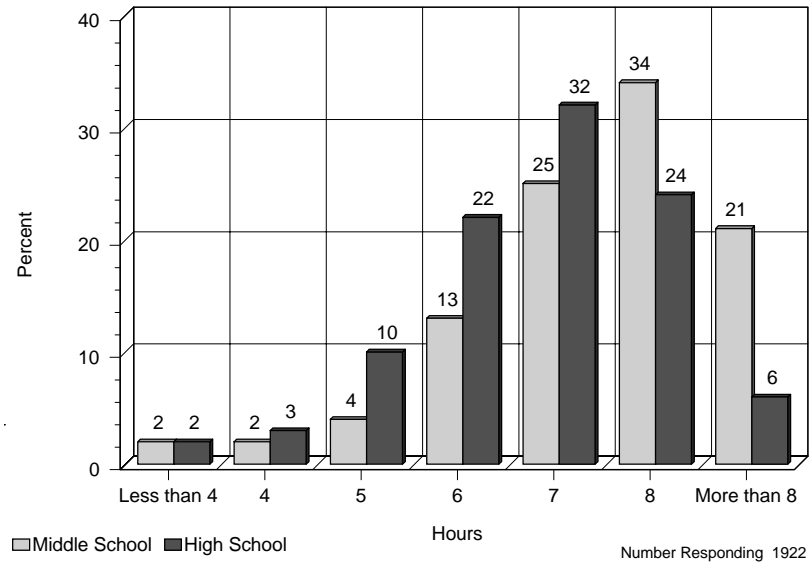
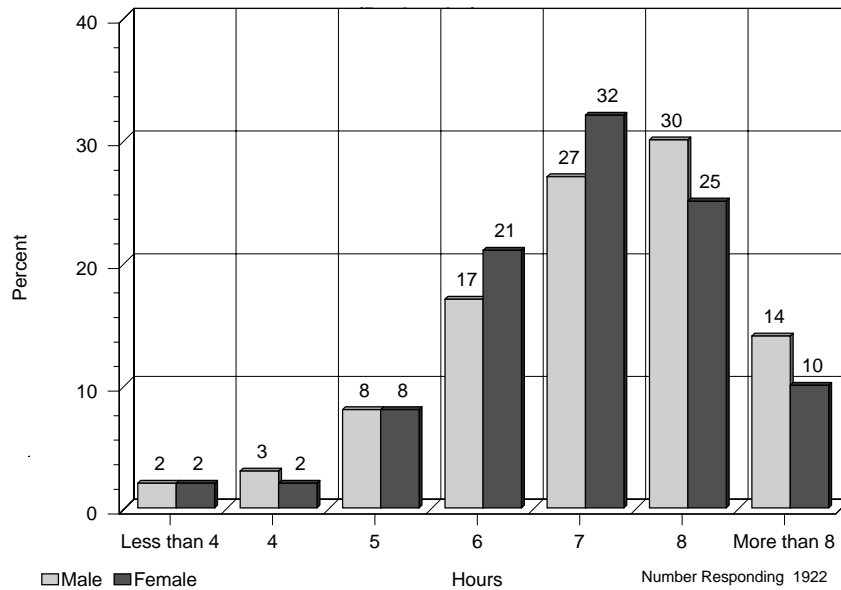


Figure 6-23: Hours of Sleep Teens Get on a School Night



Local teens were asked "In the *past week*, how often have you exercised or been physically active (for example, rollerbladed, played basketball, done aerobics) for at least 20 minutes?" Eighty-seven percent (87%) of teens said they had exercised one or more times a week and 62% indicated they had exercised three or more times in the past week. Only 13% said they had not exercised at all in the past week. Figure 6-24 shows how often teens exercised in the past week by school level. Figure 6-25 shows how often teens exercised by gender.

Figure 6-24: How Often Teens Exercised (In the Past Week, by School Level)

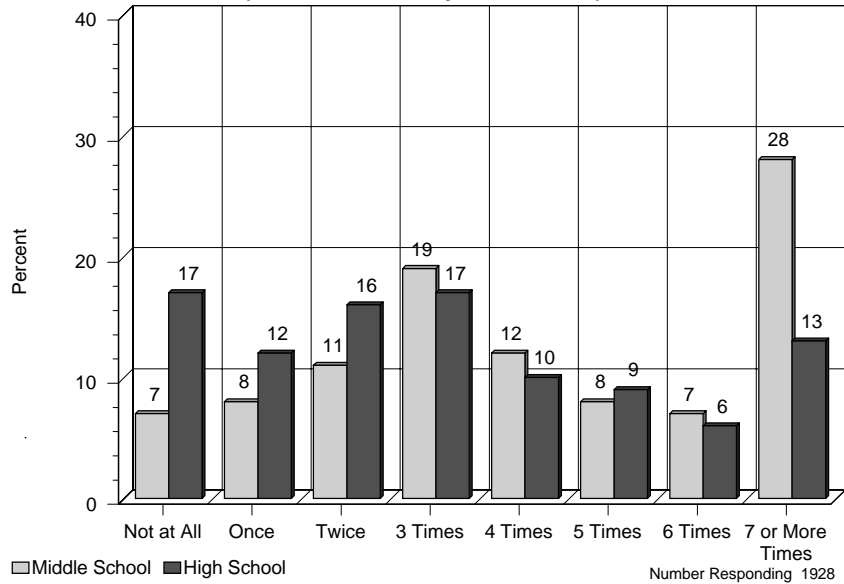
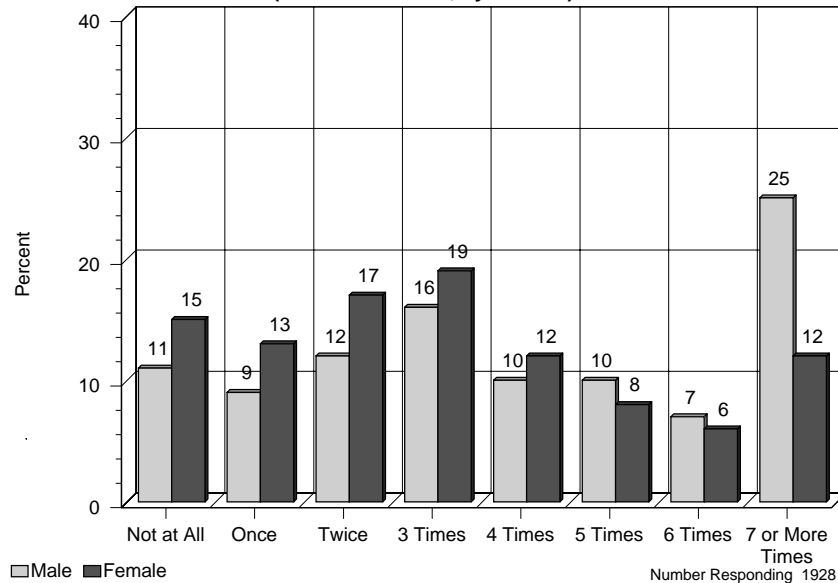


Figure 6-25: How Often Teens Exercised (In the Past Week, by Gender)



Physical, Emotional and Verbal Abuse

Figure 6-26 shows 6% of local teens reported current or past physical abuse by an adult (e.g., beat up, hit with an object, kicked, or some other form of physical force). There was no gender difference between levels of current abuse; however, females reported a somewhat higher level of previous physical abuse than males (males, 2%; females, 7%). Differences between school levels for both current and former abuse were negligible.

Figure 6-26: Teens Who Have Been Physically Abused by an Adult (By Gender)

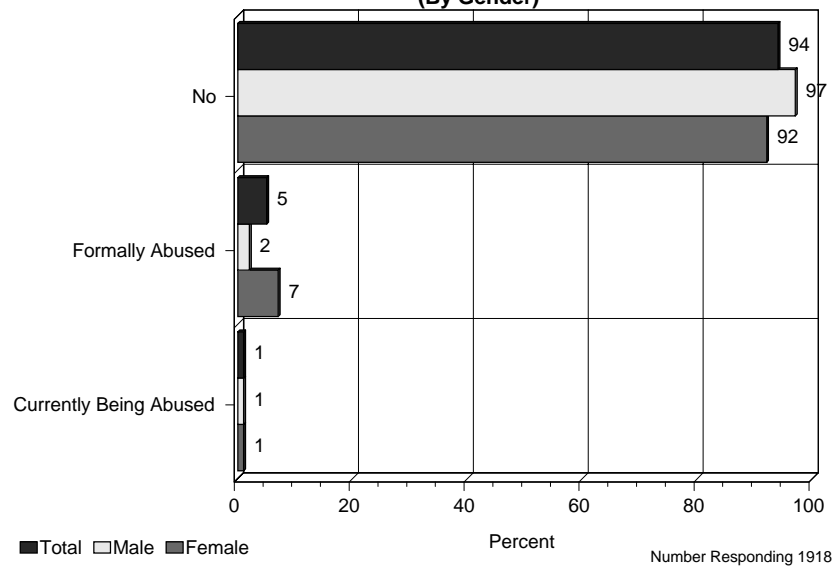


Figure 6-27 displays the percentage of teens who reported current or past emotional or verbal abuse by an adult. Overall, 29% have experienced emotional or physical abuse at some time. More high school youth than middle school youth (33% vs. 21%) and more females than males (35% vs. 23%) reported being emotionally or physically abused.

Figure 6-27: Teens Who Have Been Emotionally or Verbally Abused by an Adult (By Gender)

