
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 no suicides in Coos County in 1998 from the 15-24 age group (New Hampshire Department of Health and Human Services, 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 concerns (in order of greatest to least) are: 1) getting good grades at school (69%); 2) how they look (57%); 3) getting along with their parents at home (48%); 4) how well their parents get along with each other (39%); 5) not fitting in with the other kids at school (31%); 6) that they are too fat (25%); 7) that they might get pregnant or make someone pregnant (19%); 8) that their parents drink too much or use drugs (16%); 9) being picked on or physically hurt by another teen (11%); 10) being pressured into having sex (10%); and 11) being pressured to drink or use drugs (10%). 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. Junior high school students are more concerned than high school students in all areas except for getting good grades, getting along with their parents, getting or making someone pregnant and that they are too fat. For these four worries, there are no differences between high school and junior high school students.

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

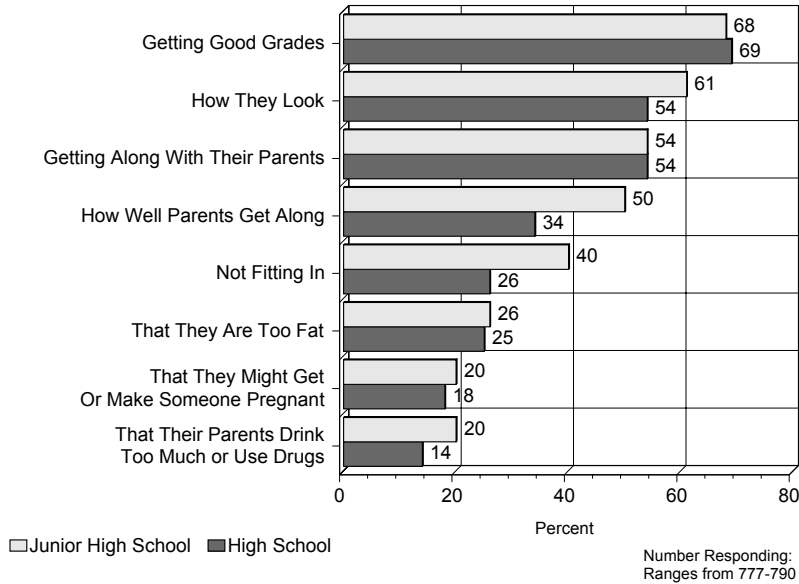
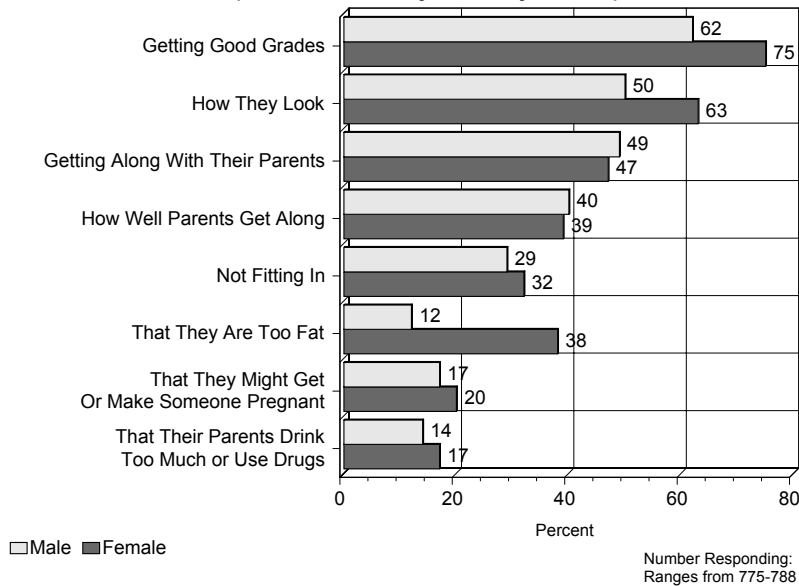


Figure 6-2 shows the same worries on the basis of gender. Females are more worried than males about getting good grades, how they look, not fitting in, that they are too fat, that they might get pregnant, and that their parents drink too much or use drugs.

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



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

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

- being picked on or hurt by another teen (junior high school, 18%; high school, 7%; males, 8%; females, 13%);
- being pressured into having sex (junior high school, 16%; high school, 8%; males, 6%; females, 15%);
- being pressured into drinking or using drugs (junior high school, 18%; high school, 6%; males, 8%; females 13%).

Local teens were asked whether they ever felt confused about being gay, lesbian or bisexual. Two percent (2%) of youth consider themselves gay, lesbian, or bisexual, while 5% feel confused "sometimes," "a lot of the time," or "always" on the issue. As Figure 6-3 and Figure 6-4 show, there are only slight, if any, differences in responses between school level or gender.

Figure 6-3: How Often Teens Feel Confused About Their Sexuality (By School Level)

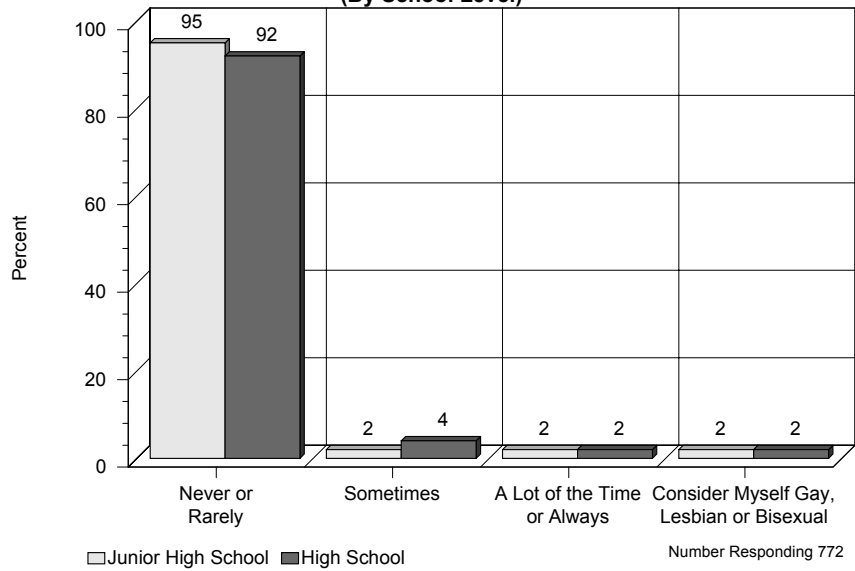
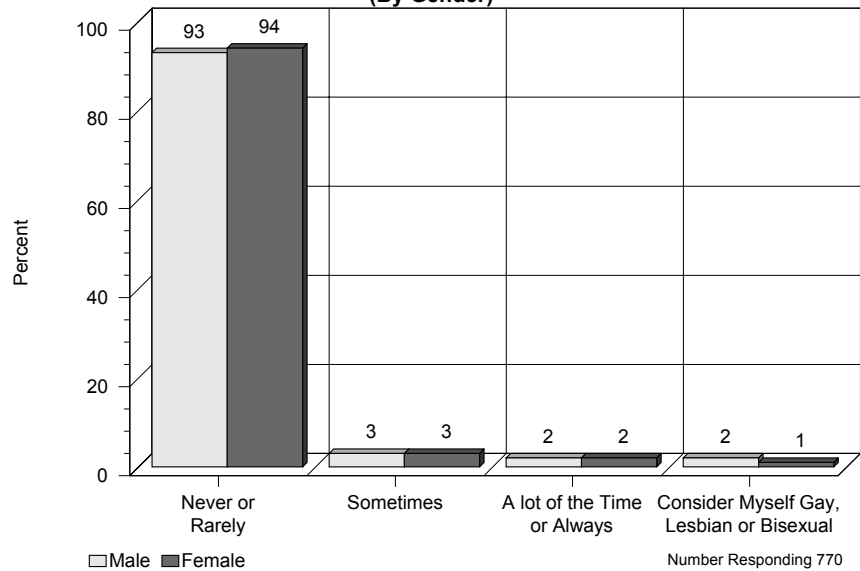


Figure 6-4: How Often Teens Feel Confused About Their Sexuality (By Gender)



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?", more teens (43%) responded "Boyfriend/girlfriend or one of my friends" than any other category. Teens' second choice was a parent or step-parent (32%). Figure 6-5 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 step-parent (47%). High school students were most likely to talk to a boyfriend/girlfriend or one of their friends (50%). Five percent (5%) said they have no one to talk to.

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

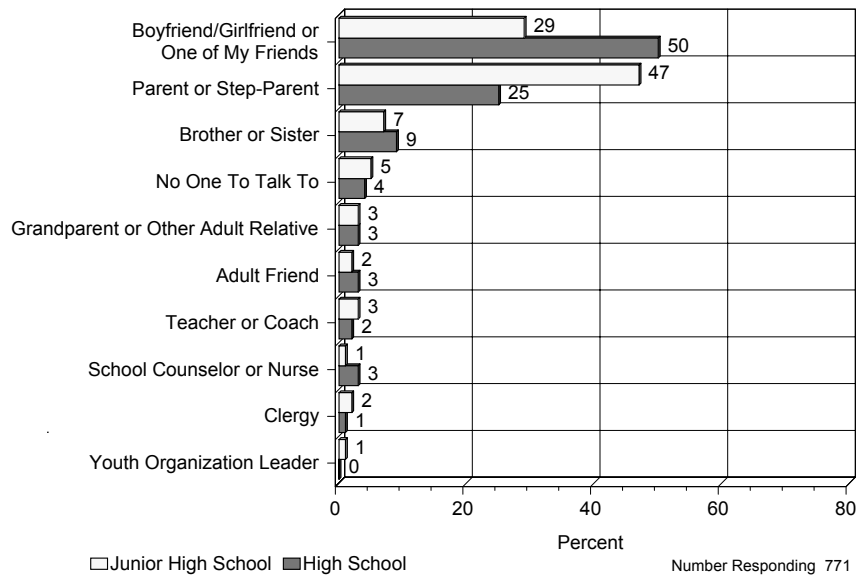
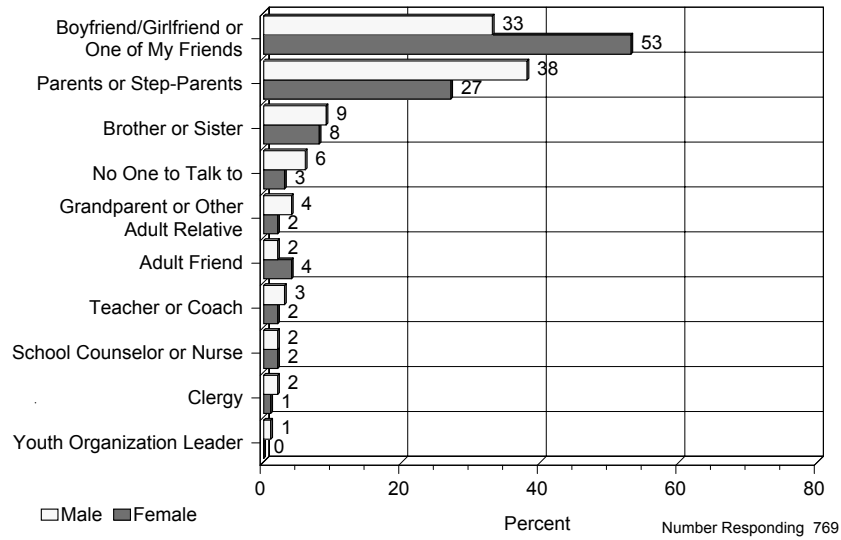


Figure 6-6 highlights the differences between males and females on the issue of to whom local teens felt they would turn to with a personal problem. Females were more likely to turn to their friends than were males (males, 33%; females, 53%), while males were slightly more likely to turn to their parents or step-parents than females (males, 38%; females, 27%). More males (6%) than females (3%) said they have no one to talk to.

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



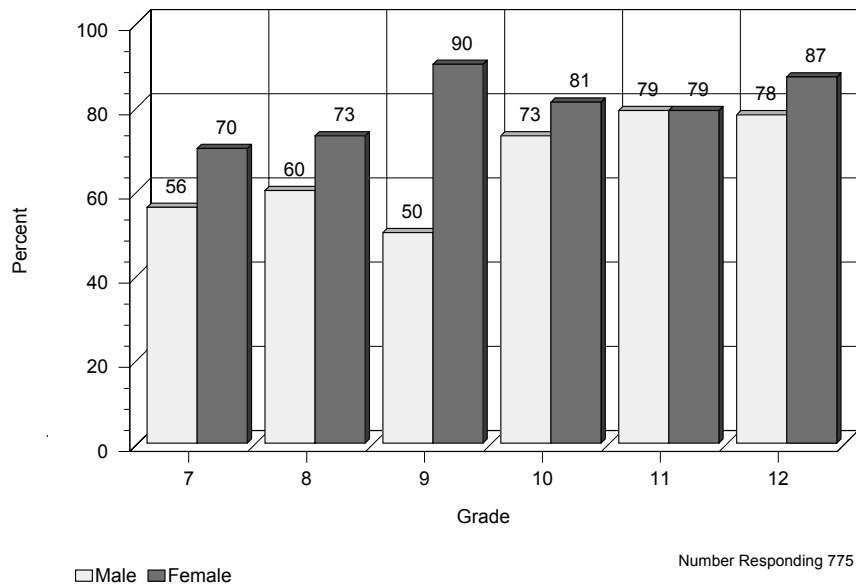
Teen Depression and Suicide

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, 1997).

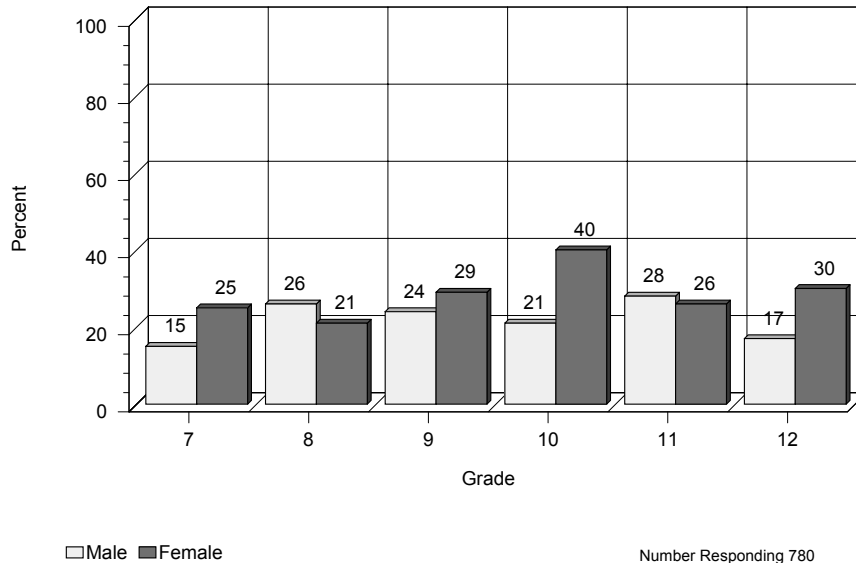
Overall, 72% of local youth surveyed reported having experienced depression or sadness at some time in the past month (junior high school, 64%; high school, 77%; males, 65%; females, 80%). Figure 6-7 shows the percentage of local teens who experienced depression or sadness in the past month. Note the rate for females is higher than the rate for males at every grade level except 11th grade.

Figure 6-7: 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, 26% of local youth had serious thoughts about suicide during the past month. Suicidal thoughts were reported by more high school than middle school students (27% vs. 22%) and by more females than males (29% vs. 22%). Figure 6-8 gives the response to this question by grade and gender.

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

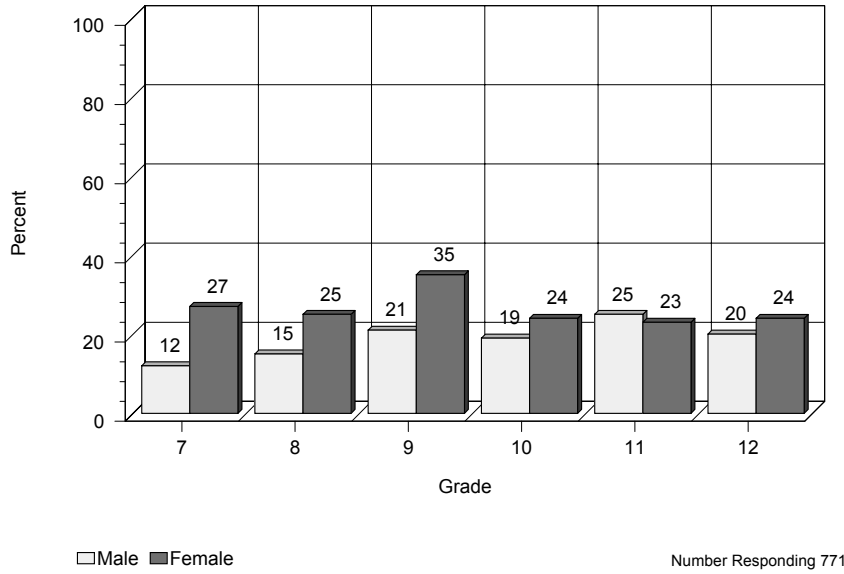


The most recent Youth Risk Behavior Surveillance Survey (YRBS) found nationally, 19.3% (N.H., 20%) of high school youth (*grades 9-12*) had seriously considered suicide in the 12 months prior to the survey (Centers for Disease Control and Prevention, 2000). New Hampshire ranks 9th out of 32 states surveyed by the CDC.

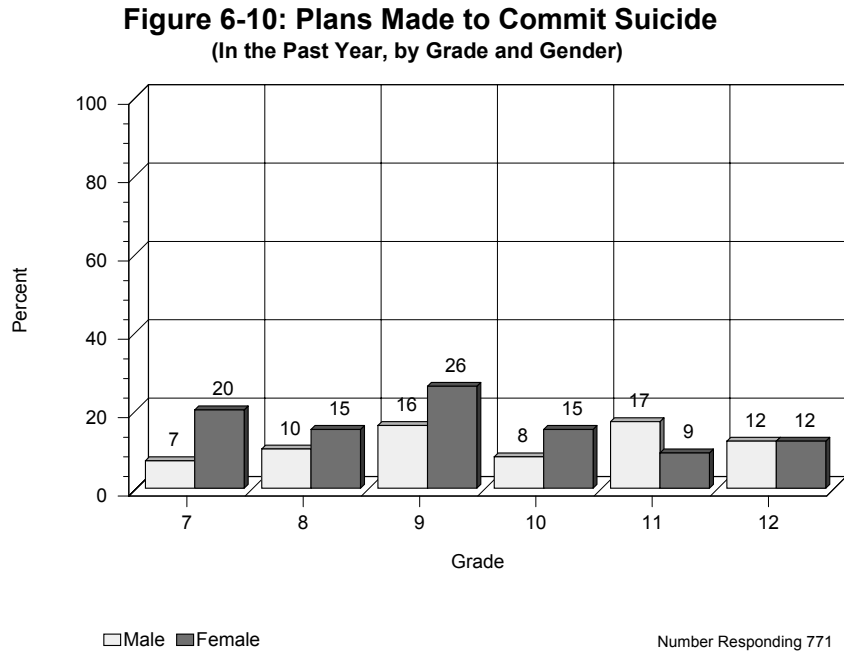
Thoughts about suicide are fairly common during the teen years. Fortunately, not many teens act on these thoughts. However, the fact they are having such thoughts may be an indication of several things, including a current disappointment or frustration, depression, feeling alienated or detached from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

Teens were asked *"Have you ever **made a plan** to kill yourself?"*. Figure 6-9 shows how teens answered this question by grade and gender. Overall, 22% of local youth reported making a plan to commit suicide at some time in the past. There were differences between school levels and genders (junior high school, 19%; high school, 24%, males, 18%; females, 26%).

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

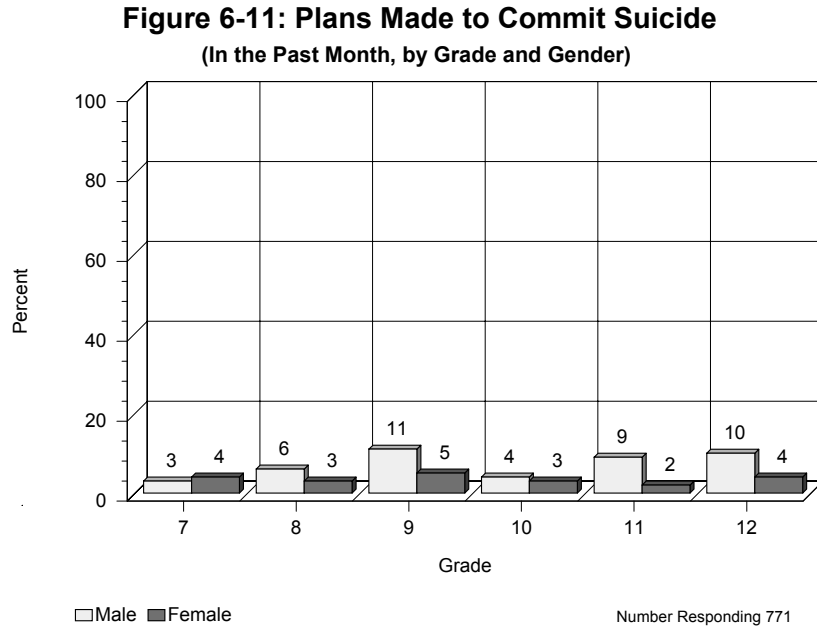


Fourteen percent (14%) of local youth reported making a plan to kill themselves in the past year (junior high school, 13%; high school, 14%; males, 11%; females, 16%). Figure 6-10 shows the breakdown of responses by grade and gender.



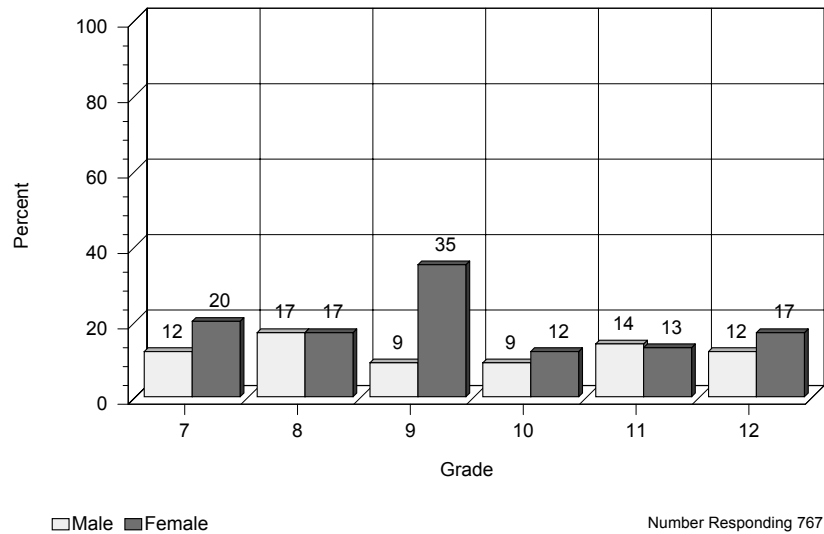
The Youth Risk Behavior Surveillance Survey (YRBS) found that nationally, 14.5% (N.H., 15.7%) of high school youth (*grades 9-12*) had made a plan to commit suicide in the 12 months prior to the survey (Centers for Disease Control and Prevention, 2000). New Hampshire ranks 8th out of the 32 states surveyed 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, 5% of local youth reported having made a plan to commit suicide at some time during the past month (junior high school, 4%; high school, 6%; males, 7%; females, 3%).



When asked "Have you ever **actually tried** to kill yourself?", 15% of teens responded "yes" (junior high school, 16%; high school, 15%; males, 12%; females, 19%). Figure 6-12 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.

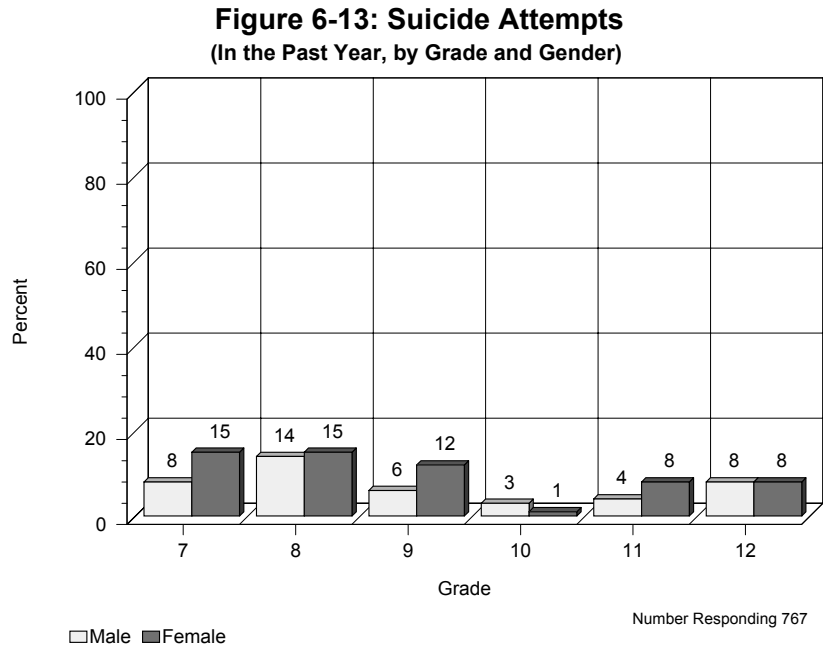
Figure 6-12: Suicide Attempts
(At Any Time, by Grade and Gender)



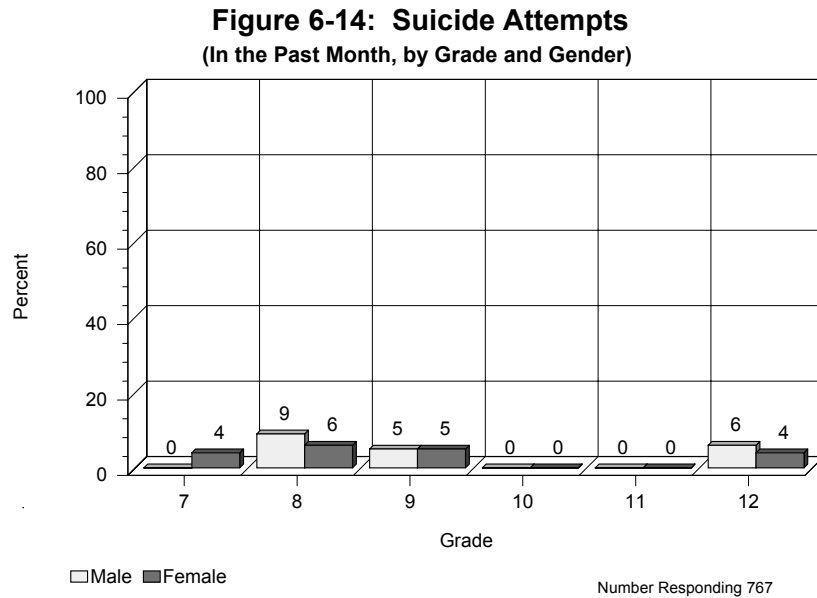
The most recent Youth Risk Behavior Surveillance Study (YRBS) found that nationally 8.3% (N.H., 7.7%) of high school youth (*grades 9-12*) attempted suicide in the past year (Centers for Disease Control and Prevention, 2000). New Hampshire ranks 13th out of 33 states surveyed by the CDC.

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).

Of all students surveyed, 8% reported they had actually tried to kill themselves in the past year (junior high school, 13%; high school, 6%; males, 7%; females, 9%). Figure 6-13 shows the data broken down by grade level and gender.



Three percent (3%) of students surveyed reported they actually tried to kill themselves in the past month (junior high school, 5%; high school, 2%; males, 3%; females, 3%). Figure 6-14 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).

Dieting

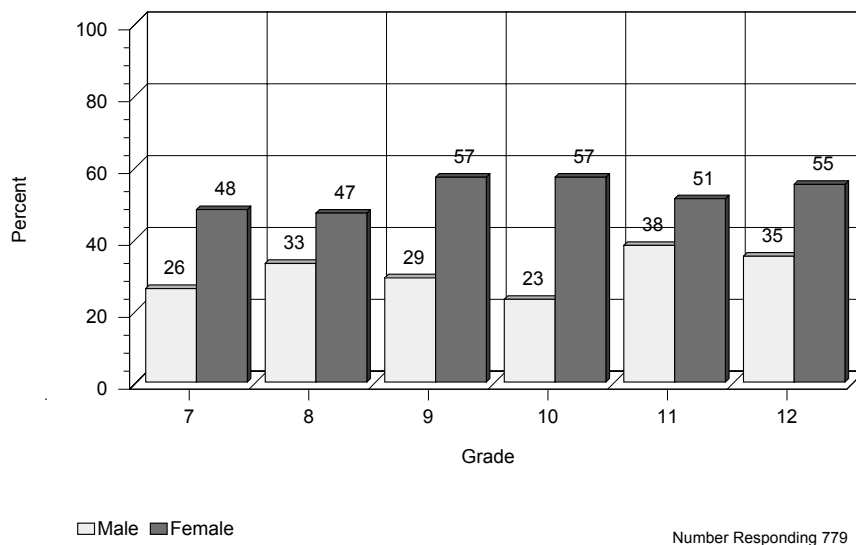
American society is obsessed with body image. Specialists treating eating disorders report seeing children as young as 6 years old obsessed with dieting and weight. Dieting in high school is now the norm, involving 61 to 77% of the females and 28 to 42% of the males (Emmons, 1992).

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 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). Overall, TAP found 38% of all youth surveyed reported having attempted to lose weight or keep from gaining weight in the past month.

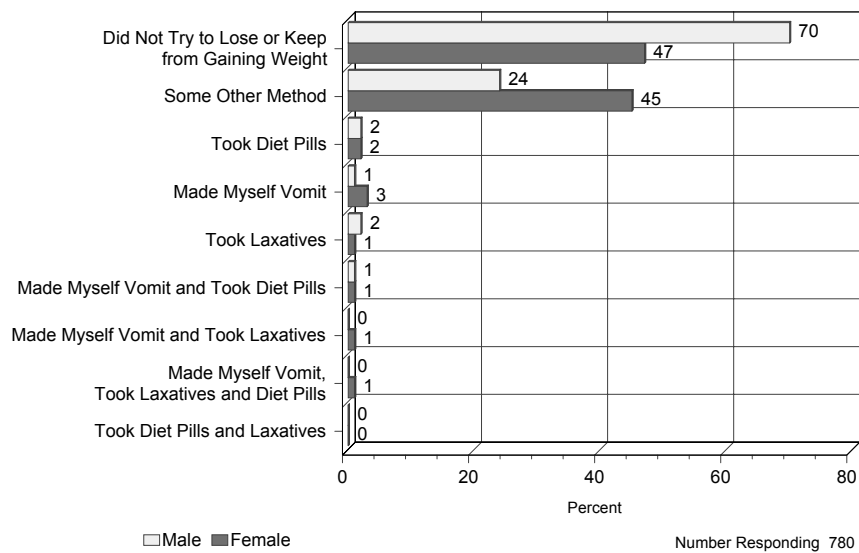
Figure 6-15 shows how many students reported having attempted to lose weight in the past month on the basis of grade level and gender. More females than males were engaged in some form of weight control at every grade level. It is important to note that some students who report trying to lose weight or keep from gaining weight may be doing it in a positive and healthy way. Not all dieters are in danger of eating disorders.

Figure 6-15: 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). However, the Centers for Disease Control report that the percentage of youth that are overweight has doubled in the past 20 years (Centers for Disease Control, 1997a). In addition, the CDC's Third National Health and Nutrition Examination Survey found that 12% of teens and 14% of children were too heavy (CDC, 1997b). It is easy to see from Figure 6-16 that females were far more likely to have attempted to lose weight than were males (males, 30%; females, 53%). Fewer junior high school students (38%) than high school students (43%) reported they tried to lose weight in the past month.

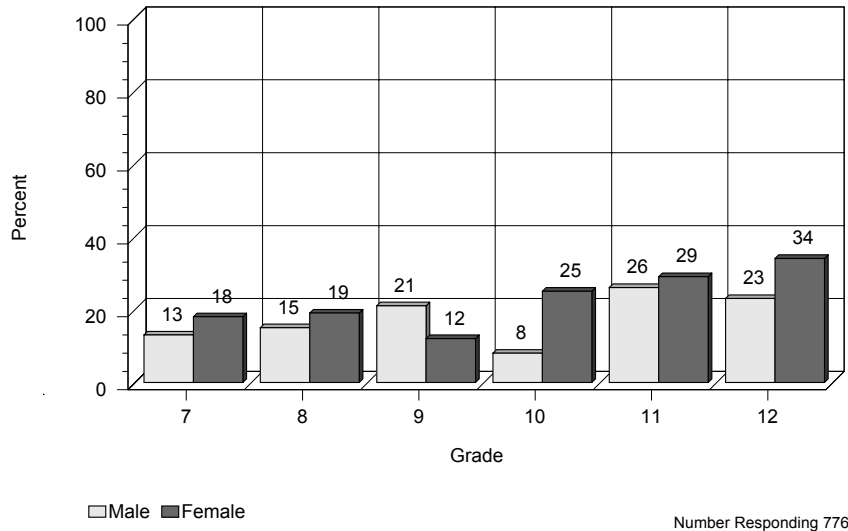
Figure 6-16: What Teens Did in the Past Month to Lose Weight or Keep from Gaining Weight (By Gender)



Date Abuse

Physical abuse at the hands of a boyfriend or girlfriend is a serious health issue. We asked teens “*How often **have you been** hit, pushed or beaten by a girlfriend or boyfriend?*” Figure 6-17 shows that 1 in 5 (20%) have been abused in this way at least once.

Figure 6-17: Teens Who Have Been Physically Abused by a Boyfriend or Girlfriend
(At Least Once, by Grade and Gender)



Figures 6-18 and 6-19 show how often teens have been physically abused by a boyfriend or girlfriend by school level and gender.

Figure 6-18: Physical Abuse by a Boyfriend or Girlfriend (By School Level)

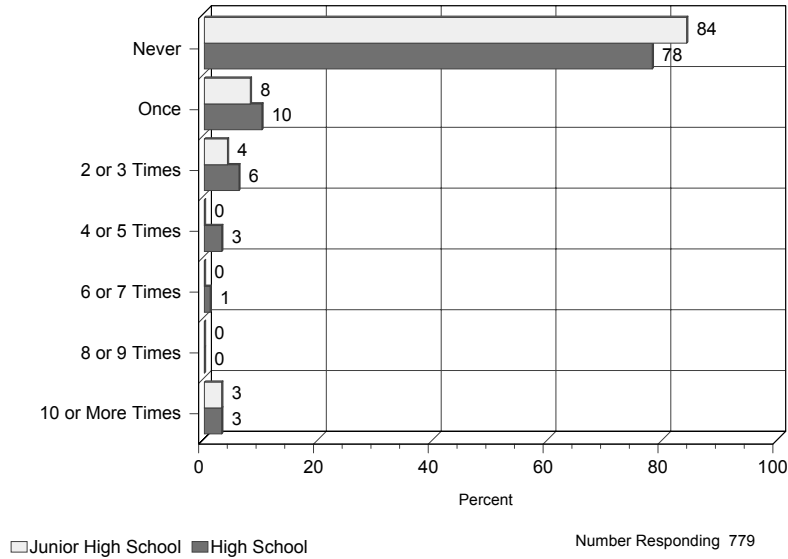
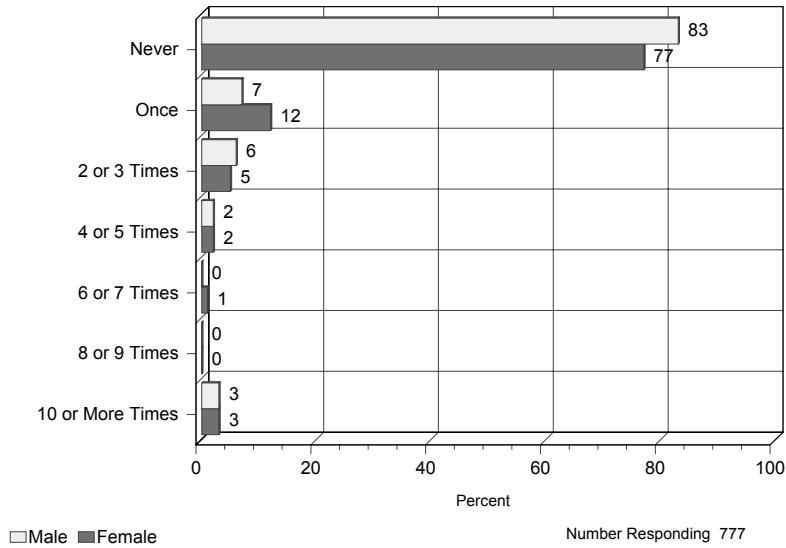


Figure 6-19: Physical Abuse by a Boyfriend or Girlfriend (By Gender)



We also asked teens "How often have **you** hit, pushed or beaten a girlfriend or boyfriend?". Overall, 13% responded that they had at least once. Figure 6-20 shows the responses by grade and gender.

Figure 6-20: Teens Who Have Physically Abused a Boyfriend or Girlfriend
(At Least Once, by Grade and Gender)

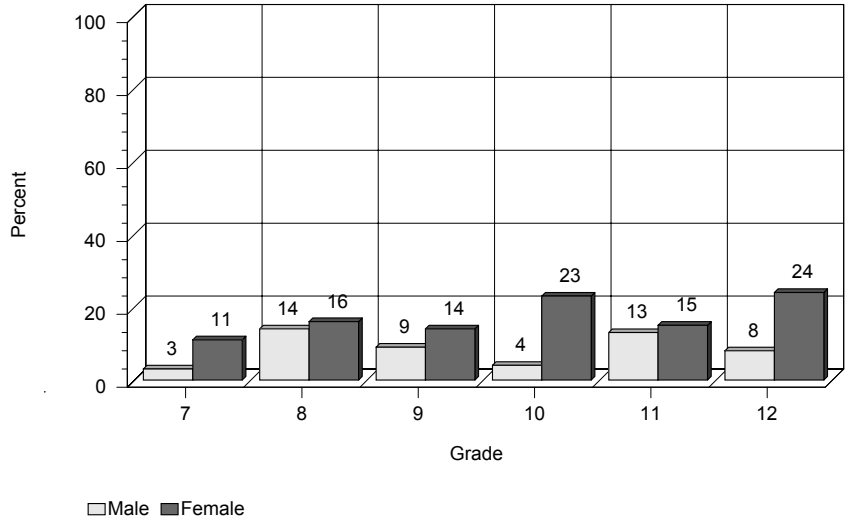


Figure 6-21 shows that slightly more high school students than junior high school students have physically abused a girlfriend or boyfriend. Figure 6-22 shows that females are more likely to physically abuse a partner than males.

Figure 6-21: Physical Abuse To a Boyfriend or Girlfriend (By School Level)

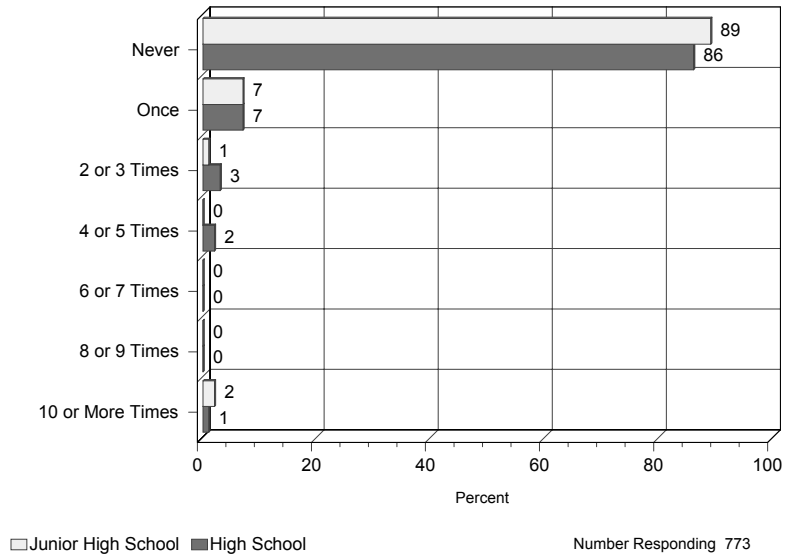
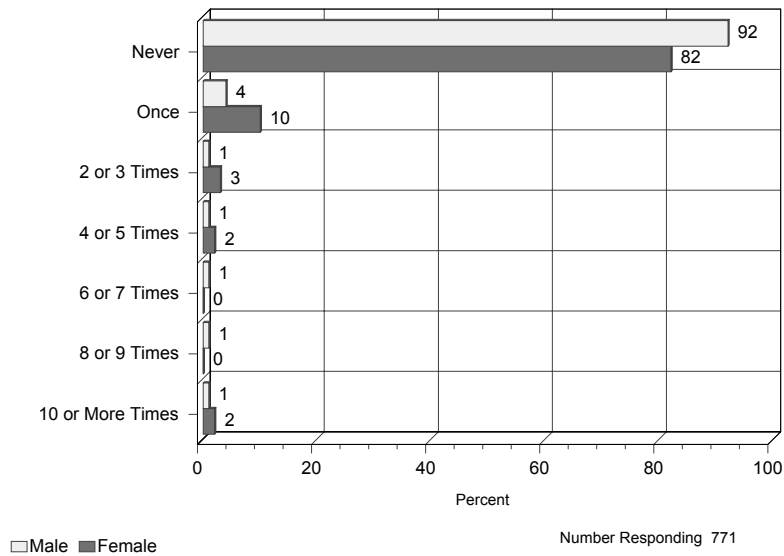


Figure 6-22: Physical Abuse To a Boyfriend or Girlfriend (By Gender)



Internet Use

The Internet has become an integral part of many teens' life. While often the Internet can serve as an important learning tool, it does have certain dangers. Teens were asked if their parents monitor their Internet use, whether teens spend time in chat rooms, if they ever give out personal information about themselves (such as their name, age, gender, town or region, school mascot or colors, school teams or game schedules) while in the chat rooms and whether they search the web for information on bomb making, extremist groups or pornography. Figure 6-23 shows students who responded "a lot of the time" or "always" by school level. Junior high school students were more likely than high school students to spend time in chat rooms and have their parents monitor their Internet use.

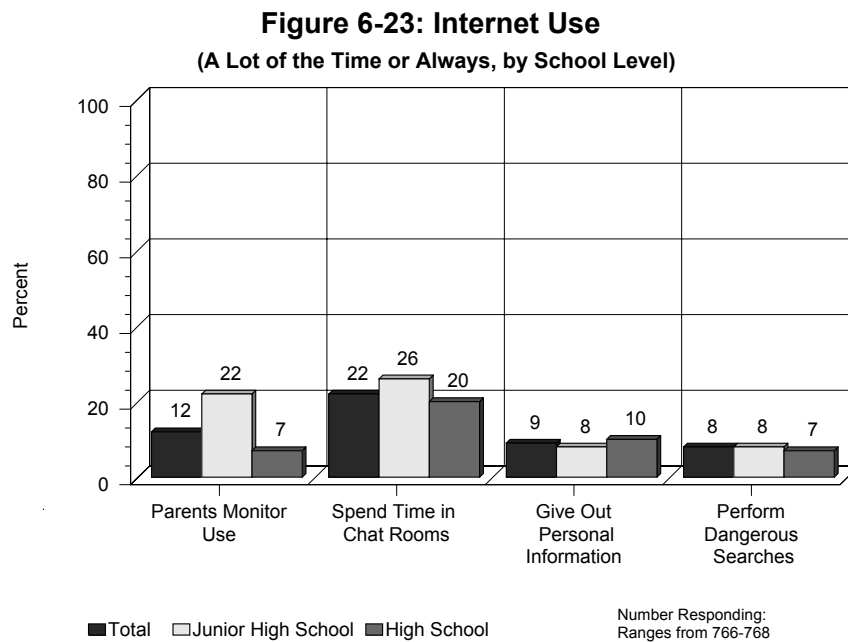
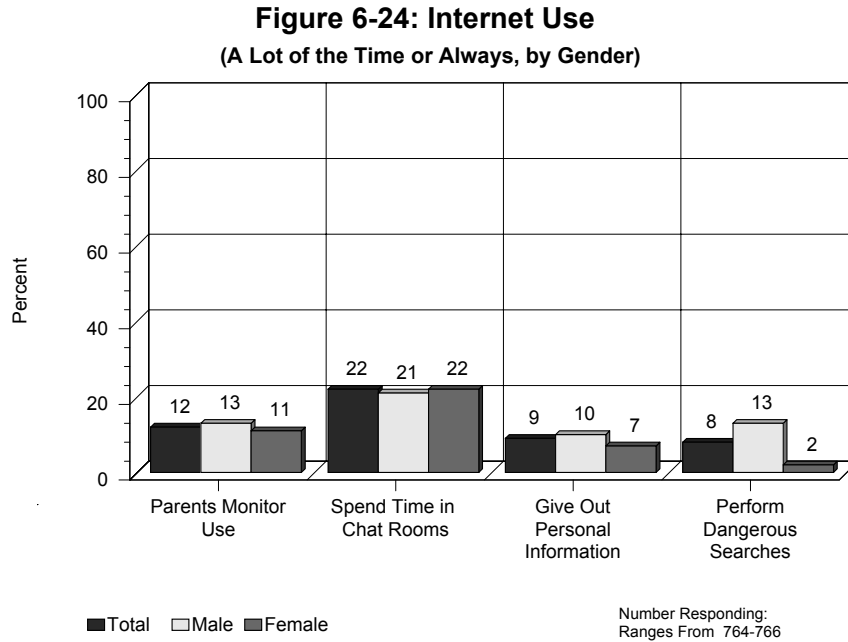


Figure 6-24 shows the Internet questions broken down by gender. Males were much more likely than females to perform dangerous searches on the web. Other gender differences are slight.



Presentation of Comparable Data

In this section, Berlin data are compared with state TAP and other national and New Hampshire statistics from the *1999 Youth Risk Behavior Surveillance Survey (YRBS)*. This survey is published by the Centers for Disease Control and Prevention (CDC). The YRBS surveys 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. 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. 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 6-1: Physical and Mental Health Comparison
(grades 9-12 only)

Question	YRBS ¹	YRBS	TAP ²	TAP
	National	N.H.	Multi-	Berlin
	%	% (ranking)	community	%
	%	%	%	%
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 in the month preceding survey	–	–	47	43
YRBS – Seriously considered attempting suicide during the 12 months preceding the survey	19.3	20.0 (9 th of 32)	–	–
TAP – Seriously thought about killing themselves in the month preceding the survey	–	–	21	27
YRBS – Made a suicide plan during the 12 months preceding the survey	14.5	15.7 (8 th of 32)	-	-
TAP – Made a plan to kill yourself in past year	-	-	11	14
YRBS- Attempted suicide one or more times	8.3	7.7 (13 th of 33)	-	-
TAP-Ever actually tried to kill yourself at any time	-	-	13	15

¹ (Youth Risk Behavior Surveillance Survey - CDC, 2000)

²(Teen Assessment Project, 2000)