
CHAPTER 6

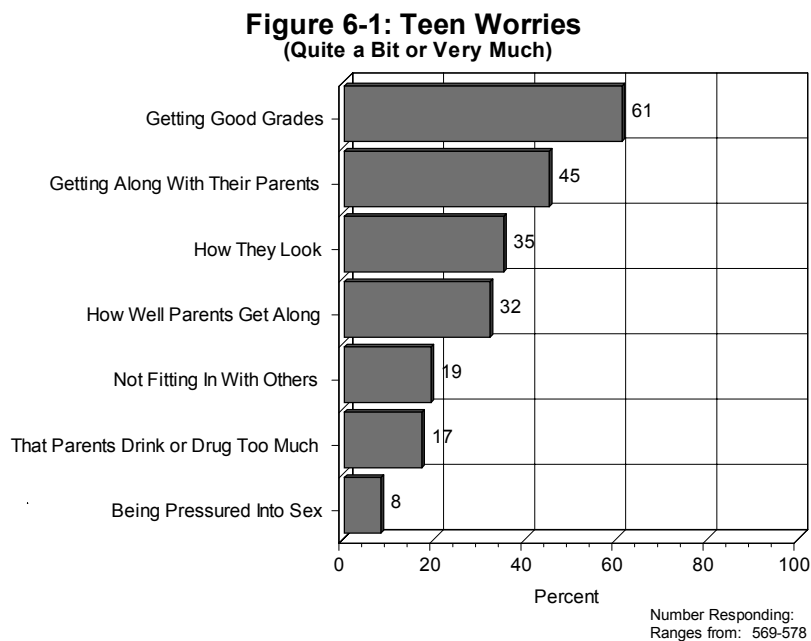
Physical and Mental Health Issues

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. There were 2 suicides in Grafton County in 1998 in the 15-24 year age group (A. Chalsmond, Bureau of Health Statistics and Data Management, NH 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 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.



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

Figure 6-2 shows teen worries on the basis of school level. A greater percentage of middle school than high school students reported worrying about how they look; how well their parents get along; not fitting in with others; that parents drink or drug too much; and being pressured into having sex.

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

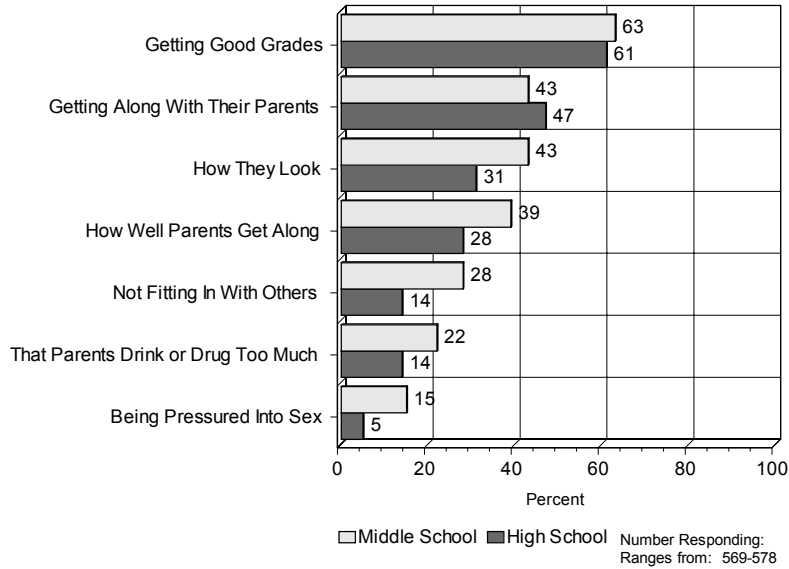
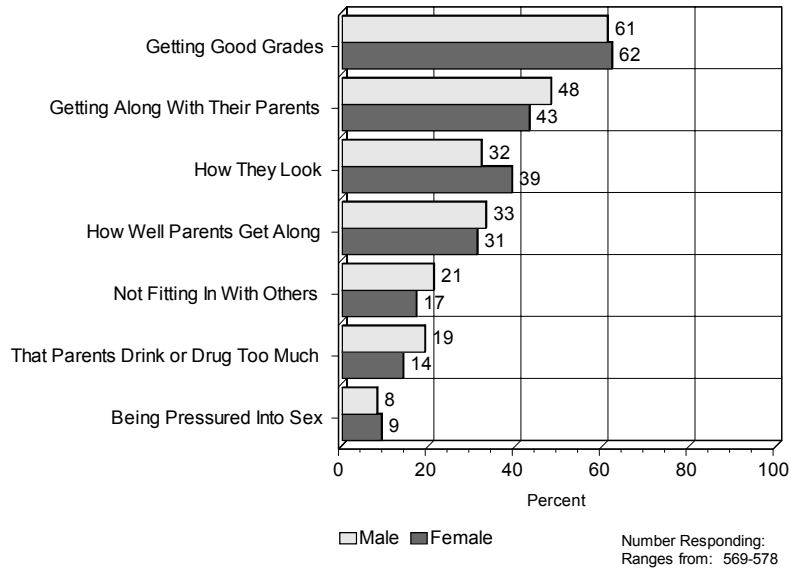


Figure 6-3 shows teen worries by gender. Males and females reported similar concerns.

Figure 6-3: Teen Worries
(Quite a Bit or Very Much, by Gender)



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 (27%). Six percent (6%) of students surveyed reported that they had no one to talk with (males, 7%; females, 4%). Figure 6-4 shows who students would talk to based on school level. The top choices for middle school students were a parent or stepparent (33%) or a friend (34%). For high school students the top choice was friends (54%). A greater percent of middle school than high school students reported they had no one to talk with about a problem (middle school, 10%; high school, 4%).

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

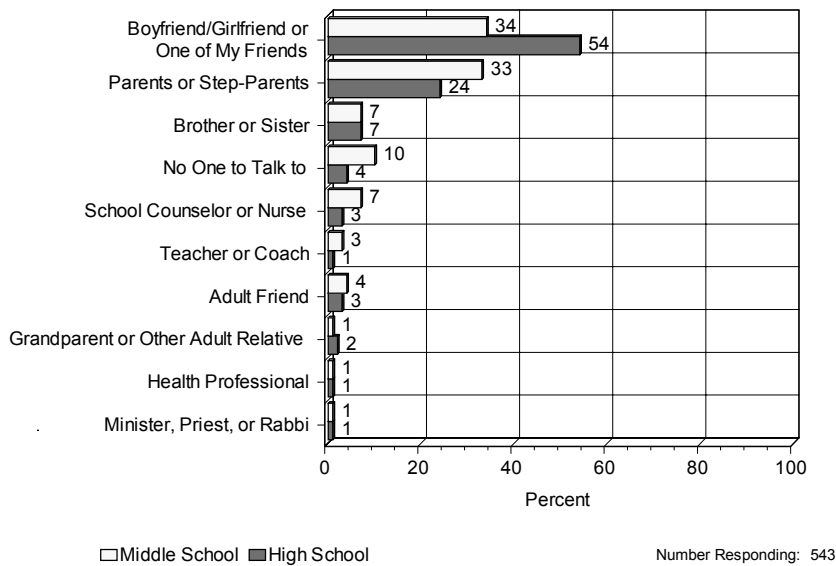
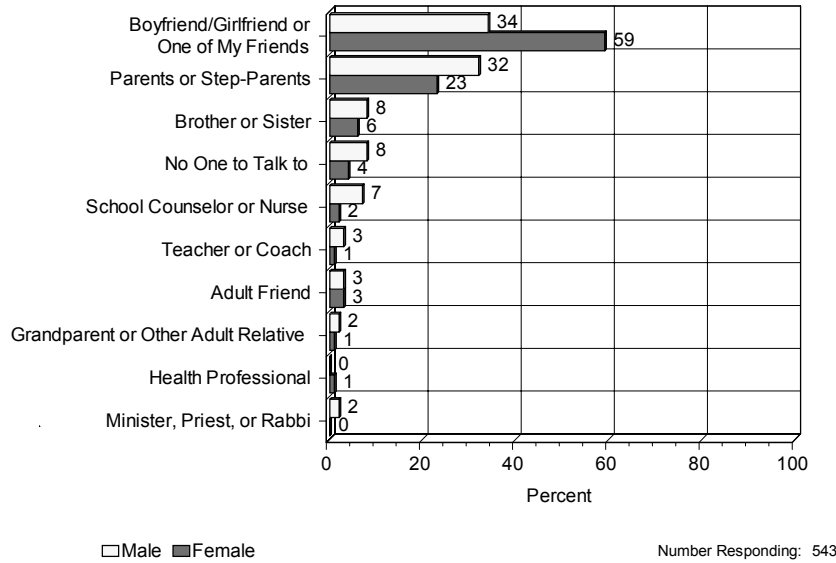


Figure 6-5 shows the responses by gender to the question: “If you were having a personal problem and needed someone to talk to, who would you most likely go to?”. Some gender differences are evident. A greater percentage of females than males reported they would turn to their friends (males, 34%; females, 59%). A greater percentage of males than females indicated they were more likely to turn to their parents or stepparents (males, 32%; females, 23%).

Figure 6-5: Who Would Students Talk To (By Gender)



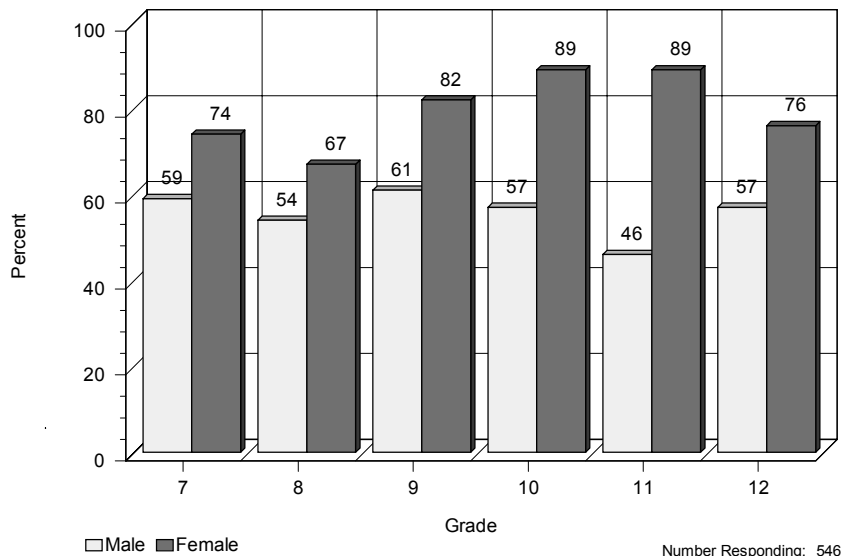
Teen Depression and Suicide

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 (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).

Teens were asked, “During the past month, have you felt depressed or very sad?”. Overall, 68% of youth surveyed reported having experienced depression or sadness at some time in the past month (males, 56%; females, 79%). Figure 6-6 shows that at each grade level, a greater percentage of females than males report feeling depressed or very sad.

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, 23% of youth had serious thoughts about suicide during the past month. A greater percentage of females than males reported suicidal thoughts in the past month (males, 19%; females, 27%). 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)

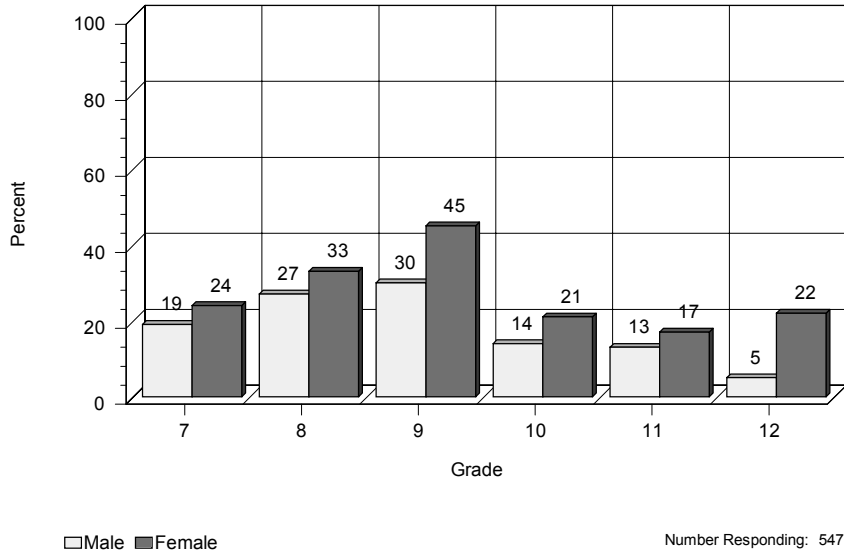


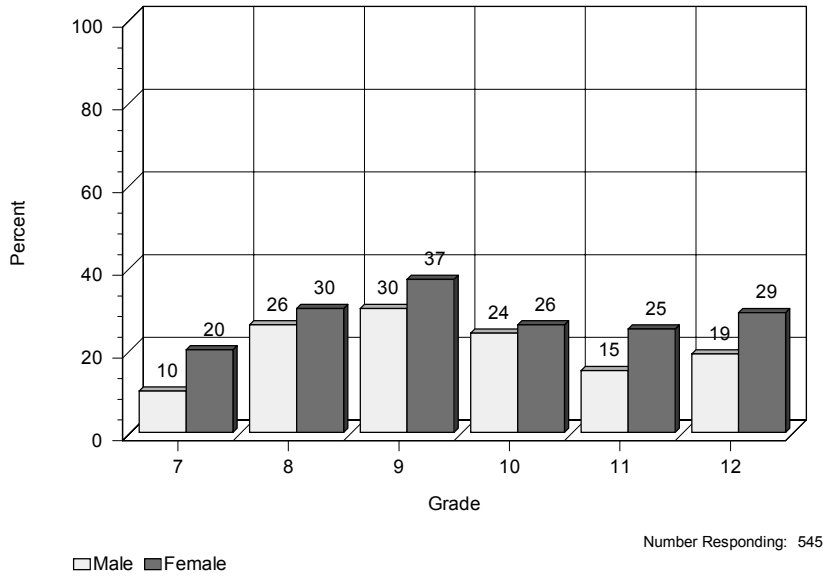
Figure 6-1 shows the data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

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
YRBS: 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, 24% of youth (132 students) reported making a plan to commit suicide at some time in the past. A greater percentage of females than males reported ever having made a plan (males, 21%; females, 28%).

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



Eleven percent (11%) of youth (62 students) reported making a plan to kill themselves in the past year (males, 10%; females, 13%). 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)

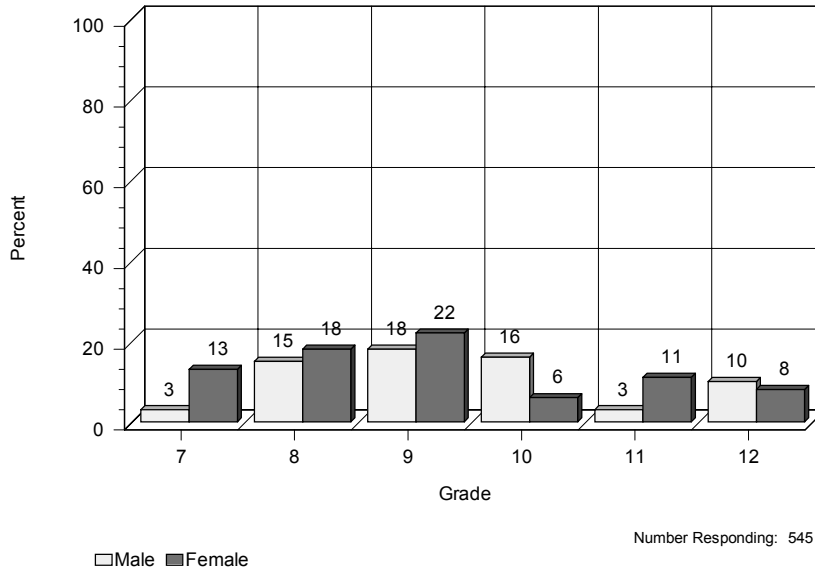


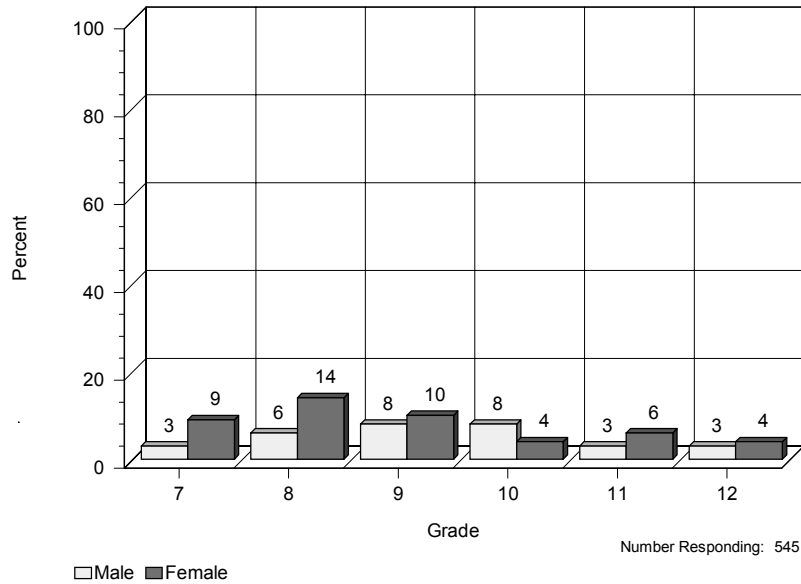
Table 6-2 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

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
YRBS: 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, 6% of youth (35 students) reported having made a plan to commit suicide at some time during the past month (males, 5%; females, 8%).

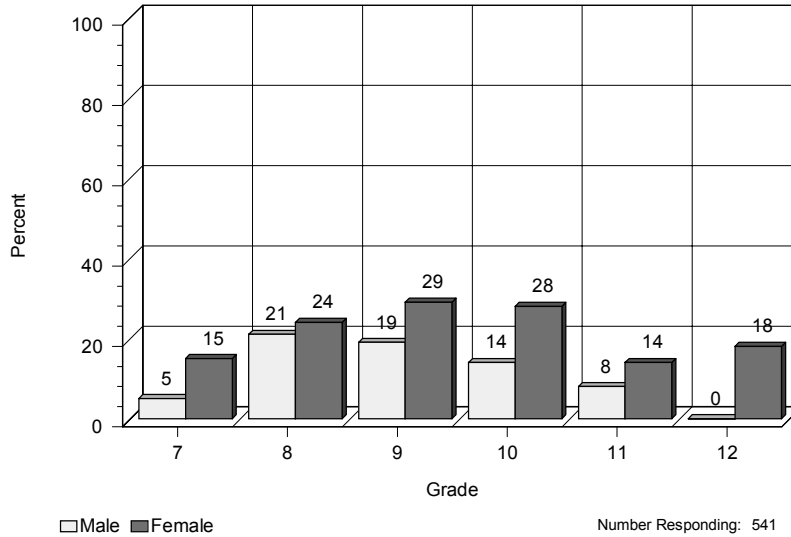
Figure 6-10: Plans Made To Commit Suicide
(In the Past Month, by Grade and Gender)



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?*”, 17% of teens (91 students) responded “yes” (males, 11%; females, 22%). 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)

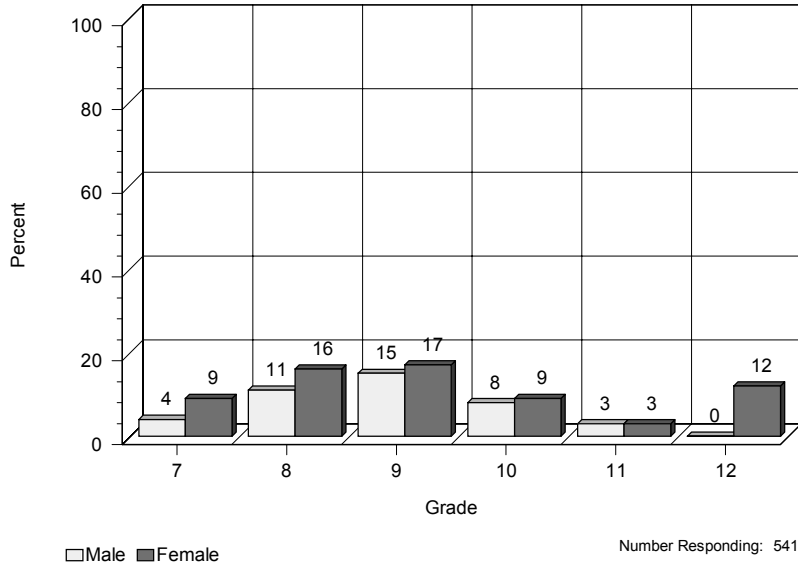
Table 6-3 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

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
YRBS: Attempted suicide (One or more times during the 12 months preceding the survey)	8.8	6.2	11.2	Not Available	NA	NA

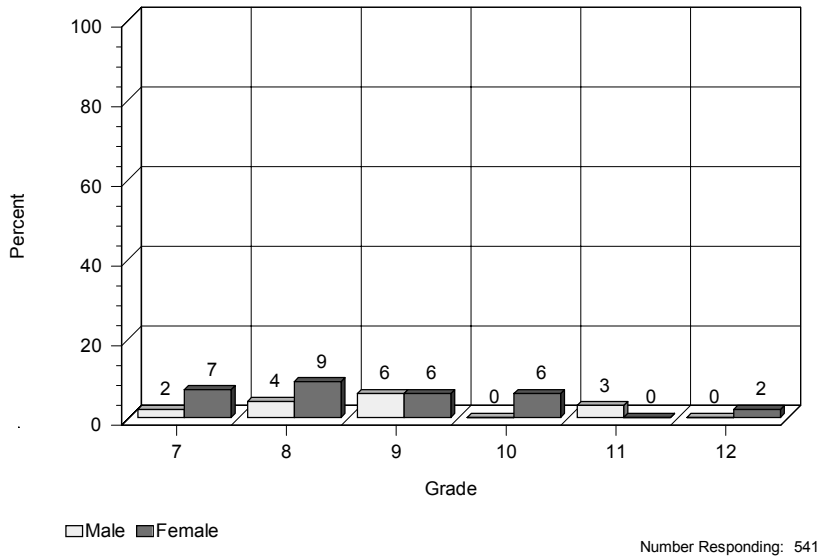
Of all students surveyed, 9% of teens (46 students) reported they had actually tried to kill themselves in the past year (males, 7%; females, 10%). Figure 6-12 shows the data broken down by grade level and gender.

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



Four percent (4%) of teens (21 students) surveyed reported they actually tried to kill themselves in the past month (males, 3%; females, 5%). Figure 6-13 shows student responses regarding 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)



Diet

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).

Local youth were asked whether they were trying to lose weight or to keep from gaining it. Overall, 57% of students surveyed reported having attempted to lose weight or to keep from gaining it. A greater percentage of females than males reported this (males, 48%; females, 67%). Figure 6-14 shows the percentages by grade and gender.

Figure 6-14: Teens Who Tried To Lose Weight Or Keep From Gaining It (In The Past Month, by Grade and Gender)

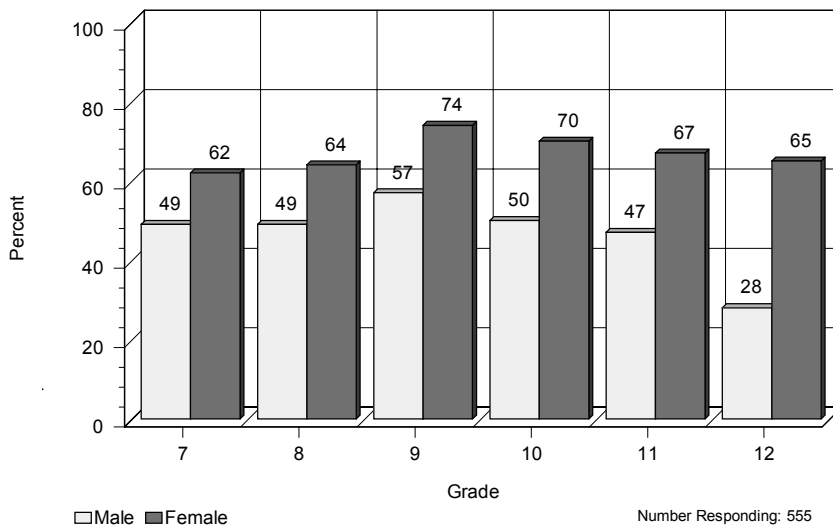


Table 6-4 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

Table 6-4: 2001 YRBS Data: Thought Were Overweight: Trying To Lose Weight (Grades 9-12 only)

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Thought they were overweight	29.2	23.3	34.9	31.4	23.5	38.8
Were trying to lose weight	46.0	28.8	62.3	43.9	24.6	62.0

The percentage of overweight youth has doubled in the past twenty years (Centers for Disease Control and Prevention, 2002). According to the Centers for Disease Control and Prevention (2002) 13.6 % of high school students are at risk for becoming overweight; 10.5% are overweight.

Figure 6-15 shows what teens did to lose weight or to keep from gaining it. A greater percentage of females than males used the following strategies: skipped meals; or vomited and skipped meals.

Figure 6-15: What Teens Did in the Past Month To Lose Weight or Keep From Gaining It (By Gender)

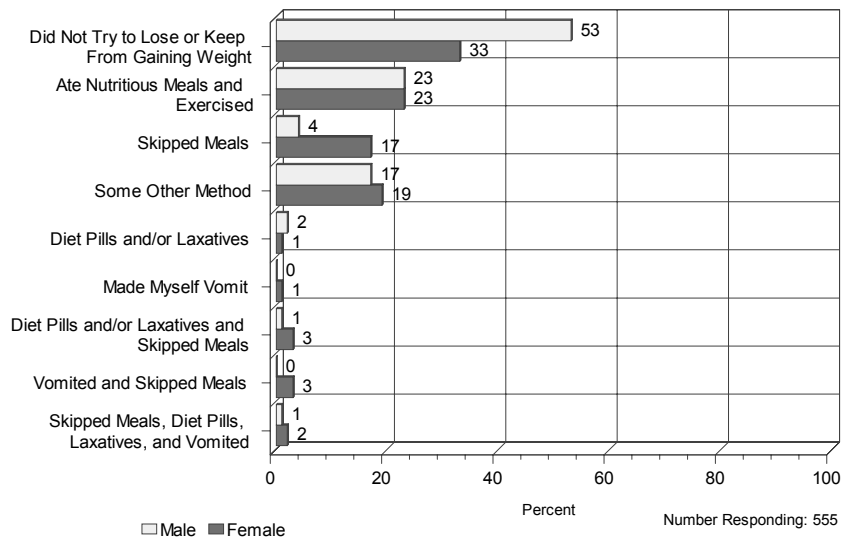


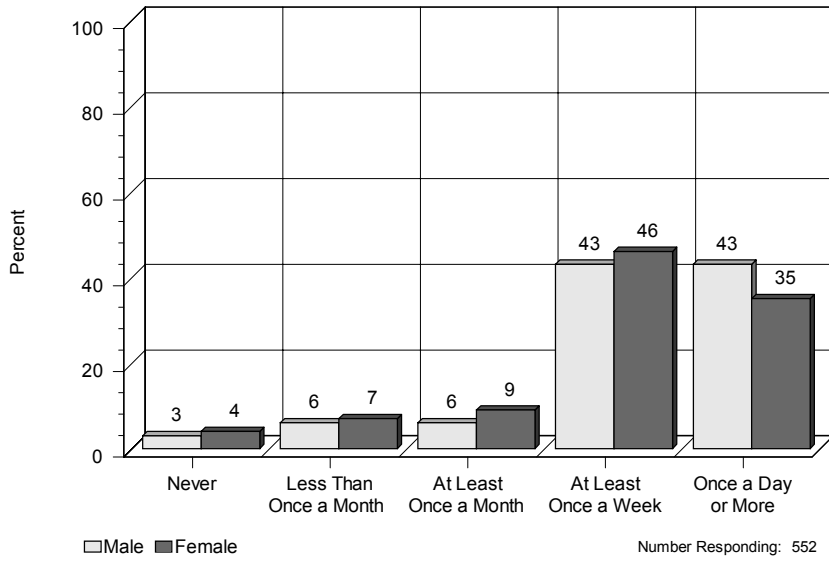
Table 6-5 shows some weight control strategies from the data of the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

Table 6-5: 2001 YRBS Data: Weight Control Behaviors (Grades 9-12 only)

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Exercised	59.9	51.0	68.4	58.4	46.8	69.2
Took diet pills, powders, or liquids	9.2	5.5	12.6	6.6	4.6	8.2
Vomited or took laxatives	5.4	2.9	7.8	5.9	4.1	7.3

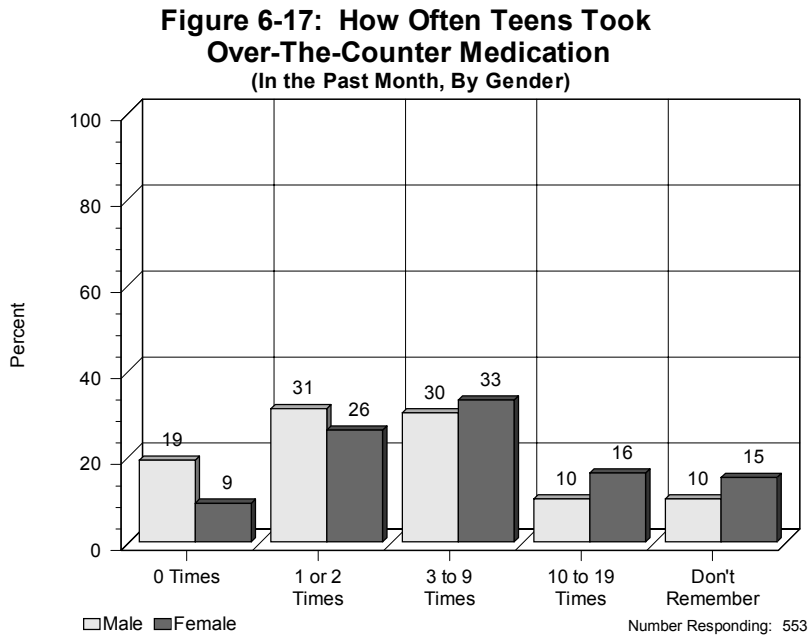
Students were asked, “About how often do you consume caffeine containing products such as coffee, Montain Dew, Jolt, Coke, or others?”. Thirty-nine percent (39%) of students surveyed reported drinking a caffeine containing product once a day or more. Figure 6-16 shows the responses by gender.

**Figure 6-16: How Often Teens Consume Caffeine
(By Gender)**



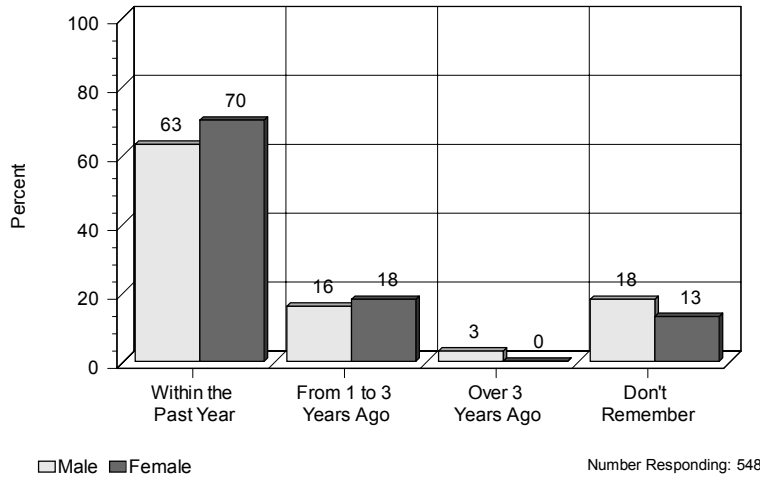
Health Issues and Information

Students were asked, “*In the past month, how many times have you taken any over-the-counter medication such as a pain reliever (Tylenol, Advil, etc.) or cold medicine?*” Figure 6-17 shows that 57% of teens reporting taking over-the-counter medication at least three times in the past month.



Sixty-seven percent (67%) of students surveyed reported that they had a prevention visit with a doctor or nurse/practitioner within the past year. A preventive visit was defined as “...when you go to the health professional’s office when nothing is wrong such as for check-ups, sports or camp physicals, or pelvic examinations”. Figure 6-18 shows the responses by gender.

Figure 6-18: When Teens Last Had a Preventative Visit With a Doctor or Nurse-Practitioner (By Gender)



Teens were also asked what topics they had talked about with their doctor or nurse-practitioner within the past two years. Figure 6-19 shows the responses by gender. Twenty-three percent (23%) of students reported not talking with their doctor or nurse-practitioner about any of the topics within the past two years (males, 25%; females, 20%).

Figure 6-19: Topics Teens Have Had Talks With Their Doctor or Nurse-Practitioner About (In the Past Two Years, by Gender)

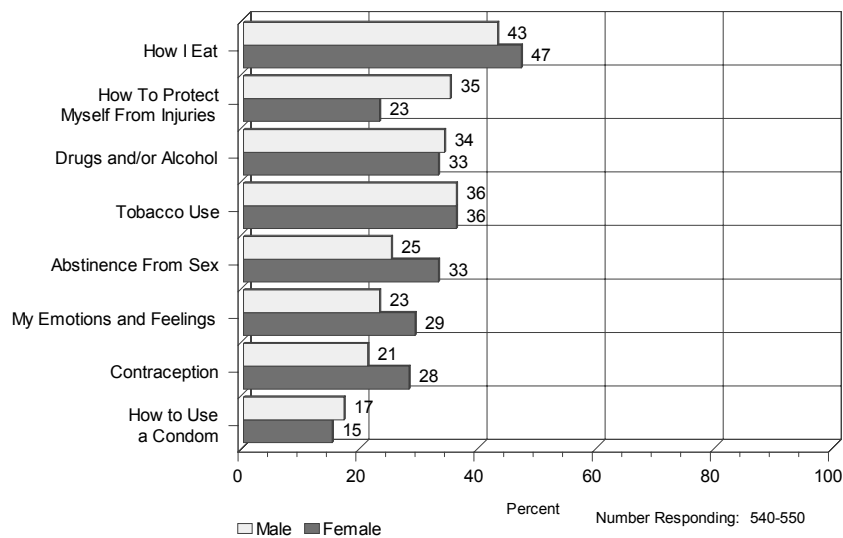
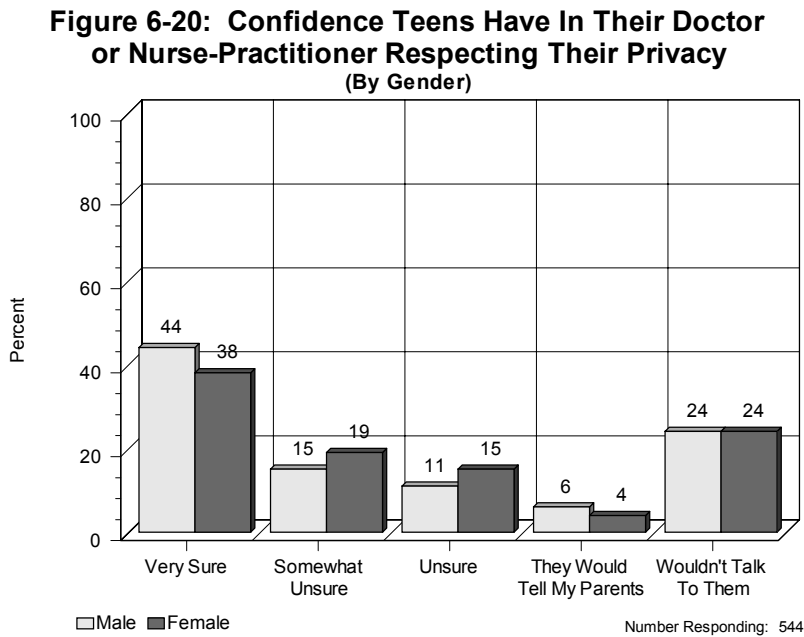


Figure 6-20 shows the responses to the question “Think about the doctor or nurse/practitioner you last saw. Suppose you talked about something private that you didn’t want anybody else to know about. How sure are you that this doctor or nurse-practitioner would respect your privacy and keep this private?”. Forty-one percent (41%) of the teens indicated that they were “very sure” their privacy would be respected. Twenty-four percent (24%) of the students surveyed responded that they would not talk to the doctor or nurse about anything confidential.



Teens were asked about the usefulness of the Health Classes about sexuality/sexual health and about drugs/substance use. For both questions, the greatest percentages of students responded the class was useful and sufficient information was given. Figures 6-21 and Figure 6-22 show the responses to the questions by gender.

Figure 6-21: Usefulness of Health Class About Sexuality and Sexual Health (By Gender)

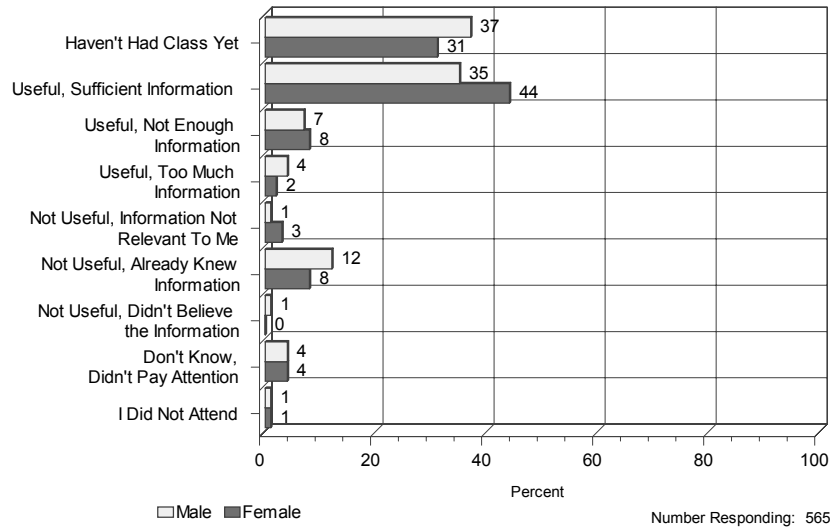
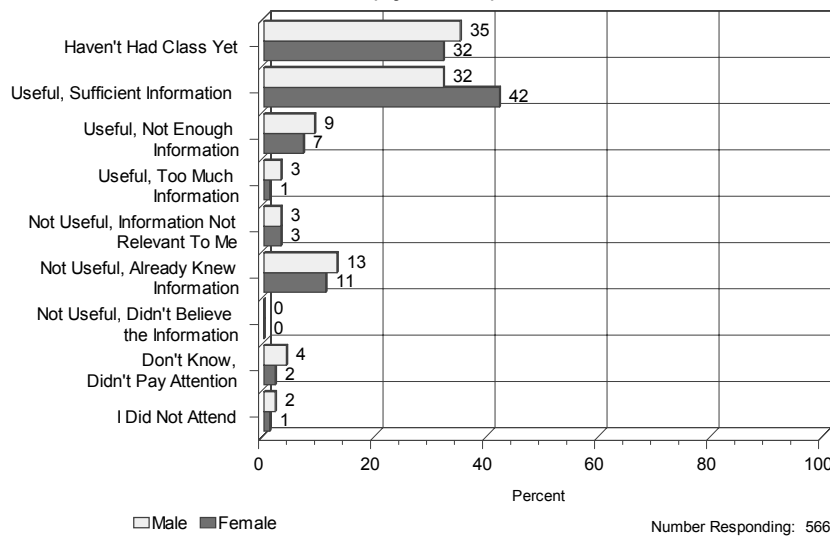


Figure 6-22: Usefulness of Health Class About Drugs and Substance Abuse (By Gender)



Figures 6-23 and 6-24 show the teen responses to the questions about usefulness of the Health Classes by school level.

Figure 6-23: Usefulness of Health Class About Sexuality and Sexual Health (By School Level)

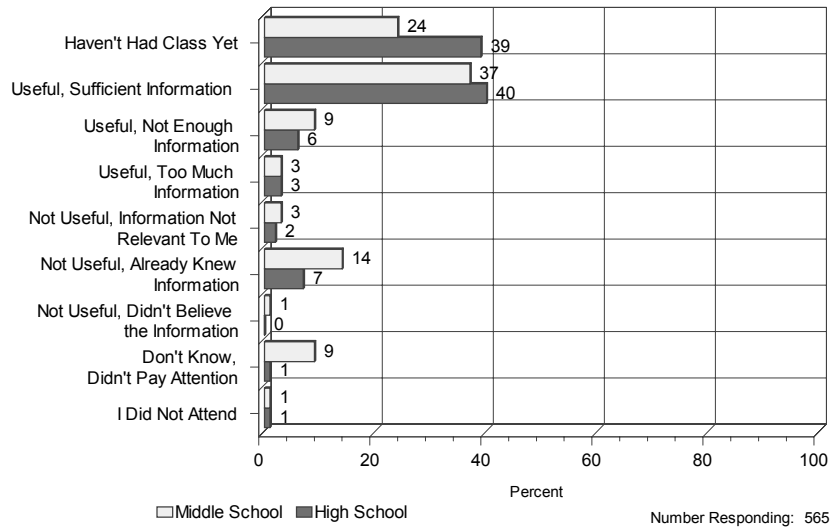
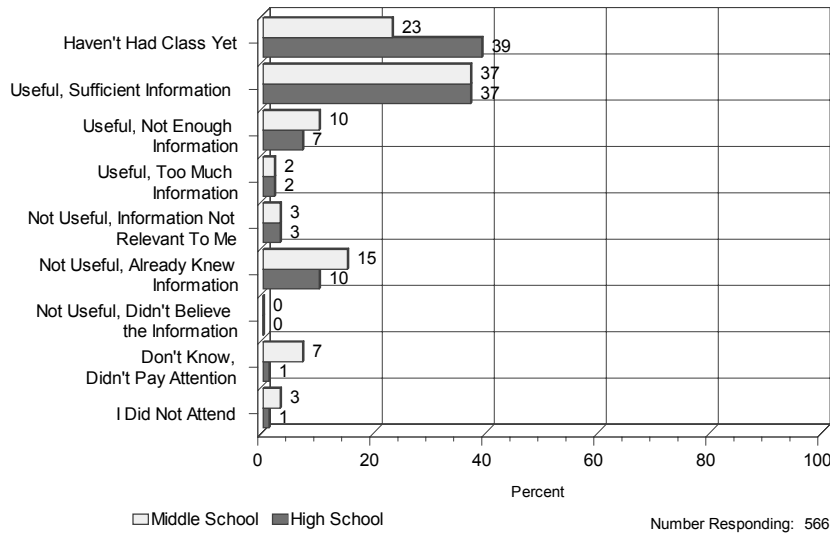


Figure 6-24: Usefulness of Health Class About Drugs and Substance Abuse (By School Level)



Presentation Of Comparable Data

In this section, Newfound Area School District 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 *2000-20001 TAP 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 *2000-20001 TAP Multi-Community Report* is a multi-community report based on data from ten NH SAUs surveyed from January 2000 through December 2001 (Teen Assessment Project, 2002). These data represent 9,458 teens. 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 6-6: Physical and Mental Health Comparison
(Grades 9-12 only)**

Behavior	YRBS¹ National 2001 %	YRBS² N.H. 2001 %	TAP³ Multi- Community 2000-2001 %	TAP⁴ Newfound 2003 %
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)	-	-	12	11
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)	-	-	6	8

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

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

³ Teen Assessment Project, 2002.

⁴ Teen Assessment Project, 2003.

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