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## CHAPTER 6

# Physical and Mental Health Issues

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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 and 1996, there were three suicides in Grafton County in the 19 or younger group and two suicides in 1998 from the 15-24 age group (A. Chalsmond, Bureau of Health Statistics and Data Management, personal communication, May 3, 2000; 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).

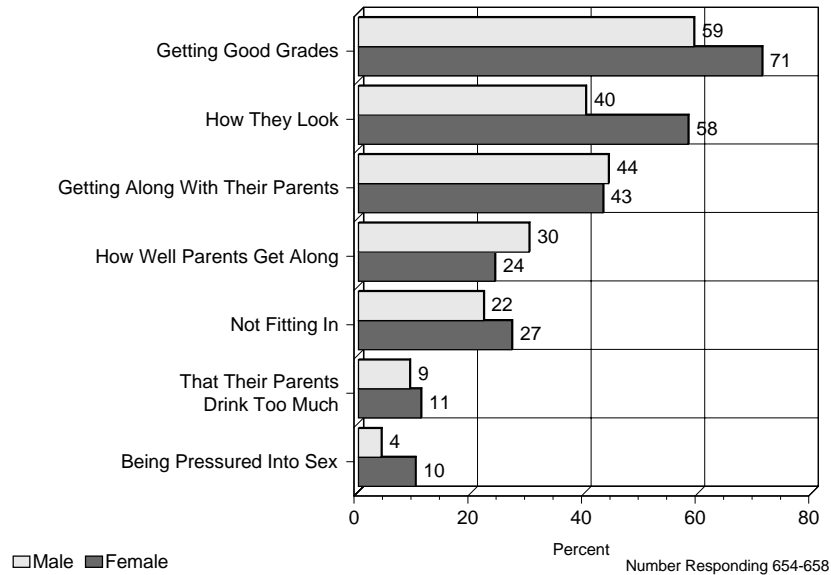
### **Teen Worries**

What do local teens worry about? Their top concerns are: getting good grades at school; how they look; getting along with their parents at home; how well their parents get along with each other; not fitting in with the other kids at school; that their parents drink too much or use drugs; and being pressured into having sex; in that order.

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

Figure 6-1 shows the same worries on the basis of gender. Females are more worried than males about getting good grades (males, 59%; and females, 71%), how they look (males, 40%; and females, 58%), not fitting in (males, 22%; and females 27%), and being pressured into sex (males, 4%; and females, 10%). Males are more worried than females about how well their parents get along (males, 30%; and females, 24%).

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

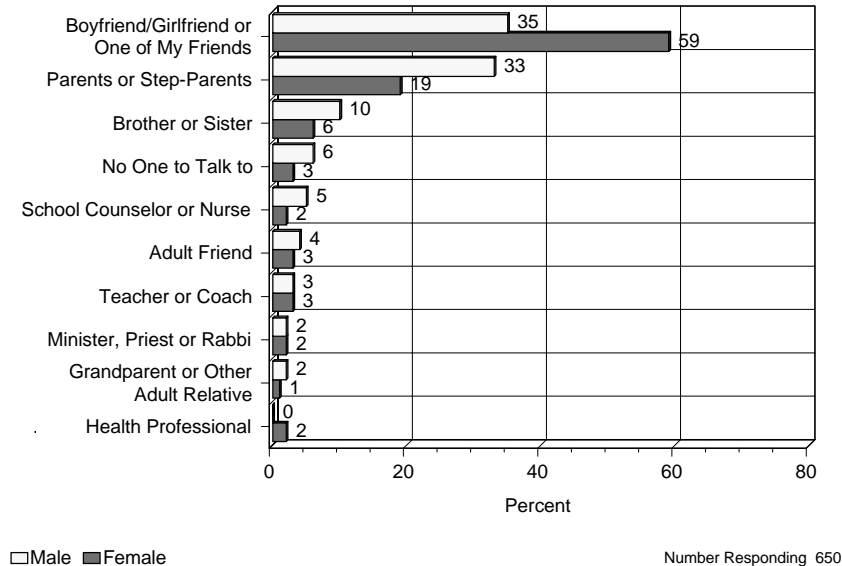


## Who Teens Turn to for Support and Advice

When asked, "If you were having a personal problem and needed someone to talk to, to whom would you most likely go?," more teens (48%) responded "Boyfriend/girlfriend or one of my friends" than any other category. Teens' second choice was a parent or step-parent (26%) and their third choice was a brother or sister (8%).

Figure 6-2 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 say they would turn to their friends than males (males, 35%; and females, 59%), while males were more likely to say they would turn to their parents or step-parents than females (males, 33%; and females, 19%). Slightly more males (6%) than females (3%) said they have no one to talk to.

**Figure 6-2: 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 (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, 73% of local youth surveyed reported having experienced depression or sadness at some time in the past month (males, 62%; and females, 83%). Figure 6-3 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 6-3: Depression or Sadness Among Students**  
(At Any Time in the Past Month, by Grade and Gender)

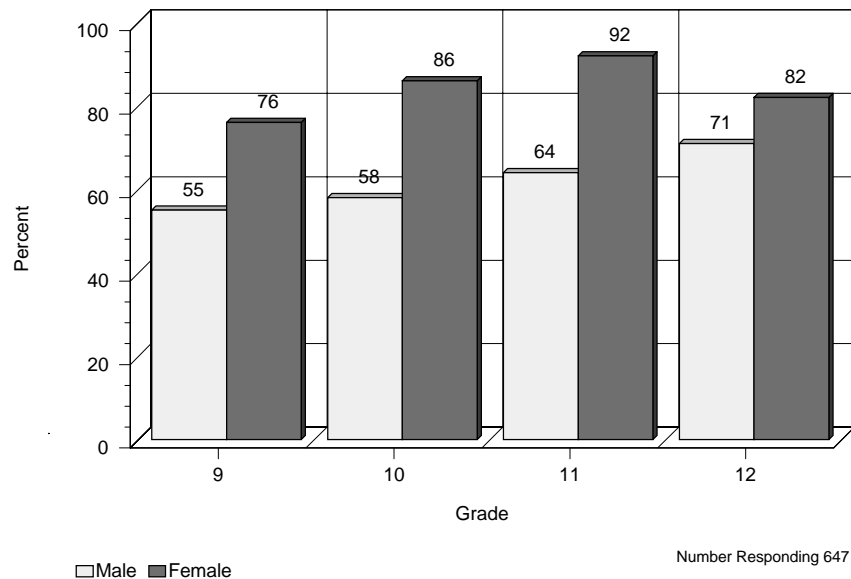
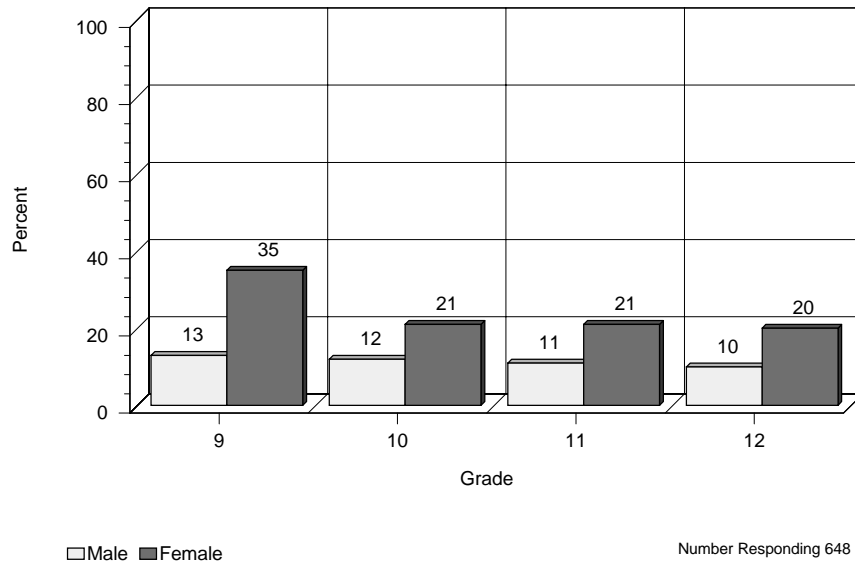


Figure 6-4 displays the percentages of local teens who reported they had *"seriously thought about killing themselves during the past month."* Overall, 19% of local youth had serious thoughts about suicide during the past month (males, 12%; and females, 25%).

**Figure 6-4: Serious Thoughts About Killing Themselves**  
(At Any Time in the Past Month, by Grade and Gender)

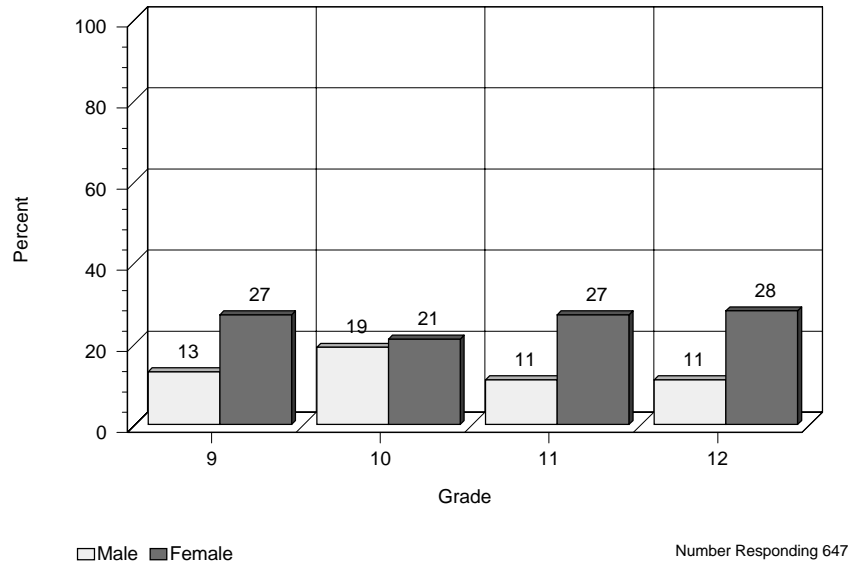


The Youth Risk Behavior Surveillance survey found 20.5% (N.H., 24.5%) of high school youth (*grades 9-12*) had seriously considered suicide in the 12 months prior to the survey (Centers for Disease Control and Prevention, 1998). New Hampshire ranks 4<sup>th</sup> out of the 33 states surveyed by the 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.

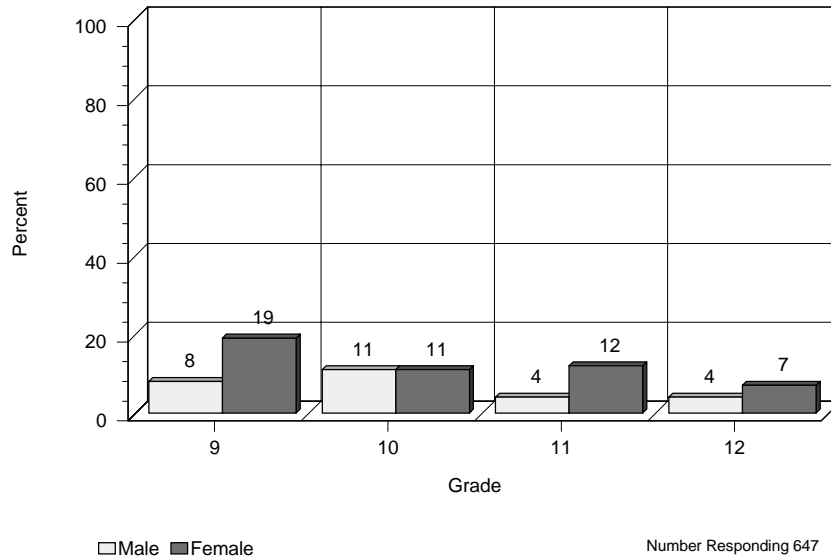
Figure 6-5 shows the number of teens who "have ever at any time" made a plan to commit suicide. Overall, 20% of local youth reported "making a plan to commit suicide" at some time in the past (males, 14%; and females, 26%).

**Figure 6-5: Plans Made To Commit Suicide**  
(At Any Time, by Grade and Gender)



During the past year, 10% of local youth reported making a plan to kill themselves (males, 7%; and females, 13%). Figure 6-6 shows the breakdown of responses by grade and gender.

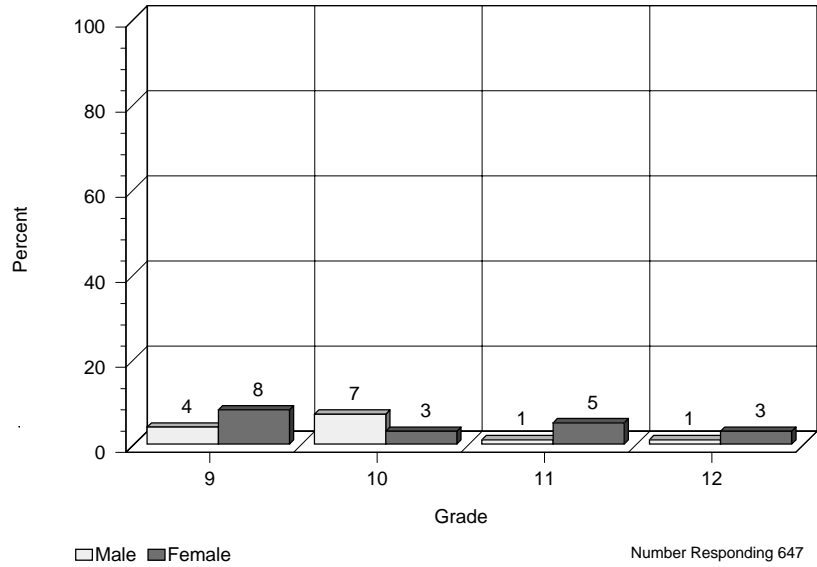
**Figure 6-6: Plans Made To Commit Suicide**  
(In the Past Year, by Grade and Gender)



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 3<sup>rd</sup> out of the 32 states surveyed by the CDC.

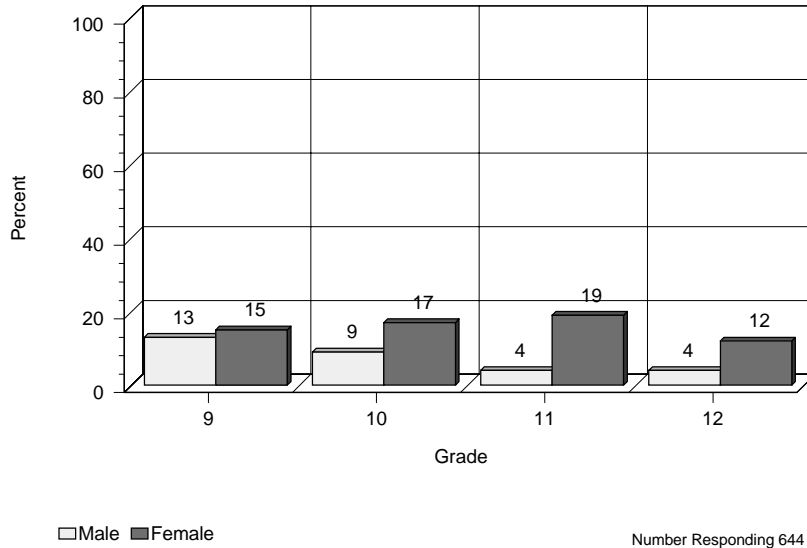
Figure 6-7 shows the percentages of local students who reported they had made a plan to kill themselves during the past month. Overall, 4% of local youth reported having made a plan to commit suicide at some time during the past month (males, 4%; and females, 5%).

**Figure 6-7: Plans Made To Commit Suicide**  
(In the Past Month, by Grade and Gender)



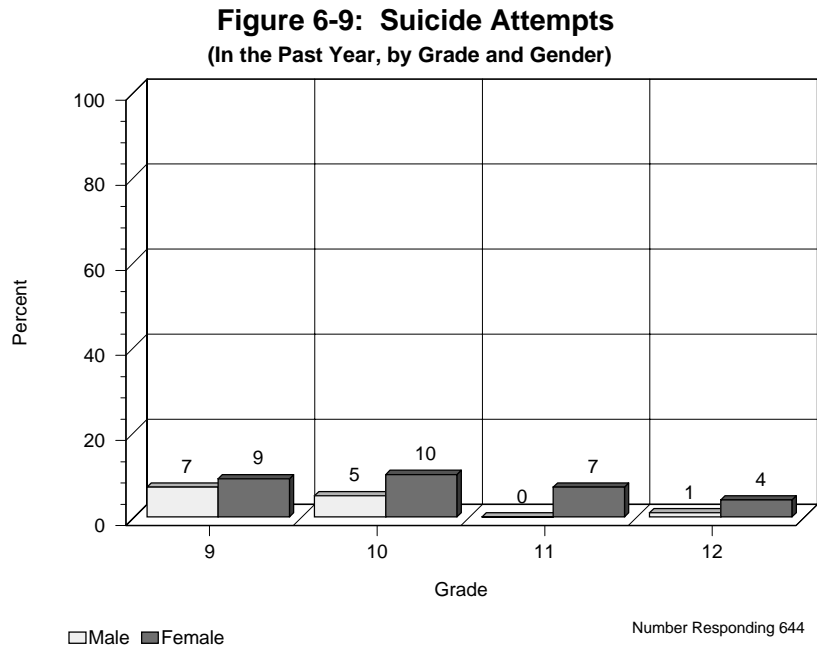
When asked, "Have you ever actually tried to kill yourself?", 12% of teens responded "yes" (males, 8%; and females, 16%). Figure 6-8 shows these responses by grade level and gender. It is difficult to know what these attempts consisted of or how life threatening they were. However, they should all be taken seriously.

**Figure 6-8: Suicide Attempts**  
(At Any Time, by Grade and Gender)



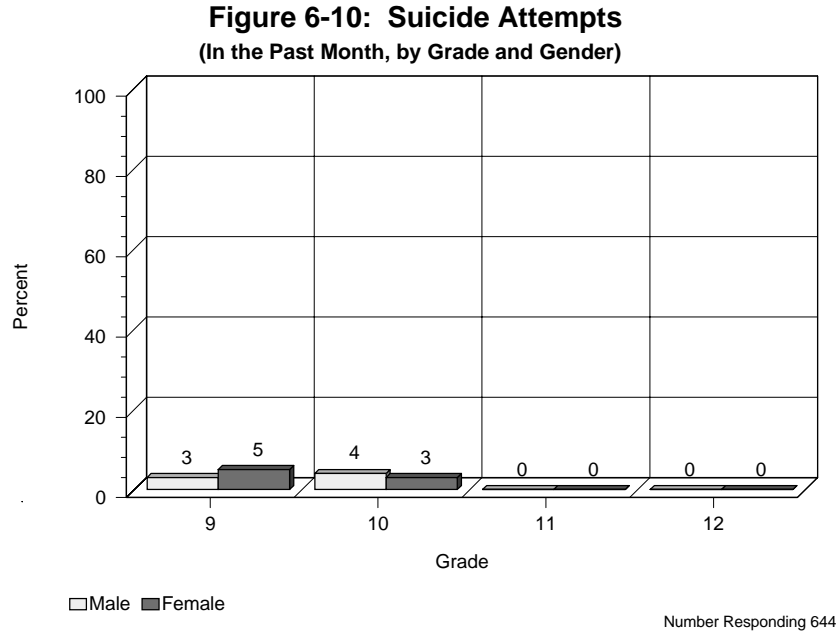
According to the National Institute of Mental Health (1999), there are an estimated 25 attempted suicides to one completion. Also, more females than males report a history of attempted suicide. However, more males die by suicide than females. This is often because males choose a more lethal method, such 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, 5% reported they had actually tried to kill themselves in the past year (males, 3%; and females, 8%). Figure 6-9 shows the data broken down by grade and gender.



On the 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 8<sup>th</sup> 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 (males, 2%; and females, 2%). Figure 6-10 shows suicide attempts in the month prior to the survey by grade and gender.



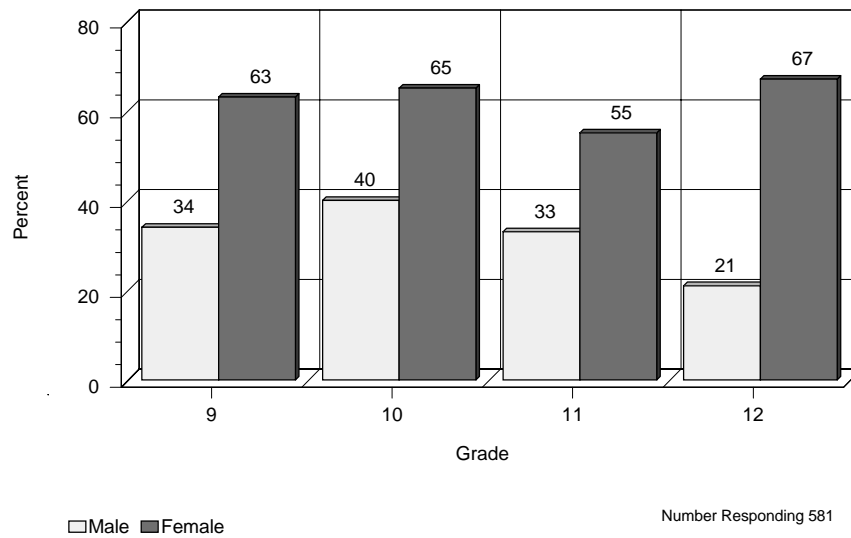
One group of teens more at risk for suicidal behavior is gay, lesbian, and bisexual teens (McFarland, 1998; Remafedi, 1999). These teens are often very confused about their sexual identity and may feel they must hide it. The fact that being gay or lesbian may not be acceptable within their religion, family, or culture is another difficult issue. Gay youth are more likely to attempt suicide than heterosexual young people (National Institute of Mental Health, 1999).

## Dieting and Health Issues

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).

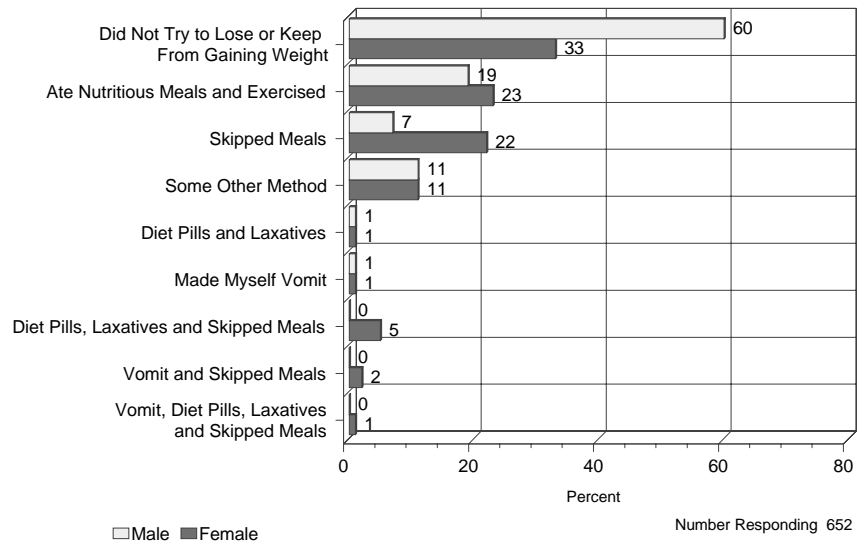
Adolescents are particularly sensitive about their appearance (Teens At Risk, 1996; Emmons, 1994). Dissatisfaction with body shape and size is prevalent, with female students less satisfied than male students (Emmons, 1994). One study of 14-16 year old girls showed 77% wanted to lose weight and 51% had 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 48% of all youth surveyed reported having attempted to lose weight or kept from gaining it in the past month. Figure 6-18 shows how many students surveyed reported having attempted to lose weight in the past month on the basis of grade and gender.

**Figure 6-11: 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 6-12 that females were far more likely to have attempted to lose weight than were males (males, 39%; and females, 66%).

**Figure 6-12: What Teens Did in the Past Month To Lose Weight or Keep From Gaining It (By Gender)**



We asked students how often they consumed caffeine-containing products like coffee and soda. Figure 6-13 shows almost half of the students (males, 50%; females, 46%) said they consumed caffeine once a day or more.

**Figure 6-13: How Often Teens Consume Caffeine (By Gender)**

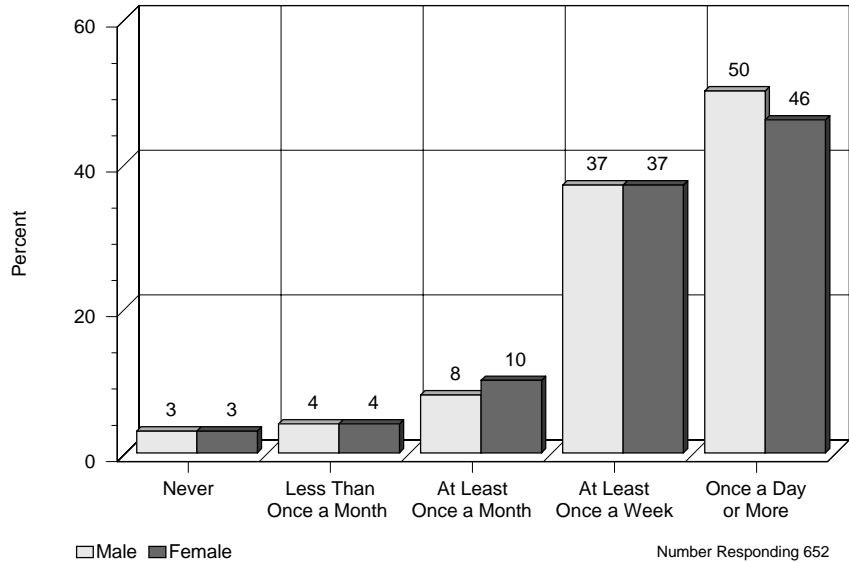


Figure 6-14 shows almost half of teens (45%) took over-the-counter medication at least three times in the past month. Females generally take these medications more than males.

**Figure 6-14: How Often Teens Take Over-The-Counter Medication (By Gender)**

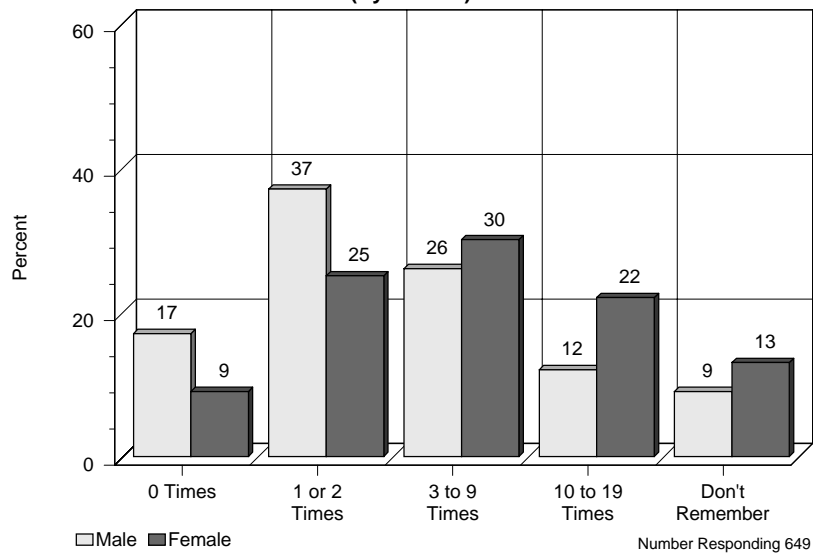
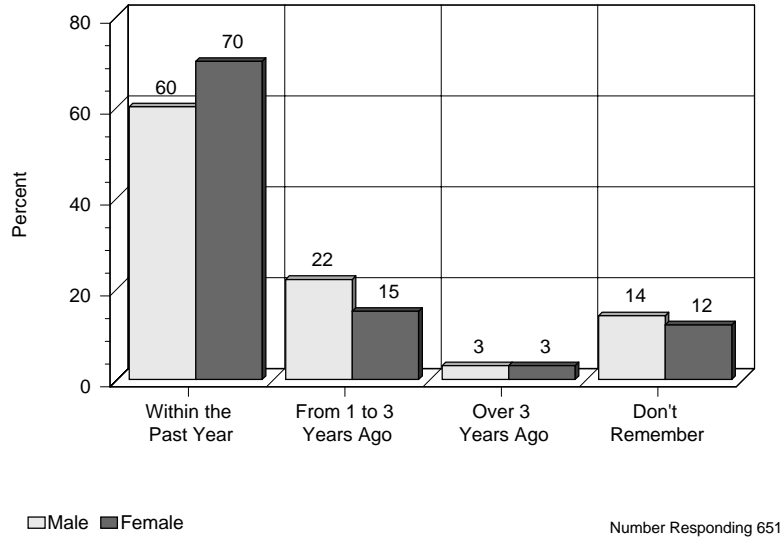


Figure 6-15 shows most teens have had a preventative visit with a doctor or other health care professional within the last year. Females were more likely to have had a visit within the past year than males.

**Figure 6-15: When Teens Last Had a Preventative Visit With a Doctor or Nurse-Practitioner (By Gender)**



We asked teens what topics they have talked about with their doctor or nurse-practitioner within the past two years. Figure 6-16 shows that eating habits, injury prevention, tobacco use, drugs and/or alcohol use and abstinence from sex, were the most common topics. However, less than 50% of teens have talked with a health care professional about any one of these topics.

**Figure 6-16: Topics Teens Have Had Talks With Their Doctor or Nurse-Practitioner About (In the Past Two Years, by Gender)**

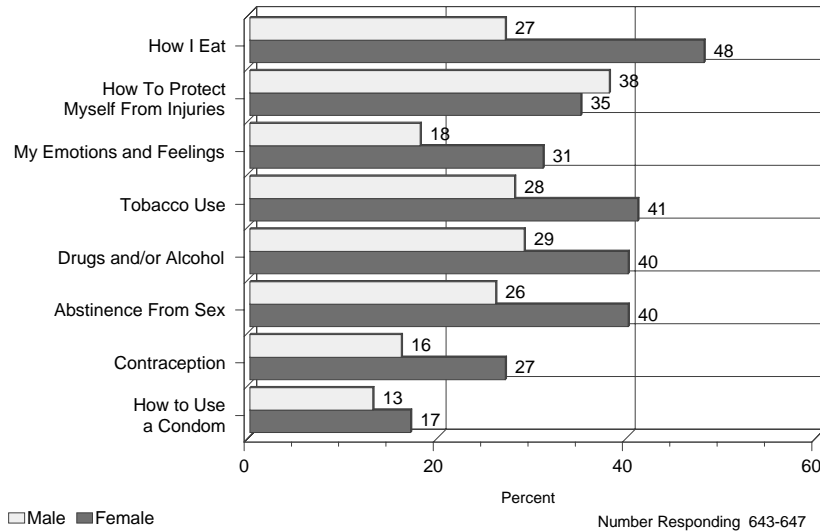
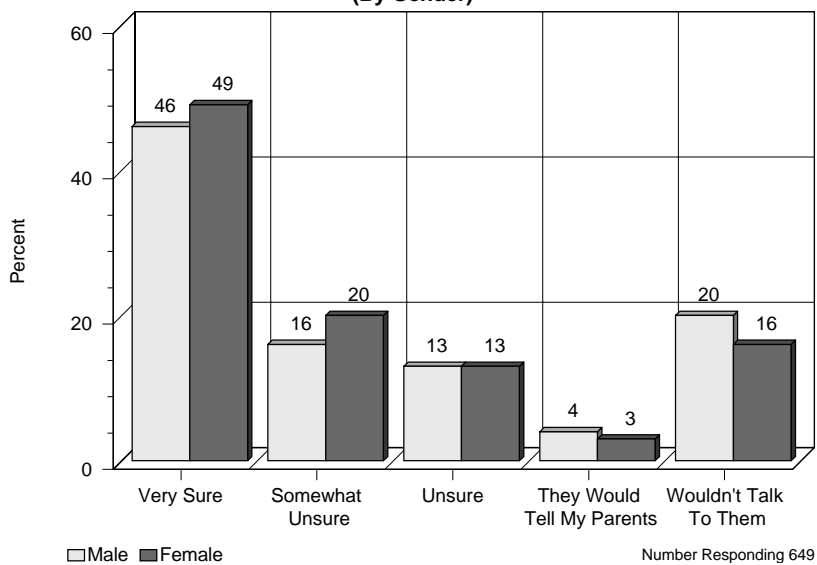


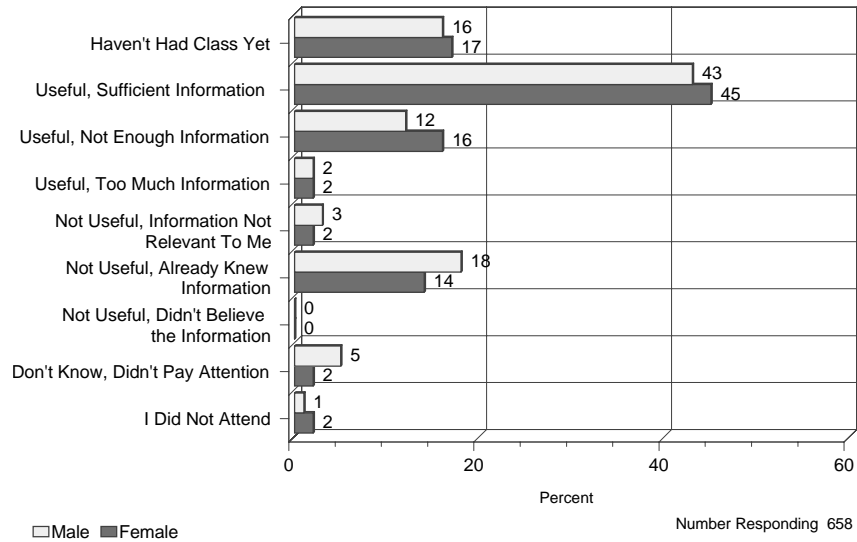
Figure 6-17 shows that while about half of local teens (47%) feel very confident their doctor or nurse practitioner will respect their privacy, over half are either unsure to some degree or would not feel comfortable trusting their doctor or nurse practitioner with private information.

**Figure 6-17: Confidence Teens Have In Their Doctor or Nurse-Practitioner Respecting Their Privacy (By Gender)**

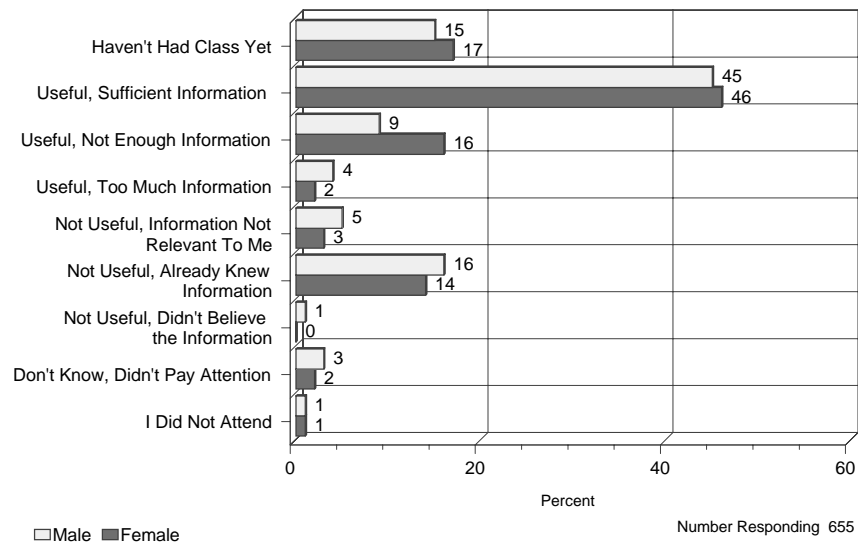


We asked teens how they felt about the information given in the Wellness Class that is taken in the 9<sup>th</sup> grade. Figures 6-18 and 6-19 show most males and females felt the information about sexuality and substance use was useful and sufficient.

**Figure 6-18: Usefulness of Wellness Class About Sexuality and Sexual Health (By Gender)**



**Figure 6-19: Usefulness of Wellness Class About Drugs and Substance Abuse (By Gender)**



Physical abuse at the hands of a romantic partner is a serious health issue. We asked teens if they “*have ever been hit, pushed or beaten by a girlfriend, boyfriend or date.*” Figure 6-20 shows that while most haven’t, 18% have been abused in this way at least once. Females have been physically abused by a romantic partner more often than males.

**Figure 6-20: Physical Abuse by a Boyfriend, Girlfriend or Date (By Gender)**

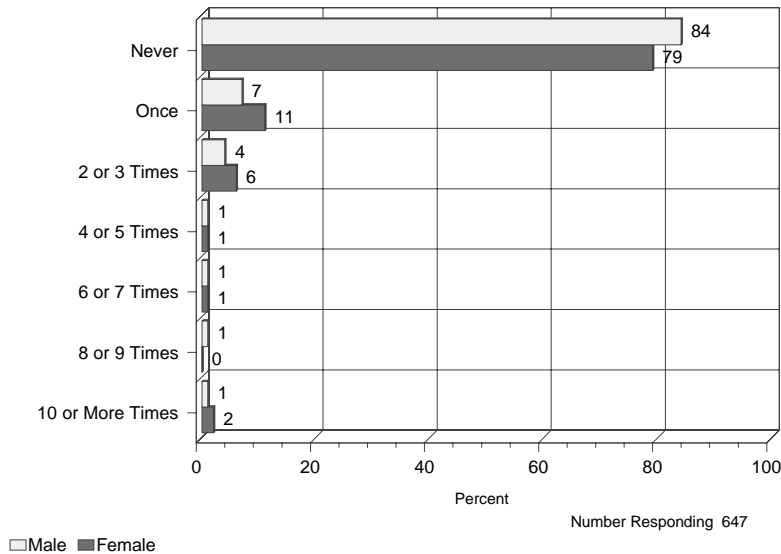


Figure 6-21 shows that emotional abuse by a romantic partner is more common than physical abuse. Again, females are more likely than males to say they have been put down, yelled at or insulted by someone they are dating.

**Figure 6-21: Emotional Abuse by a Boyfriend, Girlfriend or Date (By Gender)**

