



Brookline PARENT EDUCATION NETWORK

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## PARENT NETWORK UPDATE

DECEMBER 2015

### SPECIAL ISSUE ON WELLNESS SUMMIT 2015

### *What Are Brookline Kids Really Up To?*

On Dec. 11, roughly 100 people (students, parents, administration, community, police, staff...) participated in the Town of Brookline Wellness Committee summit ***“What Are Brookline Kids Really Up To?”*** This stimulating event revealed some of the latest statistics from the Brookline Public School’s latest Student Health Survey. Following presentations by Prevention/Intervention Team’s Mary Minott and Jorge Membreño as well as BHS Peer Leaders, summit participants brainstormed ideas for addressing some of the most pressing concerns regarding stress, marijuana and alcohol use, technology, adult/student connections, body image and eating disorders, and relationships/sexuality.

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- \* Adult/Student Connections
- \* Body Image & Eating Disorders

### INTRODUCTION

Every two years, Public Schools of Brookline administers a student health survey. The Wellness Summit provides an opportunity to look at the data as a community, analyze it, and create action plans and initiatives to address some of the more serious student health concerns. Over the past 10 years, these annual summits have resulted in creating a wide range of resources for parents on the Brookline Parent Education Network website ([www.B-PEN.org](http://www.B-PEN.org)) and numerous campaigns and initiatives directly impacting students, such as a cyber citizenship advisory lesson designed by Peer Leaders, a forum on “Marijuana and the Developing Teen Brain,” and a totally revamped tobacco policy at BHS that has greatly reduced student smoking. So the good news is that overall there has been a decrease in a lot of risky behavior, partly due to all we are doing as a community toward student health education and parent outreach. However, there is still much work to be done, with the most pressing ongoing concern being the rising number of students reporting overwhelming stress and depression.

Two years ago, the summit focused specifically on teen mental health and depression. School freshman health teachers introduced the “Break Free from Depression” curriculum, and since then, BHS has implemented several initiatives, including staff training with the “More Than Sad” suicide prevention program, the mindfulness initiative funded by the 21<sup>st</sup> Century Fund, and a mental health awareness week planned for March 2016. Peer Leaders are working on rigorous curriculum in mental health awareness, and BHS headmaster Deb Holman and the school council have included mental health and wellness as a priority. The Wellness Committee also has a special subcommittee dedicated to mental health concerns and initiatives.

But despite these efforts, the stats on student depression and stress keep rising, so the summit explored some of the underlying factors impacting teen mental health and well-being. Below is a summary of key information and the resultant recommendations by summit participants...

### GENERAL STRESS

Stress among Brookline adolescents is on the rise. In 2015, 82% of high schoolers and 79% of middle schoolers reported feeling overwhelming stress or anxiety. The culture of external pressures on kids in preparing for the future is immense, with constant messages about being successful. And these pressures are compounded by a lot of internal stressors and family complications.

### **NOTABLE SURVEY STATISTICS**

- BHS females reported markedly more stress (91%) than males (72%).
- School work was listed as the top cause of stress by a majority of Brookline 9-12<sup>th</sup> graders. For seniors, 38% cited schoolwork as the top stressor followed by worries about the future (31%).
- Family issues ranked high as the top source of stress for more than twice as many LGBTQ students as straight students.

### **RECOMMENDATIONS**

Raise awareness of student pressures and available coping tools. Get faculty to collaborate on ways to make homework less stressful, perhaps cooperating on quantity and timing. Incorporate cognitive training for parents and teachers as well as teens to raise awareness of stress, to notice unhealthy thought patterns, to encourage teens to check in when they are feeling overwhelmed, losing sleep. Help them find ways to break the physical stress response. Consider limiting the amount of commitments students can have, from academic classes to extracurriculars. Foster appreciation that all kids are different and will create their own paths. Build pauses into the school day with time-out moments and free blocks. Limit technology with tech sanctuaries and spaces in the building to listen to music or meditate, allowing the nervous system to recharge. Continue to advocate and educate for mental health awareness – the signs that a teen might be in trouble, where to go for help, etc. Provide universal screening for depression and suicide risk. The excellent Peer Leader video about what causes teens stress, [“Weary Warriors,”](https://www.youtube.com/watch?v=o0xL_PzUAEU0) ([https://www.youtube.com/watch?v=o0xL\\_PzUAEU0](https://www.youtube.com/watch?v=o0xL_PzUAEU0)) should be publicized.

## **TECHNOLOGY USE AND STRESS**

Digital devices are a crucial part of students’ lifestyle, from schoolwork (assignments on websites, online resources, etc.) to entertainment (videos, movies, comedy pages, social media, games, etc.) But for many students, it can be addictive and can have a real impact on fulfilling school work, setting up a cycle of procrastination that can cause anxiety and stress, ultimately leading to lower grades. It can also lead to unhealthy use like bullying, sexting, etc. “With social media, teens become entities on the web -- we expose ourselves and others comment on what we do,” Peer Leaders say. “There’s no filter. We don’t see the impact of how others receive what we put out there, and it’s easy to get hurt. It’s also a window to see what others are doing and feel excluded. The survey shows that people who are depressed use technology more, often to relieve stress. But it doesn’t make problems go away, and after watching four hours of Hulu, you still have homework to do and you are now tired.”

Jorge Membreno points out that technology offers both punishment and reward, as we get satisfaction from using our devices but also feel tethered to them. It impacts one-on-one engagement and induces stress. “We have a physiological response to phone alerts,” he says. “Just anticipating a text creates a tiny bit of stress. Imagine that kids’ whole world is in their devices.” He reinforces the importance of being in the moment – for all of us!

### **NOTABLE SURVEY STATISTICS**

- In 2015, 39% of BHS students reported using technology for non-school related work for three or more hours a day (up from 33% in 2013) and 16% report watching three or more hours of TV/Netflix/Hulu, etc. on an average school day.
- Students who used technology for non-school related work for three plus hours a day were significantly more likely to report lower grades (C and below) as well as greater levels of depression (35% as compared to 20% of those using technology 0-2 hours per day).
- Those watching three plus hours of TV/Netflix/Hulu, etc. per day also reported higher rates of depression (38% versus 22%).
- 13% of middle school students and 6% of BHS students reported electronic bullying in 2015.

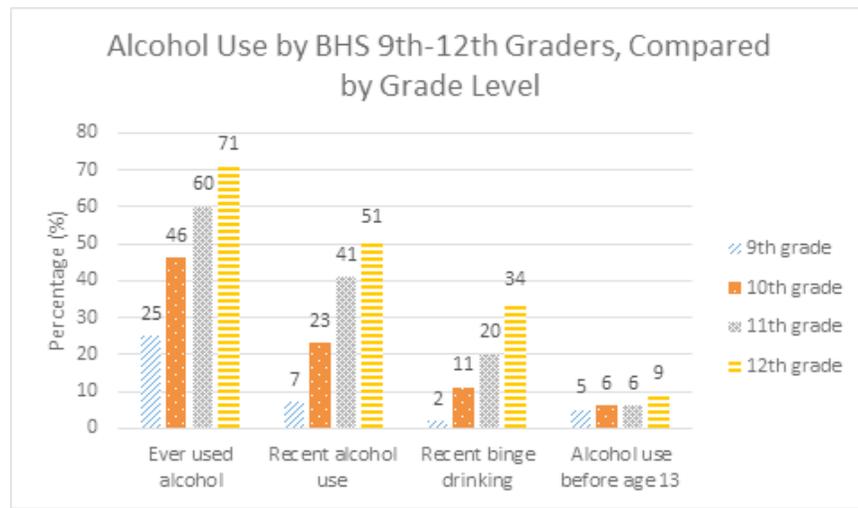
### **RECOMMENDATIONS**

Periodically disconnect in order to stay present in the moment. Since anticipating messages keeps the brain from fully relaxing and enabling REM sleep, put phones in a different room at night or put on

airplane mode – the “do not disturb” function allows the alarm clock function but not other sounds. Don’t assume students are always using tech negatively but be mindful about developing socially pragmatic skills – eye contact, body language, etc. It can be difficult for students to be aware of screen overuse. Students -- tell friends to put their phone down when they’re spending time together – call them out. Adults -- be mindful of how we model tech use. Parents -- don’t be punitive when telling kids at dinner to put the phone away, just encourage them to be present in the moment.

## TEEN DRINKING

Drinking alcohol is very ingrained in our culture. Parents may assume when kids go to parties and experiment with alcohol, they are learning how to drink responsibly, just one or two drinks. But for teens, the point of drinking is to get drunk, leading to risky behaviors. Kids don’t say, “I’ll just have a beer with dinner or this 40-year-old Scotch is amazing.” The teen culture is to drink as much and as fast as one can. (Two-thirds of students who reported drinking in the past month reported binge drinking, which is considered five or more drinks in one sitting. Sometimes drinking is an act of rebellion, and many kids consider drinking too much and throwing up as a rite of passage.)



Brookline has a big house party culture, sometimes with parents turning a blind eye, but most often with clueless parents out of town or out for the night. “A lot of kids show up, and those who arrive late may feel a need to catch up. When they drink fast, they don’t feel anything until they suddenly hit a wall,” Peer Leaders say. At that point, kids are dangerously impaired and at risk for alcohol poisoning, and younger kids who are inexperienced are especially vulnerable. Teens can feel a lot of peer pressure from older siblings and upperclassmen. There tends to be drinking at the Powder Puff game, and sports teams often have a culture of drinking, especially rugby, baseball, hockey. One athlete drove himself to a party, gave his keys to the host so he wouldn’t drive, then deliberately started drinking beers, graduating to liquor until he was so drunk he ended up in the hospital.

Kids often access alcohol from their parents’ cabinets -- be aware that many times clear alcohol like vodka and gin are smuggled in homes and at school in water bottles. Fake IDs, which kids can order from online, are also very prevalent. Unless they have sports or arts involvement at stake, kids are not especially concerned that underage drinking is illegal. Drunk driving is a worry, but kids often arrange to sleep over, walk home, or take a cab/Uber. There are so many cultures in which drinking younger is more accepted, so guidelines can seem confusing. But the good news is that it is clear parental disapproval is major deterrent.

### NOTABLE SURVEY STATISTICS

- While overall alcohol use is down (27% of BHS students during the month prior to the survey), the rate of binge drinking is up.
- Students who drink are drinking a lot, even though 88% of BHS students “perceive moderate to great risk” associated with binge drinking.

- In the month prior to the survey, two-thirds of those who drank reported binge drinking.
- Students who reported recent binge drinking also reported higher rates of depression (64%) compared to the general student population of 20%.
- The level of alcohol use goes up by each grade. By senior year, 50% drank alcohol within the past 30 days, and 34% reported recent binge drinking.
- Twelfth graders reported significantly higher rates of riding in a car with a driver under 21 who had been drinking (12%, as compared to 2% of 9-11<sup>th</sup> graders).
- Data shows a direct correlation between parental disapproval and less alcohol use. Among students who reported recent binge drinking, 40% perceived no parental disapproval and 26% perceived only slight parental disapproval. However, among those who perceived parental disapproval, only 8% drank. With strong parental disapproval, the behavior dropped to only 4%.

### **RECOMMENDATIONS**

Parental communication is key, but the best approach is a realistic one. Teen drinking is a fact. Don't just say "Never drink alcohol under the age of 21" and make it forbidden fruit. We need to equip teens with the right tools to cope with the culture, so their first experience with alcohol is not so dangerous. Adults need to understand what kids are confronting and figure out how to bring up the subject respectfully, without attacking. Parents -- be open, have trust. Make it clear your teen can come to you. Consider a "no questions asked until later" policy that encourages them to call you if they are in a risky situation -- that kind of policy rewards good judgment. Teach kids to be responsible with other kids who are drinking too much, to have the confidence to call an adult or 911 if someone seems really in trouble. Students -- upperclassmen should lead by example, because the younger kids are often out of control. A Peer Campaign could be helpful to promote awareness and buy-in that you don't need to drink to have fun.

## **RELATIONSHIPS AND SEXUALITY**

Kids seem to be starting earlier with sexual activity, so it is important to start teaching and addressing this at home earlier. Among sexually active students, condom use is down to 62% in 2015 as compared to 75% in 2013. Students cite lack of availability, lack of knowledge about STI's, and feeling uncomfortable talking about sex as factors contributing to lower condom use. Older teens are apt to feel peer pressure to have sex, and consent is big issue. Alcohol and marijuana can be big factors in teens having sex irresponsibly or without their consent -- 18% of our senior girls report having experienced sexual contact against their will. The school play last year was very effective in presenting a portrayal of two teens assaulting a drunk girl and the ramifications from that.

### **NOTABLE SURVEY STATISTICS**

- The rate of BHS students who reported ever having had sexual intercourse (21%) continued to decline and is lower than state and national averages.
- In 2015, more BHS males (23%) than females (19%) reported having ever had sexual intercourse, with rates increasing by grade level - 6% of freshman, 15% of sophomores, 20% of juniors, and 47% of seniors.
- Lifetime sexual intercourse rates declined at the middle school level as well -- only 2% percent of Brookline 7th-8th graders. Four percent reported ever having participated in oral sex.
- At BHS, 17% of seniors reported sexual activity that they wouldn't have engaged in if they hadn't been drinking, compared with 15% of juniors, 4% of sophomores, and 2% of freshman. In 2015, 8% of BHS students reported having had sexual contact against their will:
 

▪ Females	Males
▪ 9th: 5%	9th: 3%
▪ 10th: 9%	10th: 3%
▪ 11th: 11%	11th: 3%
▪ 12th: 19%	12th: 4%

**NOTE:** *On college campuses, it is estimated that the percentage of completed or attempted rape among women in college is between 20% and 25%, and 9 in 10 victims knew their offender. Alcohol can be a major factor - nearly three quarters of those rapes (72%) happened when the victims were so*

*intoxicated they were unable to consent or refuse. (National Sexual Violence Resource Center Campus Sexual Assault Fact Sheet, 2015)*

## **RECOMMENDATIONS**

Basic guideline -- We need to find ways to prepare teens to have a conversation with a partner about consent and responsibility. We need to publicize and reinforce consent and the CERTS model (consent, equality, respect, trust, safety), addressing vulnerability of both males and females. Peer Leaders advocate that we try to change the culture of sexual activity from saying "No" if you don't feel comfortable or ready to actively making sure both partners say "Yes." Education on sexual health needs to be part of the curriculum beyond 9<sup>th</sup> grade, where it now stops. We need to help kids prepare for life *after* BHS, partly by teaching good habits here. There is not enough education about the connection between teen dating violence and alcohol, which escalates enormously in college, when teens/young adults have limited supervision. Consider self-defense class as an elective.

The importance of condom use and the prevalence of STIs should be reinforced, and condoms should be made more accessible – while kids may know condoms are available through school nurses, there should be a forum for those too intimidated to talk to a nurse. Condom dispensers should be discussed. Plan assemblies/events on healthy sexuality for students, parents. Reinforce importance of positive modeling by adults.

Peer to peer interaction regarding safe sex, consent, etc. can be very effective. Peer Leaders have developed a three-point proposal to address the reduction in condom use and the resulting increase risk of STI's:

- 1) Create poster campaign on importance of CERTS, etc.,
- 2) Sponsor speakers during our mental health awareness week in March in MLK and info tables in Atrium (Planned Parenthood, CERTS, condom use, consent),
- 3) Increase access to condoms, possibly through a few dispensers in school.

Peer Leaders also advocate for sexual health ed at the junior and senior levels to address characteristics of healthy relationships and offer more opportunities to create skills around having conversations in mature responsible ways.

## **MARIJUANA AND DEPRESSION**

While our rates of use for harder drugs are low (less than 3%), we are experiencing a statewide heroin epidemic, and we know that early and heavy marijuana use put students at risk of becoming adult drug users. Marijuana is highly habit forming, and regular heavy use rewires the developing brain and impacts mental health. Treatment outcomes are poor.

Yet while most students can identify peers who smoke marijuana heavily (more than three times per week), they are still are reluctant to identify it as a problem. The culture of smoking marijuana is prevalent at BHS, especially among certain influential friend groups, and it often starts in middle school. Kids smoke recreationally to have fun or to relax to combat stress. It is easier to get weed than alcohol, and it can be hard to overcome the desire to fit in and peer pressure. There is a strong correlation with depression; teens who smoke a lot of marijuana are less involved in physical activity/sports and extracurricular activities, which are important for promoting mental health. Marijuana also decreases motivation, leading to poor school performance and negative self-esteem. Because the laws regarding marijuana are so confusing right now and medicinal marijuana is on the rise, kids can get the impression that smoking is relatively safe and may not realize marijuana use can exacerbate depression and compromise overall health. Often parents are not following through with conversations about marijuana, and may themselves be smoking, compounding the mixed message.

## **NOTABLE SURVEY STATISTICS**

- In Brookline, 7% of 9th graders, 26% of 10th graders, 42% of 11th graders and 47% of 12th graders report ever having tried marijuana.
- Among BHS students, 43% perceive only slight or no risk associated with regular marijuana

use, while 31% perceive moderate risk and 27% perceive great risk.

- Students who believed their parents disapproved of their use of marijuana used significantly less on all indicators.
- The younger kids start using marijuana the more likely it is to become a real problem over time, and 42% of students who initially smoked marijuana by age 13 reported heavy lifetime usage (100+ times), as compared to 3% of those who had initially smoked marijuana at age 14 or older.
- Early use also leads to higher rates of depression -- 38% of BHS students with early onset experienced depression.
- Recent marijuana users also reported elevated rates of depression -- 51% (as compared to the overall rates of 20% of students).
- Among heavy marijuana users, 45% experienced depression and reported lower rates of involvement in extracurricular activities.

### **RECOMMENDATIONS**

Health education classes and parents need to start addressing marijuana use with adolescents earlier (middle school) and continue the conversation later, providing ongoing follow-up. Teens need to be made aware of other coping strategies for stress. Busy parents need to be reminded about the importance of communicating information and messages about use to their teens. Parents also need to be aware that marijuana can become a serious problem if teens start young, and they should seek help before their child develops a serious habit.

### **ADULT/STUDENT CONNECTIONS AT SCHOOL**

One third of BHS students say they don't have an adult in the building they can comfortably talk to, which can foster isolation and depression. Race and gender often play into this disconnect as well. Those who reported that they did not have an adult to talk with at school reported higher rates of binge drinking and marijuana use. Students spend four years at BHS and experience a lot of different stresses, making it important to have an adult support system beyond parents. BHS's advisory, guidance counselors, Peer Leadership, etc. can be helpful, but time is a huge obstacle with everyone so overscheduled, and there are still around 600 students without this support. Some students and parents report that they have a difficult time reaching their guidance counselor, and Peer Leaders report that many students are not aware that there are social workers in the building and would not know how to find one. The goal of fostering adult/student connections is not just dealing with crises, but preventing.

### **RECOMMENDATIONS**

Build in more time during the day, perhaps like an X block that is totally free. Use advisory in more effective ways, maybe revamping to build in more personal connections. Publicize where, when and to whom students can go for a consultation, with an open door policy to avoid the negative stigma of asking for help. Teachers – just greeting kids as they come in the door can be helpful. Work to build more personal connections and access points into the curricula. Be especially mindful of cultural groups that may feel disenfranchised.

### **BODY IMAGE AND EATING DISORDERS**

Our culture is obsessed with physical appearances, weight, diet, and exercise, and it is rife with unrealistic body images. Though we all tend to be worried about how we appear to others, that self-consciousness is ramped up in high school, where kids express themselves through how they look and the way they dress. This preoccupation can contribute to healthy physical activity and eating habits -- more than half of BHS students participate on a sports team, and 8% of all students reported participating in 60 minutes of cardiovascular activity for at least three days in the past week. However, it can also lead to problematic relationships with food, body image, and exercise, such as:

- Self worth or self esteem based highly or even exclusively on body shape and weight
- A disturbance in the way one experiences their body i.e. a person who falls in a healthy weight range, but continues to feel that they are overweight
- Excessive or rigid exercise routines
- Obsessive calorie counting

- Anxiety about certain foods or food groups
- A rigid approach to eating, such as only eating certain foods, inflexible meal times, refusal to eat in restaurants or outside of one's own home

In a small percentage of Brookline students, these issues can contribute to significant eating disorders. Peer Leaders say that health education in middle school addresses nutrition and eating disorders, but not how to manage it in themselves or in their friends. "Students hide their eating disorders -- it is a taboo subject -- and with so much freedom at lunch, it's hard to notice if a friend not eating. If you do notice, it's hard to know how to approach the subject. We may even reinforce it by complementing someone on losing weight."

### **NOTABLE SURVEY STATISTICS**

- Similar to prior years, 23% of BHS students in 2015 described themselves as slightly overweight or very overweight (compared to 29% statewide and 31% nationally).
- Females (28%) were significantly more likely to describe themselves as slightly or very overweight compared to males (17%).
- Over the past twelve months, 3% report that they vomited or took laxatives, and 6% report that they fasted to lose or maintain weight.
- Seniors were significantly more likely to report that they rarely or never ate a balanced diet (13%) as compared to 9% of juniors, 8% of sophomores, and 6% of freshman.
- Among 7th and 8th graders, 23% describe themselves as slightly overweight or very overweight, and 32% reported that they were currently trying to lose weight. (The rates were similar among females and males.) Over the past twelve months, 4% reported that they vomited or took laxatives, and 5% reported that they fasted to lose or maintain weight.

### **RECOMMENDATIONS**

A structured approach and more open conversation needs to happen among multiple factions, looking at the culture of eating at school and making more intentional places to talk about issues, such as advisory, health classes, etc. Teach students how to recognize and help a friend who may have an eating disorder. Each school could have a go-to person for concerns about this. Publicize what to do if a student, teacher or parent is concerned – empower them to alert the right people and provide quick resources. Communicate at school with those who need to be involved.

### **MORE INFORMATION**

B-PEN is sending this "Update" to all summit participants as well as to key members of the Brookline schools community, such as principals, BHS Site Council, Central Administration, etc. Please feel free to forward to any other interested stakeholders and parents as well. We will make every attempt to begin incorporating some of the summit recommendations into action plans and will try to keep everyone informed. In the Spring, B-PEN will host an evening forum as part of National Public Health Week. If you have suggestions for topics or recommended speakers, please email:

[Kcampbell@brooklinema.gov](mailto:Kcampbell@brooklinema.gov) or [June\\_harris@brookline.k12.ma.us](mailto:June_harris@brookline.k12.ma.us)

To read more about the Brookline Public School's latest Student Health Survey, check out the [Executive Summary \(http://www.b-pen.org/uploads/2/9/2/9/2929884/2015\\_executive\\_summary\\_pdf.pdf\)](http://www.b-pen.org/uploads/2/9/2/9/2929884/2015_executive_summary_pdf.pdf) as well as the [Summary Comparison Tables \(http://www.b-pen.org/uploads/2/9/2/9/2929884/2015summary\\_comparison\\_tables\\_.pdf\)](http://www.b-pen.org/uploads/2/9/2/9/2929884/2015summary_comparison_tables_.pdf) The full survey results will be available in the Spring.