



Good Health & Youth

You can help kids and teens as they grow by helping them build a good foundation of healthy habits that promote health and wellness.

Good Nutrition:

A balanced diet is so important for youth and teens when it comes to developing good health. Here are some ways to achieve good nutrition habits for kids and teens:

- Provide three balanced meals a day
 - Whenever possible provide a source of protein, vegetables, grains and fruit with each meal (even if the meal is on-the-go).
 - Have them help you plan one or more balanced meals a week.
- Nutritious snacks
 - Some quick, easy and healthy snack ideas include:
 - Fruits, such as apples, bananas, grapes
 - Vegetables, such as carrots, celery
 - Cheese sticks
 - Yogurt
 - Nuts

Check out the links below for more nutrition information and resources for kids and teens as well as adults:

- [Healthy Eating \(from nutrition.gov\)](#)
- [MyPlate.gov | U.S. Department of Agriculture](#)
- [Healthy Attitudes Toward Food and Exercise](#)

Staying Hydrated/Drinking Water:

Kids and teens don't drink enough water. Water is essential to all of us. After all, more than 70% of a kid's body is made up of water. The brain, heart, lungs and even bones have and need water. Here are a few ways water helps our bodies and minds function better.

- Water helps with brain function
 - Just 2% of water loss can affect memory, mood, concentration, as well as reaction time. Drinking 2-4 more glasses of water a day can have a positive affect on cognition, stabilize your emotions, and even combat feelings of anxiety.

- Water helps with digestion
 - Your body needs water to digest food properly. Essentially, water helps break down fibers and helps us stay regulated. Lack of water often results in constipation.
- Water provides energy
 - By drinking enough water, you prevent dehydration from occurring. Dehydration can slow down the flow of oxygen to the brain. And can cause your heart to work harder. When this happens, we feel tired, sluggish, and less focused.

Here are a couple of easy tips on how to help kids stay hydrated.

- Provide water with meals and snacks
- Allow water bottles in classrooms at school for students

Check out the links below to learn more about adequate hydration and making healthy beverage choices for kids and teens:

- [Hydrate Right](#)
- [Water, Hydration, and Health](#)
- [Connecticutchildrens.org/growing-healthy/stay-hydrated-creative-ways](#)

Exercise/Physical Activity:

There are many reasons for kids and teens to exercise and move throughout the day. Physical activity has multiple benefits that promote wellness beyond being physically fit. Exercise sends oxygen and nutrients throughout the body, especially the brain, heart and lungs.

- Exercise provides stress relief
- Exercise is one of the best prevention strategies for chronic illnesses, such as arthritis, diabetes and obesity, to just name a few
- Exercise helps promote better sleep

Check out the links below to learn more on how to help kids and teens stay active and physically fit:

- [Help your kids get more physical activity - Move Your Way | odphp.health.gov](#)
- [Physical Activity for Children and Teens](#)
- [Fitness: Getting and Staying Active](#)

Sleep:

Kids and teens need at least nine to ten hours of sleep each night. Getting enough sleep helps with performance in school and sports and makes a big impact on physical and emotional health.

Check out the links below to learn more on kids/teens sleep and resources that can help them get the sleep they need:

- [Teenagers and Sleep: How Much Is Enough?](#)
- [Sleep and Teens](#)
- [Sleep: Helping Your Children—and Yourself—Sleep Well](#)

Stress Management:

Stress is a fact of life for all of us, including kids and teens. School, social/peer relationships, athletics as well as family and home life are just a few of the things that can cause kids to experience stress. We can help kids manage stress. Below are ways to help kids/teens better manage stress:

Get Enough Sleep:

Ensure kids get enough sleep as it's crucial for both physical and emotional well-being.

- Physical Activity
 - As mentioned above, exercise is a great stress reliever. Find physical activities your kid/teen enjoys, such as sports, dancing, hiking or just playing outside.
- Balanced Meals
 - Also mentioned above, a healthy diet can help kids feel their best and manage stress levels. Limit sugary drinks and processed foods.
- Establish Routines
 - Consistent routines often provide a sense of security, which can help reduce stress.
- Spend Time in Nature:
 - Spending time outdoors can be a great way to relieve stress and improve mood.
- Communication and Support:
 - Create a Safe Space for kids to talk and express their feelings.
 - Encourage open communication and let kids know they can talk to you or another trusted adult about their feelings.
 - Be open to and seek professional help and support when necessary.

Check out the links below to learn more on helping kids cope with stress.

- **[How to Help Children and Teens Manage Their Stress](#)**
- **[Stress Management: Helping Your Child With Stress](#)**

References:

<https://www.villagepediatricgroup.com/2024/08/16/empowering-teen-health-expert-guide-to-adolescent-wellness/>

<https://www.niddk.nih.gov/health-information/weight-management/take-charge-health-guide-teenagers>

<https://commonwealthpeds.com/teen-health-matters-the-needs-of-adolescents/>

Teen Marijuana Use

Marijuana is one of the most commonly used illicit substances among adolescents in the United States. While marijuana is not legal in any state for teen use, the changes in legalization across our country have created an environment in which marijuana is increasingly seen as acceptable, safe, and therapeutic (American Academy of Pediatrics). Despite a significant decline in teen marijuana use over the last few years, the National Institute on Drug Abuse reports that use remains substantial, with 26% of 12th graders, 16% of 10th graders, and 7% of 8th graders reporting use in the last year (2023 Monitoring the Future Survey).



The modes of use of marijuana vary greatly from smoking the dried plant to drinking beverages containing THC products. Vaping marijuana and consuming edible THC products have been rising trends amongst teens. Vaping is available in many flavors and the THC concentrations are often higher.

It is important for parents and caregivers to understand that today's marijuana is vastly different than it was in previous decades. Not only have we seen an increase in product expansion, but the potency of marijuana has also changed. Today's marijuana plants are grown differently and contain three to four times more THC (the ingredient in marijuana that produces a high) compared to the past (Drug Enforcement Agency). According to the DEA, in 1995 the average amount of THC found in marijuana was about 4% compared to 16% in 2022. The ingredient of the marijuana plant thought to have the most medical benefits, CBD, has not increased and remains at about 1%. In addition to more potent products, new modes of consumption have also changed the landscape of marijuana use. For example, the concentration of THC in vaping cartridges can be as high as 60-90%.

The high potency of marijuana can significantly impact teens, potentially harming their developing brains and leading to cognitive, mental health, and behavioral problems. The brain continues to develop into the mid- 20's. Marijuana use, especially high potency THC, can interfere with crucial brain functions like attention, memory, learning and decision-making. Other risks include:

- Increased risk of mental health issues such as psychosis, depression, anxiety, anger, irritability, moodiness, and risk of suicide.
- School difficulties, including lack of motivation, poor grades, and attendance issues.
- Impaired driving: Marijuana use negatively affects several skills required for safe driving, such as reaction time, coordination, and concentration.

- Increased risk of addiction: Teens who start using marijuana at a young age are more likely to develop a Cannabis Use Disorder, struggling to control their use despite negative consequences. According to the National Institute on Drug Abuse, people who begin using marijuana before age 18 are four to seven times more likely than adults to develop a cannabis use disorder.

Signs that a person has developed Cannabis Use Disorder include unsuccessfully trying to stop or control use, having cravings, struggling to fulfill responsibilities because of use, giving up social or recreational activities because of use, continuing to use despite causing problems in relationships, and developing a tolerance. If someone with Cannabis Use Disorder stops using suddenly, they may suffer from withdrawal symptoms that can cause irritability, anxiety, and changes in mood, sleep, and appetite.

Parents and caregivers play an important role in protecting the health and development of youth. Talking to children about marijuana at an early age can help them to make better choices and may prevent them from developing a problem with marijuana later. While some experts suggest 10 as a good age to start the conversation, no matter when the conversation begins, it is important to keep it going throughout the tween, teen, and young adult years. Below are tips on getting the conversation started:

- Ask what they have heard about using marijuana.
- Offer facts about the risks and consequences of using marijuana.
- Explain that research tells us that the brain continues to grow into the 20s. While it is developing, there is greater risk of harm from marijuana use (including addiction).
- Address peer pressure- help develop refusal skills and strategies for navigating peer pressure to use marijuana.
- Offer support- try to keep judgement or anger out of the conversation. Kids will shut down if they think they are in trouble for their feelings about marijuana. Reinforce that they can come to you with questions and that your priority is keeping them safe.
- Set shared expectations for healthy behaviors.
- Set clear expectations and rules regarding drug use and enforce them consistently.
- Foster a positive environment by encouraging substance-free activities.

For more help on how to talk to kids and teens about marijuana, explore the Marijuana Talk Toolkit from the Partnership to End Addiction:

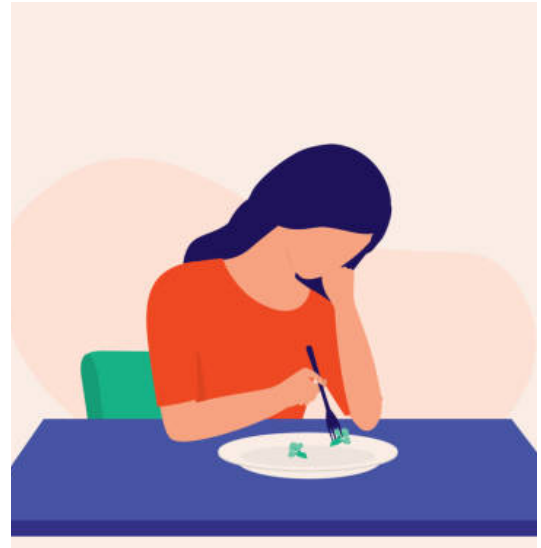
https://drugfree.org/wp-content/uploads/2017/02/Marijuana_Talk_Kit.pdf

References:

American Academy of Child and Adolescent Psychiatry; American Academy of Pediatrics; Centers for Disease Control and Prevention (CDC); Drug Enforcement Agency (DEA Get Smart About Drugs); National Institute on Drug Abuse (NIDA); National Institutes of Health (NIH)

Eating Disorders

According to a study published by the American Journal of Psychiatry, eating disorders are “associated with high premature mortality and are generally considered to be among the most lethal of all psychiatric disorders.” John Hopkins Medicine reports that the average age of onset for an eating disorder is between 12-25, and one statistic by Eating Disorder Hope details that 13% of adolescents will suffer, at one point in time, from the symptoms of an eating disorder. Although studies have shown that the rates of eating disorders are rising for young men, they have, historically, disproportionately affected an alarming number of young women, and, according to the University of Arkansas’ Medical Sciences department, an estimated 5-10 million women in the United States suffer from an eating disorder.



The American Psychiatric Association defines eating disorders as “behavioral health conditions characterized by severe and persistent disturbances in eating behaviors and associated distressing thoughts and emotions.” It is important to note that ‘disordered eating’ should not be confused with eating disorders; disordered eating may or may not be habitual or pattern-oriented, and one’s ‘disordered eating’ patterns may or may not develop into a diagnosable eating disorder. According to John Hopkins Medicine, many eating disorders are characterized by a persistent, “excessive preoccupation with food” and dissatisfaction with one’s body shape or weight.” Eating disorders often go unreported because of the perceived shame, stigmatization and discouraging prognosis associated with the diagnosis. The two most common eating disorders are Anorexia Nervosa and Bulimia, and both of these disorders are associated with compulsive behaviors, such as:

- Fasting or binge-eating
- Excessive exercise
- Chewing and spitting or regurgitating food
- Excessive laxative, diuretic or diet pill misuse

Anorexia Nervosa, specifically, is defined by ‘self-starvation’ and weight loss resulting in “low weight for height and age”; a young person suffering from Anorexia Nervosa will commonly, but not necessarily, have a body mass index (BMI) under 18.5. One study from the National Institute of Mental Health (NIMH) reports “approximately 5% of patients dying” – either by suicide or as a result of severe health complications – “within four years” of an Anorexia diagnosis. Anorexia is associated with a number of physical and mental health complications, such as:

- Dizziness, fainting and muscle weakness
- Cold intolerance
- Osteoporosis (thinning of the bones) and stress fracturing

- Brittle hair and nails
- Irregular or non-existent menstrual cycle

Individuals who suffer from Bulimia, on the other hand, often alternate between restrictive dieting and ‘binge eating’ high-calorie foods. Binge eating is “defined as eating a large amount of food in a short period of time,” and it is often “associated with a sense of loss of control over what, or how much, one is eating.” Binge eating is often accompanied by self-induced vomiting or other compensatory behaviors that an individual might use to prevent weight gain. Some signs and symptoms of Bulimia include:

- Dental decay resulting from erosion of enamel
- Chronic sore throat
- Frequent trips to the bathroom after meal times
- Dizziness and dehydration

Other eating disorders include, but are not limited to, Binge Eating Disorder, Avoidant Restrictive Food Intake Disorder (ARFID), Rumination Disorder, and Pica. Avoidant Restrictive Food Intake Disorder (ARFID), specifically, is a newly defined eating disorder that “involves a disturbance in eating resulting in persistent failure to meet nutritional needs and extreme picky eating.” While ARFID may result in extreme weight loss, it is dissimilar to Anorexia because sufferers are not typically concerned with body shape; they are often concerned with the type of food they consume and experience extremely limited interest in a select few preferred foods.

Although it is too difficult to nail down one leading cause, many researchers agree that there is likely a genetic component to eating disorders, and some ‘risk factors’ for eating disorders among adolescents include bullying, having limited social networks, frequent dieting, trauma and weight stigma. Indeed, young men and women who are isolated are far more likely to fall victim to the kinds of messaging that they erroneously believe might help them ‘earn’ acceptance or social status. According to the Association of State and Territorial Health Officials, social media usage can “negatively influence body image” and lead to disordered eating or body comparison; adolescent girls generally use social media “more than adolescent boys” and are typically more likely to be exposed to unhealthy or unsafe dieting content that promotes the ‘idealized,’ although often malnourished, body type.

Eating disorders often co-occur with other psychiatric or substance use conditions, such as Obsessive Compulsive Disorder, mood or Generalized Anxiety Disorders, and Alcoholism. Eating disorders not only affect an individual’s ability to eat, but an individual’s ability to sleep, learn, manage depressive or anxious symptoms, and engage in healthy, sustainable relationships. Providers recommend that these comorbidities are addressed in their entirety, and some patients who suffer from severe eating disorders will be generally ambivalent to treatment until the underlying psychological complications which ultimately provoke the eating disorder are properly treated.

Especially considering the danger of these eating disorders, early detection and intervention is crucial for a patient’s successful recovery. Depending on the severity of the disorder’s manifestation, Mayo Clinic suggests a number of therapeutic treatment options for eating disorders. Most patients will need to consult with a dietitian who will be able to recommend a realistic nutrition or eating plan, and other patients who are managing especially

severe symptoms should seek medical specialists who can address the co-occurring health issues that may come about as a result of malnutrition or self-induced vomiting. Some patients experience relief after extended cognitive behavioral therapies (CBT) in which a therapist helps them address the distorted thought or belief patterns that have triggered unhealthy behaviors. Similarly, dialectical behavioral therapy (DBT) helps a patient develop skills to manage distress and maintain healthy relationships.

In more severe cases, some eating disorder patients may need to be admitted to hospital day treatment or residential programs, where they will receive more intensive care for ongoing symptoms and where their physical health issues may be managed. Patients in these programs will be encouraged to take an active role in such a non-linear recovery process, and they will be supported through the often frightening, yet ultimately rewarding, journey to healthy eating.

For more information regarding treatment options for eating disorders, please see [Science Direct's 'Established and Emerging Treatments for Eating Disorders.'](#)

For more information regarding the nature of eating disorders and their symptoms, please see [Mayo Clinic's Overview of Eating Disorders.](#)

References:

American Journal of Psychiatry on the Deadliness of Eating Disorders:

[https://www.psychiatryonline.org/doi/10.1176/appi.ajp.2021.21101069#:~:text=Eating%20disorders%20\(e.g.%2C%20anorexia%20nervosa,all%20psychiatric%20disorders%20\(1\).](https://www.psychiatryonline.org/doi/10.1176/appi.ajp.2021.21101069#:~:text=Eating%20disorders%20(e.g.%2C%20anorexia%20nervosa,all%20psychiatric%20disorders%20(1).)

American Psychiatric Association Definition of Eating Disorder:

<https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>

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Association of State and Territorial Health Officials on Eating Disorders and Social Media:

<https://www.astho.org/communications/blog/reducing-the-impact-of-eating-disorders-on-adolescent-girls/>

John Hopkins Medicine on National Institute of Mental Health on Anorexia Nervosa:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8429328/>

Mayo Clinic on Eating Disorder Treatments: <https://www.mayoclinic.org/diseases-conditions/eating-disorders/in-depth/eating-disorder-treatment/art-20046234>

University of Arkansas Medical Sciences on Prevalence of Eating Disorders:

<https://medicine.uams.edu/pediatrics/specialties/sections/adolescent-medicine/patient-care/eating-disorders/prevalence/>