The 2023 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues:

Mental Health and Wellness
The Delaware 2023 Epidemiological Profile: Substance Use, Mental Health, and Related Issues

is prepared for

Director Joanna Champney and the Delaware Division of Substance Abuse and Mental Health & The Delaware State Epidemiological Outcomes Workgroup

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. The report includes modules that highlight indicators of mental health and wellbeing, patterns of substance use and its consequences, and risk and protective factors for people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This module is part of a series of materials. To review the Annual Epidemiological Profile Companion Guide (which includes data notes), modules on additional topics, downloadable slides, and infographics, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page. Links to presentations referenced in the annual profile are available from the Presentations webpage.

The SEOW is facilitated by a team at the Center for Drug and Health Studies at the University of Delaware that convenes a network of more than 100 representatives from approximately 55 state and nonprofit agencies, community organizations, advocacy groups, and other entities. The SEOW’s mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment efforts in Delaware. To learn more, please visit the What is the SEOW? webpage.

The annual Delaware Epidemiological Profile is a publication of the Delaware State Epidemiological Outcomes Workgroup (SEOW) project. Funding for the SEOW has been provided by the Department of Health and Social Services, Division of Substance Abuse and Mental Health through funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please address all inquiries to M.J. Scales, MPH, CPS, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: mjcales@udel.edu.
Mental Health and Wellness

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Mental Health and Wellness

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood to adolescence through adulthood. (Centers for Disease Control and Prevention, n.d.)

According to the Centers for Disease Control and Prevention (CDC), mental illnesses are among the most common health problems experienced throughout the country. Approximately one in five adults live with a mental health disorder and 5% of adults live with a serious mental illness, such as schizophrenia or major depression. The CDC also reports that mental illnesses are common among youth (CDC, n.d.).

Mental health disorders may arise from multiple causes ranging from biological or genetic factors to life circumstances and stressors such as trauma, or they may result from a combination of factors. Though often challenging, mental illnesses are treatable with adequate support but recognizing the need for treatment and accessing quality healthcare services can be difficult.

Mental health is a major component of one’s overall health and wellbeing. Physical illnesses and mental illnesses frequently co-occur (National Institute of Mental Health, n.d.). Similarly, substance use disorders and mental health problems often co-occur (National Institute on Drug Abuse, 2020). The co-occurrence of substance use disorders and mental health disorders may be due to common risk factors for both conditions, or one condition may lead to the other. Given the interaction between emotional wellbeing, substance use, and physical health, integrated health care approaches are critical.

This section of the 2023 Delaware Epidemiological Profile provides an overview of mental health and wellness in Delaware drawing upon the following data sources:

- National Survey on Drug Use and Health (NSDUH)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Household Pulse Survey
- Delaware School Survey (DSS)
- Youth Risk Behavior Survey (YRBS)
- Delaware Department of Health and Social Services:
  - Division of Public Health, Delaware Health Statistics Center
  - Division of Substance Abuse and Mental Health, REPH
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Crisis Text Line
National Survey on Drug Use and Health

There are several data sources for monitoring mental health among Delaware adults, including the National Survey on Drug Use and Health (NSDUH). This survey provides an annual report with U.S. estimates and state comparisons for major substance use and mental health indicators. NSDUH estimates that nearly one in five Delaware adults experienced some type of mental illness in the past year and 4.3% experienced a serious mental illness. Approximately 8% of Delaware adults aged 18 or older reported a major depressive episode in that time frame and 3.91% reported serious thoughts of suicide. For all measures, estimates were highest among the 18 to 25 year age group. For example, more than one in five (21.78%) adults aged 18 to 25 reported having a major depressive episode in the past year, compared to 6.08% of those 26 or older.

<table>
<thead>
<tr>
<th>Past Year Mental Health Measures, by age group, Delaware: model-based prevalence estimates, NSDUH(^2), 2021 (in percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Any mental illness(^3)</td>
</tr>
<tr>
<td>Serious mental illness(^4)</td>
</tr>
<tr>
<td>Major Depressive episode(^5)</td>
</tr>
<tr>
<td>Serious thoughts of suicide</td>
</tr>
<tr>
<td>Made any suicide plans</td>
</tr>
<tr>
<td>Received mental health services(^6)</td>
</tr>
</tbody>
</table>

Figure 1: Past year mental health indicators for Delaware adults, NSDUH 2021

Due to changes in the survey methodology made during the COVID-19 pandemic, NSDUH guidance advises against comparing data collected in 2020 or later with data collected in 2019 or earlier. As a result, the NSDUH estimates presented here are based on only one year of data (2021) rather than the typical combined two-year estimates and are considered preliminary. With the following data, SAMHSA cautions: “Because 2021 state estimates are based on a single year of data, there is greater variance around the estimates than for the usual two-year estimates, particularly in small states and for

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\(^1\) Source: "2021 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)." Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

\(^2\) Estimates are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques.

\(^3\) Any mental illness (AMI) “…aligns with the *Diagnostics and Statistical Manual of Mental Disorders, 4*\(^{th}\) Edition (DSM-IV) criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder other than a developmental or substance use disorder….”

\(^4\) Serious mental illness (SMI) is aligned with DSM-IV criteria. “…Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment….”

\(^5\) Major depressive episode is aligned with the criteria presented in the Diagnostic and Statistical Manual of Mental Disorders, 5\(^{th}\) Edition (DSM-5) which specifies a period of depressed mood, loss of interest or pleasure, and a majority of depressive symptoms for at least two weeks.

\(^6\) Mental health services include both inpatient and outpatient treatment or counseling as well as prescription medication to address “problems with emotions, nerves, or mental health.”
uncommon outcomes.” Users of this data can visit the NSDUH State Data Tables for more documentation on methodology.

Behavioral Risk Factor Surveillance System (BRFSS)  
The Delaware Department of Public Health participates in the annual Behavioral Risk Factor Surveillance System (BRFSS), a survey funded by the Centers for Disease Control and Prevention (CDC) to monitor trends in adult health behaviors. The survey includes a question about depression. (Additional health behavior data is available through the CDC’s interactive data portal.)

## Adults Ever Told They Had Depression, BRFSS, 2021 (in percentages)

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.4</td>
<td>83.6</td>
</tr>
<tr>
<td>95% CI</td>
<td>14.7 - 18.0</td>
<td>82.0 - 85.3</td>
</tr>
<tr>
<td>n</td>
<td>578</td>
<td>3045</td>
</tr>
</tbody>
</table>

Figure 2: Adults who were ever told that they had a form of depression, BRFSS, Delaware 2021

In 2021, approximately one in six adults reported on the BRFSS that at some point in their lifetime they had been told that they had a form of depression. The rate was considerably higher among females (20.5%) who reported nearly twice the rate of males (11.8%).

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (%)</td>
<td>11.8</td>
<td>20.5</td>
</tr>
<tr>
<td>95% CI</td>
<td>9.6 - 14.1</td>
<td>18.2 - 22.9</td>
</tr>
<tr>
<td>n</td>
<td>170</td>
<td>408</td>
</tr>
</tbody>
</table>

| Percent (%)  | 88.2 | 79.5   |
| 95% CI       | 85.9 - 90.4 | 77.1 - 81.8 |
| n            | 1448 | 1597   |

Figure 3: Adults who were ever told that they had a form of depression, by gender, BRFSS, Delaware, 2021

According to the Delaware My Healthy Community dashboard, in 2021, 87% of adults reported good mental health (defined on the dashboard as having “14 or fewer poor mental health days”).

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7 Source: Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS). Explore BRFSS Data by Location.
Household Pulse Survey

The Household Pulse Survey, a collaboration of the U.S. Census Bureau, the National Center for Health Statistics, and other federal agencies, was designed to provide “real time” data on the health and social impacts of the COVID-19 pandemic. The survey includes questions on anxiety and depression. The following graphs provide national and Delaware data on these self-reported measures from mid-July 2022 through mid-August 2023.

The rates of anxiety reported by Delaware adults ranged throughout the past year, but generally hovered around 24%, slightly lower than the national rates. The reported rates of depression for Delaware and the U.S. were slightly lower. In Delaware, adults reporting depression ranged from a low of 13.7% in December 2022 to a high of 26.1% in September 2022. Although these rates are slightly lower than those reported in the preceding year, they are higher than the indicators from the 2019 National Health Interview Survey that the CDC considers an appropriate benchmark.

Figure 4: Symptoms of Anxiety, Household Pulse Survey, Delaware and US adults, 7/27/2022 to 8/7/2023

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According to the CDC Household Pulse Survey webpage (which also provides a dashboard for these indicators): “Estimates of mental health based on the 2019 NHIS may be useful benchmarks for comparison with estimates from the Household Pulse Survey. In 2019, 8.1% of adults aged 18 and over had symptoms of anxiety disorder, 6.5% had symptoms of depressive disorder, and 10.8% had symptoms of anxiety disorder or depressive disorder.” Previously reported Household Pulse Survey mental health data is included in the 2022 edition of the Delaware Epidemiological Profile.

Respondents were asked two questions: “Over the last 7 days*, how often have you been bothered by feeling nervous, anxious, or on edge?”; and “Over the last 7 days, how often have you been bothered by not being able to stop or control worrying?” For each scale, the answers are assigned a numerical value: not at all = 0, several days = 1, more than half the days = 2, and nearly every day = 3. The two responses for each scale are added together. A sum equal to three or greater on the PHQ-2 has been shown to be associated with diagnoses of major depressive disorder.
Although the rate of Delaware adults reporting symptoms of anxiety or depression ranged throughout the year, at least one in five reported having symptoms of either at some point during this time frame.

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11 Respondents were asked two questions: “Over the last 7 days*, how often have you been bothered by having little interest or pleasure in doing things?”; and “Over the last 7 days, how often have you been bothered by feeling down, depressed, or hopeless?” For each scale, the answers are assigned a numerical value: not at all = 0, several days = 1, more than half the days = 2, and nearly every day = 3. The two responses for each scale are added together. A sum equal to three or greater on the PHQ-2 has been shown to be associated with diagnoses of major depressive disorder.

* Beginning in Phase 3.2 (July 21, 2021) of data collection and reporting, the question reference period changed from the ‘last 7 days’ to the ‘last two weeks’.

Delaware School Survey (DSS)\textsuperscript{12}

There are several sources of data useful for monitoring the mental health of Delaware youth. The Delaware School Surveys (DSS) are state-funded annual surveys administered to 5\textsuperscript{th}, 8\textsuperscript{th}, and 11\textsuperscript{th} grade public school students throughout Delaware. There are two versions of the survey, one for 5\textsuperscript{th} grade students and a secondary version for 8\textsuperscript{th} and 11\textsuperscript{th} graders. The DSS are designed to provide estimates of youth substance use and related factors, including emotional health and wellbeing. (For more information or to review the survey questionnaires and earlier reports, visit the DSS page of the University of Delaware Center for Drug and Health Studies website. Due to the data gap in 2020 as well as the changes in the methodology for the 2021-2022 administration, results of the 2022 DSS should be compared with caution to previous DSS survey results.\textsuperscript{13})

Several questions on the 2022 DSS focus on student perceptions of their emotional health. The Wellbeing Index is estimated using two questions modeled on Cantril’s Ladder, which asks students to imagine a ladder with steps numbered from “0” at the bottom and “10” at the top. The top of the ladder represents the best possible life for the student, and the bottom of the ladder represents the worst possible life. Students are asked to respond with which step of the ladder they feel that they personally stand on now, and which step they think they will stand on in five years. Present and Future scales vary slightly. The Present scale categorizes steps 7-10 as Thriving and steps 5-6 as Struggling. The Future scale categorizes steps 8-10 as Thriving and 5-7 as Struggling. Both scales categorize steps 0-4 as Suffering.

On a positive note, six out of ten 5\textsuperscript{th} graders saw themselves as thriving at the time of the survey. However, 19% believed that they were suffering and another 22% identified as struggling. When asked to envision the future, the number of students who believed they would be thriving increased slightly to 63%.


\textsuperscript{13} For more information regarding pandemic impacts on school survey data collected by CDHS, readers can visit the Companion Guide to the 2023 Epidemiological reports.
Eighth grade students appeared to have views similar to 5th graders with 59% describing themselves as thriving at the time of the survey. One in four students identified as currently struggling and 17% identified as suffering. While approximately the same rate of students believed they would be struggling in five years (23%), the number of students who thought they would be struggling dropped to 8% and those who believed they would be thriving increased to 69%.
Just under half of 11th graders (49%) believed they were thriving at the time of the survey but one in five students identified as suffering. Yet they appeared the most optimistic; when asked about the future, the percentage of students who believed they would be suffering dropped to 6% while two out of three students believed they would be thriving.

![Wellbeing index, Now and Five Years in the Future, 11th Grade, DSS 2022 (in percentages)](image)

Students are also asked on the DSS how they would generally rate their own emotional health and given five response categories: excellent, very good, good, fair, or poor. As the following three pie charts illustrate, 5th grade students were more likely to rate their emotional health as excellent (23%) or very good (23%) compared to 8th and 11th graders. Another 26% reported that their emotional health was good, while 23% rated it as fair and 5% rated it as poor. Perceptions of positive emotional wellbeing declined across grade levels, with only 19% of 8th graders and 12% of 11th graders reporting excellent emotional health. Roughly the same percentage of 8th and 11th grade students rated their emotional health as poor (13% and 14%, respectively).
Emotional Health among 5th Graders, DSS 2022
(in percentages)

- Excellent: 23%
- Very Good: 23%
- Good: 26%
- Fair: 23%
- Poor: 19%

Figure 10: Emotional health, 5th grade, DSS 2022

Emotional Health among 8th Graders, DSS 2022
(in percentages)

- Excellent: 19%
- Very Good: 22%
- Good: 24%
- Fair: 22%
- Poor: 13%

Figure 11: Emotional health, 8th grade, DSS 2022
Finally, the DSS includes questions regarding recent experiences of anxiety\textsuperscript{14} and depression.\textsuperscript{15} The charts on the following pages highlight the 2022 findings for 8\textsuperscript{th} and 11\textsuperscript{th} graders by race and gender.

Overall, nearly three in ten 8\textsuperscript{th} graders reported that they had felt very nervous or anxious for a majority of the two weeks before responding to the survey. In terms of race, anxiety was most commonly reported by non-Hispanic White students (33%) and least commonly reported by non-Hispanic Black students. There was a substantial difference across genders, with girls reporting at more than twice the rate of boys (38% compared to 16%). However, rates were highest among students who identify as nonbinary with an alarming rate of 63%.

\textsuperscript{14} Anxiety is defined as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

\textsuperscript{15} Depression is defined as students who respond that they have been bothered by feeling down, depressed, or hopeless on more than half of the days in the past two weeks.
In the 2022 DSS Secondary survey, students were asked to identify their gender as boy, girl, nonbinary, or to self-describe their gender. Data reported from the DSS by gender here reflects these three primary categories (boy, girl, and nonbinary/self-describe) and students’ responses are reported by their self-identified gender. As a result, the categories of “boy” and “girl” may include both cisgender and transgender students. For more detailed information about nonbinary and transgender students in the DSS, please visit the module on Gender and Sexuality.

In order to increase the sample size for reporting purposes, students are included in the “Another/Mixed race” category in the DSS if they identify their race as Asian, Native Hawaiian or Pacific Islander, American Indian, another race not listed, or if they select multiple races from the provided options.

Figure 13: Anxiety by gender\textsuperscript{16}, race\textsuperscript{17} and ethnicity, 8\textsuperscript{th} grade, DSS 2022
Similar to rates of anxiety, more than half (53%) of nonbinary students reported depression compared to the overall rate of 20%. One in four girls reported depression compared to approximately one in ten boys. Non-Hispanic Black students were slightly less likely to report depression (15%) than students of other races (ranging from 21-23%).
Overall, in 2022, nearly one in three 11th grade students (30%) reported experiencing anxiety in recent weeks. The same gender patterns emerge when considering the data. Girls were twice as likely to report anxiety as boys (37% compared to 19%); however, the highest rate was reported by students who identify as nonbinary (71%). Differences were not as pronounced across race. Rates ranged from 25% among non-Hispanic Black students to 34% among non-Hispanic White students.
In 2022, 24% of 11th graders reported recently experiencing depression. When considering depression and gender, the same pattern emerges as that among younger students. More than half (60%) of 11th grade nonbinary students reported depression. This was twice the rate of girls who reported depression (28%) and four times the rate of boys (15%). The prevalence range did not vary substantially across races.

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18 Differences in depression by race and ethnicity in 11th graders were not statistically significant.
Youth Risk Behavior Survey (YRBS)\(^{19}\)

The Youth Risk Behavior Survey (YRBS) is a CDC-funded survey that is administered in odd-numbered years to both national and state samples of students. The survey monitors various topics of health and behaviors, including mental health indicators. Delaware has participated in these surveys for over 20 years. The following charts highlight 2021 Delaware YRBS findings related to depression and suicide among high school students.\(^{20}\)

Almost four in ten high school students (37%) in Delaware responding to the 2021 YRBS reported sustained periods of sadness or hopelessness in the preceding year. In a notable difference from the 2022 Delaware School Survey findings, males were much more likely to report feelings of depression on the YRBS (50%) compared to females (23%). In general, reported depression increased slightly across grade levels, from 33% among freshman to 42% among seniors.

![High School Students Who Felt Sad or Hopeless Almost Every Day for 2 or More Weeks in a Row, YRBS 2021 (in percentages)](image)

**Figure 17:** High school students who felt sad or hopeless in the past 12 months, YRBS, Delaware 2021

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\(^{20}\) Until the 2023 YRBS data is analyzed, comparisons of the 2021 data to previous data should be avoided, as findings from the 2021 data may be an exception to ongoing trends. For a more detailed description of pandemic impacts on data collection as it pertains to the YRBS, please refer to the [Companion Guide](https://nccd.cdc.gov/Youthonline/App/Default.aspx) accompanying this report.
Of even greater concern, nearly one in five high school students reported seriously considering suicide in the previous year. Sixteen percent of students indicated that they had made a suicide plan and almost one in ten (9%) reported that they had attempted suicide in the year before taking the survey.

Figure 18: High school students who attempted suicide, past year, YRBS 2021

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>11th</td>
<td>12</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>10th</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>9th</td>
<td>10</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Total: 9

Figure 19: High school students who made a plan for suicide, past year, YRBS 2021

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th</td>
<td>14</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>11th</td>
<td>18</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>10th</td>
<td>15</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>9th</td>
<td>16</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

Total: 16
Delaware Suicide Deaths

The Division of Public Health (DPH) gathers and reports data associated with suicide deaths occurring in Delaware. A team from DPH presented an overview of suicide rates to the Delaware Suicide Prevention Coalition in June 2023. The following data points are based on age-adjusted five-year rates for the state:

- The overall rate of suicide in Delaware (2016 to 2020) is 11.4 per 100,000 population.
- Considerably higher rates are recorded among males than females (19.5 compared to 3.9 per 100,000 population).
- Rates are also higher among Non-Hispanic Whites (15.1 per 100,000) compared to Non-Hispanic Blacks and Hispanics (5.7 and 4.7 per 100,000 population, respectively).
- From 2016 to 2020, the highest rates recorded are among the 45 to 54 year age group (15.6 per 100,000). However, people aged 85 and older had the highest rates (20.6 per 100,000) from 2014 to 2018.
- Since 2000, firearms have been the most common means of suicide. Between 2016 and 2020, firearms were involved in 48% of suicide deaths in Delaware. Thirty percent involved suffocation.

The Delaware Division of Forensic Science (DFS) compiles an annual report that includes Delaware data on certified deaths. According to DFS, there were 133 deaths by suicide certified in Delaware in 2022.

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Figure 20: High school students who seriously considered suicide, past year, YRBS 2021

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Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center. Excerpted with permission from: Delaware Suicide Rates. Presentation to the Delaware Suicide Prevention Coalition, June 26, 2023.
Firearms were the most common means identified, involved in 78 suicide deaths, followed by hanging which occurred in 24 suicide deaths (DFS, 2023).

988: The National Suicide Prevention Line
In 2021, the Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health, ContactLifeline, and 988 Planning Coalition members began laying the groundwork for 988. The transition of the National Suicide Prevention Line’s (NSLP) 1-800 number to this easy to remember, 3-digit number is designed to quickly connect people experiencing a mental health crisis to a mental health counselor. Delaware’s phased implementation of 988 began in July 2022 and will continue over the next three years. Since its launch, ContactLifeline has responded to over 4,000 crisis calls through the NSLP line. 988 is part of the mental health crisis response continuum in Delaware which also includes adult and child crisis lines as well as behavioral health treatment services. Services are available through talk and text with special menu options for veterans, Spanish speakers, and LGBTQ+ youth. For more information or to request outreach materials, visit: [Delaware.gov/988](http://Delaware.gov/988).

![Figure 21: Behavioral health crisis calls, Delaware, 2022](image)

<table>
<thead>
<tr>
<th>ENTITY</th>
<th>CALLS in 2022</th>
<th>PER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ContactLifeline (NSPL line)</td>
<td>4,166</td>
<td>347</td>
</tr>
<tr>
<td>DSAMH Adult Crisis Lines</td>
<td>14,159</td>
<td>1,180</td>
</tr>
<tr>
<td>Child Crisis Line</td>
<td>5,589</td>
<td>466</td>
</tr>
<tr>
<td>Total</td>
<td>23,914</td>
<td>1,993</td>
</tr>
</tbody>
</table>

The Crisis Text Line
As part of a former Garrett Lee Suicide Prevention Grant, the Delaware Department of Services for Children, Youth and Their Families began to promote the Crisis Text Line (CTL) as a prevention strategy in June 2016. The first chart below provides the frequency of CTL conversations that have been attributed

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to Delaware’s Project SAFETY designation (text DE to 741741). As of September 1, 2023, CTL had 2,985 registered conversations under this designation with 16 active rescues, including four in the previous twelve-month period. The second chart illustrates the topics of conversations by those using CTL as coded by the trained volunteers. Relationships, anxiety and stress, and depression and sadness continued to be the top three topics coded, followed by suicide, which was identified in nearly one in five conversations.

![Chart of texters, active rescues, and high risk wait times from June 20, 2016 to September 1, 2023.](chart)

**Figure 22:** Crisis Text Line conversations attributed to Delaware’s Project SAFETY designation, June 20, 2016 – September 1, 2023

<table>
<thead>
<tr>
<th>Issue Tagged by CCs</th>
<th>Filtered Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td>35.2%</td>
</tr>
<tr>
<td>Anxiety/Stress</td>
<td>33.6%</td>
</tr>
<tr>
<td>Depression/Sadness</td>
<td>30.6%</td>
</tr>
<tr>
<td>Suicide</td>
<td>19.3%</td>
</tr>
<tr>
<td>Isolation/Loneliness</td>
<td>14.8%</td>
</tr>
<tr>
<td>Self Harm</td>
<td>12.0%</td>
</tr>
<tr>
<td>3rd Party</td>
<td>11.8%</td>
</tr>
<tr>
<td>Grief</td>
<td>9.8%</td>
</tr>
<tr>
<td>Bullying</td>
<td>8.4%</td>
</tr>
<tr>
<td>Abuse, sexual</td>
<td>2.5%</td>
</tr>
<tr>
<td>Abuse, emotional</td>
<td>2.5%</td>
</tr>
<tr>
<td>Eating Body/Image</td>
<td>2.4%</td>
</tr>
<tr>
<td>COVID-19</td>
<td>2.3%</td>
</tr>
<tr>
<td>Gender/Sexual Identity</td>
<td>2.1%</td>
</tr>
<tr>
<td>Abuse, physical</td>
<td>1.8%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

**Figure 23:** Topics of Crisis Text Line conversations among texters using Delaware’s Project SAFETY designation

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23 These data only represent texters using this specific project designation and not all text conversations originating from phones with a Delaware area code (for example, those who text HOME to 741741).
Mental Health and Wellness Policy Updates

In August 2023, the Governor signed several new laws to enhance the mental health and wellbeing of Delaware residents:

- **House Bill 3** which “…provides for excused absences for the mental or behavior health of a student and requires that any student taking more than 2 such excused absences will be referred to a behavioral health specialist. This bill provides a supplemental tool to identify students struggling with mental and behavioral health issues and legitimizes these struggles faced by many students. Moreover, this bill makes clear that the mental and behavioral health of students is a priority in this State....”

- **House Bill 4**, known as Nolan’s Law: “…The purpose of this legislation is to provide more behavioral health supports to school districts and charter schools in the aftermath of a school-connected traumatic event, which is defined as the death of any student, educator, administrator, or other building employee of a public school....”

- **House Bill 160**, which, among other provisions, establishes a designated funding source and a .60 per month per line surcharge to support 988 Behavioral Health Crisis Intervention Services.
References and Data Sources


Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center. Excerpted with permission from: Delaware Suicide Rates. Presentation to the Delaware Suicide Prevention Coalition, June 26, 2023.

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Substance Abuse and Mental Health Services Administration. (2023). “2021 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia).”