

Mental Health and Wellness

The 2021 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues

prepared for

Director Joanna Champney and the Delaware Division of Substance Abuse and Mental Health

&

The Delaware State Epidemiological Outcomes Workgroup



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 a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Please address all inquiries to Laura Rapp, PhD, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: lrapp@udel.edu.



The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, received support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services initially supported the SEOW through SAMHSA Strategic Prevention Framework grants and continues to sponsor the SEOW with SAMHSA funding. 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 representatives from over 50 State and nonprofit agencies, community organizations, advocacy groups, and other entities. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), the SEOW's mission is to bring data on behavioral health and associated issues to the forefront of prevention and treatment by pursuing the following goals:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources;
- To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences;
- To create data-guided products that inform prevention and treatment planning and policies;
- To train agencies and communities in understanding, using, and presenting data effectively.

The annual Delaware State Epidemiological Profile is a valuable data resource for strategic planning, decision-making, and evaluation. Using data that are available on an ongoing basis, the report highlights 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 chapter provides an overview of mental health and wellness in Delaware. To review the complete report, slides, infographics, and other SEOW data products, please visit the UD Center for Drug and Health Studies [Delaware Epidemiological Reports](#) page. Video recordings of select SEOW presentations referenced in this report are also [available online](#).

SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful to the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction

Bellevue Community Center

Christiana Care Health System

Colonial School District

Delaware Academy of Medicine/Delaware Public Health Association

Delaware Afterschool Network

Delaware Center for Justice

Delaware Coalition Against Domestic Violence

Delaware Council on Gambling Problems

Delaware Courts - Office of the Child Advocate

Delaware Criminal Justice Council

Delaware Criminal Justice Information System

Delaware Department of Education

Delaware Department of Services for Children, Youth and their Families

Division of Prevention and Behavioral Health Services

Delaware Department of Health and Social Services

Division of Medicaid and Medical Assistance

Division of Public Health

Division of Services for Aging and Adults with Physical Disabilities

Division of Substance Abuse and Mental Health

Delaware Department of Safety and Homeland Security

Delaware State Police

Division of Alcohol and Tobacco Enforcement

Division of Forensic Science

Delaware Department of State

Delaware Office of Controlled Substances

Division of Professional Regulation, Prescription Monitoring Program

Delaware Domestic Violence Coordinating Council

Delaware Guidance Services
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Delaware State Board of Education
Holcomb BHS/Open Door, Inc.
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service
La Esperanza Community Center
Latin American Community Center
Mental Health Association in Delaware
Milford School District
NAMI Delaware
Nemours Health and Prevention Services
New Castle County Police Department
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sun Behavioral Delaware
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
University of Delaware
 College of Health Sciences
 College of Arts and Sciences
 Partnership for Healthy Communities
 Student Health & Wellness Promotion
Wesley College
West End Neighborhood House
Wilmington University

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If your organization is interested in becoming an SEOW Collaborator, please contact Meisje Scales at: mjscales@udel.edu.

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Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware has established a set of guidelines for reporting and interpreting data from surveys that it administers to students across the state. As a result, in the Delaware State Epidemiological Profile, data in some tables and figures may be aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report and provide an overview of changes relevant to this year:

- **Reporting small numbers:** For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.
- **Rounding:** All figures from Delaware School Survey (DSS) are rounded to the *nearest whole percent*. As such, in some cases the cells in a table may add up to slightly more or less than 100%.
- **Missing Observations:** In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
 - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
 - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)
- **Discrepancies in Reporting:** In some instances, there may be slight differences in estimates reported by the Center for Drug and Health Studies compared to those reported by other state or federal entities for the same data source. In most cases this is due to differing practices in rounding or handling missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.
- **Statistical Significance:** Unless otherwise indicated, all reported correlations between variables are statistically significant at the $p < .05$ level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the p-value for a

given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.

- Weighted Data: Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted, there will be a notation indicating the data is weighted for the specific fact, figure, or table.
 - A note about 2019 Youth Risk Behavior Survey (YRBS) Data: In previous years, Delaware received weighted Delaware YRBS survey data from the CDC for both middle and high school samples. However, during the 2019 administration, participation rates for the Delaware high school survey did not meet the required threshold for weighting the data. Therefore, this report only includes 2019 middle school findings from the YRBS. Whenever available, trend data from the CDC Youth Online Data Portal is also reported. Additional high school YRBS data from previous years may be requested by following the [Delaware Division of Public Data Information & Request Process](#).
- Pandemic Impacts on Data Collection: In 2020, the advent of the COVID-19 pandemic and subsequent school closures and shifts to remote learning greatly impacted our ability to collect school survey data. As a result, in 2020, we are unable to report any data from the Youth Tobacco Survey (YTS) for middle or high school, or from the Delaware School Survey (DSS) for 5th and 11th graders. We are, however, able to report figures from the 8th grade Delaware School Survey, based on responses from 3,799 respondents.

**2021 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES**

1. Mental Health and Wellness

National Overview

Mental health includes our emotional, psychological, and social well-being. 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: more than half of the people in the U.S. will be diagnosed with a mental illness or disorder during their lifetime; one in five Americans will experience a mental illness each year; one in five children will experience a “serious debilitating mental illness” at some point in their lifetime; and approximately 4%

of adults live with a serious mental illness, such as schizophrenia or major depression (CDC, n.d.). Mental health problems 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 these contributing dynamics. Though often challenging, mental illnesses are treatable, but recognizing the need for treatment and accessing services can be difficult.

Mental health is a major component of one’s overall health and well-being, and poor mental health is associated with higher risk for physical conditions, such as cardiovascular disease, diabetes, and Alzheimer’s dementia (National Institute of Mental Health, n.d.). Substance use disorders and mental health problems often co-occur. Findings from a National Institute on Drug Abuse (NIDA, 2020) research report indicates approximately half of individuals who experience a mental disorder will also experience a substance use disorder at some point in

Mental health is an important component of overall health. Substance use disorders and mental health conditions often co-occur.

Early research suggests that many Americans, including children, have experienced higher levels of distress since the start of the COVID-19 pandemic.

It is estimated that approximately 1 in 5 Delawareans has experienced any type of mental illness in the past year, and 1 in 20 has experienced a serious mental illness.

Although 1 in 5 Delaware 8th graders report recent symptoms of anxiety and 16% report recent symptoms of depression, the majority of students demonstrated hopefulness as they considered their future wellbeing.

their lifetime. The co-occurrence of substance use and mental health disorders may be due to common risk factors for both conditions, or one condition may lead to the other.

Several national behavioral health data sources indicate that many Americans have experienced higher levels of distress since the start of the pandemic, a period also marked by social and political unrest and economic uncertainty. For example, the American Psychological Association (APA) [Stress in America poll](#) revealed that a majority of adults have experienced unintended weight changes and changes in sleeping habits since March 2020. Nearly half have delayed or canceled health care services and nearly half of all parents reported that their stress levels had increased. The impacts appear disproportionate with certain groups experiencing greater degrees of distress, notably essential workers, Black Americans, and “Gen Z” adults, aged 18 to 23 (APA, 2021). The [Rapid Assessment of Pandemic Impact on Development – Early Childhood \(RAPID-EC\)](#) is an ongoing national study involving households with children aged five and under. RAPID-EC data indicates parental stress, loneliness, anxiety, and depression rose sharply in April 2020 and remained at that level before starting to decline in March 2021; however, these trends have increased slightly since June. Similarly, parents reported an increase in child behavioral problems in April 2020, a trend that has remained relatively stable since that time (RAPID-EC, n.d.). In addition to mental health changes observed since the start of the pandemic, COVID-19 impacts on substance use have been discussed throughout this report. Given the interaction between emotional health, substance use, and physical wellbeing, it will be critical to continue to collect and study this type of information in order to address public health needs.

Just as a positive state of overall health is more than the absence of disease, mental wellness is more than the absence of mental illness; it “...is an integral part of health...determined by a range of socioeconomic, biological and environmental factors....” (World Health Organization, 2018). Chapter 13 of this report includes a discussion of protective factors that contribute to emotional wellbeing in addition to substance use prevention.¹

Delaware Overview

Findings from the 2018-2019 National Survey on Drug Use and Health (NSDUH) estimate that approximately 20% of adults aged 18 and over in Delaware experienced any mental illness and approximately 5.4% experienced a serious mental illness in the preceding year (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). The same survey estimates that approximately 8.5% of Delaware adults experienced a major depressive episode in the previous year and one in 20 had serious thoughts of suicide (SAMHSA, n.d.). These estimates are slightly higher than the rates reported in the 2020 Delaware State Epidemiological Profile

¹ For a discussion of adverse childhood experiences (ACEs) which can lead to lifelong emotional and physical challenges, please see Chapter 11.

(Center for Drug and Health Studies, 2020). NSDUH findings also indicate that nearly 17% of Delaware adults received mental health services in the preceding year (SAMHSA, n.d.). According to America's Health Rankings which draws upon multiple data sources to report on various aspects of community health, in 2019, 13.5% of all adults in Delaware experienced frequent mental distress. Young Delaware adults (aged 18-44) were most likely to report experiencing frequent mental distress (United Health Foundation [UHF], n.d.). The age-adjusted suicide rate for Delaware in 2018 was 11.4 deaths per 100,000 (Delaware Department of Health and Social Services, Division of Public Health, n.d.). According to the Division of Forensic Science, there were 125 suicide deaths in the state in 2020 (Delaware Division of Forensic Science, 2021).

The 2017 Delaware High School Youth Risk Behavior Survey (YRBS) indicates that one in four high school students reported they had felt sad or hopeless almost every day for two weeks or more in a row in the previous year. Seven percent reported that they had attempted suicide in that time frame, which is similar to national YRBS rates. Eleven percent of Delaware middle school students responding to the 2019 YRBS reported that they had purposely hurt themselves without wanting to die during the past year. From 2013 to 2019, the percentage of middle school students who reported on the YRBS they had ever attempted suicide increased from 6.8% to 8.5%.

The Delaware School Survey (DSS) also includes questions regarding students' mental health and wellbeing. In 2020, one in five eighth graders reported symptoms of anxiety on more than half of the days in the previous two weeks and 16% reported feelings of depression. Female students were two and half times as likely to report feeling depressed or anxious compared to male students.

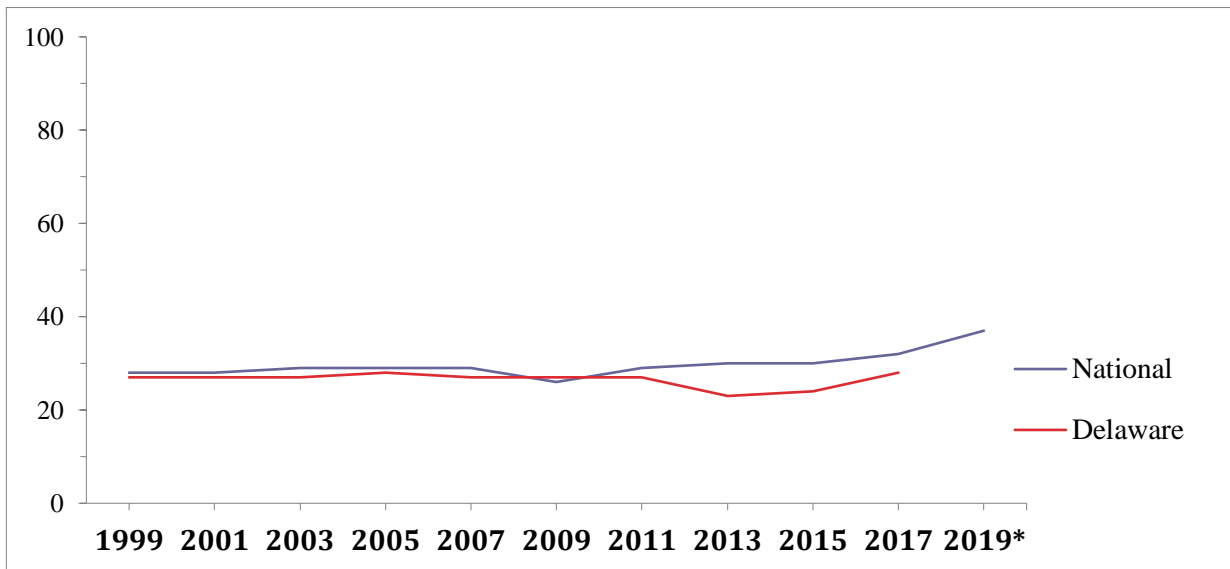
Several questions on the DSS are based on the Cantril Ladder, which asks the following: *Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.* On a positive note, when asked to rate themselves where they stood at the time of the survey using the Present ladder, two-thirds of 8th graders rated themselves in the top tier of the ladder² which is considered to be *thriving*. One in five students rated themselves in the middle tier which is considered to be *struggling*, and 14% rated themselves on the bottom tier, considered to be *suffering*. When asked where they envisioned they would be in five years, three-quarters saw themselves in the top tier, which suggests that the majority of students feel hopeful about the future, and the number of students who envisioned themselves in the lowest tier was reduced by half. Also noteworthy, when students were asked to rate their emotional health, slightly more than half of 8th graders rated it as either *excellent* (27%) or *very good* (26%), with another quarter rating it as *good*. Seven percent rated it as *poor*.

² The 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*.

These numbers illustrate that there is a profound need for mental health services for youth, as well as adults, in Delaware. In 2020, Delaware had 288.8 mental health providers per 100,000 people, a slight increase from previous years (UHF, n.d.). Since 2013, the Department of Services for Children, Youth and their Families has also deployed behavioral health consultants in most middle schools throughout the state to provide screening and other preventive services on-site. Nonetheless, the needs remain great, particularly for specialized services and for southern Delaware; according to the Health Resources and Services Administration (HRSA), Sussex County has a shortage of mental health facilities and received a Health Professional Shortage Area score of 18 or above, which qualifies as a high-priority area (Health Resources and Services Administration [HRSA], 2017).

A number of new initiatives have enhanced access to mental health resources in the state. In 2018, Delaware received several new federal grants to promote mental wellness among youth, including [Project DelAWARE](#) and the [Delaware Child Psychiatry Access Program](#). [Mentalhealthde.com](#) is a website recently launched to provide information on mental wellness, suicide prevention, and videos with practical tips for educators, parents, and a special section dedicated to teens. The [Delaware Hope Line](#) is a 24/7 helpline designed to assist Delawareans cope with the stress and behavioral health needs that may have been exacerbated by the COVID-19 pandemic, or who are experiencing challenges connecting to needed services. It provides a single point of contact for callers to connect with the full range of resources available through the Delaware Division of Substance Abuse and Mental Health (DSAMH). Callers can reach the Hope Line at: 1-833-9-HOPEDE (1-833-946-7333). Behavioral health tips and reminders are also available by texting DEHOPE to 55753. DSAMH also recently launched [Treatment Connections](#), a public portal to assist people seeking mental health and substance use disorder treatment. In addition, Delaware participates in the national Crisis Text Line, a promising practice for youth mental wellbeing, which is highlighted at the end of the following series of graphs.

Youth Risk Behavior Survey
National and Delaware High School Students
Feeling Sad or Depressed Almost Every Day for Two Weeks, Past Year,
1999-2019
(in percentages)



Year	National	Delaware
1999	28	27
2001	28	27
2003	29	27
2005	29	28
2007	29	27
2009	26	27
2011	29	27
2013	30	23
2015	30	24
2017	32	28
2019	37	-

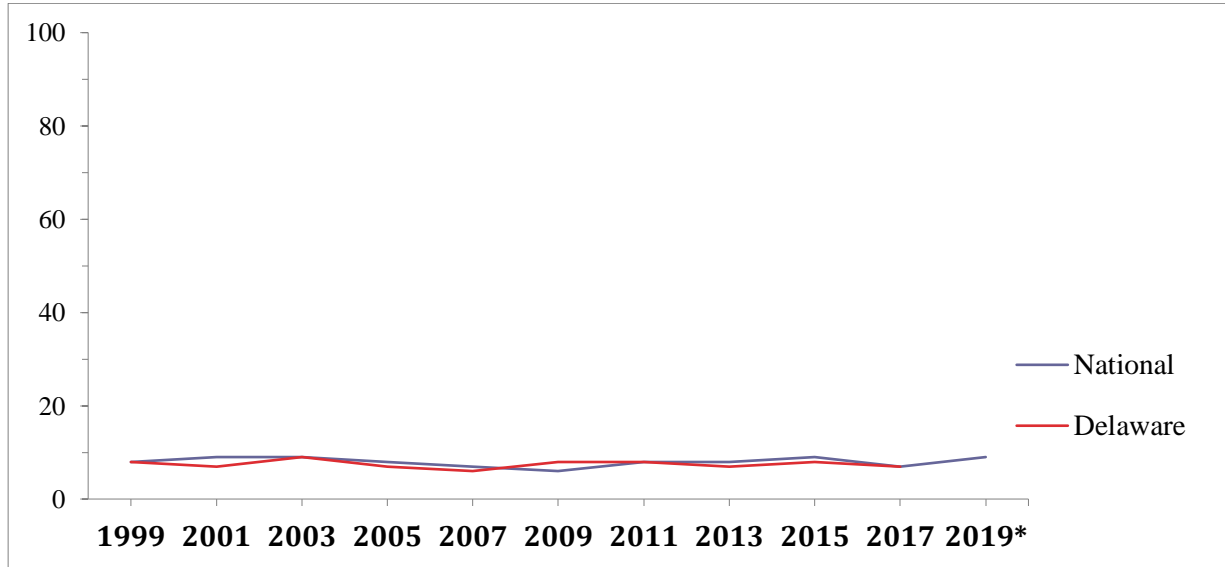
Figure 1: Trends in feeling sad/hopeless almost every day for 2 or more weeks, HS

Note: *National data is weighted; Delaware data is weighted except for in 2019, which is unavailable.

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

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Youth Risk Behavior Survey
National and Delaware High School Students
Trends in Attempted Suicide in the Past Year, 1999-2019
(in percentages)



Year	National	Delaware
1999	8	8
2001	9	7
2003	9	9
2005	8	7
2007	7	6
2009	6	8
2011	8	8
2013	8	7
2015	9	8
2017	7	7
2019	9	-

Figure 2: Trends in attempted suicide in the past year, HS

Note: *National data is weighted; Delaware data is weighted except for in 2019, which is unavailable.

Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](https://www.cdc.gov/behavioralriskfactorssurvey/)

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2019 YRBS Middle School Survey

Students Who Purposely Hurt Themselves within the Past Year Without Wanting to Die*, by Sex, Grade, and Race/Ethnicity (in percentages)

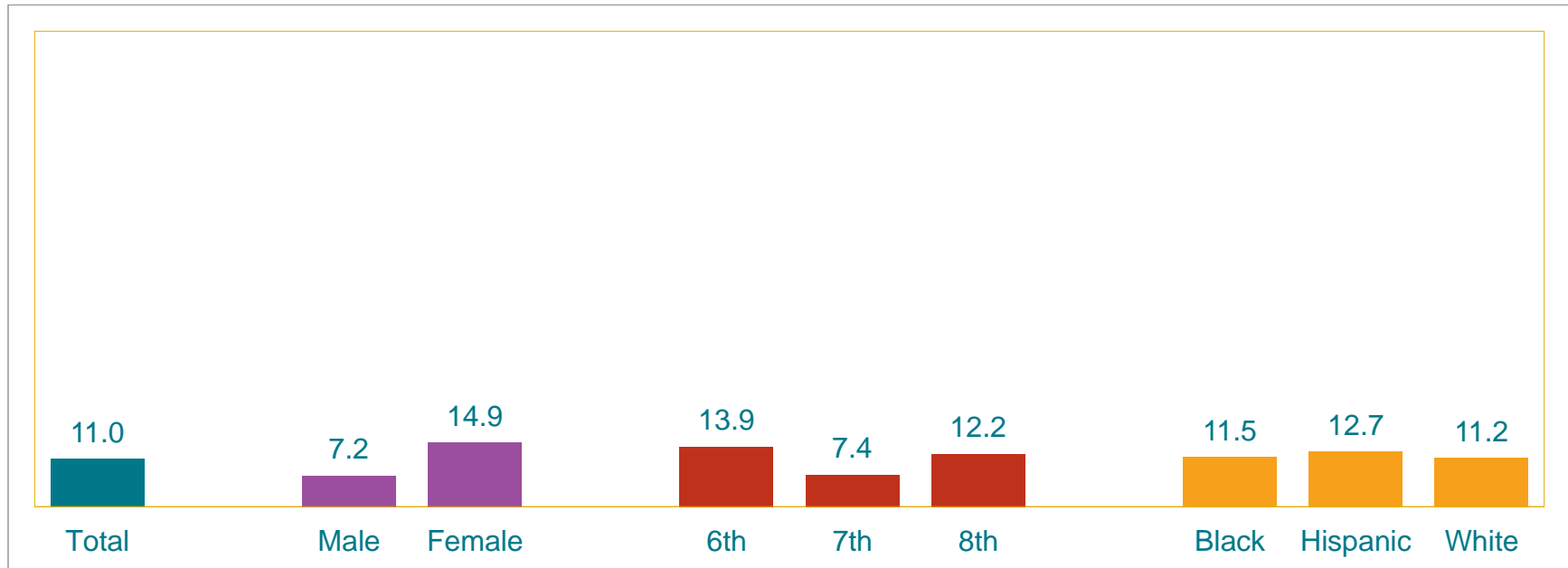


Figure 3: Students who purposely hurt themselves without wanting to die, by sex, grade, race and ethnicity, MS

Notes: *Such as cutting or burning themselves on purpose, during the 12 months before the survey

†F > M; 6th > 7th, 8th > 7th (Based on t-test analysis, $p < 0.05$.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

This graph contains weighted results.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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YRBS Middle School Survey

Students Who Ever Seriously Thought About Killing Themselves, 2007-2019 (in percentages)

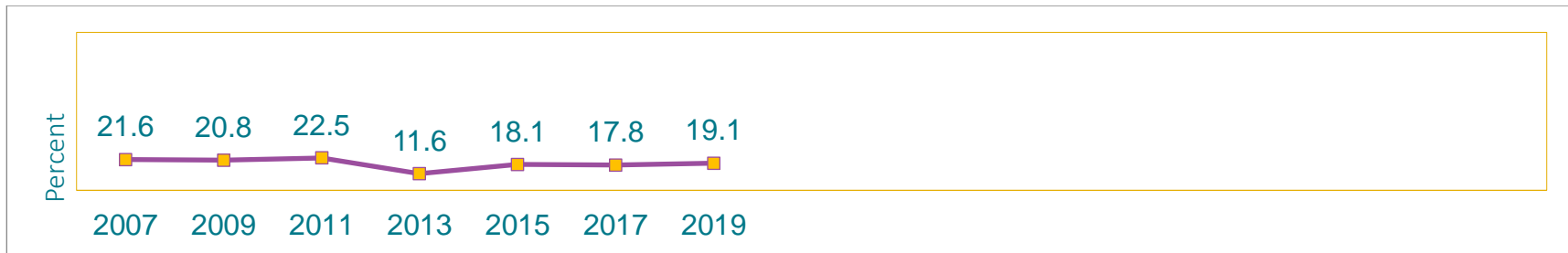


Figure 4: Students who ever seriously thought about killing themselves, 2007-2019, MS

Notes: *Decreased 2007-2019, decreased 2007-2013, increased 2013-2019 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).].

Students Who Ever Tried to Kill Themselves, 2013-2019 (in percentages)

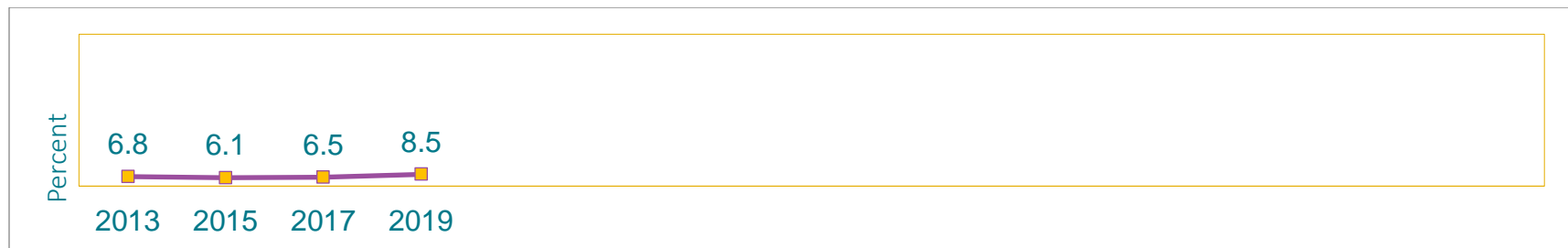


Figure 5: Students who ever tried to kill themselves, 2013-2019, MS

Notes: *Increased 2013-2019 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Graphs contain weighted results.

Source: ["2019 Delaware Youth Risk Behavior Survey, Middle School." Delaware Middle School Graphs. Centers for Disease Control and Prevention.](#)

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2020 Delaware School Survey
Anxiety* in the Past Two Weeks by Sex, Race, and Ethnicity
among 8th Grade Students
(in percentages)

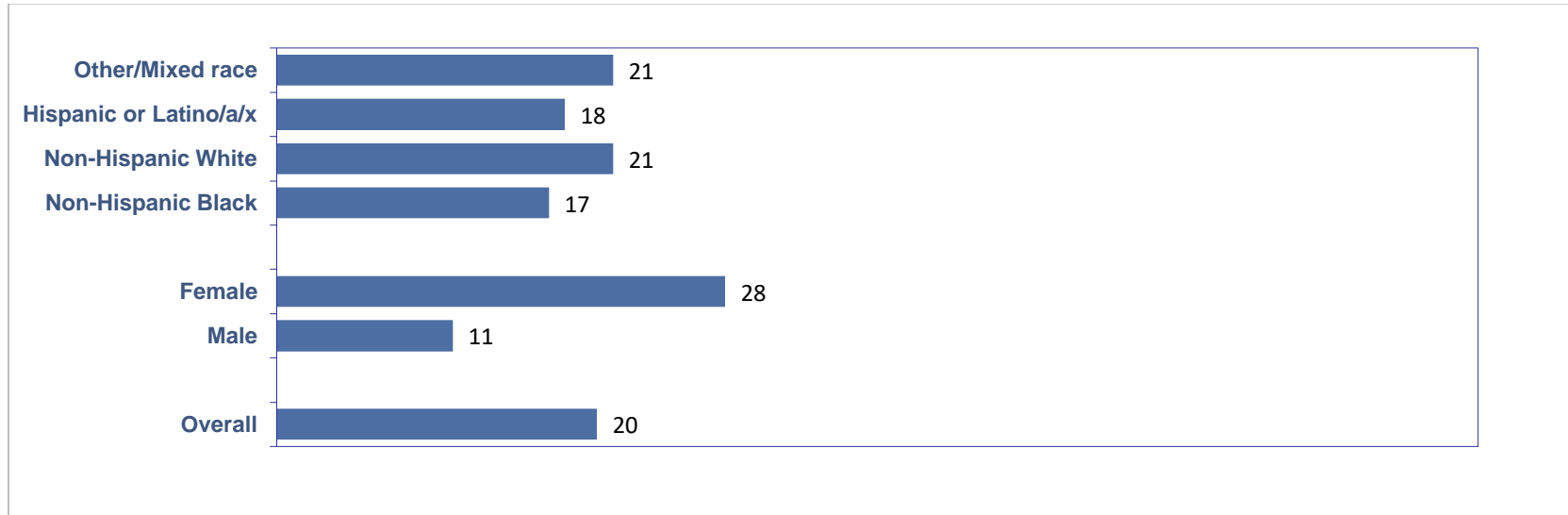


Figure 6: Anxiety in past two weeks by sex, race and ethnicity, 8th grade

Note: *Anxiety here is reported as students who respond that they have felt very nervous or anxious on more than half of the days in the past two weeks.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2020 Delaware School Survey
Depression* in the Past Two Weeks by Sex, Race and Ethnicity
among 8th Grade Students
(in percentages)

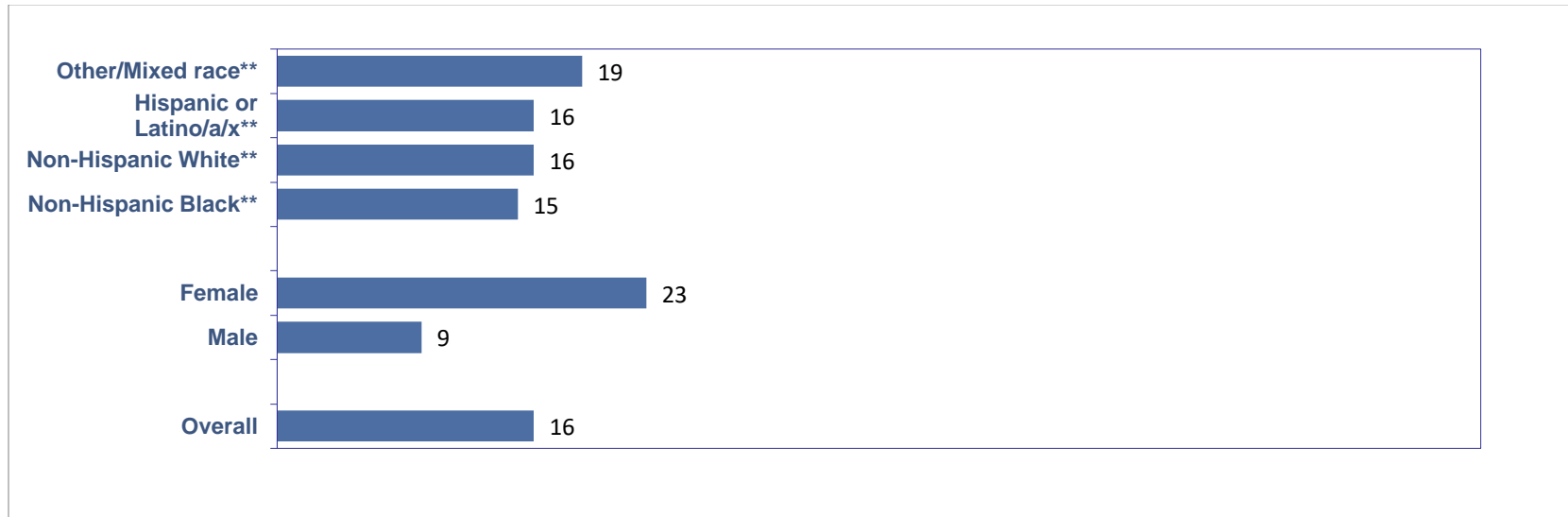


Figure 7: Depression in past two weeks by sex, race and ethnicity, 8th grade

Note: *Depression here is reported 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.

**The association between race, ethnicity, and reported feelings of depression was not statistically significant at the p<.05 level.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2020 Delaware School Survey

Wellbeing Index*, Now and Five Years in the Future, Among 8th Grade Students (in percentages)

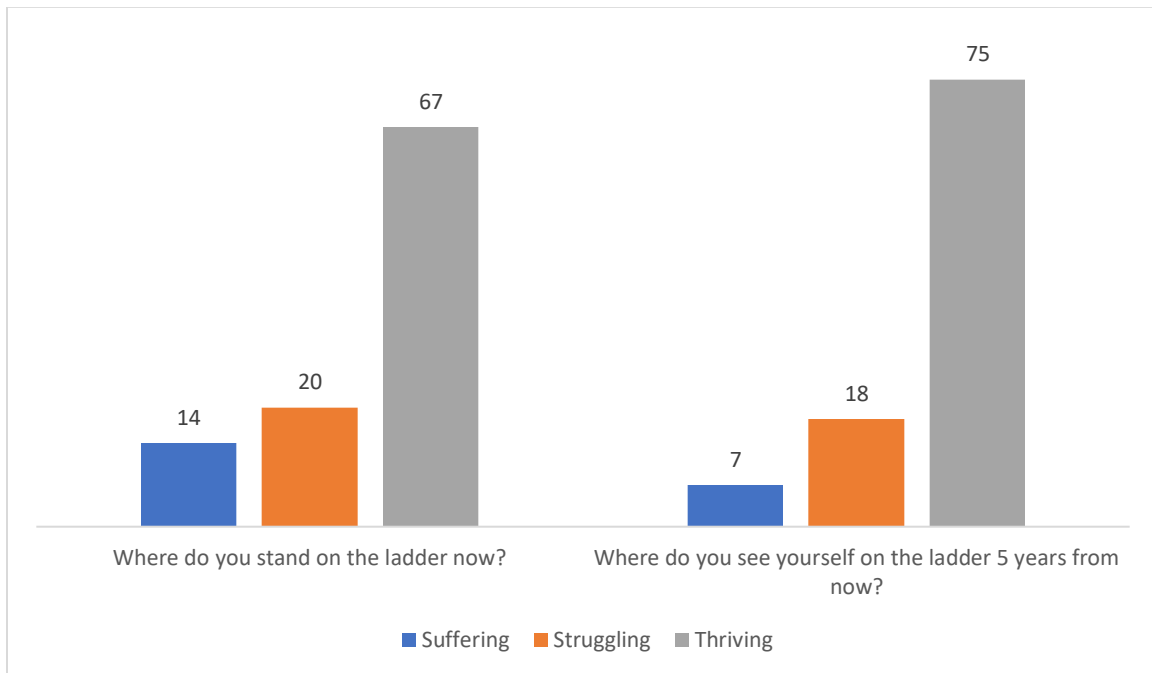


Figure 8: Wellbeing index, now and future, 8th grade

Note:

*The Wellbeing Index is estimated using two questions on the school survey modeled on Cantril's Ladder, which asks students to imagine a ladder with steps numbered from zero at the bottom and ten 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 on which step of the ladder 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*.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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2020 Delaware School Survey
Emotional Health* among 8th Grade Students
(in percentages)

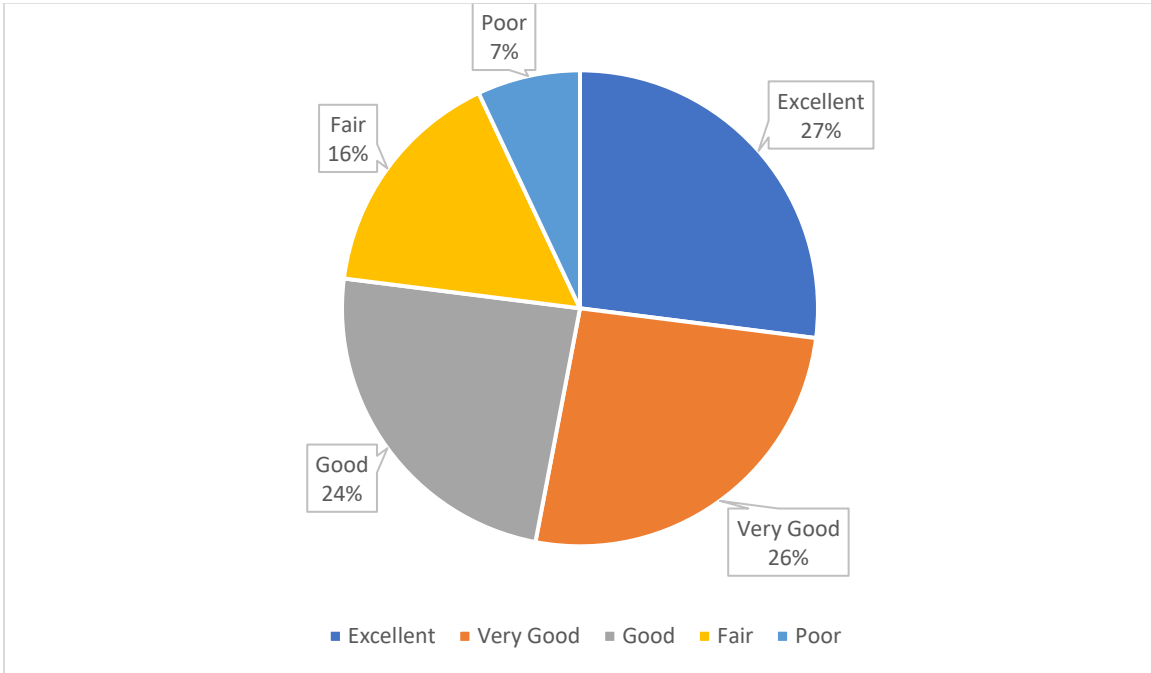


Figure 9: Self-rated emotional health, 8th grade

Note:

*Students are asked: “In general, how would you rate your emotional health?” and provided with five response categories: *excellent, very good, good, fair, or poor*.

Source: [Center for Drug & Health Studies. \(2020\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

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Promising Practices: The Crisis Text Line

Crisis texting services are considered promising practices in suicide prevention. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the Garrett Lee Smith Suicide Prevention initiative, which funded the Department of Services for Children, Youth and their Families (DSCYF) to conduct *Project SAFETY* in Delaware through June 2020. The agency partnered with Crisis Text Line (CTL), a nonprofit organization that provides crisis texting services staffed by trained volunteers who respond to the texters, providing support and information, and, whenever necessary, triggering an active rescue. Staffers code the conversations according to keywords. When a texter uses a specific designation, data is collected to highlight aggregate characteristics of those conversations.

The first chart below provides the frequency of CTL conversations that have been attributed to Delaware's *Project SAFETY* designation (text DE to 741741). As of August 24, 2021, CTL had 2,058 registered conversations under this classification and there had been 11 active rescues. 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 are the top-three topics coded, followed by suicide, which was identified in 19% of conversations. COVID-19 was a topic discussed in 6% of conversations.

Monthly Frequency of Crisis Text Line Conversations

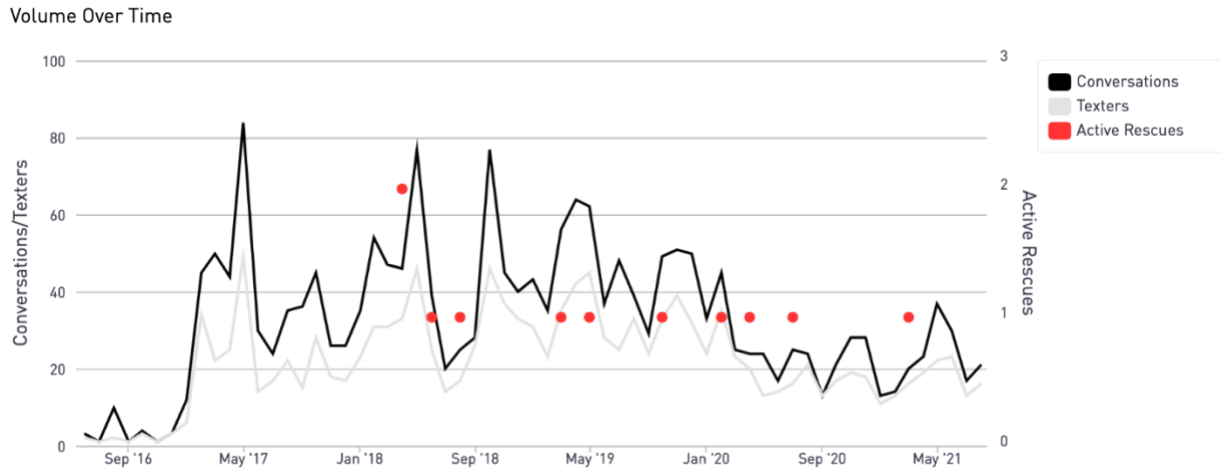


Figure 10: Frequency of conversations, texters, and active rescues, 2016-21

Topics of Crisis Text Line Conversations (in percentages)

ISSUE	FILTERED GROUP
Relationship	38.9%
Anxiety/Stress	34.0%
Depression/Sadness	31.5%
Suicide	19.2%
Isolation/Loneliness	15.1%
Self Harm	10.9%
COVID-19	6.0%
3rd Party	4.9%
Grief	4.6%
Bullying	4.0%
Abuse, emotional	3.0%
Eating Body Image	2.7%
Abuse, sexual	2.1%
Gender/Sexual Identity	2.0%
Abuse, physical	1.7%
Substance Abuse	1.4%

Figure 11: Crisis text line conversation topics

Source: Crisis Text Line

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Mental Health and Wellness

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Substance Abuse and Mental Health Services Administration. (2014). Gambling problems: An introduction for behavioral health services providers. *SAMHSA Advisory*, 13(1). Retrieved on July 15, 2019 from <http://www.ncpgambling.org/wp-content/uploads/2014/04/Gambling-Addiction-An-Introduction-for-Behavioral-Health-Providers-SAMHSA-2014.pdf>

Data Sources

Data Instrument	Most Recent Data	Trend Range
Delaware's Annual Traffic Statistical Report	2020	-
Delaware Behavioral Risk Factor Surveillance System (BRFSS)	2019	-
Delaware Prescription Monitoring Program (PMP)	2020	2012- 2020
Delaware School Survey (DSS) – 5 th and 11 th grades 8 th grade*	*2019 2020	*1999 - 2019 1999 - 2020
Delaware Youth Risk Behavior Survey (YRBS) – High School	2017	1999 - 2017
Delaware Youth Risk Behavior Survey (YRBS) – Middle School	2019	1999 - 2019
DOMIP (Delaware Opioid Metric Intelligence Program)	2020	-
Monitoring the Future – 8 th , 10 th , and 12 th grades	2020	1999 - 2020
National Youth Risk Behavior Survey (YRBS) – National	2019	1999 - 2019
Performance Measures, Delaware	2018	2014-2019
National Survey on Children's Health (NSCH)	2019	2016 - 2019
National Survey on Drug Use and Health (NSDUH)	2018-2019	2002 - 2019
Delaware Infants with Prenatal Substance Exposure	2020	2015-2020
Treatment Admissions Data	2019	-

In addition to the data sources for the figures and tables in the 2021 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- American Psychological Association
- Bureau of Labor Statistics
- Center for Drug and Health Studies, University of Delaware
- Crisis Text Line
- Delaware Department of Education
- Delaware Department of Health and Social Services, Division of Public Health, My Healthy Community
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Household Health Survey
- Drug Enforcement Administration
- KIDS COUNT in Delaware
- KFF
- National Academies of Sciences, Engineering, and Medicine
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- National Institutes of Health
- National Institute on Mental Health
- Rapid Assessment of Pandemic Impact on Development – Early Childhood
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention
- U.S. Health Resources and Services Administration