



Protective Factors

The 2022 Delaware Epidemiological Profile

Substance Use, Mental Health, and Related Issues

prepared for

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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 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](mailto:mjscales@udel.edu), Department of Sociology and Criminal Justice: mjscales@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 approximately 55 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 efforts 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 protective factors. 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

Beebe Healthcare

Children and Families First

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 Corrections

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 Overdose System of Care
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
Network Connect
New Castle County Behavioral Health Unit
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 States Department of Justice
United Way of Delaware
University of Delaware
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 College of Arts and Sciences
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Wesley College
West End Neighborhood House
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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: 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 (i.e., 30 or above).
- **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](#).
- The 2021 Delaware School Survey (DSS) is administered annually to students in 5th, 8th, and 11th grades of participating public schools. There is one version designed for 5th graders and a secondary version for 8th and 11th graders. These data are important for monitoring behavioral health among youth and are included throughout the report. The sample sizes for the 2021 DSS are:
 - 5th grade: 2,601
 - 8th grade: 2,896
 - 11th grade: 1,597
- Pandemic Impacts on Data Collection: Since 2020, the COVID-19 pandemic has greatly affected data collection of all kinds. This report compiles the most recently accessible state and national data available to provide a comprehensive profile of behavioral health in Delaware. Given that the timing and methods of various data survey administrations may have changed within the past several years, it will be important to consider this when interpreting trends.
 - Prior to the onset of the COVID-19 pandemic, the Delaware School Survey was administered at participating schools in person and using paper and pencil copies. To accommodate the new pandemic-related protocols that were put in place when in person learning resumed, in 2021, the survey was administered to students using an online format. Data from the 2021 survey should be interpreted with this in mind, especially when comparing trends against previous years, as changes in the survey format may impact student participation in unknown ways.

A Note on Word Choice Used in this Report:

Language frames how we collectively think about behavioral health and is continuously evolving. The SEOW Facilitator Team strives to use word choices that are accurate, respectful, free of stigma, strength-based, trauma-informed, and inclusive and culturally sensitive in our data products. However, much of the data and information we report are drawn from other sources. To preserve accuracy, whenever possible, we use the words, phrases, and data labels that are used in the original sources even if these terms are not necessarily the terms we would use as researchers, practitioners, or prevention specialists. When it is necessary to edit an SEOW product in a way that uses different terminology from the original data source, we include the original phrasing in the accompanying notes.

1. Protective Factors

National Overview

Whether the focus is mental health, trauma, substance use, violence, or other behavioral health issues, prevention work is grounded in evidence-based strategies designed to reduce risk factors and strengthen protective factors. Specific risk and protective factors are relevant at various stages of life and across several domains for intervention (Cleveland et al., 2008; Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.).

Individual level protective factors include personal characteristics such as adaptability, empathy, and good social skills, as well as a value on academic achievement, hope for the future, self-efficacy, and a willingness to follow rules. Family level protective factors include having safe, stable, and nurturing home environments with clear and consistent rules. Community level factors include social organization, norms, and community safety. Schools operate at the intersection of the peer and community level—they are the setting for most peer interactions among youth but can also provide a powerful protective function if school leaders find ways to enhance school connectedness and promote healthy norms (Centers for Disease Control and Prevention [CDC], 2009). Schools can promote school connectedness by providing adult support, supporting the formation of positive peer groups, promoting the importance of education, and creating a safe and positive school environment. In summary, support and a caring environment coupled with clear and consistent limits are important factors associated with healthy youth development. Feelings of connectedness through positive family, peer, and social relationships build resilience in youth. Healthy relationships and social supports promote mental wellness and life skill development.

At different stages in a person's life, one domain may have more significant influence in comparison to another. For example, Cleveland et al. (2008) found that peers and the school environment had a greater influence on older adolescents' substance use rates compared to younger adolescents. In contrast, families and the outside community had a greater impact than peers or school environments on younger children. Effective prevention programming

Protective factors help to prevent and mitigate the impact of trauma, substance use, or other behavioral health concerns. Protective factors exist at individual, family, peer, community, and societal levels.

4 out of 5 Delaware parents indicate that their child lives in a home where families demonstrate qualities of resilience during difficult times.

Getting along with their parents, talking to their parents about school, and caring about doing well in school are associated with lower rates of substance use and mental health concerns among Delaware 8th and 11th grade students.

should target risk and protective factors that are most salient at each life stage and best-suited for the domain in which the intervention will be implemented (National Institute on Drug Abuse [NIDA], 2003). Early interventions, even at the preschool level, can play a powerful role in reducing risk throughout the “developmental risk trajectory” (NIDA, 2003). The Substance Abuse and Mental Health Services Administration notes that risk factors are “correlated and cumulative”—that is, having a risk factor early in life increases the likelihood of having more risk factors later in life (SAMHSA, 2019). Efforts to reduce risk factors and increase protective factors in one area of concern, such as substance use, have the potential to improve other areas, such as mental health (SAMHSA, 2018.).

Delaware Overview

The [2019-2020 National Survey of Children’s Health \(NSCH\)](#)¹ provides national and state prevalence rates of many aspects of childhood health and wellbeing, including several key protective factors, as reported by their parents. Respondents are asked a number of questions regarding their child’s home life and family supports. NSCH data suggests that Delaware youth experience rates of protective factors similar to those throughout the U.S. In terms of family protective factors, nearly three out of four Delaware parents reported regularly attending activities that their child was involved in during the past year. Two-thirds of parents reported that the family ate a meal together at least four days a week, and more than half of parents of younger children reported that someone in the family read to them at least four days a week. Delaware parents also reported children had high levels of school engagement; approximately half reported that their child was always engaged and another third reported that their child was usually engaged. Approximately three out of four respondents reported that their child had no difficulty making and keeping friends.

The NSCH also includes a series of four questions that comprise a Family Resilience Composite Measure. The questions ask parent respondents to report if their child lives in a home where family members: *talk together about what to do; work together to solve problems; know that they have strengths to draw upon; and stay hopeful even in difficult times*. Nearly 80% percent of Delaware parents indicated that their child lived in a home with these four supports in place most or all of the time, similar to the national sample.

Results from the 2021 Delaware School Survey (DSS) highlight associations between several protective factors and rates of substance use as well as mental health indicators among 8th and 11th grade students.² Overall, 95% of 8th grade students reported having at least one person as

¹ Additional Delaware data on protective factors and other indicators of child health and wellbeing gathered by the NSCH can be explored using the interactive Data Resource Center for Child & Adolescent Health: <https://www.childhealthdata.org>.

² It is important to note that while there is a statistical association between these factors, this does not necessarily mean that there is a causal relationship between these variables in every instance, and there may be additional

a source of support and encouragement, most commonly a parent or guardian, followed by friends and then teachers. Eighth graders who reported higher grades reported lower rates of vaping, alcohol, and marijuana use, and those who cared about doing well in school reported lower substance use rates as well as lower rates of anxiety and depression. Feelings of safety in the neighborhood and at school were also associated with lower rates of anxiety, depression, and substance use for 8th grade students. In terms of DSS protective factor data, the most notable associations were related to getting along with parents; 8th grade students who reported never or not often getting along with their parents were approximately three times as likely to have used alcohol and nearly five times as likely to have used marijuana or vaped within the past year. These students were also nearly three times as likely to report experiencing anxiety and four times as likely to report symptoms of depression recently. Getting along with parents, talking with parents about school, and caring about doing well in school were also associated with lower rates of anxiety, depression, and substance use among 11th graders.

Finally, hopefulness has been identified as a protective factor for mental health (Kirby et al., 2021). As discussed in Chapter 9 of this report, 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.* More than half (56%) of 8th graders rated themselves in the top tier of the ladder (*thriving*) at the time of the survey and 69% envisioned themselves being in the top tier in five years. Half of all 11th graders saw themselves as *thriving* currently and 67% believed they would be thriving in five years (please see Chapter 9 Mental Health and Wellbeing).³ This suggests that the majority of students are hopeful about where they will be in life in the future.

The following figures highlight a number of protective factors among Delaware youth and associations with risk experiences.

unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.

³The Delaware School Survey includes two questions based on the Cantril Ladder. Students are asked 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*.

2019-2020 National Survey of Children’s Health

Family Resilience Composite Measure (in percentages)

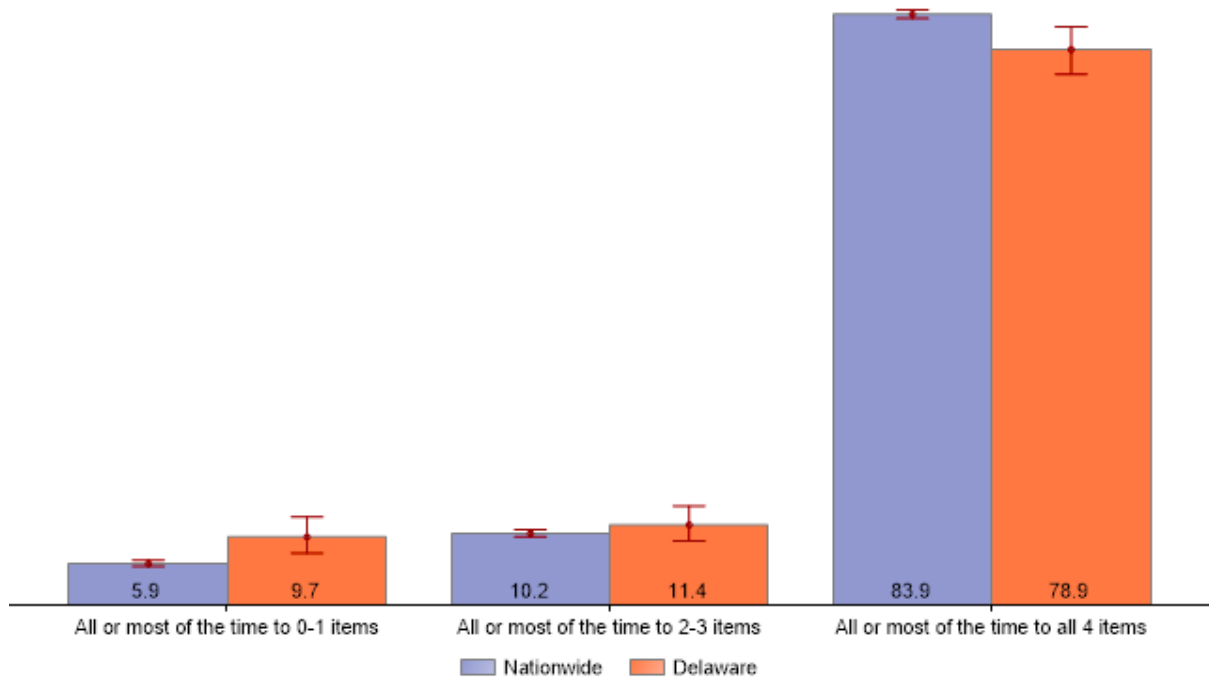


Figure 1: Family Resilience Composite Index, Delaware and national comparison, ages 0-17

Note:

Indicator 6.12 Family Resilience: “Does this child live in a home where the family demonstrates qualities of resilience during difficult times?” The composite measure includes four items: “Talk together about what to do; Work together to solve our problems; Know we have strengths to draw on; Stay hopeful even in difficult times.”

Source: [Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2016-present. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration \(HRSA\), Maternal and Child Health Bureau \(MCHB\).](https://www.childhealthdata.org/) Retrieved 06/29/22 from www.childhealthdata.org.

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2019-2020 National Survey of Children’s Health Number of Days Family Ate a Meal Together During Past Week (in percentages)

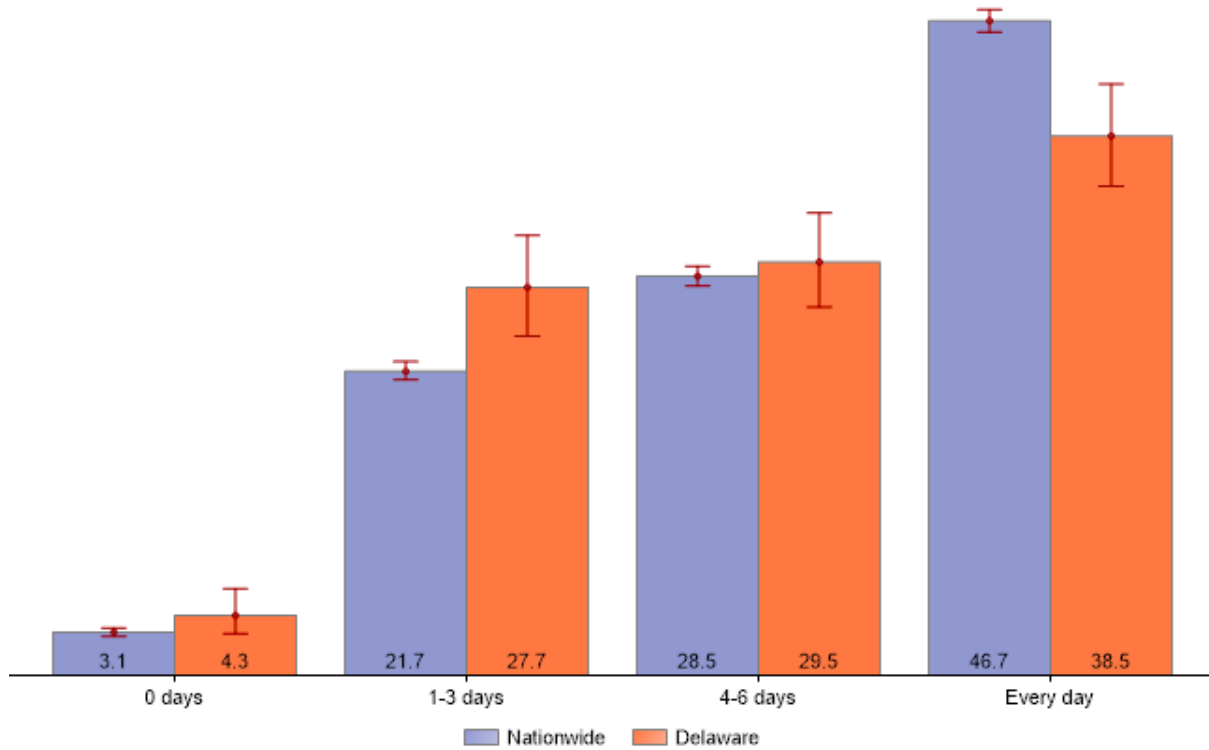


Figure 2: Number of days children and family ate together during the past week, Delaware and national comparison, ages 0-17

Note:

Indicator 6.9: “During the past week, on how many days did all the family members who live in the household eat a meal together?”

Source: [Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2016-present. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration \(HRSA\), Maternal and Child Health Bureau \(MCHB\).](https://www.childhealthdata.org/) Retrieved 06/29/22 from www.childhealthdata.org.

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2019-2020 National Survey of Children’s Health Number of Days Children are Read Aloud to During Past Week (in percentages)

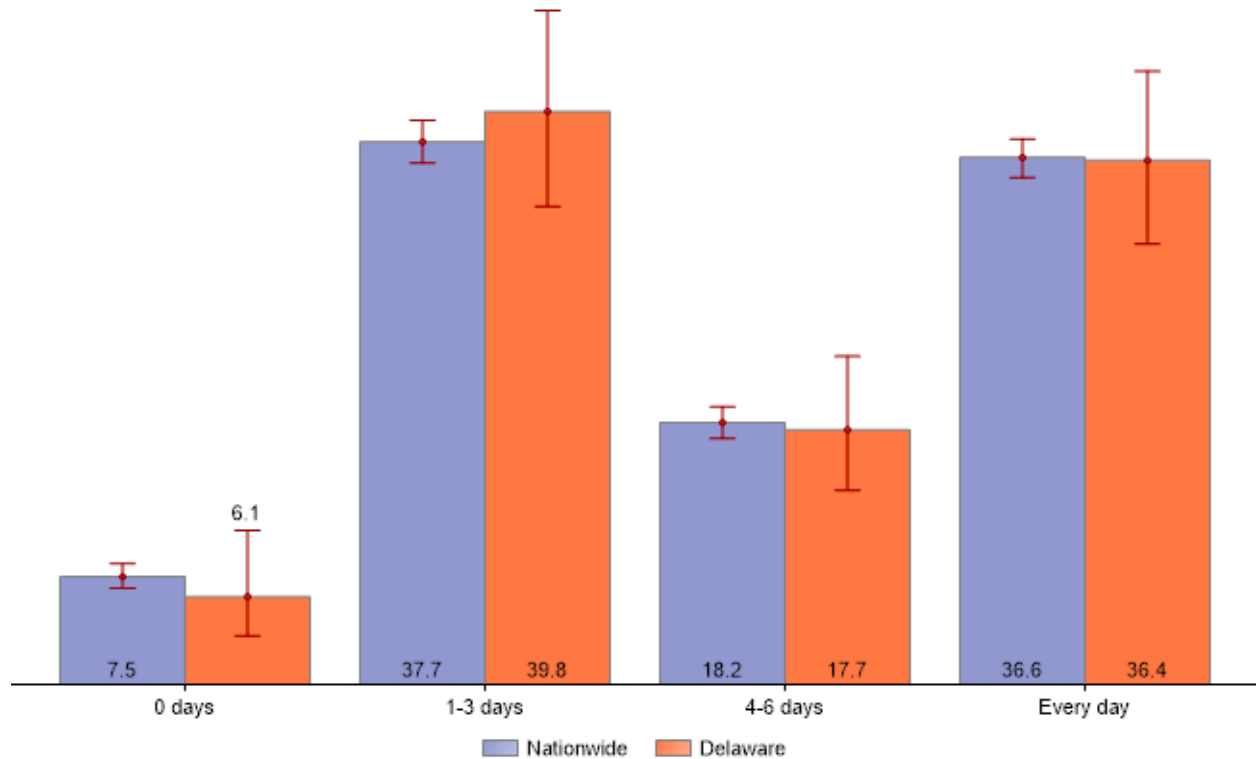


Figure 3: Number of days children were read to by household member, Delaware and national comparison, ages 0-5

Note:

Indicator 6.7: “During the past week, how many days did you or other family members read to this child, age 0-5 years?”

Source: [Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2016-present. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration \(HRSA\), Maternal and Child Health Bureau \(MCHB\).](https://www.childhealthdata.org/) Retrieved 06/29/22 from [www.childhealthdata.org.](https://www.childhealthdata.org/)

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2021 Delaware School Survey Sources of Support and Encouragement among 5th Grade Students (in percentages)

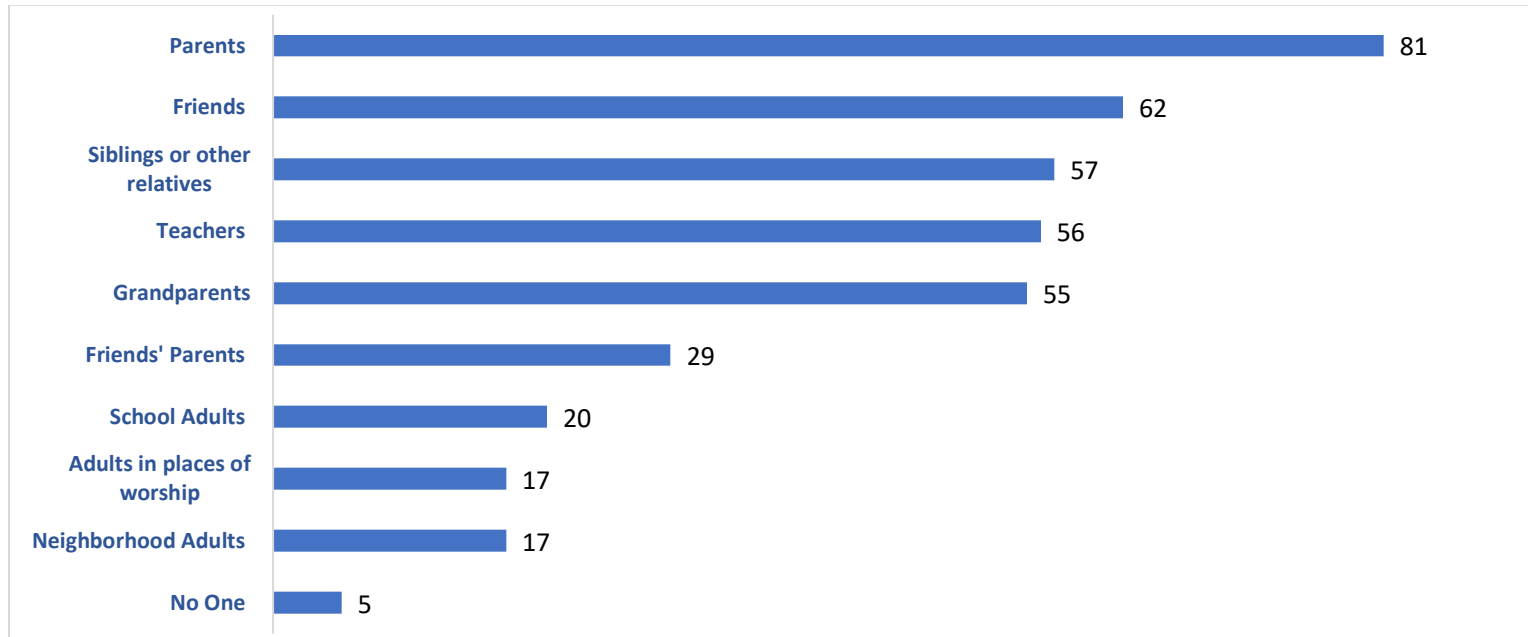


Figure 4: Sources of support and encouragement, 5th grade

Note:

Students are asked to mark all responses that apply to the question: “Which of the following people would you say give you a lot of support and encouragement?”

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Getting Along with Parents and Feelings of Safety
for 5th Grade Students
(in percentages)

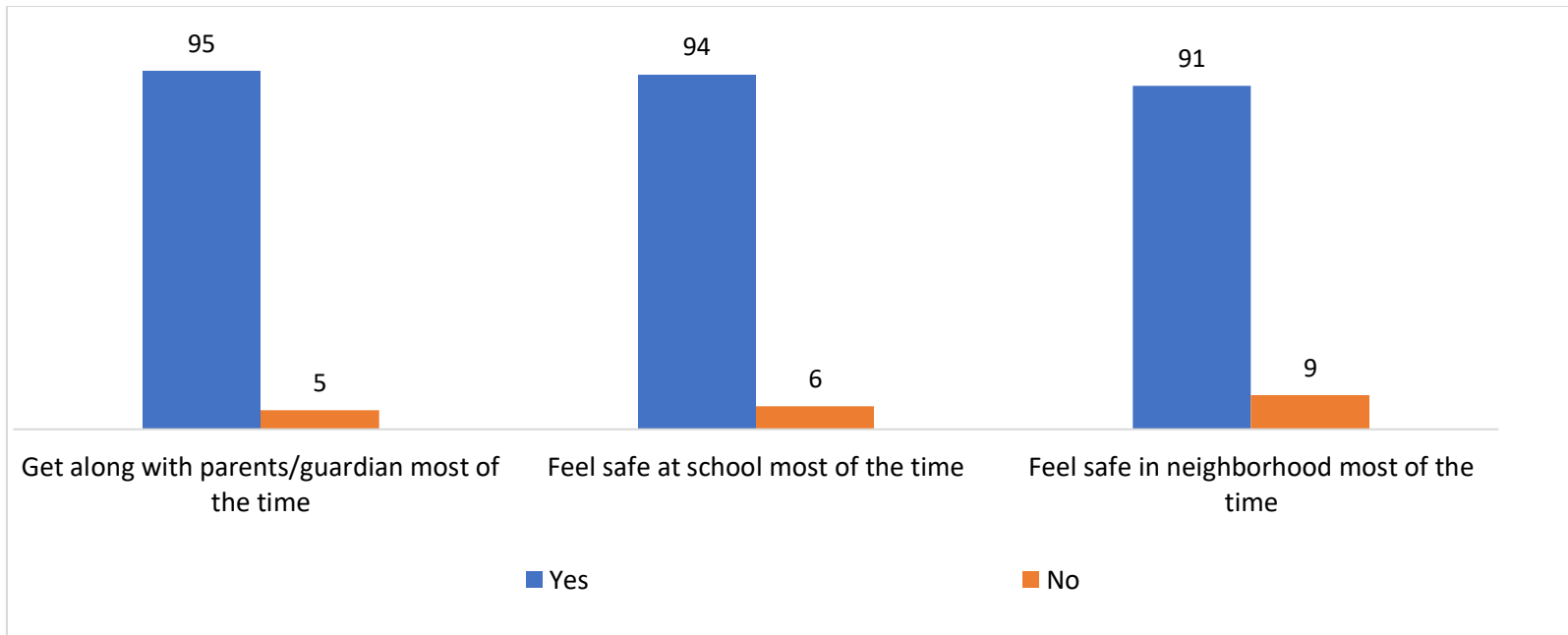


Figure 5: Past month substance use and grades, 5th grade

Source: [Center for Drug & Health Studies. \(2021\). Delaware School Survey: 5th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Sources of Support and Encouragement
among 8th Grade Students
(in percentages)

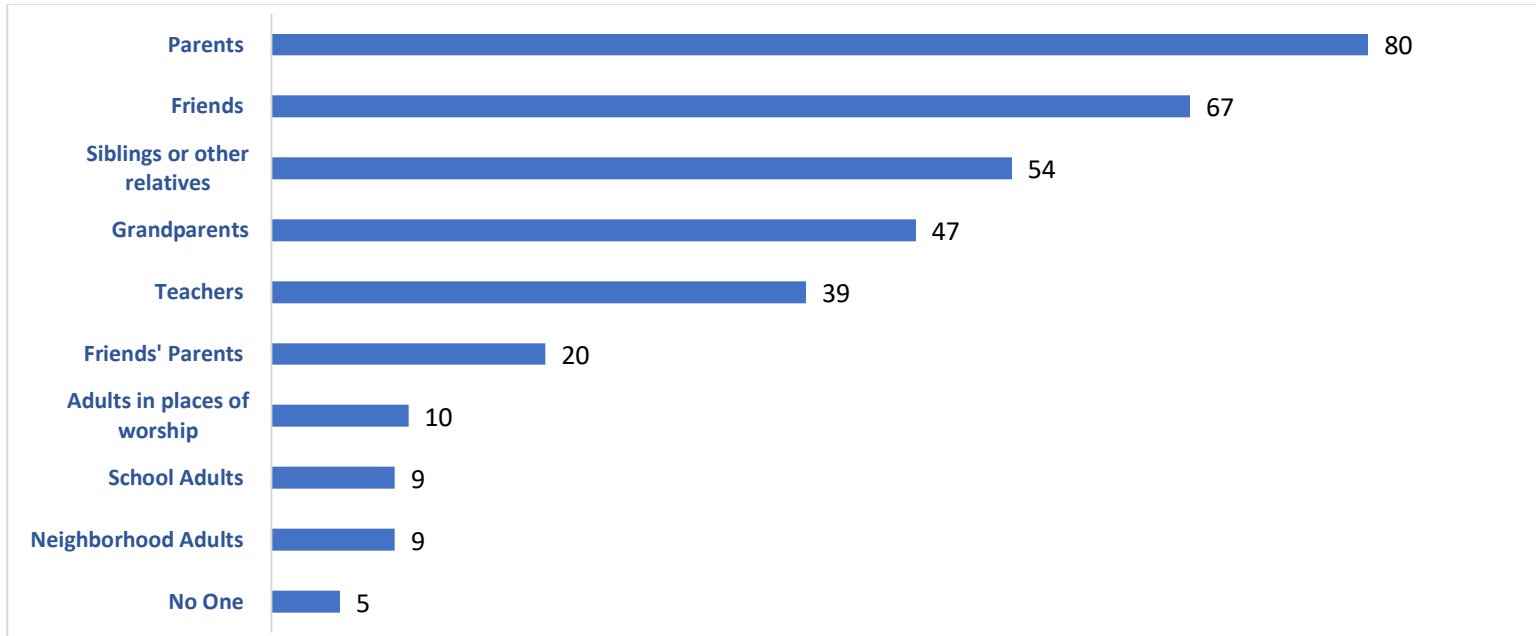


Figure 6: Sources of support and encouragement, 8th grade

Note:

Students are asked to mark all responses that apply to the question: “Which of the following people would you say give you a lot of support and encouragement?”

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Past Year Substance Use and Academic Achievement for 8th Grade Students (in percentages)

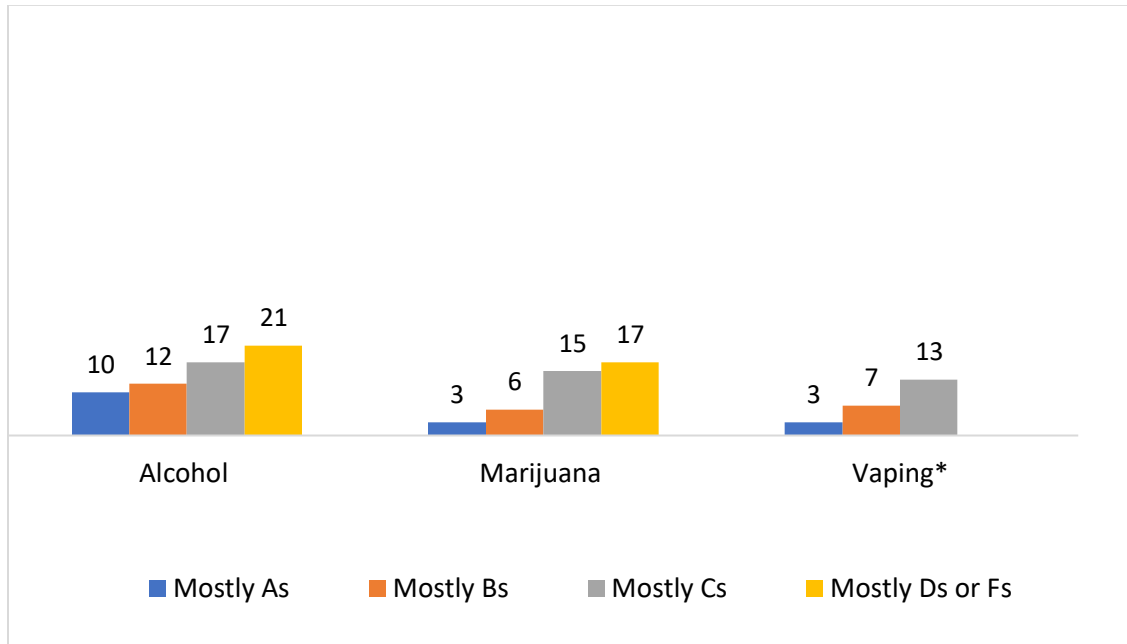


Figure 7: Past month substance use and grades, 8th grade

Note:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*The number of students reporting mostly Ds or Fs who used vaping devices in the past year was below the minimum threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Past Year Substance Use, Mental Health,
and Caring about Doing Well in School
for 8th Grade Students
(in percentages)

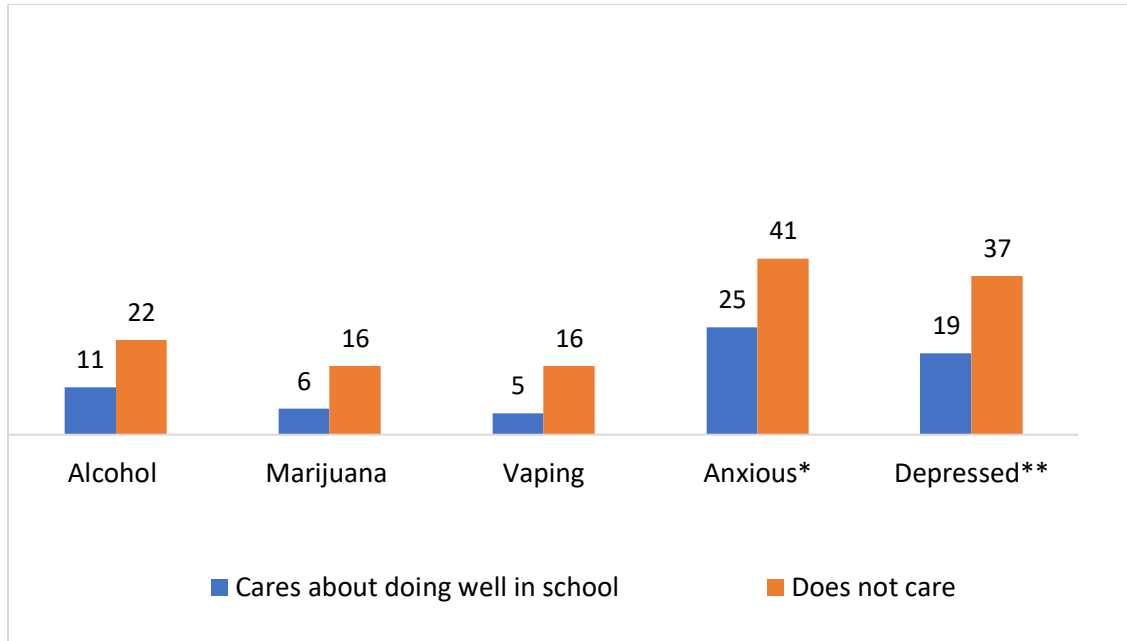


Figure 8: Substance use, mental health, and caring about school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

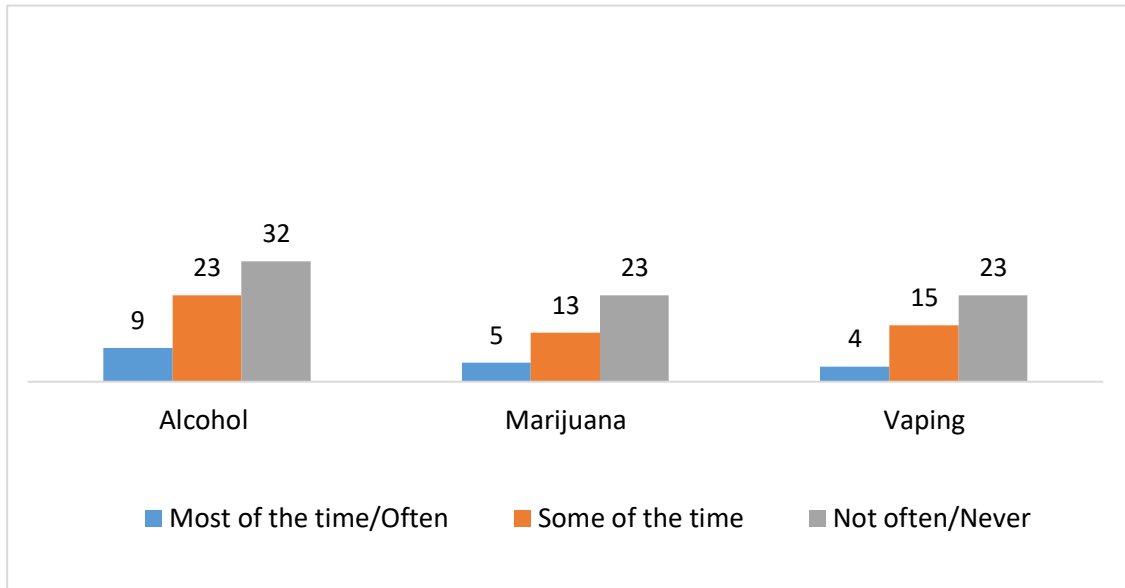


Figure 9: Past year substance use and getting along with parents, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Mental Health among Delaware 8th Grade Students (in percentages)

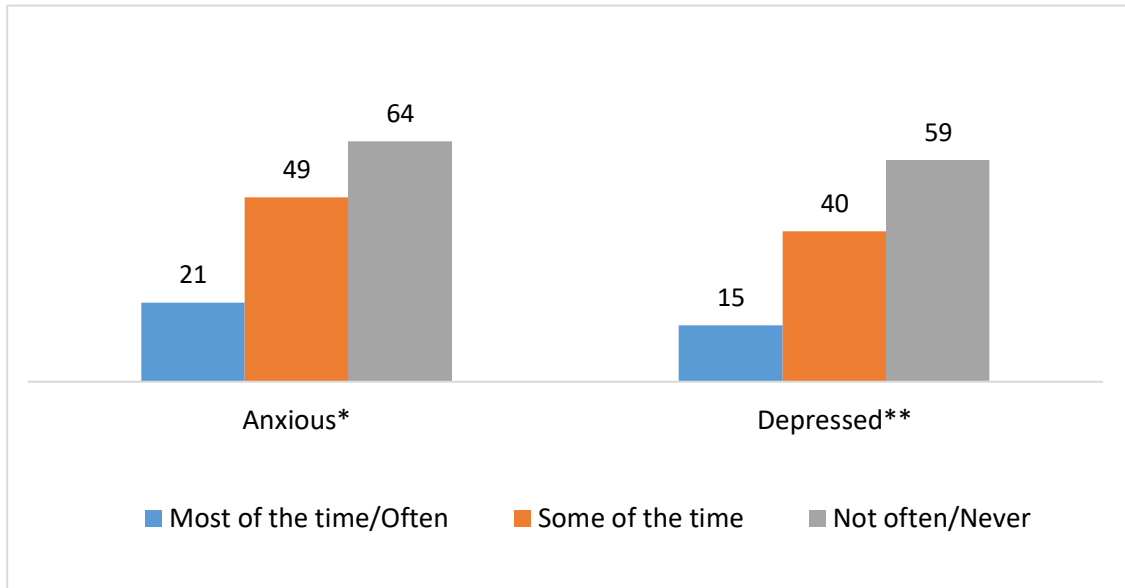


Figure 10: Mental health and getting along with parents, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: “I get along well with my parent(s)/guardian(s).”

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

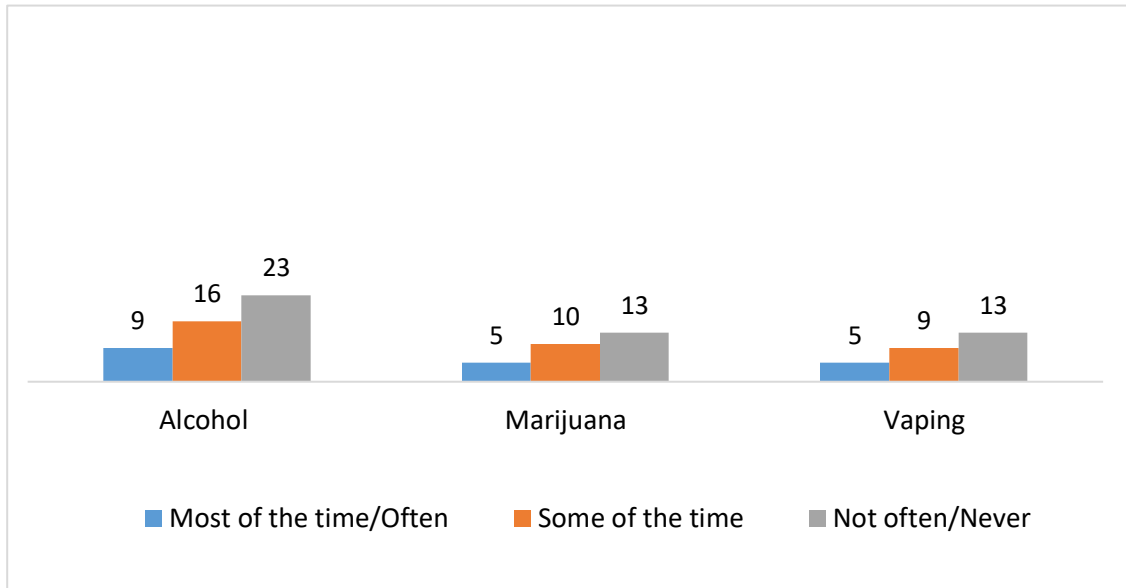


Figure 11: Past year substance use and talking to parents about school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I talk to at least one of my parents(s)/guardian(s) about how things are going in school."

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Mental Health among Delaware 8th Grade Students (in percentages)

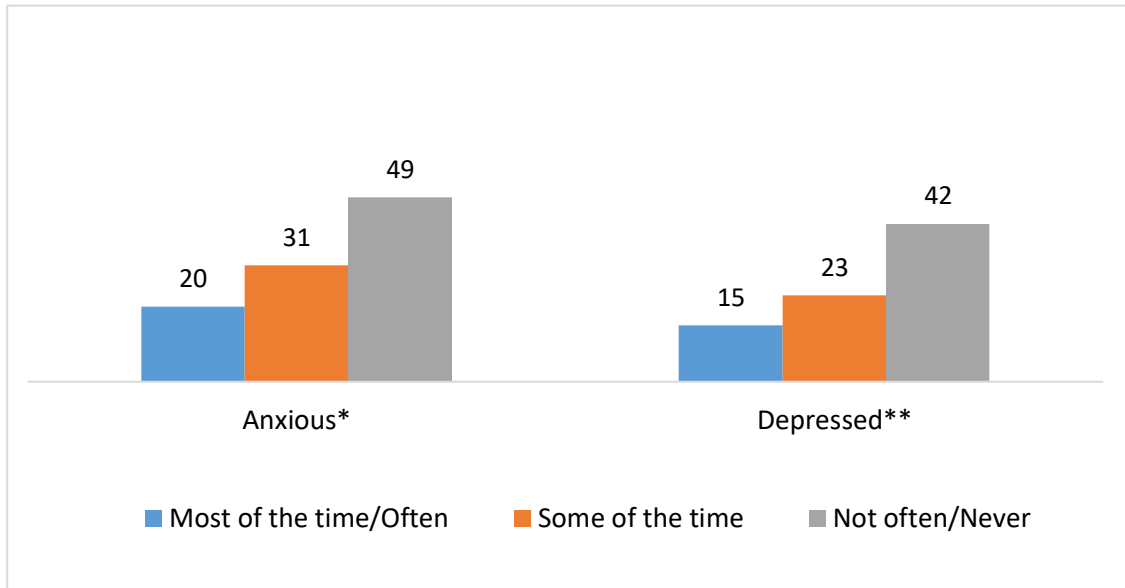


Figure 12: Mental health and talking to parents about school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I talk to at least one of my parents(s)/guardian(s) about how things are going in school."

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Feeling Safe in the Neighborhood^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

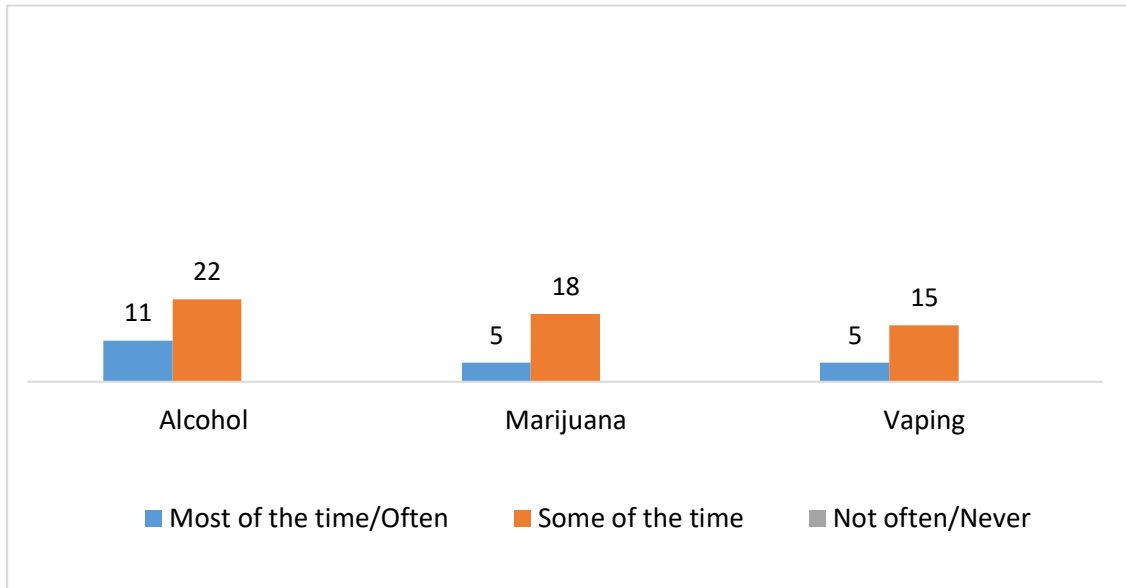


Figure 13: Past year substance use and feeling safe in their neighborhood, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe in their neighborhood.

*The number of students who reported feeling not often/never safe in their neighborhood and using alcohol, marijuana, or vaping devices in the past year was below the minimum threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe in the Neighborhood^a and Mental Health among Delaware 8th Grade Students (in percentages)

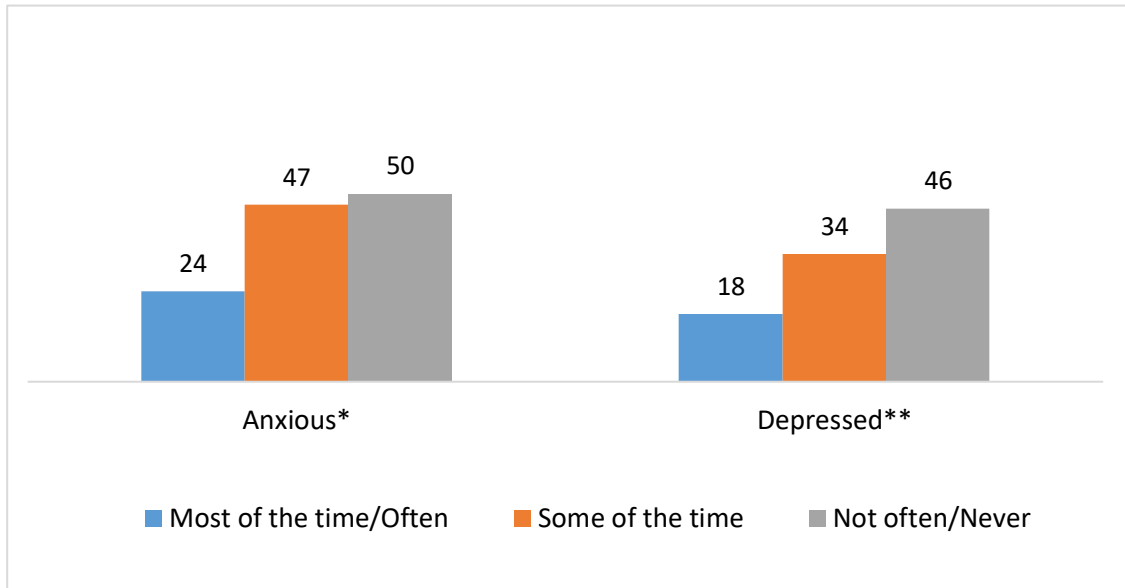


Figure 14: Mental health and feeling safe in neighborhood, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe in their neighborhood.

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Past Year Substance Use among Delaware 8th Grade Students (in percentages)

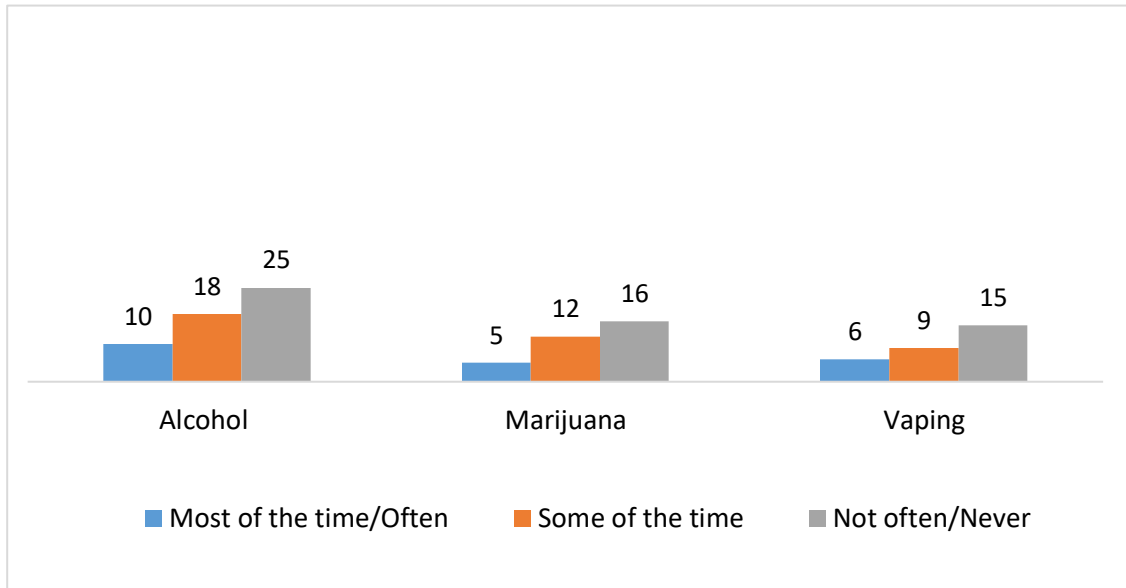


Figure 15: Past year substance use and feeling safe at school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Mental Health among Delaware 8th Grade Students (in percentages)

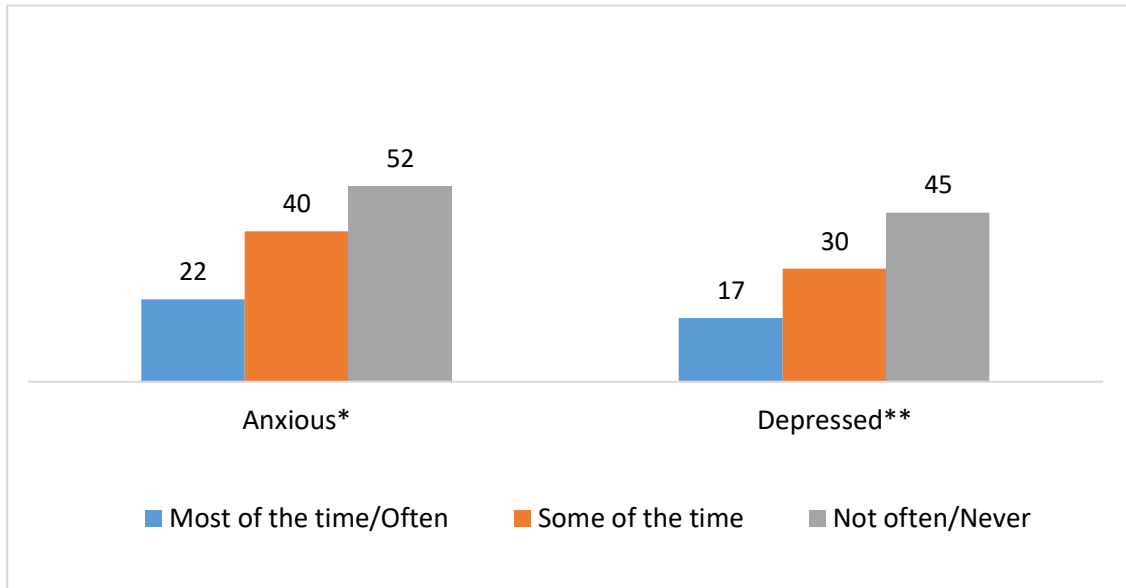


Figure 16: Mental health and feeling safe at school, 8th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 8th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Sources of Support and Encouragement among 11th Grade Students (in percentages)

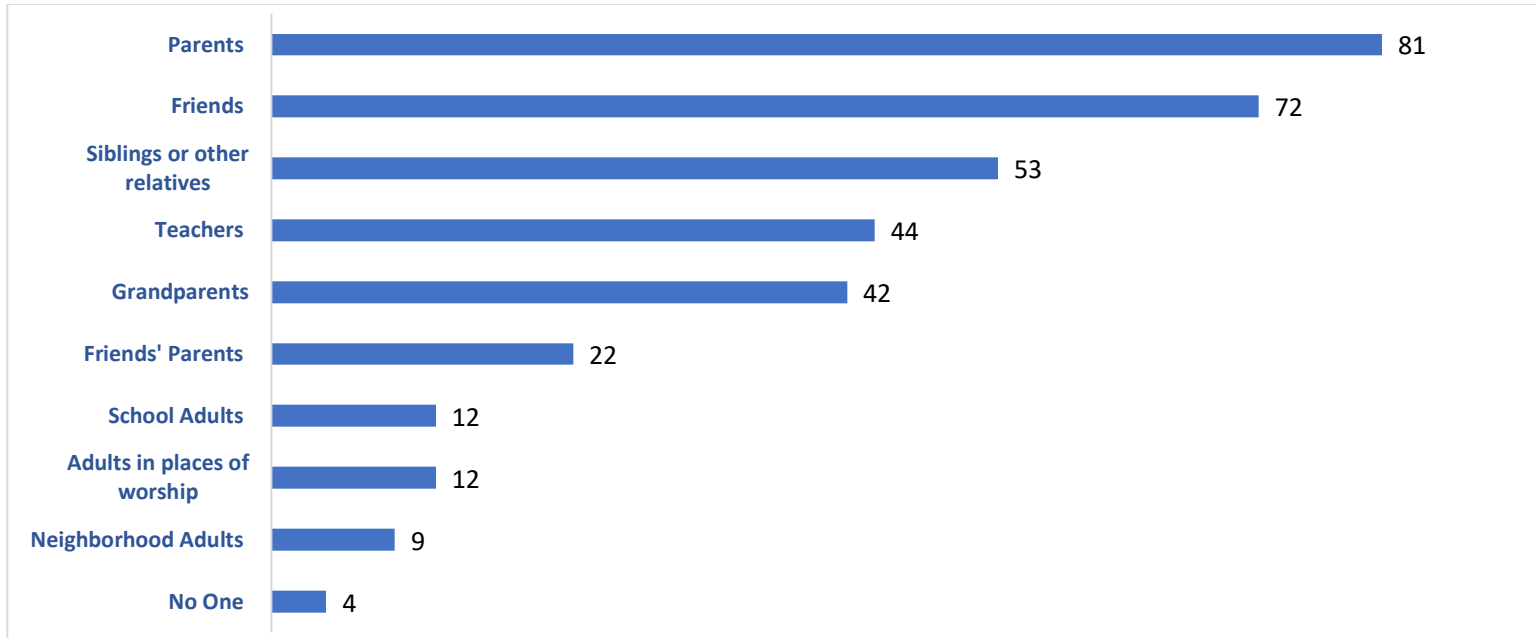


Figure 17: Sources of support and encouragement, 11th grade

Note:

Students are asked to mark all responses that apply to the question: “Which of the following people give you a lot of support and encouragement?”

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Past Year Substance Use^a and Academic Achievement
for 11th Grade Students
(in percentages)

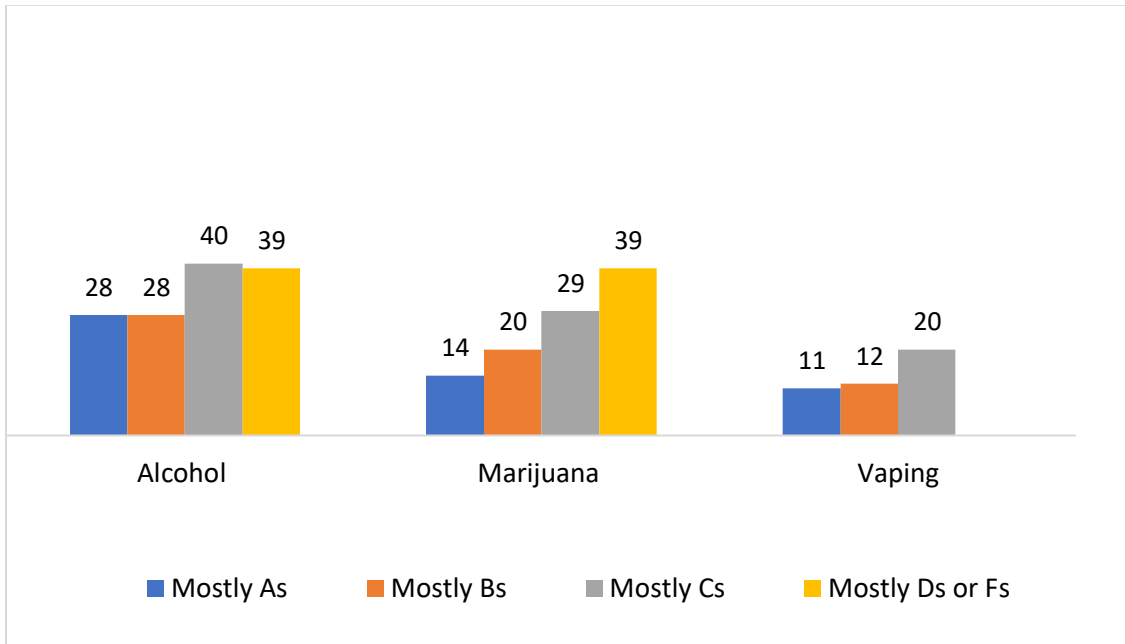


Figure 18: Past month substance use and grades, 11th grade

Note:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*The number of students reporting mostly Ds or Fs who used vaping devices in the past year was below the minimum threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey
Past Year Substance Use^a and Caring about Doing Well in School
for 11th Grade Students
(in percentages)

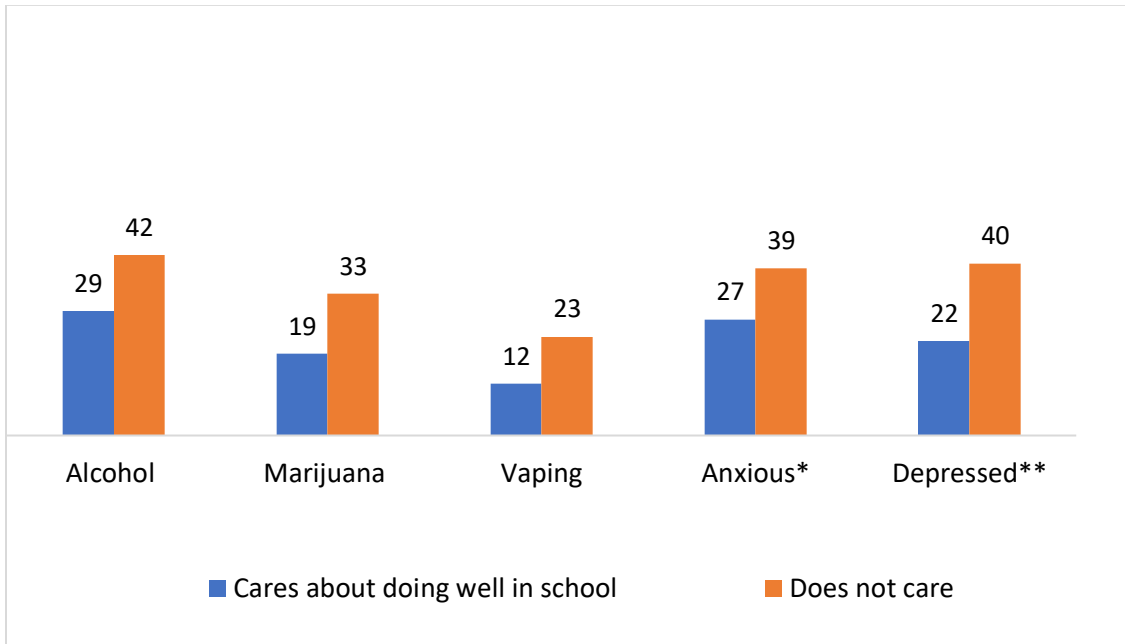


Figure 19: Substance use, mental health, and caring about school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

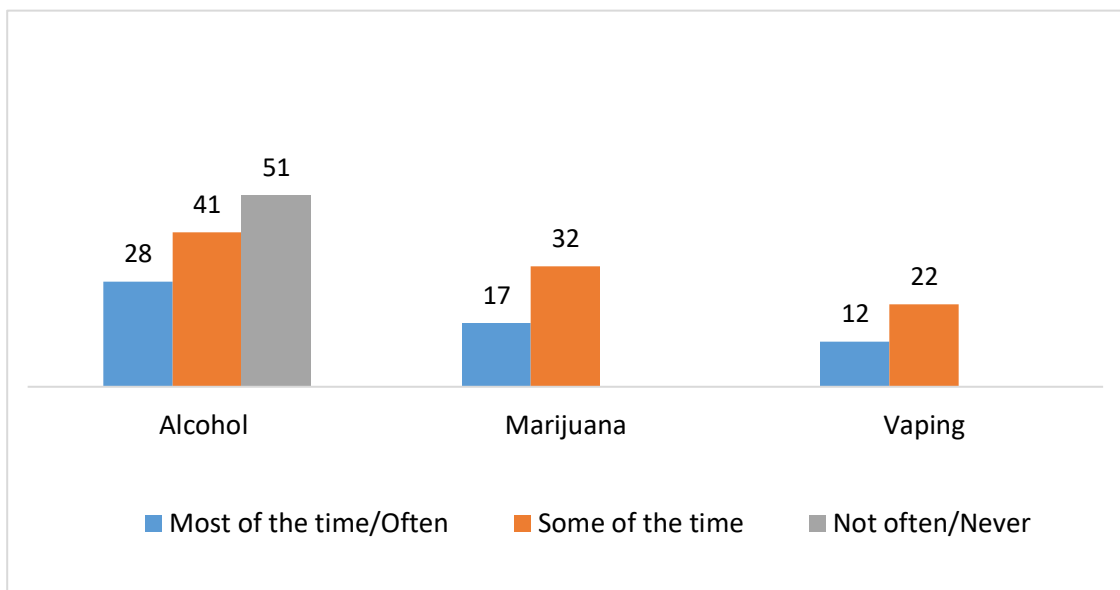


Figure 20: Past year substance use and getting along with parents, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

*The number of students reporting past year marijuana and/or vaping use who got along with their parents not often/never was below the minimum threshold for reporting ($n < 30$).

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey Getting Along with Parents^a and Mental Health among Delaware 11th Grade Students (in percentages)

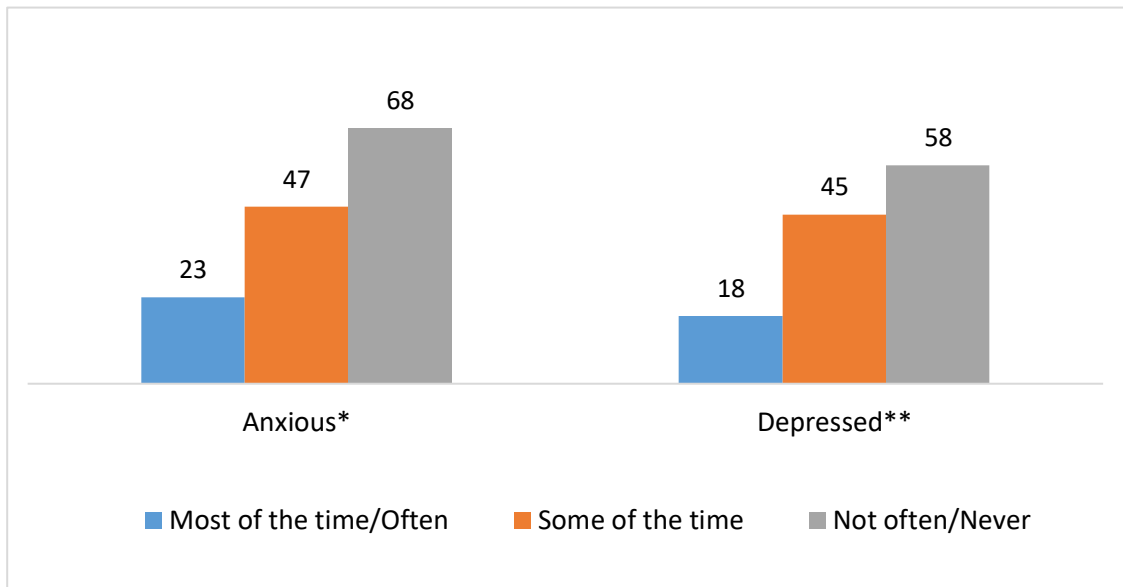


Figure 21: Mental health and getting along with parents, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I get along well with my parent(s)/guardian(s)."

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

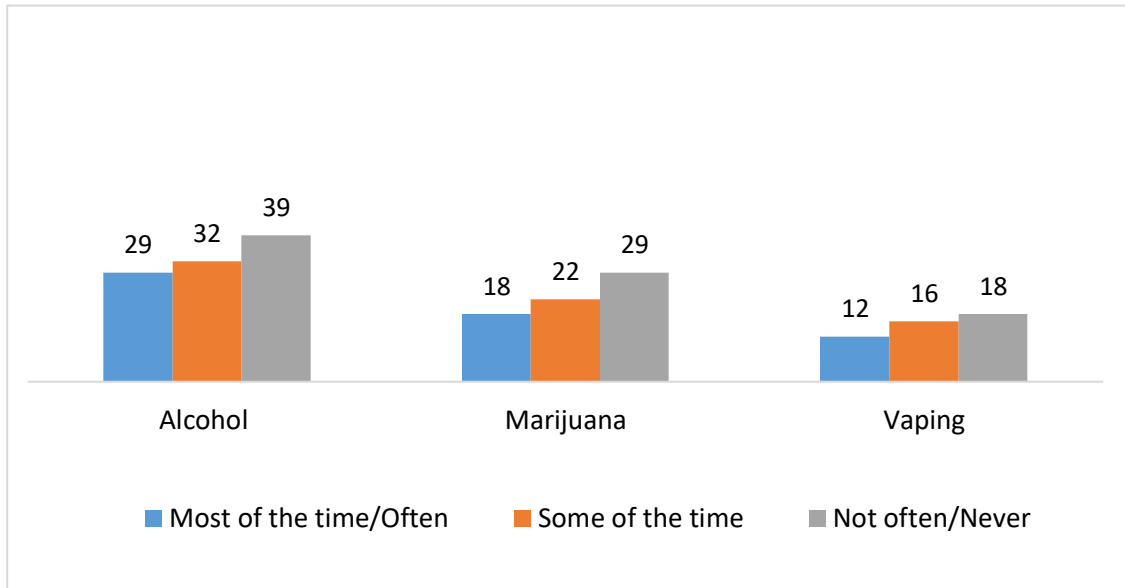


Figure 22: Past year substance use and talking to parents about school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rate the frequency of the following statement: "I talk to at least one of my parent(s)/guardian(s) about how things are going in school."

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Talking to Parents about School^a and Mental Health among Delaware 11th Grade Students (in percentages)

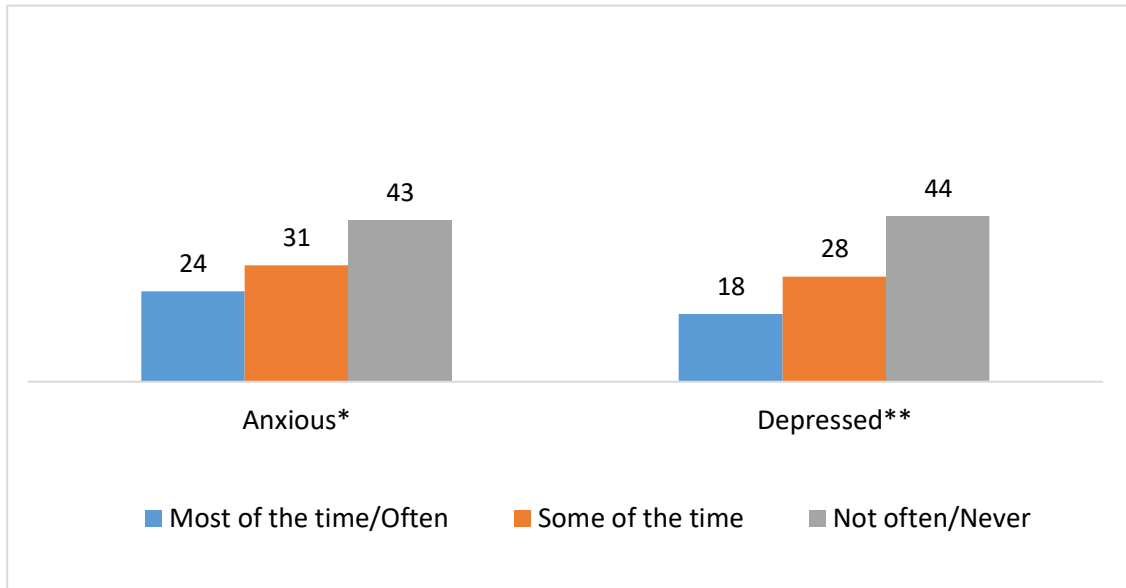


Figure 23: Mental health and talking to parents about school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked to rank the frequency of the following statement: “I talk to at least one of my parent(s)/guardian(s) about how things are going in school.”

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe in the Neighborhood^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

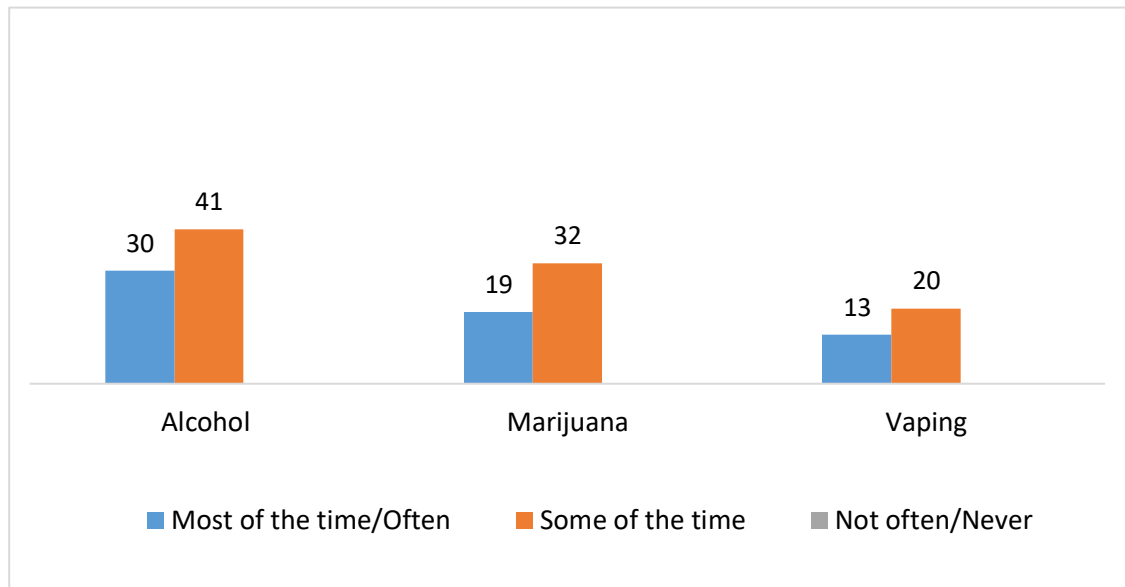


Figure 24: Past year substance use and feeling safe in their neighborhood, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

*The number of students who reported not often or never feeling safe in their neighborhood and who used alcohol, marijuana, or vaped in the past year were below the minimum threshold for reporting ($n < 30$)

^aStudents were asked how often they feel safe in their neighborhood.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe in the Neighborhood^a and Mental Health among Delaware 11th Grade Students (in percentages)

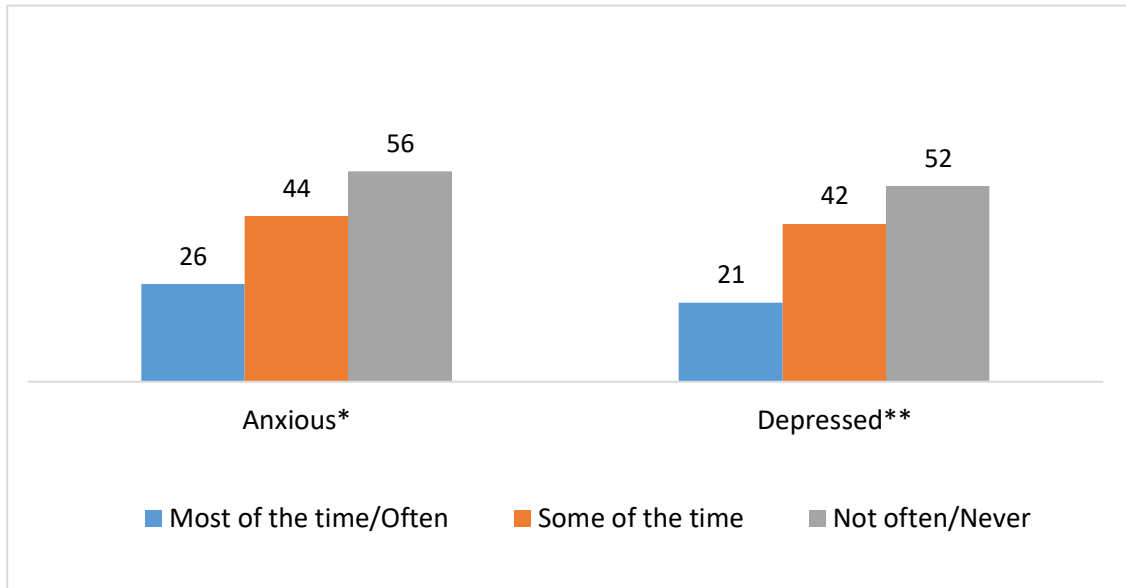


Figure 25: Mental health and feeling safe in neighborhood, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe in their neighborhood.

* Anxious 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.

** Depressed 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.

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2021 Delaware School Survey

Feeling Safe at School^a and Past Year Substance Use among Delaware 11th Grade Students (in percentages)

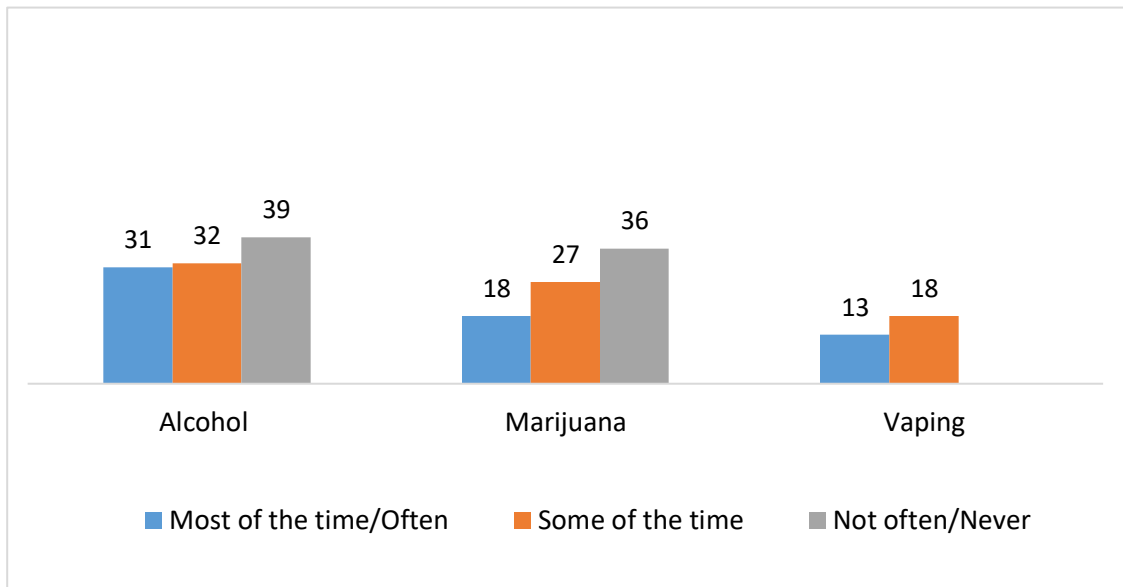


Figure 26: Past year substance use and feeling safe at school, 11th grade

Notes:

Unless otherwise noted, all estimates are statistically significant at the $p < .05$ level.

^a Students were asked how often they feel safe at school.

*The raw number of students who reported past year vaping and not often/never feeling safe at school was below the threshold for reporting ($n < 30$)

Source: [Center for Drug & Health Studies. \(2021\). Delaware Secondary School Survey: 11th Grade \[Annual Survey\].](#)

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2. References

Protective Factors

- Centers for Disease Control and Prevention. (2018). Adolescent School Health. Protective Factors. Retrieved August 31, 2022 from <https://www.cdc.gov/healthyyouth/protective/index.htm>
- Centers for Disease Control and Prevention. (2009). School connectedness: Strategies for increasing protective factors among youth. Retrieved on September 4, 2022 from <https://stacks.cdc.gov/view/cdc/5767>
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- Kirby, K., Sweeney, S., Armour C., Goetzke, K., Dunne, M., Davidson, M. & M. Belfer. (2021) Developing Hopeful Minds: Can teaching hope improve wellbeing and protective factors in children?, *Child Care in Practice*. Retrieved on September 19, 2022 from <https://www.tandfonline.com/doi/full/10.1080/13575279.2021.1924121>
- National Institute on Drug Abuse. (2003). Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders [2nd Edition]. Retrieved September 4, 2022 from https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf
- Substance Abuse and Mental Health Services Administration. (2019). Substance Misuse Prevention for Young Adults. Publication No. Pep-PL-Guide-1. Rockville, MD. National Mental Health and Substance Use Policy Laboratory. Retrieved on September 12, 2022 from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-pl-guide-1.pdf>
- Substance Abuse and Mental Health Services Administration. (2018). Selecting best-fit programs and practices: Guidance for substance misuse prevention practitioners. Retrieved on September 10, 2022 from https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Data Sources

Data Instrument	Most Recent Data	Trend Range
Delaware's Annual Traffic Statistical Report	2021	-
Delaware Behavioral Risk Factor Surveillance System (BRFSS)	2020	-
Delaware Division of Forensic Science Annual Report	2021	2019 - 2021
Delaware Online/NewsJournal Gun Violence Database	2022	2017 - 2022
Delaware Prescription Monitoring Program (PMP)	2020	2012- 2020
Delaware School Survey (DSS) – 5 th grade	2021	1999 - 2021
8 th and 11 th grades	2021	1999 - 2021
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	-
Household Pulse Survey	2022	2021 - 2022
Monitoring the Future – 8 th , 10 th , and 12 th grades	2021	1999 - 2021
National Youth Risk Behavior Survey (YRBS) – National	2019	1999 - 2019
National Survey of Children's Health (NSCH)	2020	2016 - 2020

Data Instrument	Most Recent Data	Trend Range
National Survey on Drug Use and Health (NSDUH)	2019-2020	2002 - 2020
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 2022 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 Drug Monitoring Initiative
- Delaware Household Health Survey
- Drug Enforcement Administration
- Gallup
- 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
- State of Delaware Economic Development Office
- The Trevor Project
- The Williams Institute
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- U.S. Centers for Disease Control and Prevention (Alcohol-Related Disease Impact [ARDI] Dashboard; Death Rate Maps & Graphs; State Overdose Death Reporting System [SUDORS])
- U.S. Health Resources and Services Administration