



Mental Health and Wellness

The 2022 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 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 data on mental health. 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
 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

We would like acknowledge the SEOW Facilitator Team and others from the University of Delaware Center for Drug and Health Studies and for their contributions to the 2022 Epidemiological Profile:

Jessica Arnold, Rochelle Brittingham, David Borton, Darryl Chambers, Bill Gratton, Stephanie Ha, James Highberger, Dana Holz, Sharon Merriman-Nai, Dan O’Connell, Laura Rapp, Rachel Ryding, Meisje Scales, Rachael Schilling, Eileen Sparling, and Madeline Stenger.

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

Table of Contents

Table of Figures	v
Notes: Data Reporting and Interpretation	vi
1. Mental Health and Wellness	1-1
National Overview	1-1
Delaware Overview	1-3
Promising Practices: The Crisis Text Line	1-22
2. References	2-1
Mental Health and Wellness	2-1
Data Sources	2-4

Table of Figures

Figure 1: Trends in symptoms of anxiety disorder, National and Delaware	1-6
Figure 2: Trends in symptoms of depressive disorder, National and Delaware.....	1-7
Figure 3: Trends in feeling sad/hopeless almost every day for 2 or more weeks, HS.....	1-8
Figure 4: Trends in attempted suicide in the past year, HS.....	1-9
Figure 5: Students who purposely hurt themselves without wanting to die, by sex, grade, race and ethnicity, MS	1-10
Figure 6: Students who ever seriously thought about suicide, 2007-2019, MS.....	1-11
Figure 7: Students who ever attempted suicide, 2013-2019, MS	1-11
Figure 8: Wellbeing index, now and future, 5 th grade	1-12
Figure 9: Self-rated emotional health, 5 th grade	1-13
Figure 10: Anxiety in past two weeks by sex, race and ethnicity, 8 th grade.....	1-14
Figure 11: Depression in past two weeks by sex, race and ethnicity, 8 th grade.....	1-15
Figure 12: Wellbeing index, now and future, 8 th grade	1-16
Figure 13: Self-rated emotional health, 8 th grade	1-17
Figure 14: Anxiety in past two weeks by sex, race and ethnicity, 11 th grade.....	1-18
Figure 15: Depression in past two weeks by sex, race and ethnicity, 11 th grade.....	1-19
Figure 16: Wellbeing index, now and future, 11 th grade	1-20
Figure 17: Self-rated emotional health, 11 th grade	1-21
Figure 18: Frequency of conversations, texters, and active rescues, July 2016 - July 2021.....	1-23
Figure 19: Crisis text line conversation topics	1-23

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. Mental Health and Wellness

National Overview

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: 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 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

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 and 1 in 20 has experienced a serious mental illness in the past year.

More than a quarter of surveyed 8th and 11th graders reported recent symptoms of anxiety. Twenty-two percent of 8th graders and 29% of 11th graders reported recent symptoms of depression. Females were substantially more likely to report these symptoms.

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 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. Findings from a National Institute on Drug Abuse (NIDA, 2020) report indicates approximately half of individuals who experience a mental disorder will also experience a substance use disorder at some point in

their lifetime. The reciprocal is also true. 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. Given the interaction between emotional wellbeing, substance use, and physical health, integrated health care approaches are critical.

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. More recently, sustained economic uncertainty and the war in Ukraine have been identified as adding to these stress levels (American Psychological Association [APA], 2022). According to the APA [Stress in America poll](#) conducted earlier this year, two out of three adults indicated that their lives were *forever changed by the COVID-19 pandemic* and 87% indicated *that it feels like there has been a constant stream of crises without a break over the last two years*. More than half of respondents revealed that they experienced unintended weight changes and nearly one in four have been drinking more alcohol since March 2020. The same poll indicated that approximately 70% of parents are worried about the impact of the pandemic on their child’s development and wellbeing. The impacts appear disproportionate with certain groups experiencing greater degrees of distress regarding specific concerns (APA, 2022).

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 most recent national data indicates that approximately 29% of adults have experienced symptoms of anxiety, 23% have experienced symptoms of depression, and 33% have experienced symptoms of either anxiety or depression within the previous two weeks. These are notably higher than rates obtained by the 2019 National Health Interview Survey (which the CDC suggests using as helpful benchmarks for these indicators, [n.d.](#)).¹ The 2020 National Survey of Drug Use and Health (NSDUH) indicated that one in five adults who seriously contemplated suicide and 8.5% who made a plan in the previous year did so because of the pandemic (SAMHSA, 2021).²

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 asks parents to rate their frequency of experiencing *stress, loneliness, anxiety, and depression*. These

¹ According to the CDC webpage describing the Household Pulse Survey (which also provides a dashboard for these indicators), the 2019 National Health Interview Survey indicates that 8.1% of adults had symptoms of anxiety; 6.5% had symptoms of depression; and 10.8% had symptoms of anxiety disorder or depressive disorder.

² To gain insights regarding the impact of the COVID-19 pandemic on mental health, questions were added to the National Survey of Drug Use and Health questionnaire for the 4th quarter administration of 2020 (October 2020 through December 2020). If a respondent answered that they had suicidal thoughts or made a suicide plan, they were then asked if these were due to the COVID-19 pandemic. (See page 36 of the [Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health](#) report; SAMHSA, 2021.)

indicators rose sharply in April 2020. The frequency of *loneliness* has declined rather steadily since March 2021 and has returned to pre-pandemic levels. Although they have shown some decline, *stress*, *anxiety*, and *depression* levels have remained higher than pre-pandemic levels. One in three parents also reported experiencing at least one material hardship, a trend that has been increasing since April 2021. Parents also observed an increase in child behavioral problems beginning in April 2020 compared to pre-pandemic levels, a trend that has remained relatively consistent (RAPID-EC, n.d.).

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, n.d.). Chapter 13 of this report includes a discussion of protective factors that contribute to emotional wellbeing in addition to substance use prevention.³

Delaware Overview

Similar to findings from the 2018-2019 National Survey on Drug Use and Health (NSDUH), prevalence estimates from the 2019-2020 survey indicate that approximately 20% of adults aged 18 and over in Delaware experienced *any* mental illness and 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 8.4% of Delaware adults experienced a major depressive episode in the previous year and nearly one in 20 had serious thoughts of suicide (SAMHSA, n.d.). NSDUH findings also indicate that just over 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, 12.3% of all adults in Delaware experienced frequent mental distress in 2020. Young Delaware adults (aged 18-44) were most likely to report experiencing frequent mental distress (United Health Foundation [UHF], 2022).

The age-adjusted suicide rate for Delaware in 2019 was 11.3 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 138 suicide deaths in the state in 2021 and three out of four involved the use of firearms (Delaware Division of Forensic Science, 2022).

The 2017⁴ 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

³ For a discussion of adverse childhood experiences (ACEs) which can contribute to lifelong emotional and physical challenges, please see Chapter 11.

⁴ 2017 data is the most recently available weighted data from the Delaware High School Youth Risk Behavior Survey (YRBS). Weighted data from the 2021 Delaware YRBS will soon be available.

that time period, 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 with rates twice as high among females than males. 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 mental health and wellbeing. In 2021, 28% of 8th graders reported symptoms of anxiety on at least half of the days in the previous two weeks and 22% reported feelings of depression, rates slightly higher than in 2020. High school students reported similar rates of anxiety and depression symptoms (29% and 24%, respectively). Female students reported substantially higher rates of such symptoms across both age groups.

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 5th graders rated themselves in the top tier of the ladder⁵ which is considered to be *thriving*. One in five students rated themselves in the middle tier which is considered to be *struggling*, and 15% rated themselves on the bottom tier, considered to be *suffering*. Also noteworthy, when students were asked to rate their emotional health, slightly more than half of 5th graders rated it as either *excellent* (27%) or *very good* (27%). However, the rate of 8th grade students who considered themselves to be *thriving* at this time decreased to 56% (showing a decline since the 2020 DSS), and that rate dropped to 50% among 11th grade students. Yet when asked where they believed where they would be in five years, across all age groups, two out of three students 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 decreased.

These numbers illustrate that there is a profound need for mental health services for youth, as well as adults, in Delaware. In 2021, Delaware had 299 mental health providers per 100,000 people, a slight increase from previous years (UHF, 2022). While this is slightly higher than the national average of 284.3, it is far lower than the rate of Massachusetts which has 693.6 providers per 100,000 people. The Department of Services for Children, Youth and their Families deploys behavioral health consultants in middle schools to provide screening and other preventive services on-site and the recently passed state legislation will increase these resources (please see Data in Action). Nonetheless, the needs remain great as all of Sussex and Kent Counties and portions of New Castle County have been designated as mental health

⁵ 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*.

professional shortage areas by the U.S. Health Resources and Services Administration (Delaware Health Statistics Center, 2022).

Data in Action:

Recent Initiatives to Strengthen Mental Health in Delaware

In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association joined together to declare a national [State of Emergency in Children’s Mental Health](#) (American Academy of Pediatrics, 2021). Noting that youth had already been experiencing significant mental health challenges prior to the pandemic, the U.S. Surgeon General put forth an [advisory](#) (2021) outlining recommendations to promote systemic changes and other actions to address these issues.

A number of initiatives have been funded in recent years to promote mental wellness and increase access to treatment throughout the state, such as [Project DelAWARE](#), the [Delaware Child Psychiatry Access Program \(DCPAP\)](#), the Delaware Hope Line, and [Treatment Connections](#), a public portal to assist people seeking mental health and substance use disorder services. In July 2022, there was a soft launch of the new nationwide 988 Suicide and Crisis Lifeline. Other resources are highlighted on the [Delaware Help is Here](#), [NAMI Delaware](#), and the [Mental Health Association in Delaware](#) websites.

In addition, the state legislature recently passed three bills to strengthen mental health resources in Delaware. On August 3rd, 2022, the Governor signed the following into law:

[House Bill 300](#) which will establish mental health service units in Delaware public middle schools to raise the number of mental health professionals in the school system to nationally recommended levels;

[House Bill 301](#), which cites 2017 Delaware Youth Risk Behavior Survey data in its original synopsis, will establish and implement mental health educational programs in grades K-12 in public schools throughout the state;

[House Bill 303](#) which requires insurance coverage for an annual behavioral health well check with a licensed master’s level mental health clinician.

Collectively, these bills hold promise for increased awareness, early detection and intervention, and enhanced mental health services in Delaware.

Household Pulse Survey

National and Delaware, July 2021 – July 2022

Symptoms of Anxiety Disorder (in percentages)

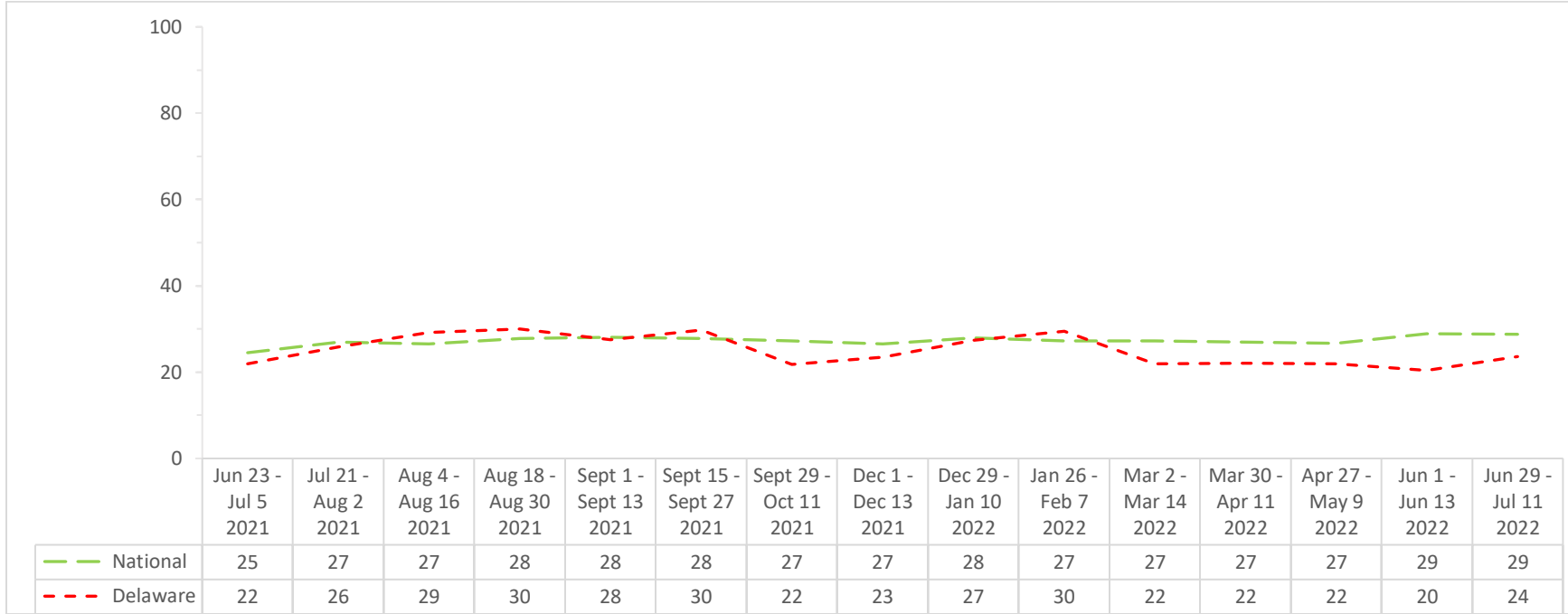


Figure 1: Trends in symptoms of anxiety disorder, National and Delaware

Notes:

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.

* 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’.

Source: [Centers for Disease Control and Prevention. \(2022\). Household Pulse Survey.](#)

[Back to table of figures](#)

Household Pulse Survey National and Delaware, July 2021 – July 2022 Symptoms of Depressive Disorder (in percentages)

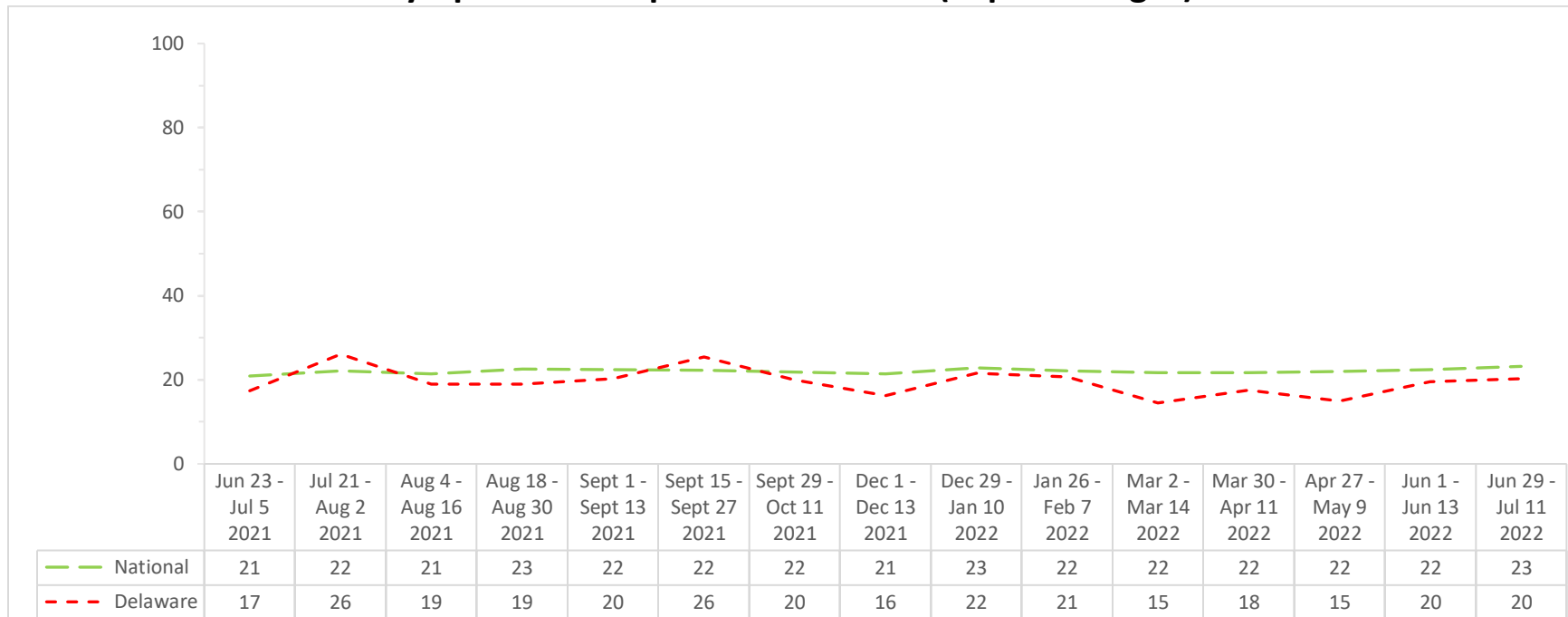


Figure 2: Trends in symptoms of depressive disorder, National and Delaware

Notes:

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’.

Source: [Centers for Disease Control and Prevention. \(2022\). Household Pulse Survey.](#)

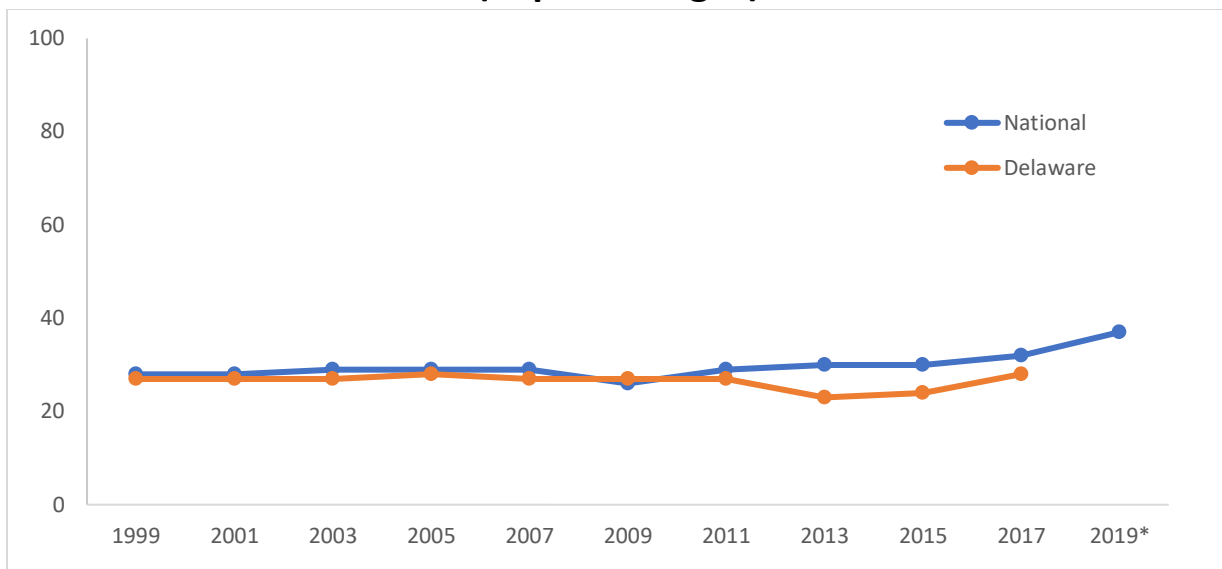
[Back to table of figures](#)

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 3: 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.

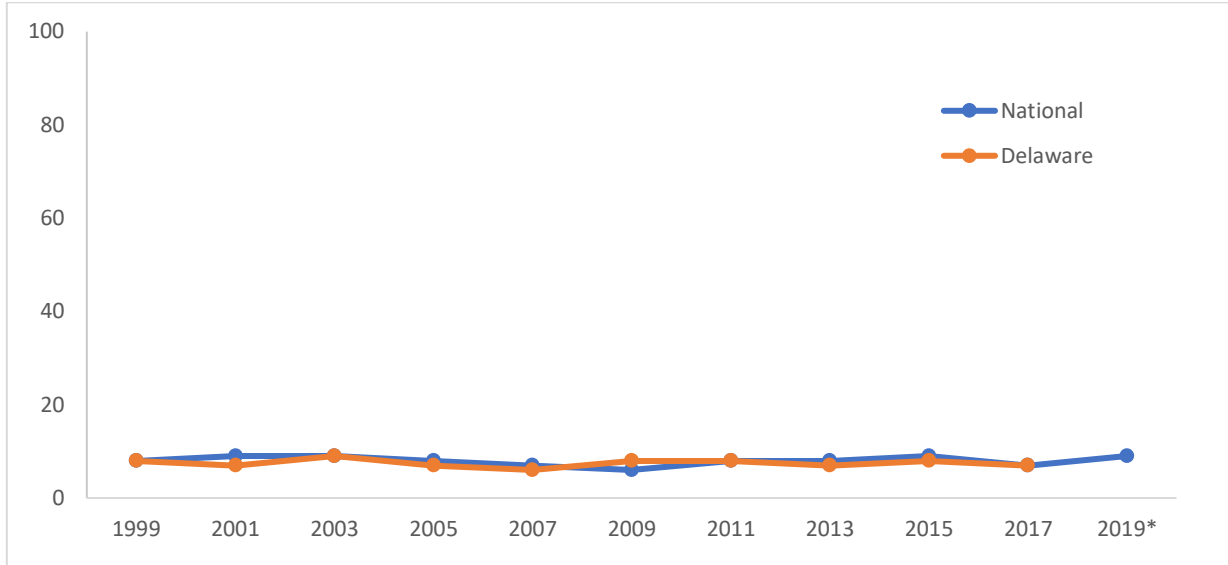
Source: [Centers for Disease Control and Prevention \(CDC\). 1991-2019 High School Youth Risk Behavior Survey Data.](#)

[Back to table of figures](#)

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 4: 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.](#)

[Back to table of figures](#)

2019 YRBS Middle School Survey

Non-Suicidal Self-Injury* by Sex, Grade, and Race/Ethnicity (in percentages)

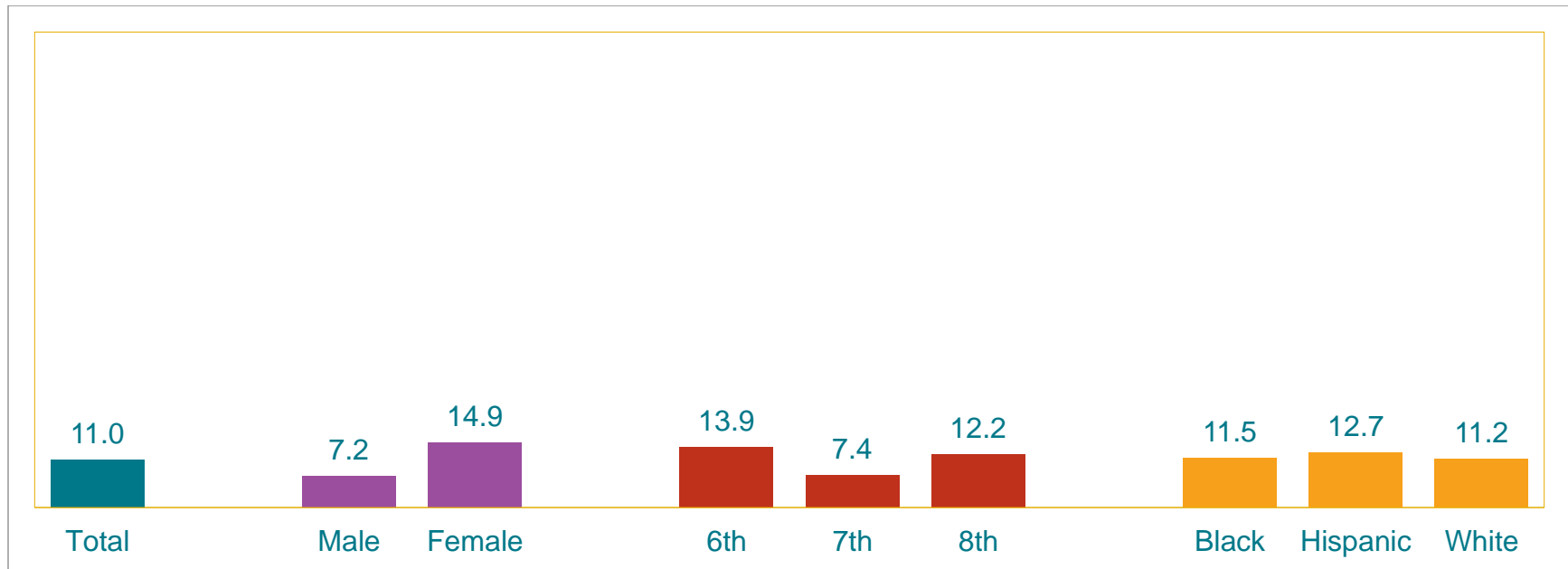


Figure 5: Students who purposely hurt themselves without wanting to die, by sex, grade, race and ethnicity, MS

Notes: *Students are asked if that have ever hurt themselves, such as cutting or burning themselves on purpose, without wanting to die 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.](#)

[Back to table of figures](#)

YRBS Middle School Survey

Students Who Ever Seriously Thought About Suicide^a, 2007-2019 (in percentages)

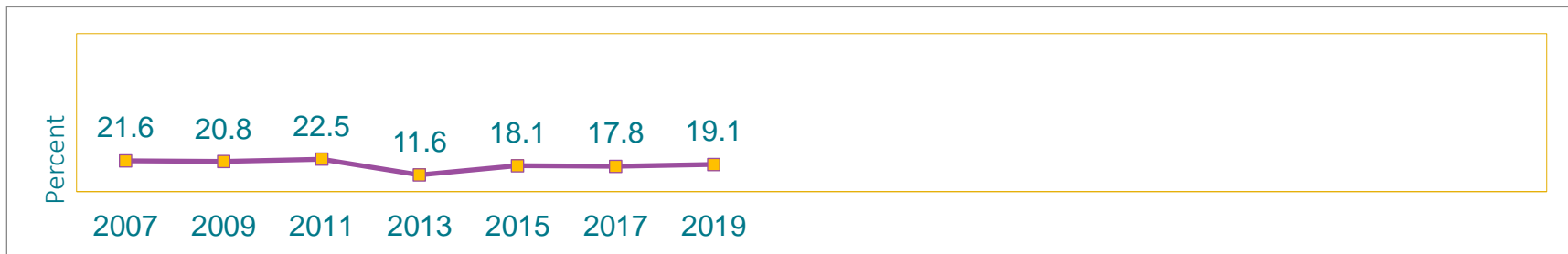


Figure 6: Students who ever seriously thought about suicide, 2007-2019, MS

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 Attempted Suicide^a, 2013-2019 (in percentages)

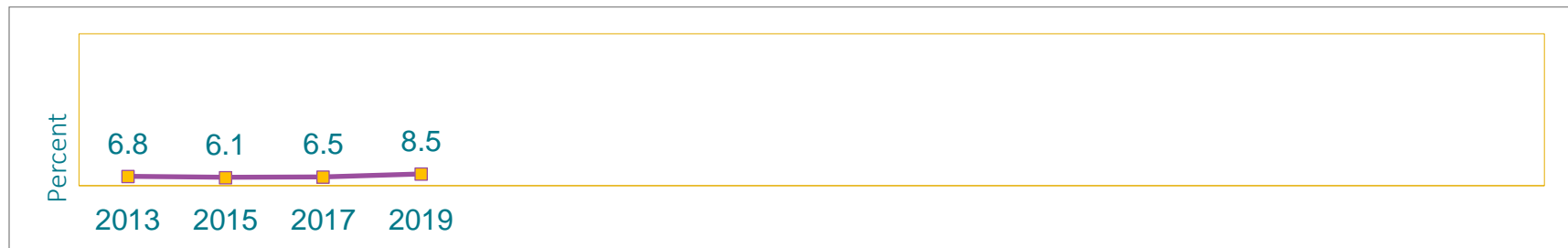


Figure 7: Students who ever attempted suicide, 2013-2019, MS

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.

^aStudents are asked on the survey, respectively, if they have ever seriously thought about killing themselves and if they have ever tried to kill themselves.

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

[Back to table of figures](#)

2021 Delaware School Survey
Wellbeing Index*, Now and Five Years in the Future,
Among 5th Grade Students
(in percentages)

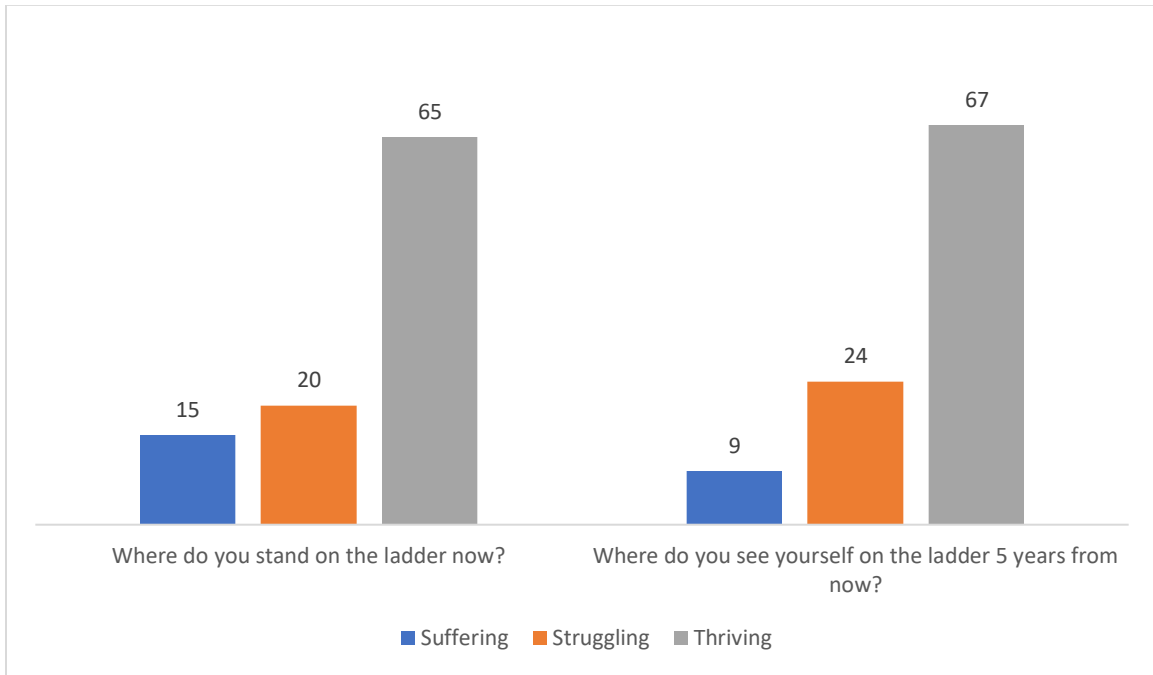


Figure 8: Wellbeing index, now and future, 5th grade

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. \(2021\). Delaware School Survey: Fifth Grade \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Emotional Health* among 5th Grade Students
(in percentages)

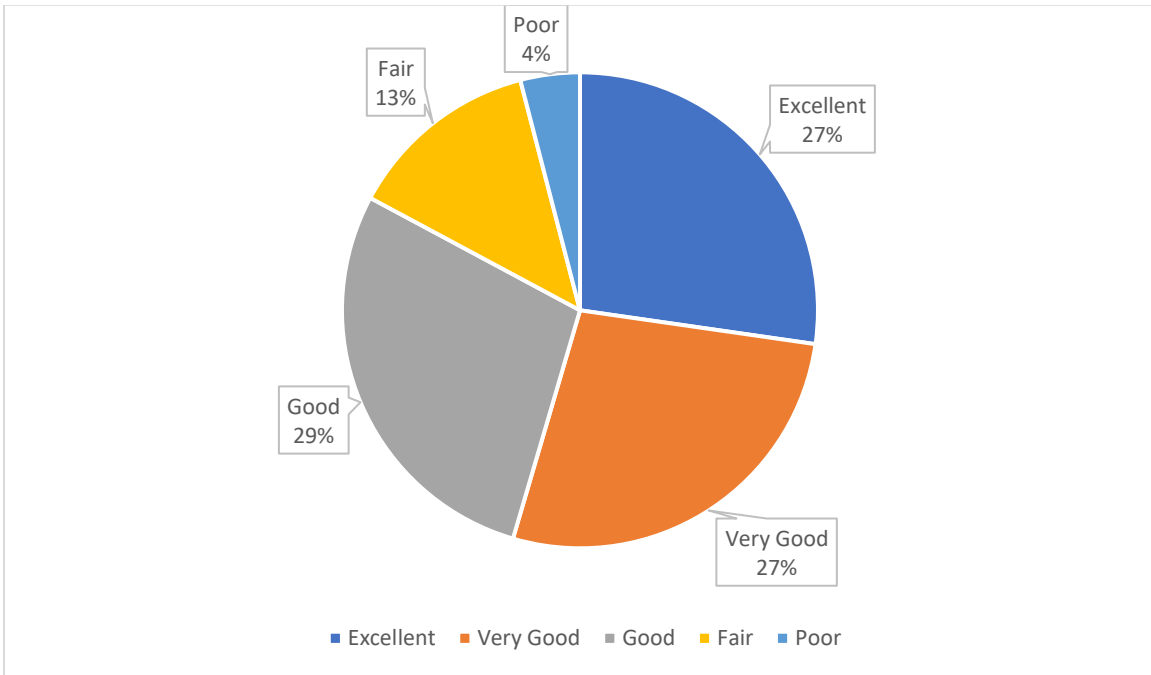


Figure 9: Self-rated emotional health, 5th grade

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. \(2021\). Delaware School Survey: Fifth \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Anxiety* in the Past Two Weeks by Sex, Race, and Ethnicity
among 8th Grade Students
(in percentages)

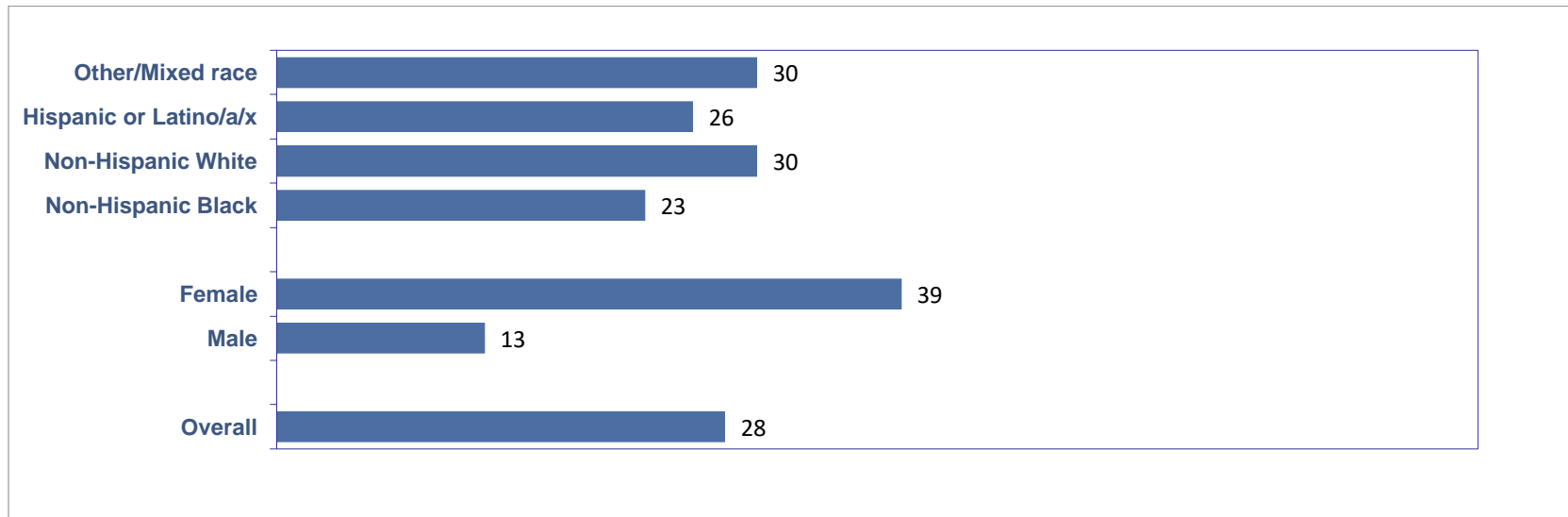


Figure 10: Anxiety in past two weeks by sex, race and ethnicity, 8th grade

Note:

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

*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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Depression* in the Past Two Weeks by Sex, Race and Ethnicity
among 8th Grade Students
(in percentages)

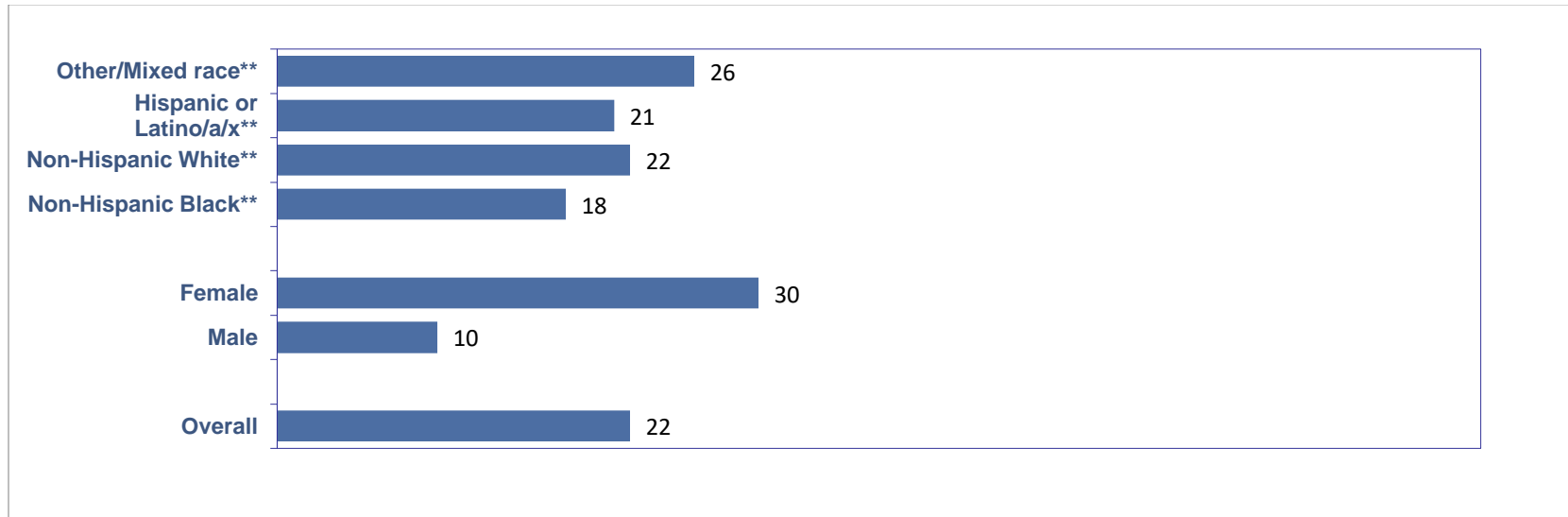


Figure 11: Depression in past two weeks by sex, race and ethnicity, 8th grade

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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Wellbeing Index*, Now and Five Years in the Future,
Among 8th Grade Students
(in percentages)

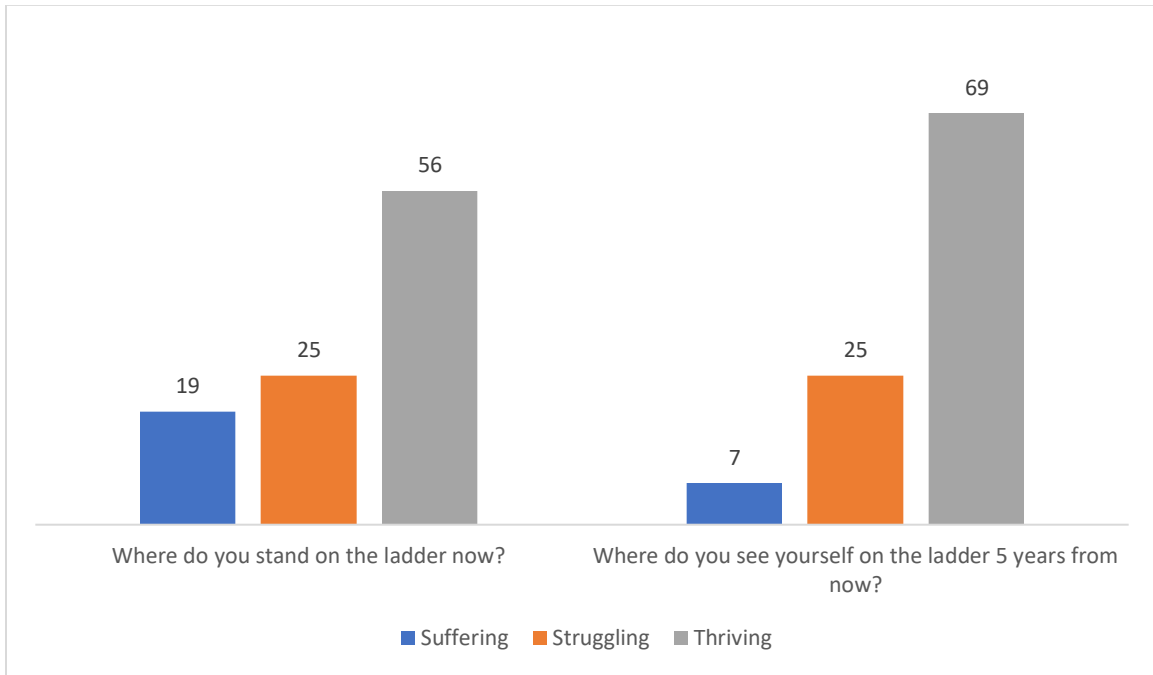


Figure 12: Wellbeing index, now and future, 8th grade

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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Emotional Health* among 8th Grade Students
(in percentages)

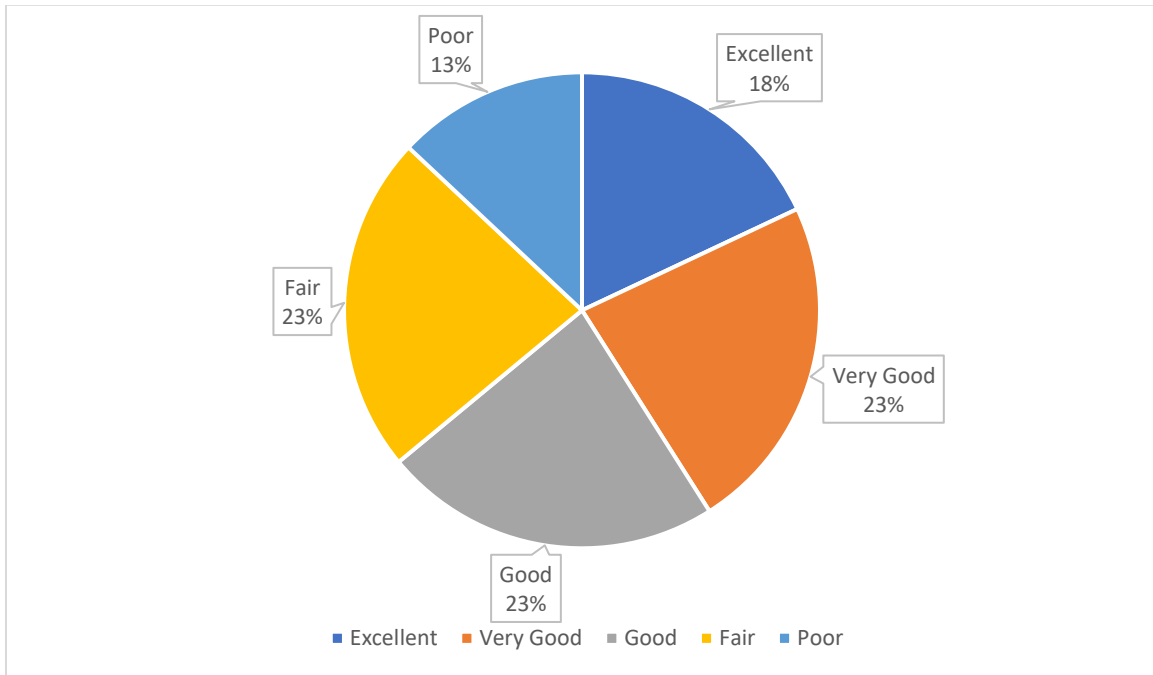


Figure 13: Self-rated emotional health, 8th grade

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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Anxiety* in the Past Two Weeks by Sex, Race, and Ethnicity
among 11th Grade Students
(in percentages)

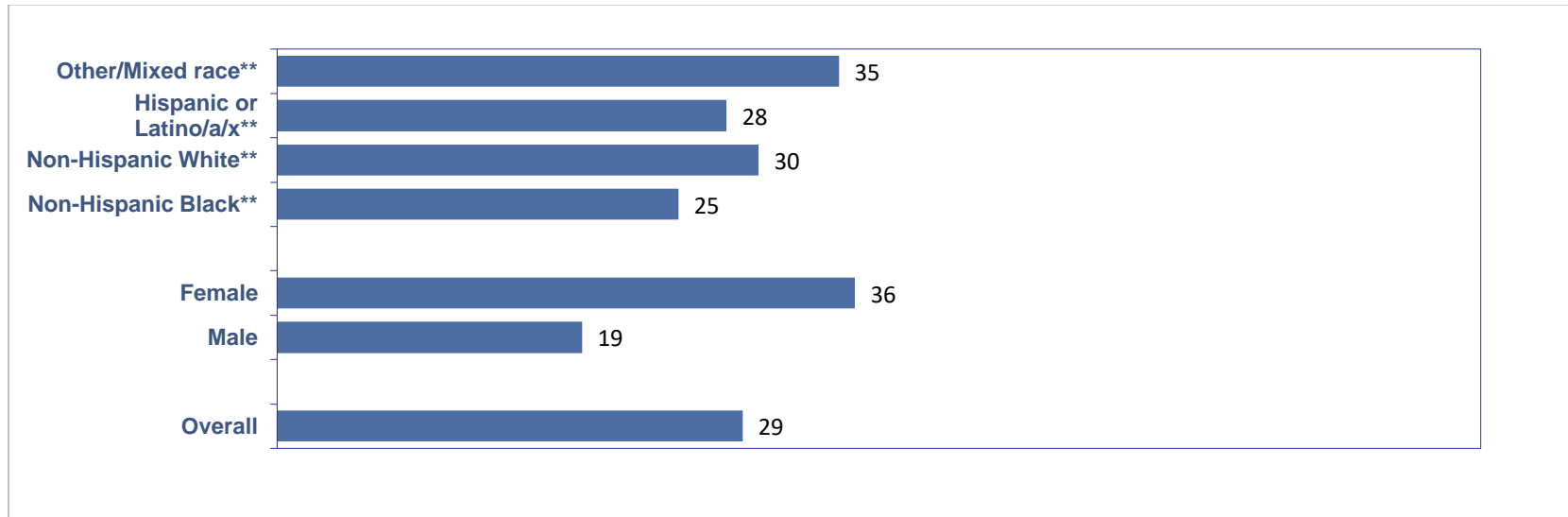


Figure 14: Anxiety in past two weeks by sex, race and ethnicity, 11th grade

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.

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

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

[Back to table of figures](#)

2021 Delaware School Survey
Depression* in the Past Two Weeks by Sex, Race, and Ethnicity
among 11th Grade Students
(in percentages)

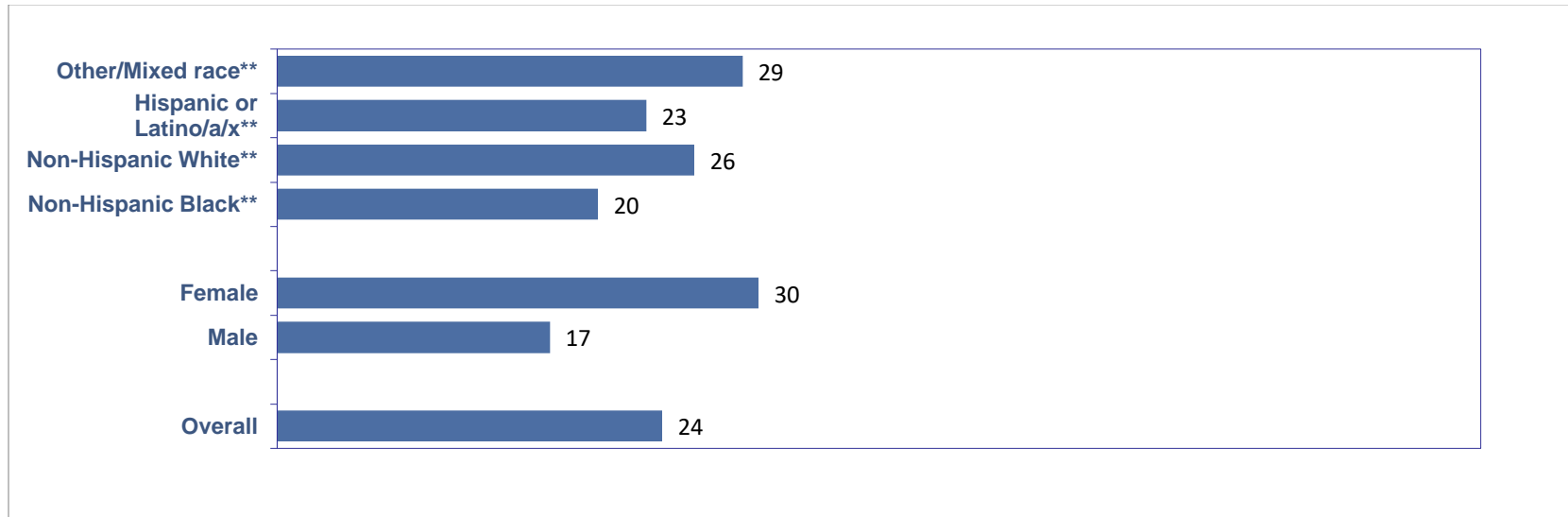


Figure 15: Depression in past two weeks by sex, race and ethnicity, 11th grade

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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey
Wellbeing Index*, Now and Five Years in the Future,
Among 11th Grade Students
(in percentages)

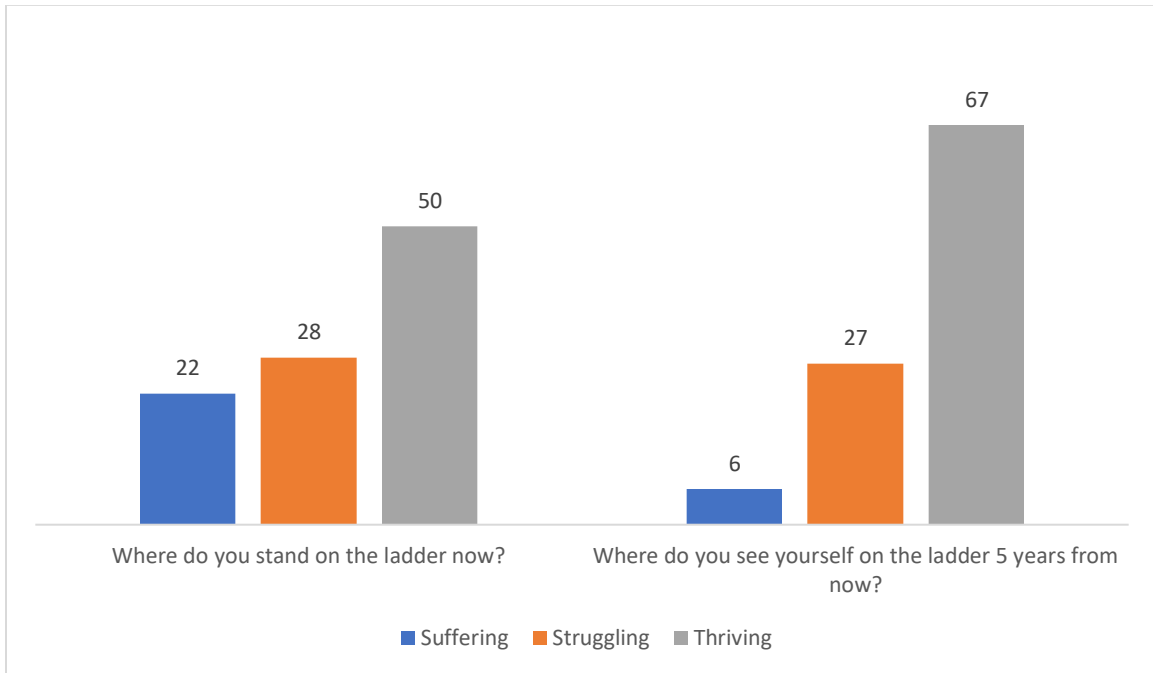


Figure 16: Wellbeing index, now and future, 11th grade

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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

2021 Delaware School Survey Emotional Health* among 11th Grade Students (in percentages)

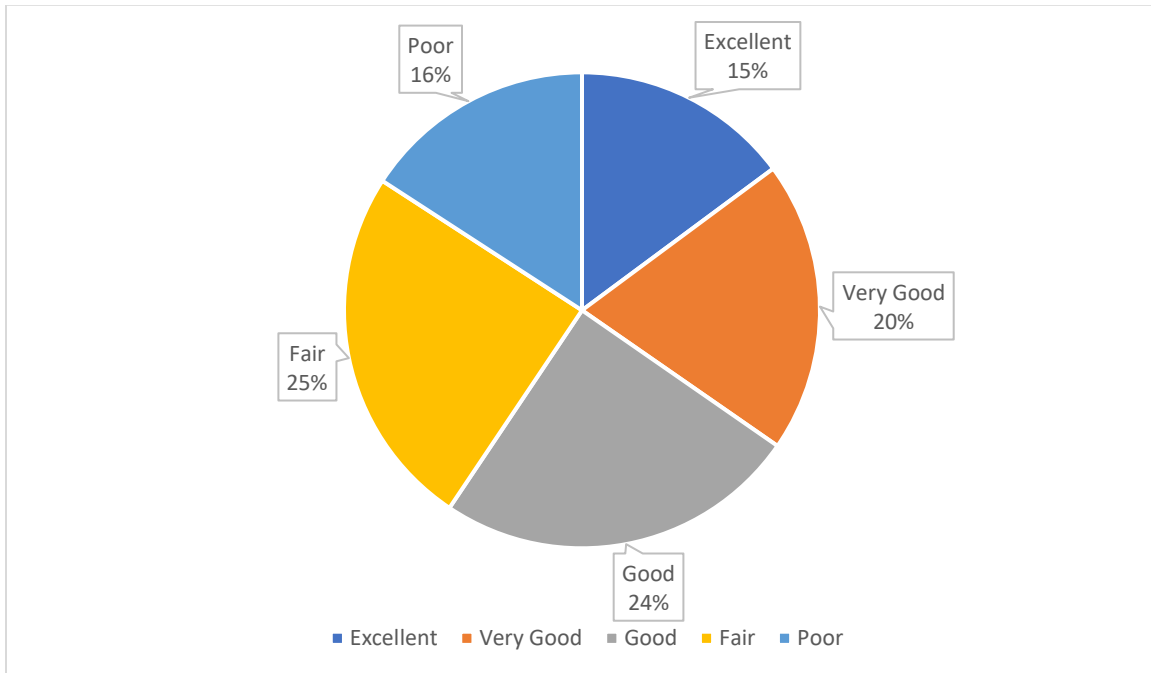


Figure 17: Self-rated emotional health, 11th grade

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. \(2021\). Delaware School Survey: Secondary \[Annual Survey\]. University of Delaware.](#)

[Back to table of figures](#)

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 operates 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).⁶ Through July of 2022, CTL had 2,475 registered conversations under this designation with 12 active rescues, including one 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. Although COVID-19 continued to be a topic in 3% of conversations, it was identified only half as frequently as in the preceding year.

⁶ 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).

Monthly Frequency of Crisis Text Line Conversations

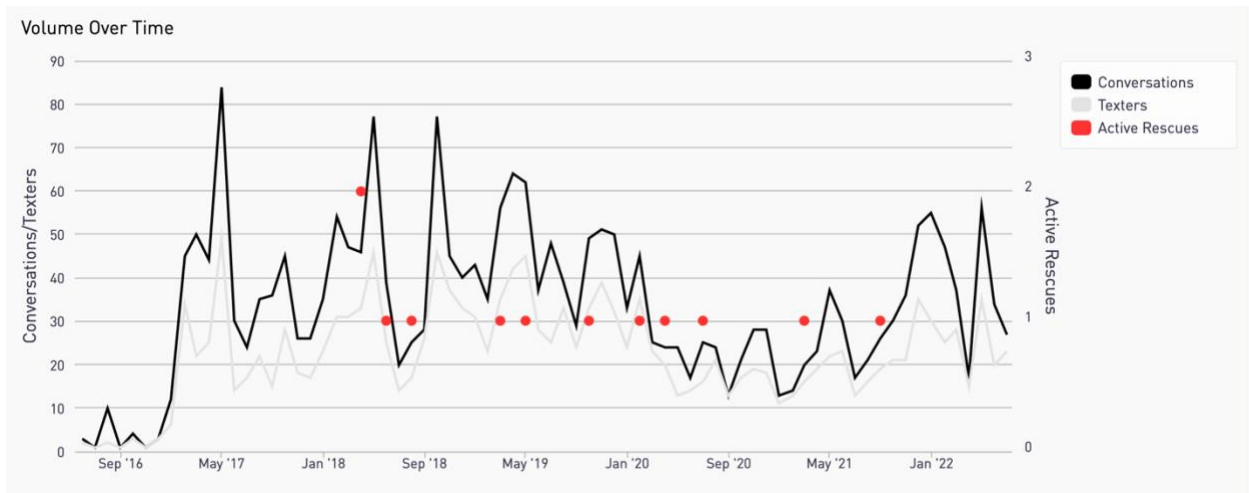


Figure 18: Frequency of conversations, texters, and active rescues, July 2016 - July 2021

Topics of Crisis Text Line Conversations (in percentages)

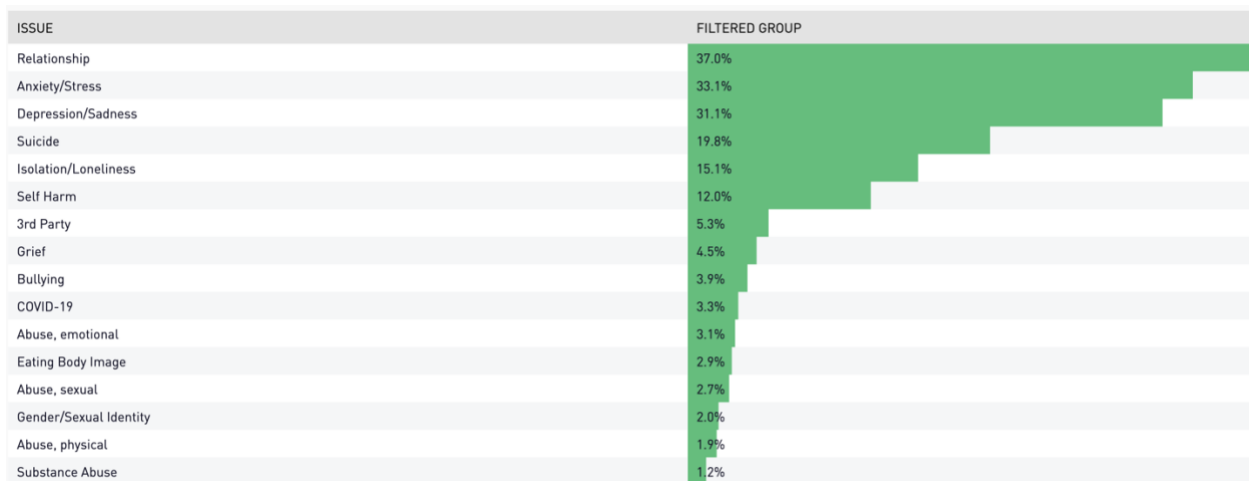


Figure 19: Crisis text line conversation topics

Source: Crisis Text Line

[Back to table of figures](#)

2. References

Mental Health and Wellness

American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association. (2021). AAP-AACP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. Retrieved on August 28, 2022 from <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

American Psychological Association. (2022). Stress in America: Money, inflation, war pile on to a national stuck in COVID-19 survival mode. Retrieved on September 1, 2022 from <https://www.apa.org/news/press/releases/stress/2022/march-2022-survival-mode>

Centers for Disease Control and Prevention. (n.d.). About mental health. Retrieved on September 11, 2022 from <https://www.cdc.gov/mentalhealth/learn/index.htm>

Centers for Disease Control and Prevention. (n.d.). Anxiety and Depression. Household Pulse Survey. Retrieved on September 1, 2022 from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

Center for Drug and Health Studies, University of Delaware. (2020). 2020 Delaware State Epidemiological Profile. Retrieved on September 25, 2022 from <https://www.cdhs.udel.edu/content-sub-site/Documents/2020%20Epi/2020%20Delaware%20Epidemiological%20Report.pdf>

Delaware Department of Health and Social Services, Division of Public Health (n.d.). My Healthy Community Dashboard. Retrieved on August 28, 2022 from <https://myhealthycommunity.dhss.delaware.gov/home>

Delaware Department of Safety and Homeland Security, Division of Forensic Science. (2022). Division of Forensic Science 2021 Annual Report. Retrieved on September 5, 2022 from <https://forensics.delaware.gov/resources/contentFolder/pdfs/2021%20DFS%20Annual%20Report.pdf?cache=1654718076322>

Delaware General Assembly. (n.d.). House Bill 300. Retrieved on August 28, 2022 from <https://legis.delaware.gov/BillDetail?LegislationId=79147>

- Delaware General Assembly. (n.d.). House Bill 301. Retrieved on August 28, 2022 from <https://legis.delaware.gov/BillDetail?LegislationId=79144>
- Delaware General Assembly. (n.d.). House Bill 303. Retrieved on August 28, 2022 from <https://legis.delaware.gov/BillDetail?LegislationId=79148>
- Delaware Health Statistics Center. (2022). Mental Health HPSA Designations. Retrieved on September 12, 2022 from https://dhss.delaware.gov/dhss/dph/hsm/files/hpsa_mental.pdf
- National Institute of Mental Health. (n.d.). Chronic illness and mental health. Retrieved on September 13, 2022 from <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>
- National Institute on Drug Abuse. (2020). Common comorbidities with substance use disorders research report. Part 1: The connection between substance use disorders and mental illness. Retrieved on September 13, 2022 from <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>
- Substance Abuse and Mental Health Services Administration. (n.d.). 2019-2020 National Surveys on Drug Use and Health: Model-based prevalence estimates (50 states and the District of Columbia). Retrieved on September 7, 2022 from <https://www.samhsa.gov/data/sites/default/files/reports/rpt35339/2020NSDUHsaePercents012422/NSDUHsaePercents2020.pdf>
- Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from on September 1, 2022 from <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>
- United Health Foundation, America's Health Rankings. (n.d.) [Table]. *Frequent mental distress, Delaware, United States*. Retrieved on August 20, 2022 from https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/DE
- United Health Foundation, America's Health Rankings. (n.d.) [Table]. *Mental Health Providers in Delaware*. Retrieved on August 28, 2022 from <https://www.americashealthrankings.org/explore/annual/measure/MHP/state/DE>

University of Oregon (n.d.). Rapid Assessment of Pandemic Impact on Development (RAPID) – Early Childhood. Retrieved on September 26, 2022 from <https://www.uorapidresponse.com/>

U.S. Department of Health and Human Services, Office of the Surgeon General. (2021). Protecting Youth Mental Health – The U.S. Surgeon General’s Advisory. Retrieved on August 28, 2022 from <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

World Health Organization. (n.d.) Health and Well-Being. Retrieved on September 20, 2022 from <https://www.who.int/data/gho/data/major-themes/health-and-well-being>

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