2020 DELAWARE STATE EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES

Protective Factors

prepared for

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with funding from the Strategic Prevention Framework - Partnerships for Success Program
The Role of the
Delaware State Epidemiological Outcomes Workgroup
and the Purpose of the Epidemiological Profile

All states, including Delaware, have 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 supported the establishment of the Delaware SEOW through SAMHSA Strategic Prevention Framework grants awarded previously. The SEOW is a group of people and organizations that have and use analytical data concerning substance use and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance use prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance use and associated issues to the forefront of the prevention process 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 planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

The annual Delaware State Epidemiological Profile was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report describes patterns of consumption, context, consequences, and trends of substance use, as well as other risk and protective factors, especially among young 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 a discussion of protective factors and their potential to support prevention efforts in Delaware. To review the complete Delaware Epidemiological Profile, other chapters, infographics, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
SEOW Collaborators

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

atTAcK Addiction
Bellevue Community Center
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
  Division of Prevention and Behavioral Health Services
Delaware Department of Health and Social Services
  Division of Medicaid and Medical Assistance
  Division of Public Health
  Division of Services for Aging and Adults with Physical Disabilities
  Division of Substance Abuse and Mental Health
Delaware Department of Safety and Homeland Security
  Delaware State Police
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
Delaware Department of State
  Delaware Office of Controlled Substances
  Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
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
Nemours Health and Prevention Services
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
Wesley College
West End Neighborhood House
University of Delaware
  College of Health Sciences
  College of Arts and Sciences
  Student Health & Wellness Promotion
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Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware recently updated its guidelines for reporting and interpreting data from surveys that it administers to students across the state of Delaware. As a result, in the 2020 Delaware State Epidemiological Profile, data in some tables and figures have been aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report:

- **Reporting small numbers:** For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.

- **Rounding:** All figures from Delaware school survey data (DSS, YRBS, YTS) 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:** With respect to the Delaware YRBS survey, there may be slight discrepancies in how CDHS reports some data points compared to how the Centers for Disease Control and Prevention (CDC) and their national technical advisors (Westat, Inc.) report the data. This is largely due to differing practices when conducting analysis with 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. Prevalence data from the Youth Risk Behavior Survey and Youth Tobacco Survey are usually weighted, however, data is not weighted when exploring small subpopulations to ensure an accurate analysis that is not influenced due to the small number of individuals in those subpopulations.

  o **2019 Weighted Data:** In previous years, advisors to the CDC have provided weights with the Youth Risk Behavior Survey data, and frequencies have been estimated using weighted data. In 2019, the YRBS sample population in Delaware did not meet threshold requirements for weighting data, so any prevalence estimates relying on YRBS data for this year are unweighted.

In 2019, a total of 10,765 Delaware students responded to either the Delaware School Survey (DSS) or the Delaware Youth Risk Behavior Survey (YRBS). By survey, the total number of respondents are as follows:

<table>
<thead>
<tr>
<th>Survey Administration</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSS</strong></td>
<td></td>
</tr>
<tr>
<td>5th Grade</td>
<td>2,992</td>
</tr>
<tr>
<td>8th Grade</td>
<td>2,126</td>
</tr>
<tr>
<td>11th Grade</td>
<td>2,299</td>
</tr>
<tr>
<td><strong>Delaware YRBS</strong></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>1,162</td>
</tr>
<tr>
<td>High School</td>
<td>2,186</td>
</tr>
</tbody>
</table>
1. Protective Factors

National Overview

Prevention research and work are grounded in the identification of risk factors that increase the probability of substance abuse and protective factors that help reduce the risk of substance abuse in the future. Targeted interventions that decrease risk factors, increase protective factors, or combine both approaches have been shown to be effective in decreasing problem substance use (youth.gov, n.d.). Risk and protective factors are relevant at all stages of life and across several domains. Generally, researchers identify several levels, or domains, for intervention: the individual level, family level, peer level, and community level. At different stages in a person’s life, one domain may play a larger role in comparison to another. Cleveland et al. (2008) found that peers and the school environment had a greater influence on older adolescents’ substance abuse than younger adolescents. In contrast, families and the outside community had a greater impact on younger children than peers or schools. Effective prevention programming 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.

The National Institute on Drug Abuse makes the case that prevention programs should target risk and protective factors that have been shown to have the most impact at each developmental level (2003). Early interventions, even at the preschool level, can play a powerful role in reducing risk throughout the “developmental risk trajectory” (National Institute on Drug Abuse [NIDA], 2003, p. 6). Similarly, 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 (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). Many of the risk and protective factors that are associated with problem substance misuse are also associated with mental health conditions, so efforts to reduce risk factors and increase protective factors associated with substance misuse should also have an impact on future mental health status.

Delaware Overview

Individual risk factors include personality traits such as impulsivity, risk-taking, antisocial behaviors, and emotional problems. Protective factors include traits 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, to name a few. Among Delaware High School Youth Risk Behavior Survey (YRBS) respondents, there is an association between school grades and substance use and mental health indicators; students who report getting good grades report lower rates of substance use and poor mental health indicators than students who do not.¹

¹ 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
Family protective factors include consistent discipline, parental involvement, family stability, and clear expectations. Child abuse, parental substance abuse, lack of supervision, and poor relationships with parents (which are discussed in Chapter 11) are a few of the risk factors that have been associated with future substance misuse and other negative health outcomes (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). The Delaware YRBS asks a number of questions about students’ relationships with their parents. Data from the 2019 survey illustrate an association between parent engagement and youth substance use as well as youth mental health status. Delaware high school students who report that their parents never or almost never tell them they are proud of them use substances at higher rates and report higher rates of depression, self-harm, and plans and attempts at suicide than youth whose parents tell them they are proud of them sometimes or always. A similar pattern emerges when looking at student reports of parents frequently taking an interest or believing that their parents listen to them. Better mental health status and reduced substance use is also associated with parental monitoring and supervision.

The National Survey on Children’s Health (NSCH) includes a number of protective factor indicators, including a series of four questions that comprise a Family Resilience Composite Measure. The questions ask parent respondents to report if the 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. Approximately four out of five parent respondents of children living in Delaware agree with all of these statements most or all of the time, commensurate with the rate among the national sample. NSCH also asks questions relating to family connectedness. Delaware findings indicate that nearly 44% of families report eating a meal together most days, and more than one in three report reading aloud to children aged 0-5 every day (NSCH, 2017-2018).

Relationships with peers may also correlate to risk behavior. The 2019 Delaware YRBS asks students to report whether their friends think it is wrong to use marijuana or have one or two drinks of alcohol nearly every day. Teens who report that their friends think it is wrong report using substances at lower rates than students whose friends do not think frequent substance use is wrong.

Schools operate at the intersection of the peer and community level—they are the location where most peer interactions occur 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). Community-level factors include social disorganization, norms favorable or unfavorable to substance use, and community safety. A report from the CDC (2009) explains how school connectedness—that is, the extent to which youth feel connected to the school community—can reduce the risk of mental health and unobserved indicators that also influence the outcome. This holds true for all of the associations discussed in this chapter.
substance abuse problems in youth. 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.

The literature on risk and protective factors is extensive, and these are just a few examples at each level of intervention (CDC, 2018; SAMSHA, n.d.; Cleveland et al., 2008). In summary, clear and consistent limits, discipline, rules, and support from caregivers are important factors associated with healthy youth development. Further, the feeling of connectedness through positive family, peer, and social relationships builds resilience in youth. Healthy relationships and social supports promote mental wellness and life skill development.

The following figures highlight a number of protective factors among Delaware youth and several noteworthy associations with risk experiences.
Figure 1: Family resilience composite index, Delaware and National comparison, children 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 the problem; Know we have strengths to draw upon; Stay hopeful even in difficult times.”

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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?”

[Back to table of figures](#)
2017-2018 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.”

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### 2019 Delaware School Survey
**Overview of Protective Factors**
*5th, 8th, and 11th Graders*

<table>
<thead>
<tr>
<th>Category</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Support</td>
<td>&gt; 84% of 5th, 8th, and 11th grade students report support and encouragement from parents</td>
</tr>
<tr>
<td></td>
<td>69% 5th graders report they would talk to their parents about a personal problem</td>
</tr>
<tr>
<td>Support from Other Adults</td>
<td>&gt; 44% of 5th, 8th, and 11th grade students report support and encouragement from teachers</td>
</tr>
<tr>
<td></td>
<td>Approximately 31% of 8th and 11th grade students report having 2 or more supportive adults</td>
</tr>
<tr>
<td>Peer Support</td>
<td>69% of 8th grade students report support and encouragement from friends</td>
</tr>
<tr>
<td></td>
<td>70% of 11th grade students report support and encouragement from friends</td>
</tr>
<tr>
<td>Connectedness</td>
<td>84% of 5th grade students report participating in an organized activity outside of school hours</td>
</tr>
<tr>
<td>Perceptions of School Safety</td>
<td>94% of 5th grade students report feeling safe at school</td>
</tr>
<tr>
<td></td>
<td>74% of 8th grade students report feeling safe at school</td>
</tr>
<tr>
<td></td>
<td>78% of 11th grade students report feeling safe at school</td>
</tr>
</tbody>
</table>

Figure 4: Overview of protective factors, 5th, 8th, and 11th Graders

Sources: Positive Childhood Experiences, Prevention, and Protective Factors, Center for Drug and Health Studies, University of Delaware, 2020.

[Back to table of figures](#)
## 2019 Delaware Youth Risk Behavior Survey
### Sources of Support and Encouragement
#### Among High School Students
##### (in percentages)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>73</td>
</tr>
<tr>
<td>Friends</td>
<td>61</td>
</tr>
<tr>
<td>Siblings &amp; Other Relatives</td>
<td>45</td>
</tr>
<tr>
<td>Grandparents</td>
<td>34</td>
</tr>
<tr>
<td>Teachers</td>
<td>32</td>
</tr>
<tr>
<td>Friends’ Parents</td>
<td>18</td>
</tr>
<tr>
<td>Neighborhood Adults</td>
<td>20</td>
</tr>
<tr>
<td>School Adults</td>
<td>15</td>
</tr>
<tr>
<td>No One</td>
<td>7</td>
</tr>
</tbody>
</table>

**Figure 5: Sources of support and encouragement, HS**

**Note:**
Student 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. (2019). Youth Risk Behavior Survey: High School [Biennial Survey]. University of Delaware.](#)

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2019 Delaware Youth Risk Behavior Survey
Who High School Students Would Talk to
About a Serious Personal Problem
(in percentages)

Figure 6: Who students would talk to about a serious personal problem, HS

Note: Students are asked to select one response to the question: If you had a personal problem with drinking, drug use, violence you have seen or that has affected you, or sexual behavior, who would you most likely talk to?


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2019 Delaware Youth Risk Behavior Survey
Past Month Substance Use² and Academic Achievement
for High School Students
(in percentages)

Figure 7: Past month substance use and grades, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
²Binge drinking is defined in the YRBS as 4 or more drinks at a time for females or 5 or more drinks at a time for males in the past month.

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2019 Delaware Youth Risk Behavior Survey
Rules and Consequences at Home\textsuperscript{a} and
Past Month Substance Use\textsuperscript{b} Among Delaware High School
(in percentages)

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure8.png}
\caption{Past month substance use and rules/consequences at home, HS}
\end{figure}

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
\textsuperscript{a}Students were asked: “Do you agree or disagree that your parents or other adults in your family have clear rules and consequences for your behavior?”
\textsuperscript{b}Binge drinking is defined in the YRBS as 4 or more drinks at a time for females or 5 or more drinks at a time for males in the past month.

\textbf{Back to table of figures}
2019 Delaware Youth Risk Behavior Survey
Peer Perceptions of Substance Use$^a$ and Respective Past Month Substance Use$^b$
Among High School Students
(in percentages)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Not Wrong</th>
<th>A Little Wrong</th>
<th>Wrong/Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>44</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>Binge</td>
<td>27</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Marijuana</td>
<td>45</td>
<td>20</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 9: Peer attitudes and past month substance use, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
$^a$Students are asked the following questions: “How wrong do your friends feel it would be for you to have one or two drinks of an alcohol beverage every day/smoke marijuana?” In this figure, past month alcohol use and binge drinking is analyzed by peer perceptions of having one or two drinks of alcohol, and past month marijuana use is analyzed by peer perceptions of smoking marijuana.
$^b$Binge drinking is defined in the YRBS as 4 or more drinks at a time for females or 5 or more drinks at a time for males in the past month.

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2019 Delaware Youth Risk Behavior Survey
How Often Parents are Proud and Past Month Substance Use among High School Students (in percentages)

Figure 10: Parents are proud and past month substance use, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
\(^b\)Binge drinking is defined in the YRBS as 4 or more drinks at a time for females or 5 or more drinks at a time for males in the past month.

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2019 Delaware Youth Risk Behavior Survey
How Often Parents Take an Interest and Past Month Substance Use\textsuperscript{b} 
Among High School Students 
(in percentages)

![Bar chart showing the percentage of high school students engaging in different substance use behaviors.](chart)

Figure 11: Parents take an interest and past month substance use, HS

Notes:
* Estimate was not statistically significant at the p<.05 level.
\textsuperscript{b} Binge drinking is defined in the YRBS as 4 or more drinks at a time for females or 5 or more drinks at a time for males in the past month.


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2019 Delaware Youth Risk Behavior Survey
How Often Parents Listen and Past Month Substance Use among High School Students
(in percentages)

Figure 12: Parents listen and past month substance use, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
bBinge drinking is defined in the YRBS as 4 or more drinks at a time for females or 5 or more drinks at a time for males in the past month.

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**2019 Delaware Youth Risk Behavior Survey**

Past Year Mental Health Indicators and Grades Among High School Students
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Mostly As</th>
<th>Mostly Bs</th>
<th>Mostly Cs</th>
<th>Mostly Ds or Fs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad/hopeless for most days/2 wks in a row</td>
<td>25</td>
<td>31</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>12</td>
<td>15</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>Considered suicide</td>
<td>13</td>
<td>16</td>
<td>17</td>
<td>34</td>
</tr>
</tbody>
</table>

Figure 13: Past year mental health indicators and average grades, HS

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


[Back to table of figures]
2019 Delaware Youth Risk Behavior Survey
Rules and Consequences at Home and Past Year Mental Health Among High School Students
(in percentages)

Figure 14: Past year mental health indicators and rules/consequences at home, HS

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

Back to table of figures
### 2019 Delaware Youth Risk Behavior Survey

**How Often Parents Proud and Past Year Mental Health Among High School Students**

*(in percentages)*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Never or almost never</th>
<th>Sometimes</th>
<th>Always or almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad/hopeless for most days/2 wks in a row</td>
<td>60</td>
<td>43</td>
<td>19</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>43</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Consider Suicide</td>
<td>45</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>Planned Suicide</td>
<td>41</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>28</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

Figure 15: Parents proud and past year mental health indicators, HS

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

**Source:** [Center for Drug & Health Studies. (2019). Youth Risk Behavior Survey: High School [Biennial Survey]. University of Delaware.](#)

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2019 Delaware Youth Risk Behavior Survey
How Often Parents Take an Interest and Past Year Mental Health Among High School Students
(in percentages)

Figure 16: Parents take an interest and past year mental health indicators, HS

Note:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
University of Delaware.

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2019 Delaware Youth Risk Behavior Survey
How Often Parents Listen and Past Year Mental Health Among High School Students
(in percentages)

![Graph showing mental health indicators among high school students.]

**Figure 17**: Parents listen and past year mental health indicators, HS

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

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2. References


## Data Sources

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2019</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2018</td>
<td>-</td>
</tr>
<tr>
<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>DE Department of State, Division of Professional Regulation</td>
<td>2018</td>
<td>2012-2018</td>
</tr>
<tr>
<td>Delaware School Survey (DSS) – 5th, 8th, and 11th grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2019</td>
<td>1999 - 2019</td>
</tr>
<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
<td>2019</td>
<td>1999 - 2019</td>
</tr>
<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2019</td>
<td>1999 - 2019</td>
</tr>
<tr>
<td>Delaware Youth Tobacco Survey – 6th – 12th grades</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health)</td>
<td>2018</td>
<td>-</td>
</tr>
<tr>
<td>Monitoring the Future – 8th, 10th, and 12th grades</td>
<td>University of Michigan (sponsored by the National Institute on Drug Abuse)</td>
<td>2019</td>
<td>1999 - 2019</td>
</tr>
<tr>
<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2018</td>
<td>2014-2018</td>
</tr>
<tr>
<td>National Survey on Children’s Health (NSCH)</td>
<td>US Health Resources &amp; Services Administration</td>
<td>2018</td>
<td>2016 - 2018</td>
</tr>
<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2016 - 2018</td>
<td>2002 - 2018</td>
</tr>
<tr>
<td>Substance-Exposed Infant Program</td>
<td>Office of the Child Advocate</td>
<td>2019</td>
<td>2017-2019</td>
</tr>
<tr>
<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, collected by Delaware Division of Substance Abuse and Mental Health</td>
<td>2019</td>
<td>2002 - 2019</td>
</tr>
</tbody>
</table>

In addition to the data sources for the figures and tables in the 2020 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Department of Education
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Health Tracker
- Delaware Household Health Survey
- Drug Enforcement Administration
- Health Resources and Services Administration
- KIDS COUNT in Delaware
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Drug Abuse
- National Institute on Mental Health
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau