Behavioral Health Integration and Louisiana’s Youth

The topic of behavioral health and primary care integration, increased rates of suicide and depression amongst youth, and bullying have become defining factors to the continued evolution of the field of prevention in the state of Louisiana. The Louisiana State Epidemiology Workgroup (SEW) has developed a series of data briefs to provide details on the aforementioned topics. This data brief is the first in a series of three and will discuss the integration of behavioral health and primary healthcare.

In the state of Louisiana, the Caring Communities Youth Survey (CCYS) assesses students’ involvement in problem behaviors, their exposure to a set of scientifically validated risk and protective factors, as well as substance abuse to provide prevention professionals in Louisiana with important information for understanding their communities. The field of prevention acknowledges and understands the overlap of risk and protective factors for substance abuse and mental health issues. Results from the 2014 CCYS survey indicate a continued necessity for prevention professionals to incorporate substance abuse prevention with mental health promotion. Rates of alcohol consumption, absence from school due to fear of being bullied, and high depressive symptoms continue to rise.

In addition to rates of mental health and substance abuse indicators continually increasing, physical health amongst our youth continues to be of major concern. According to Louisiana’s 2012 Report Card on Physical Activity & Health for Children & Youth, Louisiana’s overall grade was a D, indicating insufficient appropriate physical activity opportunities and programs available to the majority of Louisiana’s children and youth1 (Pennington Biomedical Research Center, 2012). Among children aged 10 to 17 years old, 20.7% were overweight or obese in 20121 (Pennington Biomedical Research Center, 2012).

The co-occurrence of mental illness and chronic disease in individuals has been illustrated through data allocated by the National Hospital Discharge Survey (NHDS) and the National Ambulatory Medical Care Survey (NAMCS). Depression was found to co-occur in 17% of cardiovascular disease cases, 23% of cerebrovascular (stroke) cases, and with more than 40% of individuals with cancer in 20122 (American Heart Association, 2012). Children and young adults have also experienced an increase in the prevalence of physical and mental illness. Nearly one of five youths aged 2-19 years was obese in 20101. Obesity is directly associated with the chronic diseases diabetes and cardiovascular disease and is increased by the health risk behaviors of drinking alcohol, smoking, and lack of physical activity. These health risk behaviors can increase susceptibility to antisocial behavior, bullying, anxiety, depression, and in severe cases, suicide. Based on this data, the integration of behavioral health services and primary care services is paramount to the improvement of our state and our nation’s health and wellness.

Youth Mental Health Indicators: Depression, Violence, and Bullying

The topic of behavioral health and primary care integration, increased rates of suicide and depression amongst youth, and bullying have become defining factors to the continued evolution of the field of prevention in the state of Louisiana. The Louisiana State Epidemiology Workgroup (SEW) has developed a series of data briefs to provide details on the aforementioned topics. This data brief is the second in a series of three and will discuss the youth mental health indicators of depression, violence, and bullying.

Depressive Symptoms

The CCYS collects several indicators related to mental health and suicide. Figure 1 illustrates the percentage of students with moderate depressive symptoms in 2014 in the state of Louisiana. These percentages were calculated by asking students about the following statements: 1) Sometimes I think that life is not worth it, 2) At times I think I am no good at all, 3) All in all, I am inclined to think that I am a failure, and 4) In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes? Over two thirds of 6th graders who completed the CCYS survey were categorized as moderate in depressive symptoms in 20143.

**Figure 1.** Percentage of Students in 6th, 8th, 10th, and 12th Grade in Louisiana Categorized as Moderate in Depressive Symptoms. (Source: CCYS)

Violence and Bullying

Bullying is a growing area of research in the field of prevention. The effects of bullying can extend beyond childhood into adolescence and even adulthood; additionally, bullying is not limited to physical harassment, but also occurs electronically via email, chat rooms, and text messaging. Figure 2 displays the percentages of students that reported being picked on or bullied by a student on school property within the year prior to the CCYS in 2010, 2012, and 2014. These rates have shown a decline over the past four years, but bullying is becoming a risk factor more strongly associated with depression and suicide.

**Figure 2.** Percentage of Students in 9th–12th Grade Who Reported Being Picked on or Bullied by a Student on School Property During the Past 12 Months: 2010–2014 (Source: YRBS)

Youth Mental Health Indicators: Suicide

The topic of behavioral health and primary care integration, increased rates of suicide and depression amongst youth, and bullying have become defining factors to the continued evolution of the field of prevention in the state of Louisiana. The Louisiana State Epidemiology Workgroup (SEW) has developed a series of data briefs to provide details on the aforementioned topics. This data brief is the third in a series of three and will discuss the youth mental health indicator suicide.

Suicide is a serious mental and public health problem that affects people of all ages and all sectors of the community. According to the Centers for Disease Control and Prevention (CDC), suicide is the third leading cause of deaths among 15–24 year olds. Exposure to suicidal behavior of others and history of depression or mental illness were among several risk factors cited for suicide (citation).

In 2013, 18.5% of high-schoolers in Louisiana reported seriously considering attempting suicide during the 12 months prior to the Youth Risk Behavior Survey (YRBS). Figure 1 is a depiction of the percentage of students who answered yes to the question “Have you ever considered attempting suicide” in the 2014 CCYS. Over 20% of 8th, 10th, and 12th grade CCYS participants answered yes to this question. In a classroom size of 25, that percentage equals approximately four students.

**Figure 1.** Percentage of Students in 6th, 8th, 10th, and 12th Grade in Louisiana Who Answered Yes to “Have You Ever Considered Attempting Suicide?” (Source: CCYS)

Figure 2 shows a comparison of the percentage of students in 9th–12th grade who reported attempting suicide in Louisiana and at the national level in the past year for 2009, 2011, and 2013. Approximately 13% of high schoolers in Louisiana reported attempting suicide in 2013, in comparison to the national average of 8 percent. The rate of attempted suicide among youths has consistently been higher than the national rate. Efforts to promote awareness of depression and mental illness amongst children and adolescents as well as continued support from peers, parents, school faculty, and members of the community will help to decrease suicide attempts and improve the mental and emotional status of our youth.

**Figure 2.** Percentage of Students in 9th–12th Grade Who Reported Attempting Suicide One or More Times During the 12 Months Before the Survey: 2009–2013 (Source: YRBS)

References

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