Indicator Overlap for Substance Abuse and 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 first in a set of two and will discuss the integration of behavioral health and primary healthcare.

The Caring Communities Youth Survey (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)

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.