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Connecting ACEs to in-patient behavioral health treatment associated with bullying/cyberbullying

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Session

Depression, Smart Phone Dependence, and Social Media Cyberbullying Among Youth and Young Adults

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Abstract

Association between screen time and depression in US adolescents: Youth Risk Behavior Survey 2017

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: The rapid rise of new media has made it important to understand the association between screen time and depression among adolescents. Depression in adolescents can disrupt development, and in severe cases lead to suicide. Previous studies have found excessive screen time is associated with depression.

Methods: We tested the hypothesis that increased hours of screen time per day is associated with depressive feelings in the Youth Risk Behavior Survey (YRBS), a sample that is nationally representative of US high school students. Hours of daily screen time was defined on YRBS as “video games, or computer use that is not school work” and categorized as: 0, <1, 1,2,3,4 and 5+ hours per day. We used logistic regression in the R statistical package, controlling for gender, age, asthma, BMI, bullying, and cyberbullying.

Results: Hours of daily screen time greater than 2 hours predicts greater odds of depression in a dose-response relationship in multivariate regression: 3 hours predicts 24% greater odds (AOR 1.24 (1.07, 1.43)), 4 hours predicts 33% greater odds (AOR 1.33 (1.13, 1.56)), and 5+ hours predicts 49% greater odds (AOR 1.49 (1.32, 1.69)). However, 1 hour daily screen time predicts 15% lower odds of depression (AOR 0.85 (0.71, 1.00)).

Conclusion: Clinicians may be able to use high levels of screen time as a marker of depression. Moderate use of screen time may be protective against depression, or adolescents who are depressed may be less capable of moderating their screen time use. Current evidence-based interventions for depression were created prior to social media; interventions for depression should be modified to teach adolescents how to moderate screen time use.

Implementation of health education strategies, interventions and programs Public health or related education

Abstract

Connecting ACEs to in-patient behavioral health treatment associated with bullying/cyberbullying

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APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Bullying/cyberbullying are pervasive for today's youth – 28% report being bullied and 30% report having been a bully themselves. Involvement with cyberbullying is linked to depression, suicidal ideation, and

attempted or completed suicide. In addition to bullying/cyberbullying, adverse childhood experiences (ACEs) impact future violence victimization and perpetration. The CDC estimates that 64% of the population have at least one adverse child experience, with 12.5% having four or more.

To understand the impacts of these issues within our health system, the inpatient behavioral health unit changed its standard of care to include a bullying/cyberbullying survey at intake and discharge to identify the depth of this problem in the youth patient population. This survey assesses aspects of perceived safety, how the bullying took place, the impact on the patient, and if bullying/cyberbullying contributed to their admission.

This project evaluates the outcomes of the surveys. The dataset is comprised of patients who were admitted between June 2018 and January 2019. In addition to the survey data, for each patient we collected specific health data including: diagnosis, reason for admission, admission/discharge notes, and duration of stay. We utilized diagnoses and admission/discharge notes to retroactively screen patients for aspects related to ACEs. These include abuse (emotional, physical, sexual) and household issues (substance abuse, mental illness, incarceration, parental separation/divorce).

Initial data analysis indicates that out of 733 patients, 31.1% indicated that bullying/cyberbullying contributed to their admission or was found in their chart. Of this subset, 45.8% had an indication of an ACE within their diagnosis or admission comments, compared to 31.8% for patients with no indication of bullying/cyberbullying. Of the personal ACEs, 18.9% indicated abuse and 3.9% neglect. From the household perspective, 11.4% indicated substance abuse, 14.0% divorce/separation, 5.3% incarceration and 4.4% mental illness.

Our analysis shows that ACEs are prevalent in patients who indicated that bullying/cyberbullying contributed to their admission. In addition to the need for increased education for our patients, their families and the community-at-large about ACEs, bullying/cyberbullying and how to address them, further research is needed to understand the deeper connections between ACEs and bullying/cyberbullying from a clinical perspective.

Public health or related research Social and behavioral sciences

Abstract

Parent facilitation during high school, but not control nor restriction, lowers the risk of smartphone dependence in college

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Background: In the U.S., as high as 89% of age 13-17 youth own/have access to a smartphone and 86% of age 18-29 own a smartphone. Although smartphone addiction has not been formally taken as a clinically relevant disorder, it is not uncommon to observe some individuals, especially youth, to exhibit addictive-like dependency on smartphone. Identifying ways to protect our young generation from the risk of smartphone dependence is a burning issue. This study aims to examine the effects of different parental practices (facilitation, control, and restriction) during high school on subsequent smartphone dependence in college.

Methods: Data were collected in Fall 2018. Participants were 939 undergraduate students from a Midwestern university, who reported that they already had had a smartphone in high school. They provided responses to 10 items, for indicating what their parents did to guide their smartphone use (a) when they were in high school and (b) currently when they are in college. Three types of practices were included: facilitation (e.g., *Discuss how should I use my smartphone with me; Discuss the potential risks and inappropriate materials I may encounter online with me*), control (e.g., *Install filter or parental control application to my smartphone*), and restriction (e.g. *Set "no-phone zones" in the household*). Path analysis were employed to test the effects of these parental practices during high school on smartphone dependence in college.

Results: Path analysis found that parent facilitation during high school, but not control nor restriction, significantly lowered the level of smartphone dependence, adjusting for the effects of age of first using

smartphone, gender, residency status (in-state, out-state, or international). Indirect path analysis further revealed that this effect of parent facilitation during high school lowered the risk of anxiety and depression in college, through the mediation of smartphone dependence (i.e., parent facilitation → lower smartphone dependence → lower anxiety and depressive symptoms; $ps < .05$).

Conclusions: Parent facilitation on smartphone use during high school can significantly prevent smartphone dependence and the related anxiety and depressive symptoms and this effect can last at least until college.

Public health or related research Social and behavioral sciences

Abstract

Understanding the Types of Bullying among Youth and Their Relationship to Mental Health

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PURPOSE. We examined experiences of bullying among youth, how it affects them, and whether the type of bullying differentially affect their risk for poor mental health outcomes.

METHODS. We conducted 13 focus groups among youth from Anchorage, Alaska in 2015 to understand their experiences with bullying and identify the different forms it takes in their everyday lives. Additionally, we conducted secondary data analysis of the Anchorage-specific Youth Risk Behavior Survey (YRBS) to assess differences in risk for poor mental health outcomes (i.e., hopelessness, feeling alone, suicide ideation) among youth bullied in school and those bullied electronically.

RESULTS. Focus group participants felt that being bullied electronically had the potential to be most harmful due to anonymity and public visibility. Participants also felt that being bullied and being a bully were both linked to feelings of loneliness, sadness, and hopelessness. YRBS analysis confirmed our focus group findings. We found that there is a higher likelihood of poor mental health outcomes among those bullied electronically than those bullied in school. Additionally, those who were bullied in both school and electronically have higher likelihood of poor mental health outcomes than those bullied in school or electronically alone.

CONCLUSIONS. Study findings show that electronic bullying seems to have a more pronounced effect to mental health among youth compared to being bullied in school. However, data suggests that an even greater effect to youth mental health is if they are being bullied both in school and electronically. Listening to stories and experiences of youth who have either bullied or been bullied can play a central role in informing school and community-based interventions. The students we interacted with described the importance of having places to gather, get to know one another, and foster a positive school climate that is inclusive of difference.

Public health or related research Social and behavioral sciences

