

RESEARCH SUMMARY

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Integrated Health Care and Bullying

Understanding Integrated Health Care and Bullying

As bullying research has unfolded over the past 30 years, the complexity of the bullying landscape has become apparent – one that includes multiple interfaces among schools, families, youth, peers, extracurricular activities, communities, social and traditional media, researchers, health services, and laws and policies at the federal and state levels. Effective solutions need to be multi-faceted and multi-tiered, engaging all stakeholders, in order to effectively address bullying

One important touchpoint in communities is integrated health care – a community model that involves high levels of communication among health care providers such as psychologists, physicians, nurses, and other professionals. Integrated health care provides many opportunities for discussing bullying during well-child care visits, annual school physicals, sports physicals, and acute care.



Educating Healthcare Providers on the Effects of Bullying on Health

Most Bullying is associated with emotional, behavioral, social, and physical issues, including:

- Depression
- Anxiety
- Psychosomatic complaints (i.e., headache, stomachache, etc.)
- Substance abuse
- Delinquency
- School truancy
- Chronic stress
- Abuse and neglect
- Learning disabilities

Health care providers should seek [training](#) so they can recognize the emotional, social, behavioral, and physical manifestations that affect youth who are bullied, who bully others, and who witness bullying. The National Association of School Nurses and the American Academy of Pediatrics have issued statements on bullying prevention for nurses and pediatricians, and have fact sheets, webinars, and opportunities for continuing education in bullying prevention and intervention.

Integrating Bullying into Healthcare

When a teen is experiencing social, emotional, behavioral, and physical problems, health care professionals should assess for involvement in bullying. Asking questions about friendships, use of technology, and experiences with bullying, can help health care providers understand the social experiences of their patients. Protective factors that health care professionals can assess during a well-child check are parental warmth and connectedness, and perceived caring by friends and other supportive adults. It is also important for health professionals to remember that youth with certain conditions are at greater risk for being bullied, specifically, youth with diagnoses and illness such as cerebral palsy, diabetes, obesity, autism spectrum disorders, learning disabilities, attention deficit disorders, congenital abnormalities, and emotional or behavioral problems.

If a teen is experiencing bullying, the integrated health care team can be an important partner in developing a bullying prevention plan that includes recommendations for the school and family.

Testing New and Innovative Prevention Strategies

To date, studies have not evaluated the role that integrated health care can play in bullying prevention and intervention. In fact, much of the research in bullying prevention and intervention has focused on specific adults such as teachers, parents, and less research has been conducted on teams of professionals across settings. There are obvious barriers to interdisciplinary communication such as Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA); however, there are also ways to work within the parameters of these protective policies, including informed consent and assent. Innovative prevention strategies should increase interdisciplinary communication among educators, parents, and researchers and move away from the current silos where communication barriers exist among agencies and health care providers. Model examples of such strategies include the use of electronic health records and home health care.

Health care professionals should always inquire about bullying even when symptoms might be consistent with other physical, behavioral, and emotional problems. Bullying can be a contributing factor to other issues, and astute integrated health care teams can ask questions to assess what a young person might be experiencing. This important line of defense can help families, schools, and communities develop integrated and effective bully prevention and intervention strategies.



Source and Research Limitations

The information discussed in this fact sheet is based on the comprehensive review of bullying research presented in the National Academies of Sciences, Engineering, and Medicine's report entitled [Preventing Bullying Through Science, Policy, and Practice](#).

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This report includes the most up to date research on bullying, but it is important to note that this research has several important limitations. Most of the research is cross-sectional, which means it took place at one point in time. This type of research shows us what things are related to each other at that time, but cannot tell us which thing came first or if one of those things caused the other to occur.

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