Bullying and Mental Health

Recent data suggests that 22% of children and adolescents ages 12-18 reported being bullied at school (Irwin et al., 2021). Parents can be unsure of what constitutes bullying. When a parent, caregiver, or pediatric patient share with you that they are being bullied it can be difficult to know how to support them and what to do as their provider.

Bullying is defined as “…a form of aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort. Bullying can take the form of physical contact, words or more subtle actions” (APA).

Cyberbullying can also occur at very young ages as children are interacting online at younger ages. This type of bullying can include things like sending emails, private messages, posting photographs, and embarrassing information.

Suggestions for Talking with Parents about Bullying

- Encourage parents to be persistent about having ongoing conversations with their children about their school environment. Asking questions about whom they eat lunch with, sit beside, or about the highs or lows of their day can help give you some context and begin to potentially see things in the early stages.

- Reassure parents that even short frequent conversations are helpful at building that relationship and laying a foundation of trust so that their child will be more likely to come to them if they are upset.

- Encourage parents to ask their children questions if they notice behavior changes. For example, help them find language like “I have noticed you have been spending more time in your room lately, how’s everything going lately?”

- Encourage parents, especially if they have children who do not like to answer a lot of questions, to simply consistently let their children know that they are there for them unconditionally if they ever would like to talk.

- Teaching assertiveness skills at a young age is also helpful in managing bullying.
Recognition of bullying is the first step. Help parents by talking about signs to watch for such as:

- Unexplainable bruises or injuries
- Headaches, stomach aches with no explanation
- Changes in sleep or eating habits
- Situational avoidance such as avoiding school, team sports, or other activities
- Sense of isolation or actual isolation, decrease in friend interactions

Your role as a healthcare provider
Helping parents understand why a child might not ask for help is important. As they reach middle school they may be trying to figure out how to do more on their own. They may feel embarrassed or humiliated that the bullying is happening, and they may worry that if they tell an adult that things will somehow get worse.

If a parent has a child who does open up, remind parents to praise and thank their children for letting them know what was going on in their life and that talking about what was troubling them was the right thing to do. Parents might often think these things but forget at the moment to say them. Also, remember to praise the parent for being available for their children and remind them that just their presence and support can do wonderful things for their child. Talk with parents about how they can support their child in their response to the bully if they are old enough and attempt to manage it themselves first.

Examples such as role-playing, working on controlling their anger response, or recruiting a friend to talk about it might all be helpful. Most importantly letting a child know that they are not alone in their response and that the parent is there to help them.

If bullying comes up as a point of discussion in an appointment, make sure to schedule a follow-up with that family and treat it as you would any other healthcare concern. Bullying does affect the whole health of the child and as such should be treated similarly.

Resources

- Cleveland Clinic Tips on Helping Kids Cope with Bullying
- KidsHealth: Helping Kids Deal with Bullies
- National Institute of Health: What can be done to help someone who is being bullied?
- Stopbullying.gov