

Nevada Behavioral Health Summary

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Demographic Snapshot

Table 1. Selected demographics for Nevada.

	Nevada
Population, 2015 estimate*	2,874,075
Population, 2010 estimate*	2,705,845
Population, percent change*	6.2%
Male persons, estimated percent 2015*	50.3%
Female persons, estimated percent 2015*	49.7%
Land area (square miles), 2010**	109,781
Median household income**	\$52,800
Persons below poverty level, percent**	15.0%

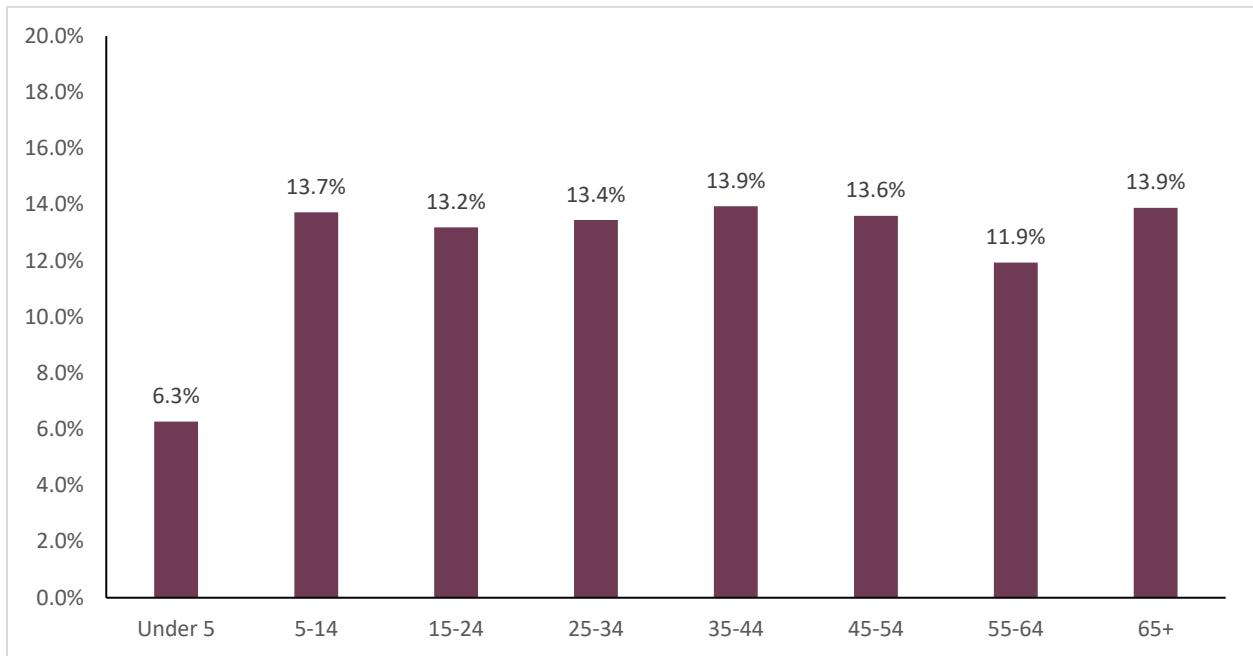
*Source: Nevada State Demographer's Office

**Source: US Census Bureau

In 2015, the estimated population for Nevada was 2,874,075, a 6.2% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is \$52,800. Over 15% of the population in Nevada live below the poverty level. Nevada's land area is approximately 109,781 square miles.

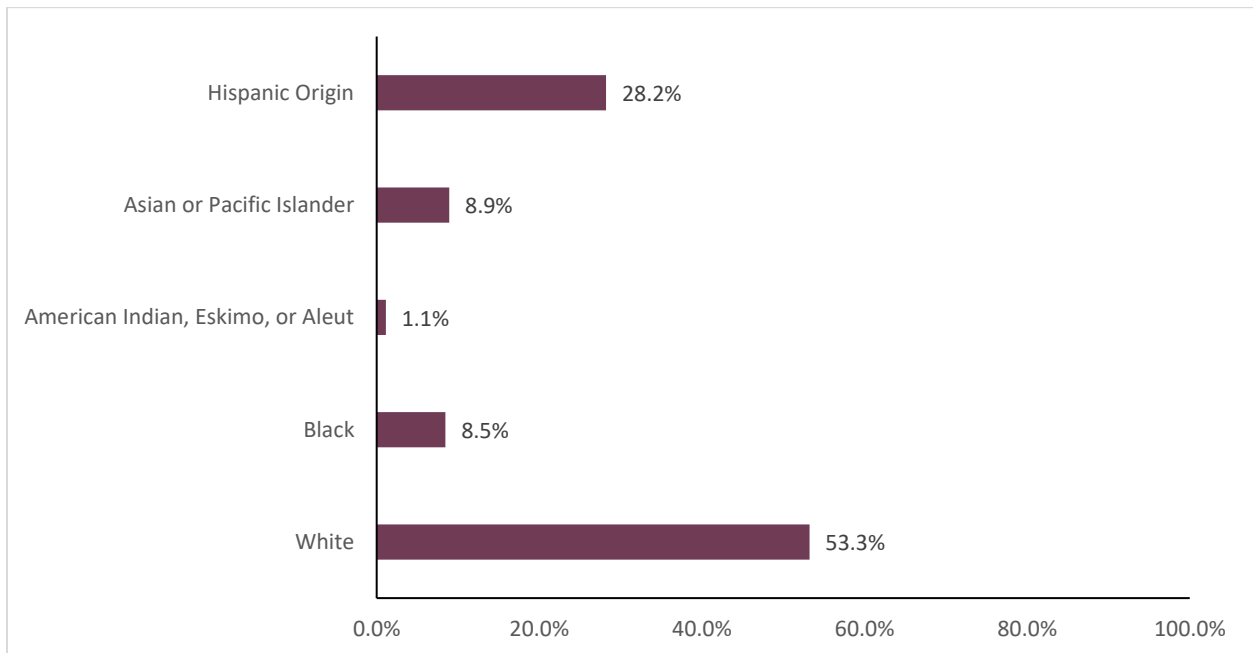


Figure 1. Nevada population by age group, 2015.



Source: Nevada State Demographer

Figure 2. Nevada population by race/ethnicity, 2015.

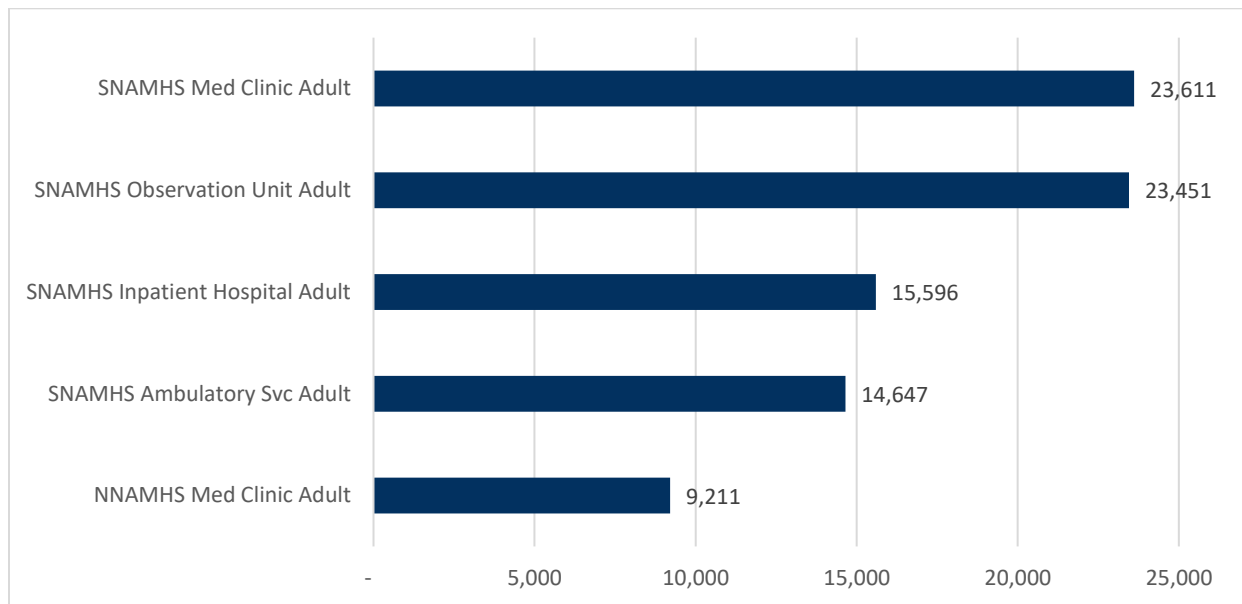


Source: Nevada State Demographer

Mental and Behavioral Health Clinics

The data in this section comes from Avatar, an electronic mental health medical record system used by the Division of Public and Behavioral Health (DPBH). DPBH is the largest provider of mental health services in Nevada. In Northern Nevada, DPBH clinics are categorized as Northern Nevada Adult Mental Health Services (NNAMHS). In Southern Nevada, DPBH clinics are categorized as Southern Nevada Adult Mental Health Services (SNAMHS).

Figure 3. Top 5 mental and behavioral health clinic services with number of patients served*, 2010-2014.

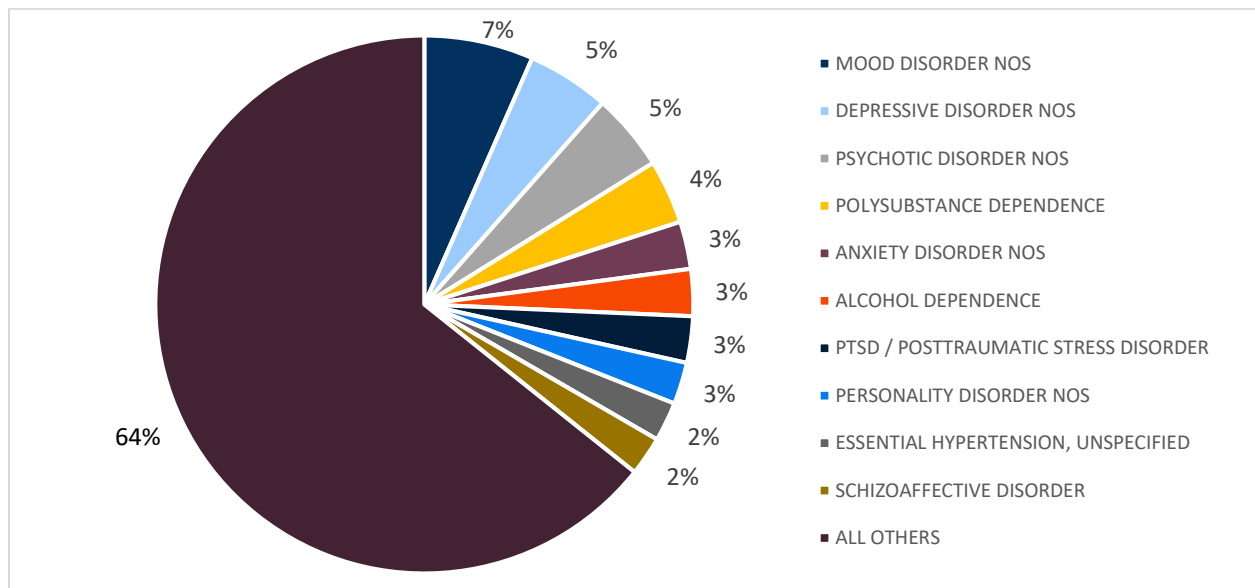


*Source: Nevada Avatar. Patient counts per service were de-duplicated, however, a patient can be counted in more than one service.

During the time from 2010 to 2014, 57,920 Nevada adults received mental health services from DPBH. Overall services totaled 161,817, as many patients used multiple services.

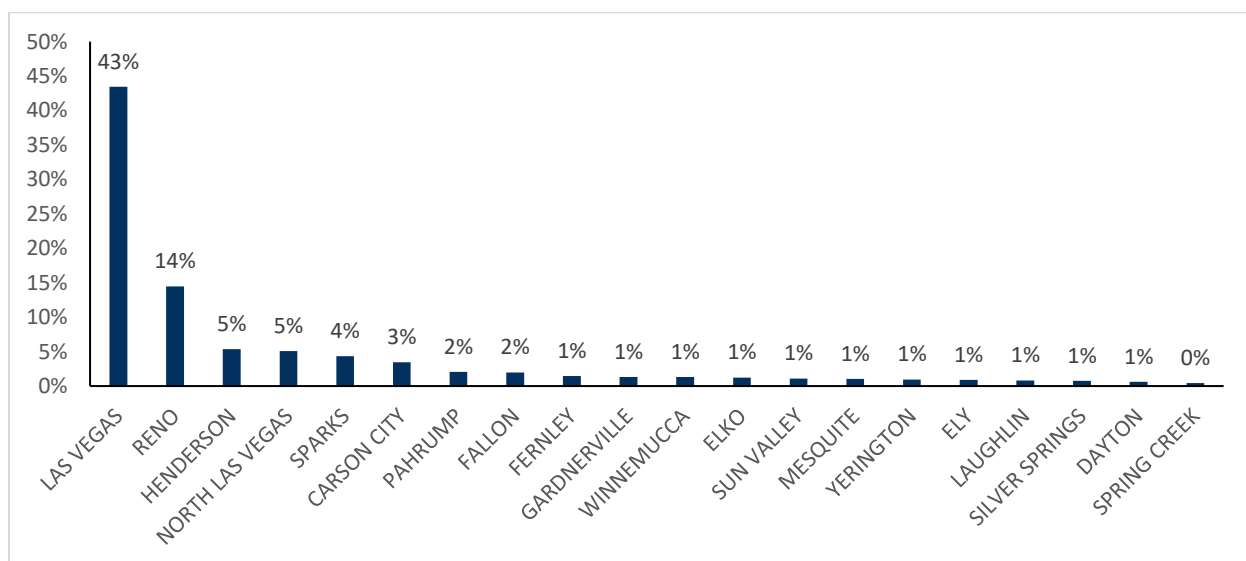


Figure 4. Most Common Diagnosis, 2010-2014* (n=7,328).



During the period of 2010 to 2014, the most common primary mental health diagnosis for a Nevada resident was mood disorder NOS (Not Otherwise Specified), followed by depressive disorder NOS and psychotic disorder NOS. Patients may have multiple diagnoses noted during the course of their treatment, but the primary diagnosis noted is the most dominant.

Figure 5. Nevadans who accessed state funded mental and behavioral health clinics city of residence, 2010-2014.



Of the Nevada residents accessing DPBH mental health services between 2010 and 2014, 43% lived in Las Vegas.

Table 2. Demographics of Nevadans who accessed state funded mental and behavioral health clinics, 2010-2014.

Sex	2010	2011	2012	2013	2014
Female	18,349	17,887	16,749	16,709	14,776
Male	15,582	14,965	14,029	14,157	12,598
Unknown	160	162	83	204	110
Total	34,091	33,014	30,861	31,070	27,484
Age					
0-17	995	1,017	959	1,002	1,162
18-30	7,967	7,370	6,758	6,655	5,460
31-50	15,870	15,239	14,097	13,943	11,978
51-65	8,540	8,715	8,424	8,800	8,111
66-100	701	659	614	661	756
Unknown	18	14	9	9	17
Total	34,091	33,014	30,861	31,070	27,484
Race					
White	22,099	20,961	19,511	18,763	16,342
Black	3,904	3,701	3,498	3,621	3,025
Hispanic	3,508	3,449	3,487	3,565	2,886
Asian/PI	874	860	858	823	693
American Indian/Alaskan	377	350	333	336	336
More Than 1 Race Reported	478	450	419	425	418
Other	780	750	728	743	750
Unknown	2,071	2,493	2,027	2,794	3,034
Total	34,091	33,014	30,861	31,070	27,484
Education					
No Formal Education	196	216	185	162	155
<= 12th Grade - No Diploma	7,312	6,783	6,328	6,281	5,515
High School Graduate	8,535	8,198	7,768	7,814	6,793
GED	2,973	2,858	2,628	2,677	2,239
Some College	7,311	6,910	6,669	6,424	5,483
College Undergraduate Degree	1,622	1,559	1,430	1,314	1,217
Some Graduate School	227	213	192	193	157
Graduate Degree	601	582	560	560	472
Other	1,884	1,703	1,574	1,551	1,343
Unknown	3,430	3,992	3,527	4,094	4,110
Total	34,091	33,014	30,861	31,070	27,484

During the 5-year period of 2010 to 2014, there were 57,920 Nevadans who accessed mental and/or behavioral health services from DPBH. The totals in Table 2 above equal 156,520, reflecting that some individuals used DPBH services during more than one year. Females comprised 54% of the patient population and males comprised 46%. White non-Hispanics made up 62% of the population. The most populous age group was the 31-50 year olds, accounting for 45% of the patients. High school graduates accounted for 25% of the patients, followed by “some college” (20%) and “less than 12th grade, no diploma” (20%).

Hospital Emergency Room Data

The data provided in this section are from the hospital emergency room (ER) billing data compiled by the University of Nevada, Las Vegas, Center for Health Information Analysis (CHIA). The data are based on visits, not patients, therefore a single person may represent multiple visits. The ER data are broken into three parts: mental health (depression, anxiety, PTSD, suicidal ideations, etc.), suicide attempts by method (hanging, jumping, firearms, etc.) and alcohol- and drug-related visits.

The following ICD-9 codes were used for analysis of mental disorders: anxiety 300.00-300.09; depression 296.20-296.36, and 311.00; bipolar disorder 296.40-296.89; PTSD 309.81; schizophrenia 295.00-295.90 and V11.0; suicidal tendencies 300.90; suicidal ideation V62.84.

The following ICD-9 codes were used for analysis of suicide attempts by method: suicide by solid or liquid E950-E950.9; suicide by gases in domestic use E951-E951.8; suicide by other gases and vapors E952-E952.9; suicide by hanging, strangulation and suffocation E953-E953.9; suicide by drowning E954; suicide by firearms, air guns and explosives E955-E955.9; suicide by cutting and piercing instrument E956; suicide by jumping from high place E957-E957.9; suicide by other unspecified means E958-E958.9.

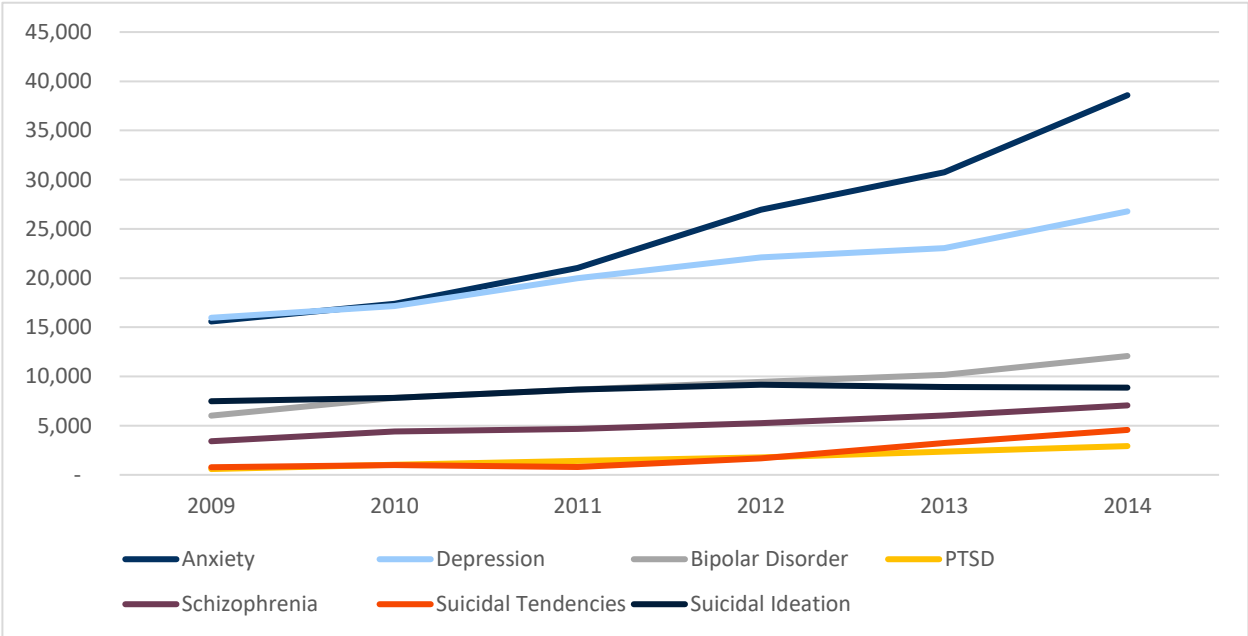
The following ICD-9 codes were used for analysis of alcohol-related admissions: 291-291.9, 303-303.93, 305.0-305.03, 535.3-535.31, 571-571.3, 980-980.9, 357.5, 425.5, 790.3, and E860-E860.9.

The following ICD-9 codes were used for analysis of substance-related admissions: 292-292.9, 304-304.93, 305.2-305.93, 965-965.99, and 967-970.99

There were a total of 523,667 visits related to mental health and alcohol/substance use disorders among Nevada residents between 2009 and 2014 for the reasons listed above. Since

an individual can have more than one diagnosis during a single ER visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 341,084 ER visits, there were 147,314 ER visits related to alcohol- related issues, 114,689 ER visits with diagnoses for drug-related issues, and 19,747 ER visit with diagnoses codes related to suicide attempts.

Figure 6. Select mental health related ER visits, Nevada Residents, 2009-2014.

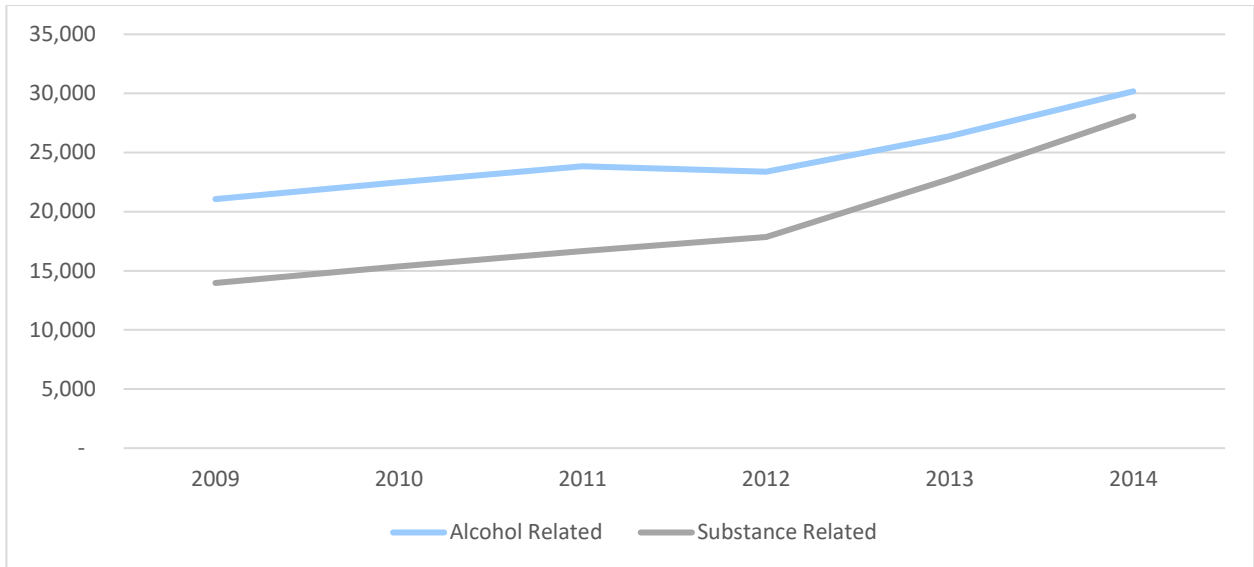


Anxiety disorder is the most common mental disorder seen in the ER among Nevada residents, present in 50% of the 76,623 de-duplicated ER visits related mental health in 2014. The number of anxiety-related ER visits increased 321% from 2009 to 2014. The largest percent increase in any mental health category above was among patient visits for issues related to suicidal tendencies, which increased 396%, with 774 visits in 2009 to 4,566 in 2014. All visits for the selected mental disorders increased over the six year period.

Table 3. Select mental and behavioral disorders by gender, Nevada resident visits to the ER for 2009-2014.

2009-2014							
Condition	Female		Male		Unknown		Total
	N	Row %	N	Row %	N	Row %	
Anxiety	100,076	67.6	50,190	33.4	3	0.0	150,269
Depression	76,860	61.5	48,185	38.5	2	0.0	125,047
Bipolar	32,057	59.1	22,142	40.9	1	0.0	54,200
PTSD	5,655	56.0	4,443	44.0	0	0.0	10,098
Schizophrenia	11,609	37.6	19,243	62.4	1	0.0	30,853
Suicidal Tendencies	5,814	48.4	6,206	51.6	0	0.0	12,020
Suicidal Ideation	22,402	44.0	28,558	56.0	0	0.0	50,960
Alcohol Related	45,230	30.7	102,078	69.3	6	0.0	147,314
Substance Abuse Related	52,040	45.5	62,645	54.6	4	0.0	114,689
Suicide - Solid or Liquid	7,862	66.0	4,052	34.0	0	0.0	11,914
Suicide - Gases in Domestic Use	2	28.6	5	71.4	0	0.0	7
Suicide - Other Gases and Vapors	38	32.5	79	67.5	0	0.0	117
Suicide - Hanging, Strangulation, & Suffocation	147	33.4	293	66.6	0	0.0	440
Suicide - Cutting & Piercing Instrument	3,256	59.0	2,266	41.0	1	0.0	5,523
Suicide - Firearms, Air Guns, & Explosives	33	18.9	142	81.1	0	0.0	175
Suicide - Jumping from High Place	29	33.0	59	67.0	0	0.0	88
Suicide - drowning	7	58.3	5	41.7	0	0.0	12
Suicide - Other Unspecified Means	726	41.5	1,022	58.5	0	0.0	1,748

Figure 7. Alcohol and drug related ER visits, Nevada Residents, 2009-2014.

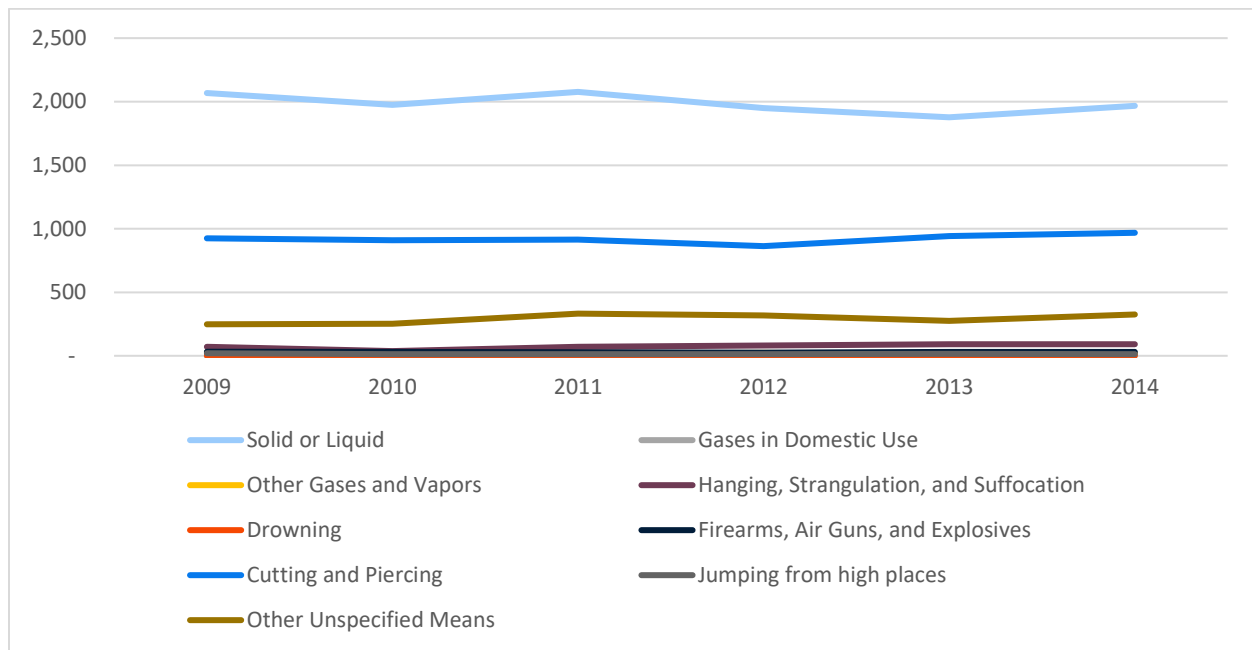


ER visits related to alcohol and drug use from 2009 to 2014. Alcohol-related visits increased from 21,063 visits in 2009 to 30,180 visits in 2014, a 43% increase. Substance abuse-related visits followed the same trend, with a low of 13,969 visits in 2009 to a high of 28,065 visits in 2014, a 101% increase.

Table 4. Demographics of Nevada resident visits to the ER for alcohol and substance related disorders, 2009-2014.

	Alcohol-Related		Substance Abuse-Related	
	N	Column %	N	Column %
Sex				
Female	45,230	30.7	52,040	45.4
Male	102,078	69.3	62,645	54.6
Race				
White	98,291	66.7	74,686	65.1
Native American	4,409	3.0	1,790	1.6
Hispanic	18,033	12.2	12,566	11.0
Asian/Pacific	2,231	1.5	1,724	1.5
Black	14,937	10.1	17,862	15.6
Other	5,341	3.6	3,921	3.4
Unknown	4,072	2.8	2,140	1.9
Age				
0-14	514	0.3	2,217	1.9
15-24	15,437	10.5	23,250	20.3
25-34	25,137	17.1	30,144	26.3
35-44	29,287	19.9	23,212	20.2
45-54	42,420	28.8	21,411	18.7
55-64	24,248	16.5	10,519	9.2
65-74	7,824	5.3	2,879	2.5
75-84	1,913	1.3	757	0.7
85+	518	0.4	299	0.3

Figure 8. Suicide related ER visits, Nevada Residents, 2009-2014.

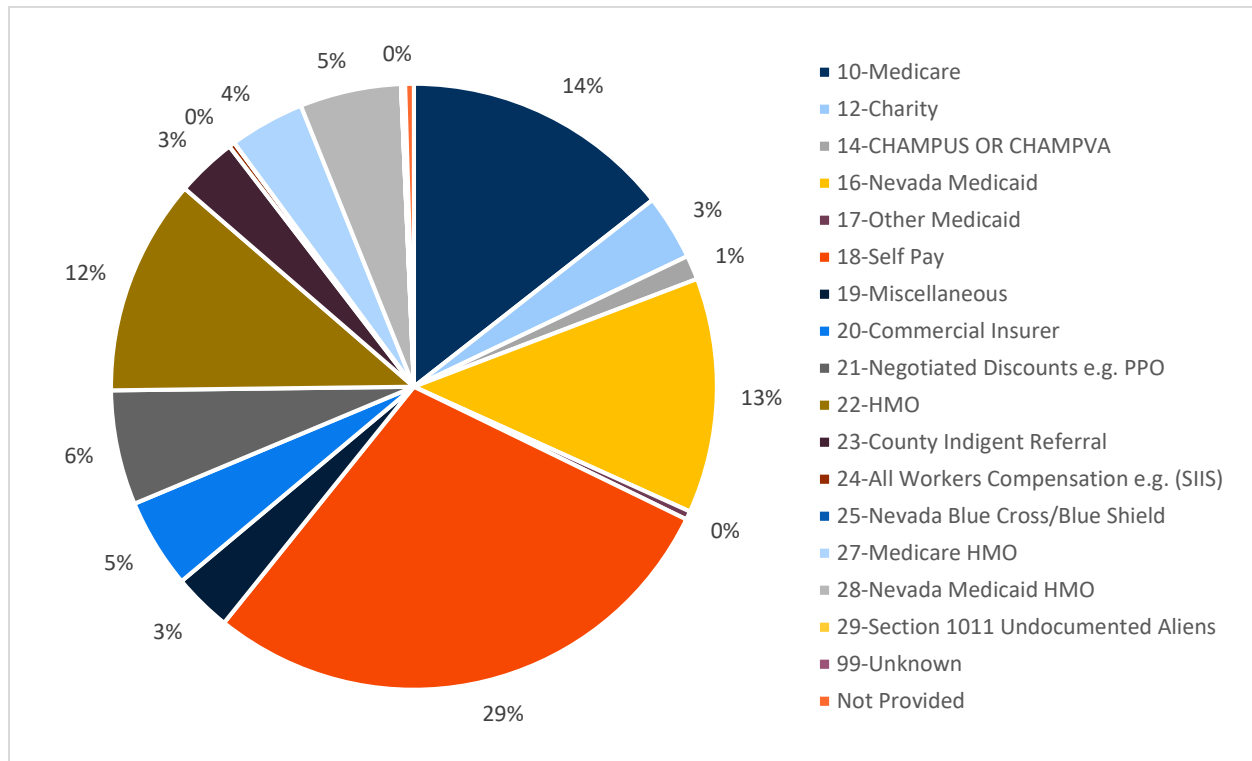


Overall number of visits to the ER for suicide among Nevada residents showed no increasing or decreasing trend from 2009 to 2014, with 3,351 visits in 2009 to 3,360 in 2014.

Suicide by solid or liquid remains the top method of suicide and suicide attempts which resulted in an ER visit in Nevada, related to 59% of all suicide-related ER visits in 2014. Suicide by solid or liquid includes all suicides where an individual entered liquid into his or her body, such as alcohols (ethanol, butanol, propanol, and methanol), fusel oil, petroleum, pesticides, herbicides, paints, dyes, and glues; or solids such as prescription pills and illegal drugs.

The second most common suicide related cause of ER visits was for those involving cutting and piercing instruments, which was indicated on 29% of all suicide-related visits in 2014.

Figure 9. Payer distribution of select mental health and alcohol/substance use related ER visits, Nevada Residents, 2009-2014. (n=523,667).



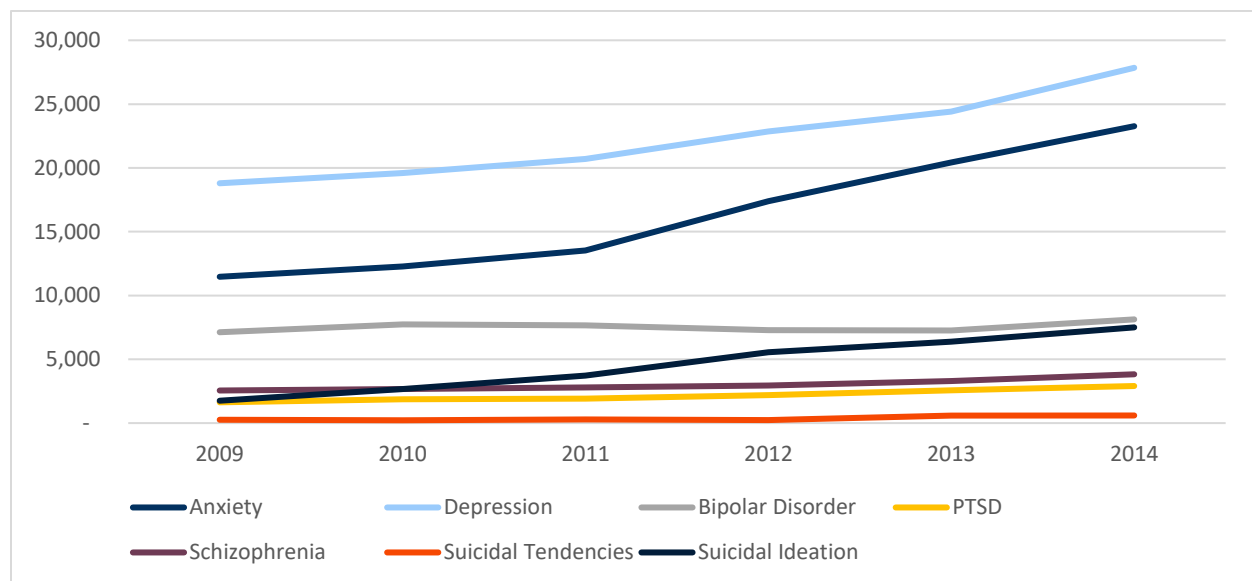
The top three payers paid for 56% of ER visits. Self-pay accounted for 29% of sources of payment for mental health and alcohol/substance related ER visits among Nevada residents. Medicare accounted for 14% of payment types and Nevada Medicaid represented 13%.

Hospital Inpatient Admissions

The data provided in this section are from the hospital inpatient billing data, collected by the University of Nevada, Las Vegas, Center for Health Information Analysis (CHIA). The data are based on admissions, not patients, therefore a single person may represent multiple admissions. The inpatient data are broken into three parts: mental conditions (depression, anxiety, PTSD, suicidal ideations, etc.), suicide attempts by method (hanging, jumping, firearms, etc.) and alcohol- and drug-related admissions. The same ICD-9 codes were used for analysis as were used in hospital ER visit analysis.

There were a total of 356,538 inpatient admissions related to mental health and substance use disorders among Nevada residents between 2009 and 2014 for the reasons listed above. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive. Diagnoses related to mental disorders occurred in 260,047 inpatient admissions, there were 90,474 inpatient admissions related to alcohol-related issues, 88,204 inpatient admissions for drug-related issues, and 7,913 inpatient admissions with diagnoses codes related to suicide attempts.

Figure 10. Select mental health related IP admissions, Nevada Residents, 2009-2014.



Depression was the most common mental health disorder for inpatient admissions for Nevada residents between 2009 and 2014, related to for 54% of the admissions from the disorders listed above in Figure 10. Depression inpatient admissions have increased consistently over the four year period, from 18,794 admissions in 2009 to 27,843 in 2014, a 48% increase.

Anxiety was the second most common mental health disorder seen in inpatient admissions. Inpatient admissions has increased steadily over the four year period, from 11,466 admissions in 2009 to 23,266 in 2014, a 103% increase.

Bipolar disorder is the third most common mental health disorder seen in inpatient admissions among Nevada residents, related to 16% of admissions for the mental health conditions listed in Figure 10.

Inpatient admissions for suicidal ideation experienced the greatest percent change from 2009 to 2014 with a 328% increase. The inpatient admission counts increased from 1,753 in 2009 to 7,501 in 2014.

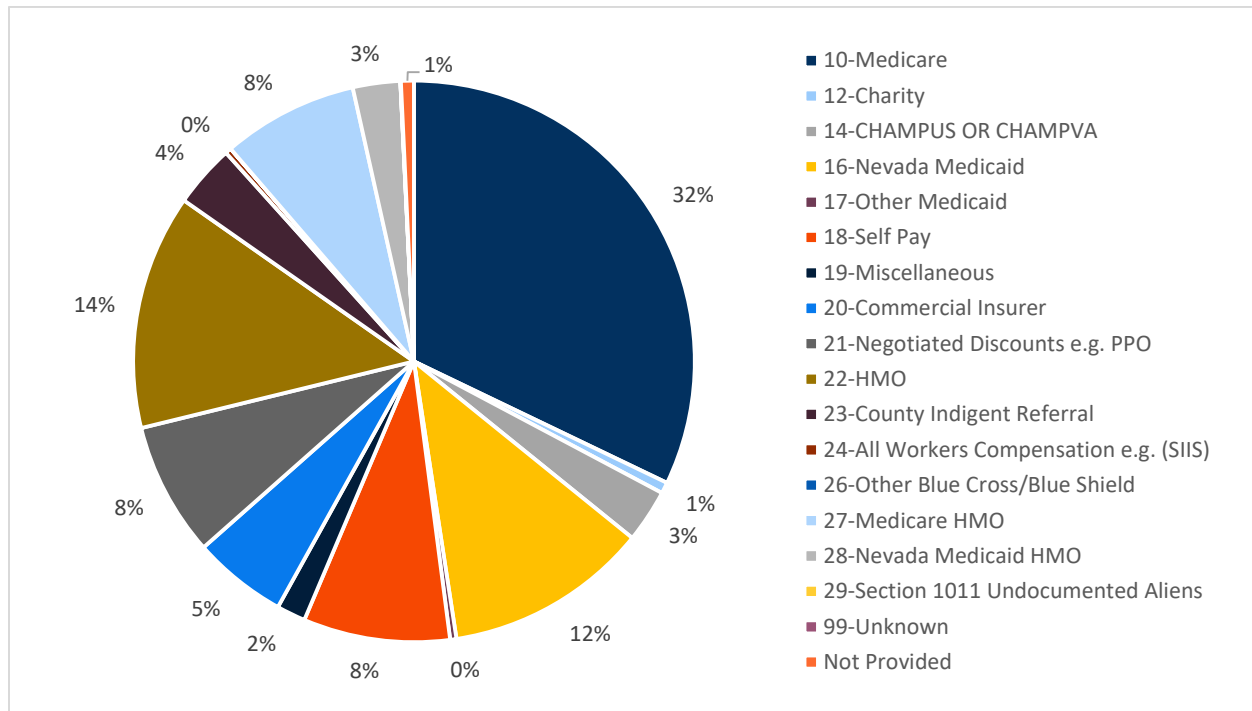
Table 5. Demographics of Nevada resident IP admissions for select mental and behavioral disorders, 2009-2014.

Inpatient	Depression		Anxiety		Bipolar		Suicidal Ideation	
	N	Column %	N	Column %	N	Column %	N	Column %
Sex								
Female	85,848	64.0	65,900	67.0	27,099	60.0	14,167	51.4
Male	48,329	36.0	32,438	33.0	18,084	40.0	13,389	48.6
Race								
White	97,886	73.0	73,676	74.9	30,806	68.2	14,808	53.7
Black	11,259	8.4	7,981	8.1	4,987	11.0	2,443	8.9
Native American	1,197	0.9	797	0.8	920	2.0	475	1.7
Asian/Pacific	2,653	2.0	1,930	2.0	575	1.3	400	1.5
Hispanic	8,847	6.6	6,763	6.9	2,127	4.7	1,616	5.9
Other	4,399	3.3	2,696	2.7	1,256	2.8	1,903	6.9
Unknown	7,937	5.9	4,496	4.6	4,512	10.0	5,911	21.5
Age								
0-14	2,953	2.2	795	0.8	1,450	3.2	2,098	7.6
15-24	11,290	8.4	4,662	4.7	5,352	11.8	6,014	21.8
25-34	9,310	6.9	7,976	8.1	5,352	11.8	3,395	12.3
35-44	13,084	9.8	10,970	11.2	7,299	16.2	3,960	14.4
45-54	20,814	15.5	17,309	17.6	10,320	22.8	4,943	17.9
55-64	26,089	19.4	19,424	19.8	8,924	19.8	4,006	14.5
65-74	25,257	18.8	19,368	19.7	4,664	10.3	1,992	7.2
75-84	16,802	12.5	12,237	12.4	1,477	3.3	809	2.9
85+	8,579	6.4	5,598	5.7	345	0.8	339	1.2

Table 6. Demographics of Nevada resident IP admissions for select methods of suicide attempts, 2009-2014.

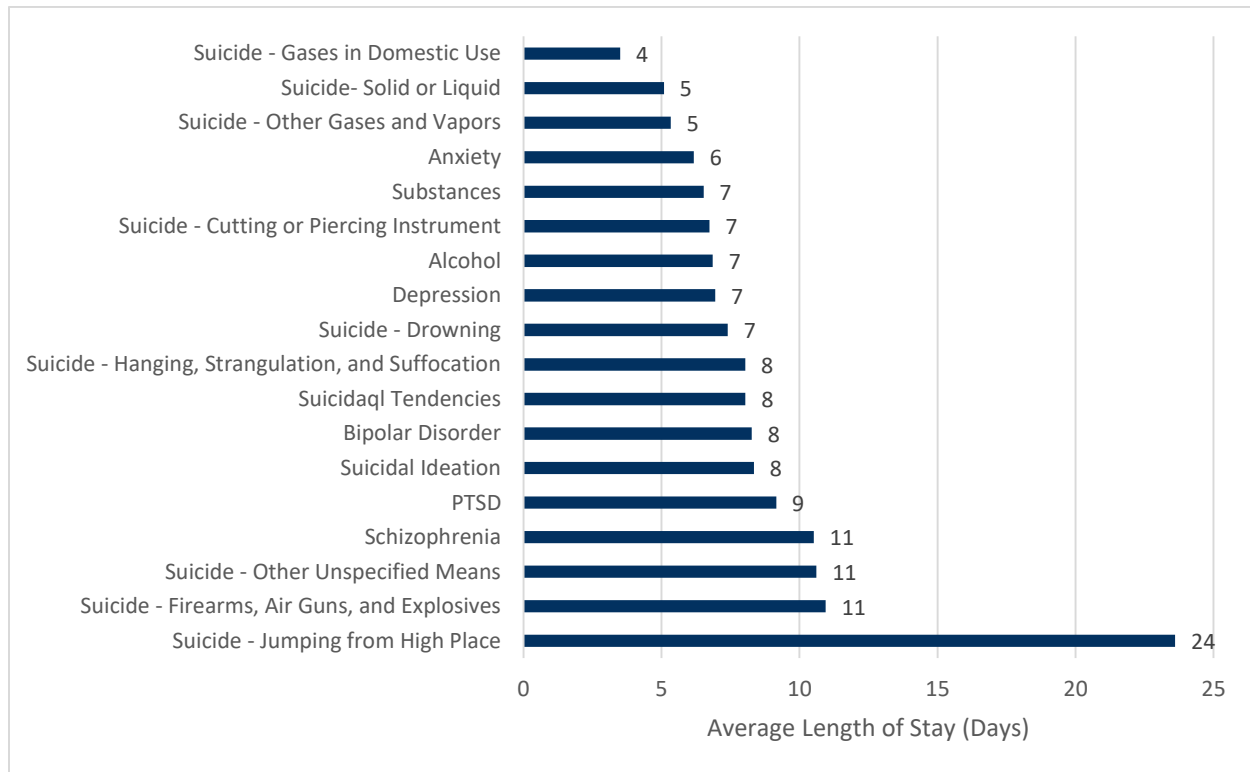
Inpatient	Solid or Liquid		Cutting and Piercing Instrument		Firearms, Air Guns and Explosives	
	N	Column %	N	Column %	N	Column %
Sex						
Female	4,023	60.8	345	44.3	40	22.3
Male	2,593	39.2	434	55.7	139	77.7
Race						
White	4,783	72.3	513	65.9	139	77.7
Black	428	6.5	49	6.3	6	3.4
Native American	118	1.8	13	1.7	4	2.2
Asian/Pacific	179	2.7	20	2.6	1	0.6
Hispanic	707	10.7	102	13.1	19	10.6
Other	237	3.6	50	6.4	2	1.1
Unknown	164	2.5	32	4.1	8	4.5
Age						
0-14	136	2.1	28	3.6	-	-
15-24	1,277	19.3	185	23.7	23	12.8
25-34	1,277	19.3	151	19.4	33	18.4
35-44	1,303	19.7	131	16.8	31	17.3
45-54	1,303	19.7	126	16.2	28	15.6
55-64	831	12.6	91	11.7	28	15.6
65-74	316	4.8	35	4.5	17	9.5
75-84	121	1.8	22	2.8	11	6.1
85+	52	0.8	10	1.3	8	4.5

Figure 11. Payer distribution of select mental health and alcohol/substance use related IP admissions, Nevada Residents, 2009-2014. (n=356,538).



A majority of mental health and substance-related inpatient admissions for Nevada residents was paid by Medicare (32%). HMOs accounted for 14% of payment types for inpatient admissions. Nevada Medicaid accounted for 12%, Medicare HMO accounted for 8%, and Negotiated Discounts (PPO) accounted for 8% of payments.

Figure 12. Average length of stay for Nevada resident IP admissions for mental health and alcohol/substance related disorders, 2009-2014.



Note: Since an individual can have more than one of the above diagnoses during an inpatient admission, a single hospitalization may be included in multiple categories, and would contribute to the average length of stay in each of these categories.

Inpatient admissions for suicide attempts by jumping from a high place had the longest average length of stay for the period from 2009 to 2015 at 24 days, but was not included in the previous figure due to small counts. Suicide attempts by gases in domestic use had the shortest length of stay at an average of four days.

Substance Abuse Treatment Facilities

The data in this section is reflective of services received by Nevada residents at treatment facilities funded by the DPBH's Substance Abuse Treatment and Prevention Agency (SAPTA). This is not a comprehensive accounting of all Nevada residents who receive substance use treatment. The data are based on admissions, not patients, therefore a single person may represent multiple admissions.

Table 7. Top 5 primary substances by percent of admissions to Nevada substance abuse treatment facilities, Nevada residents, 2014.

Rank	Substance	Percent
1	Alcohol	35.0
2	Amphetamines/Methamphetamines	28.4
3	Marijuana/Hashish	13.4
4	Heroin	12.4
5	Other Opiates/Synthetic Opiates	5.8

Of the Nevada residents who received substance abuse treatment services from a SAPTA provider in 2014, alcohol was the most common substance abused (35.0%), followed by amphetamines/methamphetamines (28.4%), marijuana (13.4%), and heroin and other opiates (12.4% and 5.8% respectively).

It is highly important to ensure that appropriate detoxification services are provided to persons who are under the influence of a substance. Many of the substances will cause withdrawal that can range from anxiety, hallucinations, seizures or even death.

Figure 13. Trends of Nevada residents in Nevada state funded substance abuse treatment facilities by select primary substances, 2010-2014.

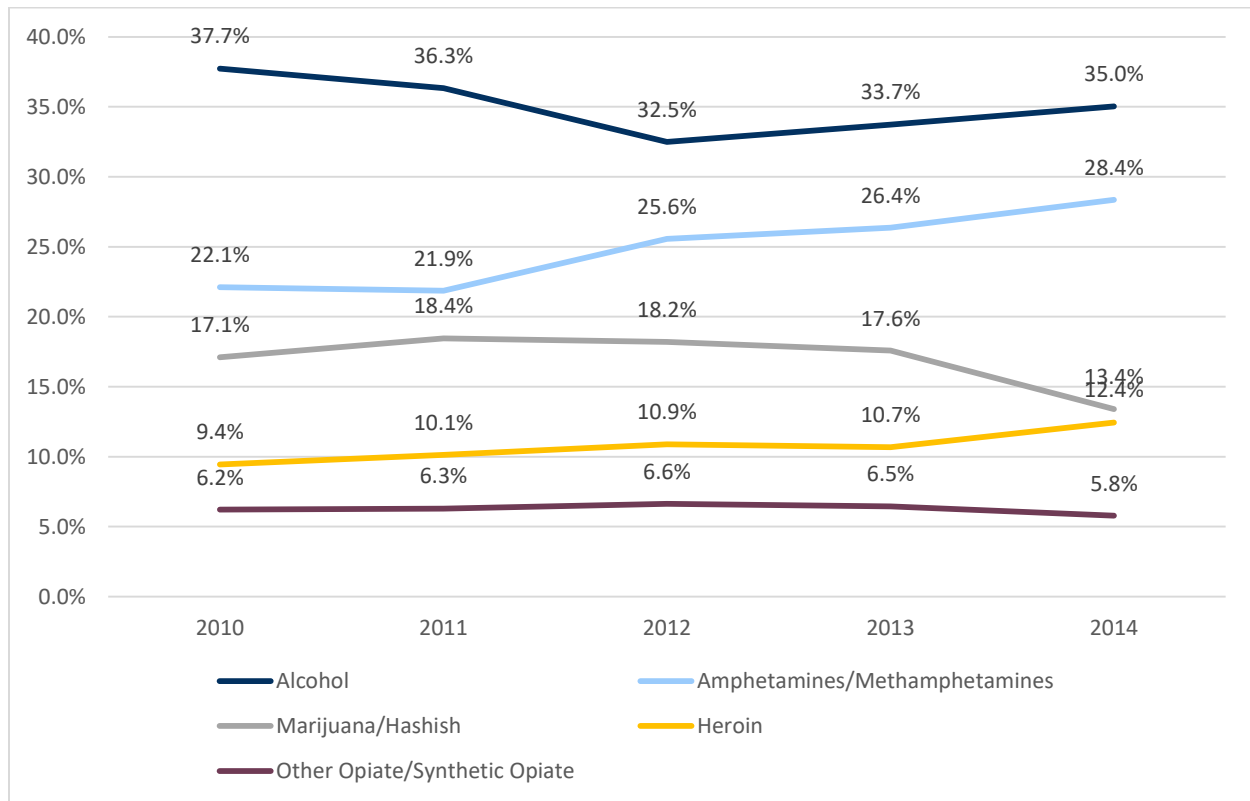


Figure 13 shows trends for the top five most common primary substances, and the percentages of patients admitted into a treatment facility for that substance. Alcohol is the dominant substance seen in treatment facilities and represents a 37.7% of patients seeking treatment at a SAPTA-funded treatment facility in 2010 and 35.0% of patients in 2014.

Methamphetamines (Meth-/Amphetamines) is the next common substance abused by Nevada residents who underwent treatment between 2010 and 2014. The percentage of patients seeking treatment for Meth-/Amphetamines abuse peaked in 2014 (28.4%).

Marijuana is the third most common drug among Nevada residents seen in substance abuse treatment facilities, at 13.4% in 2014.

Heroin is the fourth most common drug among Nevada residents seen in substance abuse treatment facilities, at 12.4 in 2014%.

The fifth most common substance abused is other/synthetic opiates, at 5.8% in 2014.

Table 8. Demographics of Nevada resident admissions to state funded substance abuse treatment facilities, 2010-2014.

	N	Column %
Sex		
Female	20,774	37.6
Male	34,527	62.4
Age		
0-14	872	1.6
15-24	16,669	30.1
25-34	15,664	28.3
35-44	10,314	18.7
45-54	8,603	15.6
55-64	2,885	5.2
65-74	269	0.5
75-84	18	0.0
85+	6	0.0
Unknown	1	0.0
Race/Ethnicity		
White non-Hispanic	33,315	60.2
Black non-Hispanic	5,242	9.5
Hispanic	10,523	19.0
American Indian/Native Am/Alaska Native non-Hispanic	1,304	2.4
Asian, Hawaiian, PI non-Hispanic	770	1.4
Other/Unknown	4,147	7.5
Tobacco Use		
Yes	32,277	58.4
No	18,193	32.9
Unknown	4,831	8.7

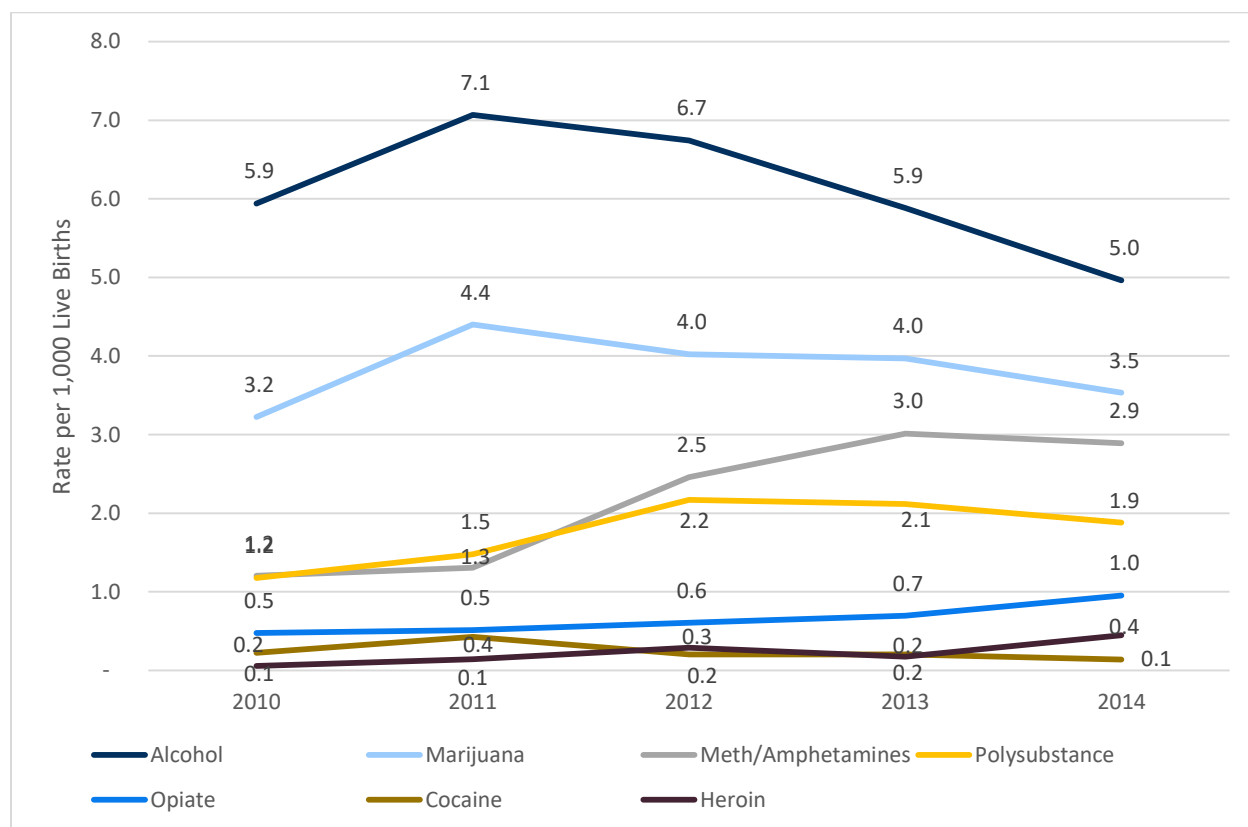
There were a total of 55,301 admissions to Nevada state funded substance abuse treatment facilities from 2010-2014. This number is exclusive to SAPTA- funded facilities and does not include privately funded facilities. By age group, the most common groups that received treatment were between 15 to 34 years (58.4%). More than half were male patients (62.4%). For race/ethnicity, white non-Hispanics made up the largest proportion of admissions, with 60%. Tobacco use was indicated on 58.4% of admissions.

Since this data is exclusive to only SAPTA- funded providers, the data may not reflect statewide trends.

Prenatal Substance Use

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average there are 35,126 live births per year to Nevada residents. From 2010 to 2014, 1,074 had alcohol use indicated on the birth certificate. 672 birth certificates indicated marijuana use, 381 indicated meth/amphetamine use, 114 indicated opiate use, and 3 indicated heroin use during pregnancy.

Figure 14. Prenatal substance abuse birth rates (self-reported) for select substances, Nevada 2010-2014.

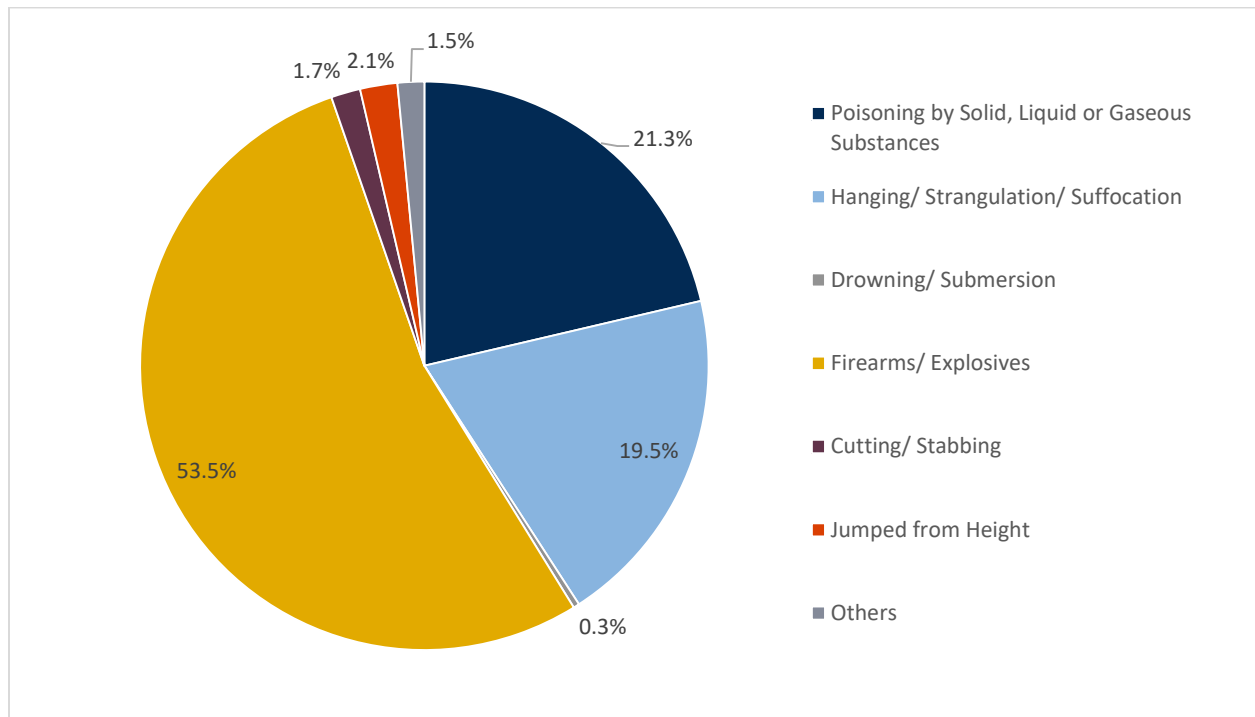


Of the Nevada mothers who gave birth between 2010 and 2014 that self-reported using a substance while pregnant, alcohol has the highest prenatal substance abuse birth rate, at 5.0 per 1,000 births in 2014. A rate of 3.5 per 1,000 was reported for marijuana, 2.9 per 1,000 reported for meth/amphetamines, and 1.9 per 1,000 births reported multiple drug use. These numbers are likely significantly underestimated because data is self-reported by the mothers, and they may be reluctant to be forthcoming on the birth record for many reasons.

Mental and Substance Abuse Deaths

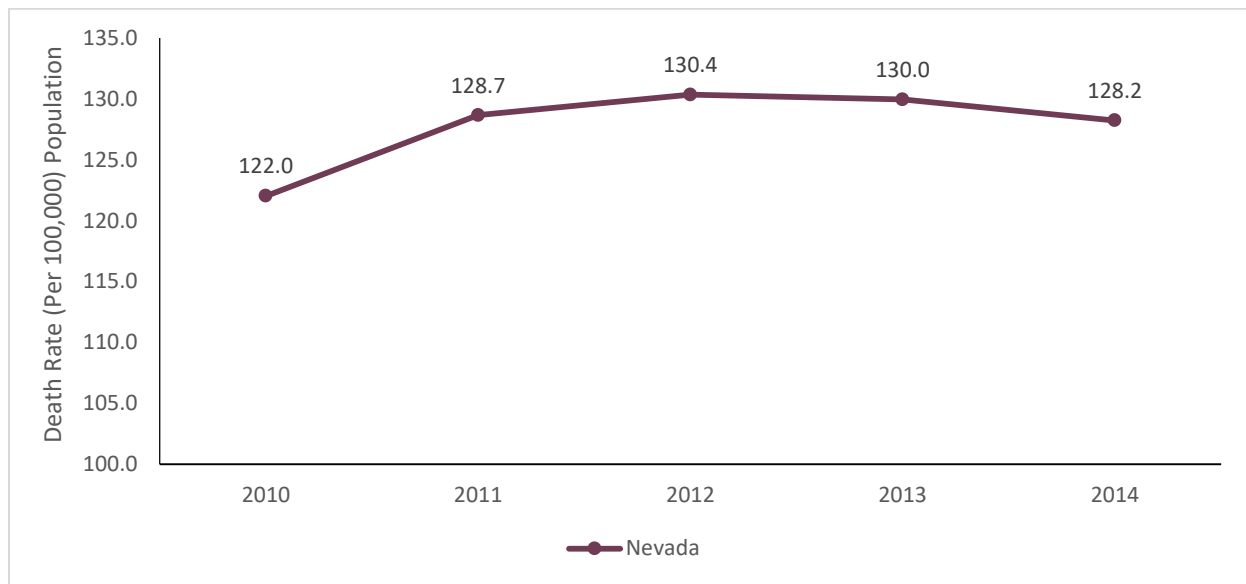
The data in this section are from the electronic death registry at DPBH. The Substance Abuse and Mental Health Service Administration (SAMHSA) reports suicide and mental illness are highly correlated with as many as 90% of those persons who die of suicide completion having a diagnosable mental illness.

Figure 15. Percent of Suicides (Immediate Cause) by Method, Nevada, 2010-2014 (n=2,639).



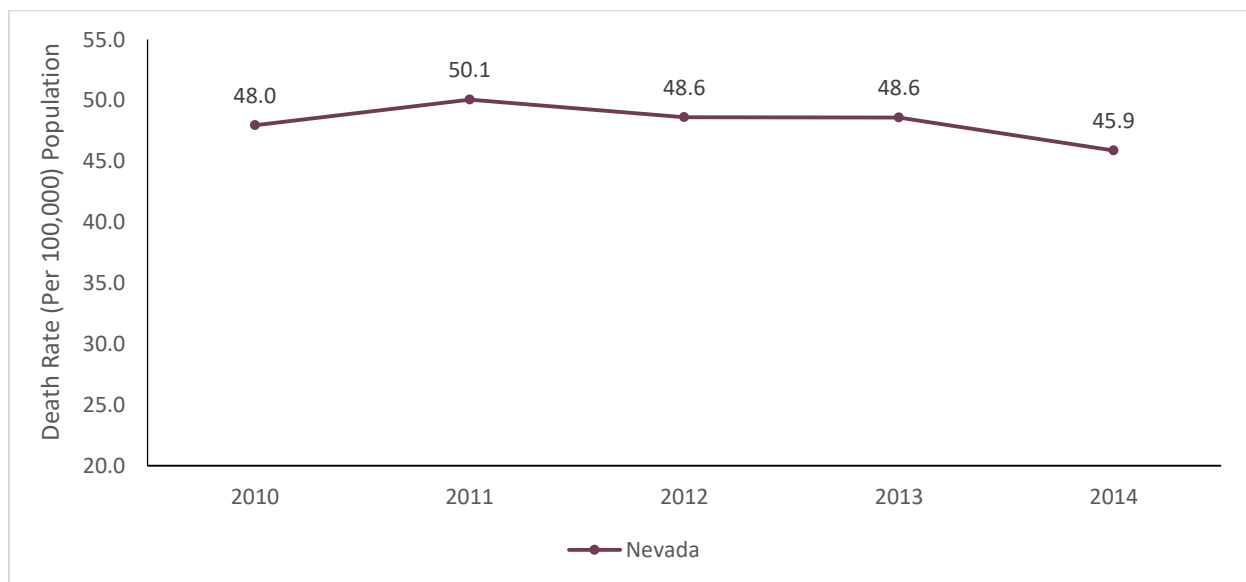
Among Nevada residents who died of a suicide between 2010 and 2014, the most common method of suicide was firearms/explosives (53.5%), followed by poisonings from solid, liquid, or gaseous substances (21.3%) and hanging, strangulation and suffocation (19.5%).

Figure 16. Trend of mental and behavioral disorder related deaths, Nevada 2010-2014.



There were 17,675 deaths related to mental and behavioral disorders in Nevada between 2010 and 2014. Nevada's death rate for mental and behavioral related deaths (defined by ICD10 codes F00-F99) 122.0 per 100,000 in 2010. There was an overall 5.1% increase between 2010 and 2014 when the rate had increased to 128.2 per 100,000.

Figure 17. Trend of substance-related deaths, Nevada 2010-2014.



There were 6,664 substance-related deaths in Nevada between 2010 and 2014. During that timeframe the death rate varied between from 45.9 deaths per 100,000 and 50.1 deaths per 100,000.

Note: the following codes were used to define substance-related deaths: ICD10 codes G312, G621, I426, G721, K292, K70, K860, R78, Y90, Y91, X40-X49, T36-T60, T65, F10, X60-X69, E244, K852, O354, Y10-Y19, P043, Q860, Z721, R781-R786, F11-F16, F18, X85-X90, O355, D521, P961, T96-T97, Y40-Y59, K711, N141, P044.

Table 9. Demographics of Substance Related Deaths, Nevada 2010-2014.

	N	Column %
Sex		
Female	2,384	35.8
Male	4,280	64.2
Race		
White	5,317	79.8
Black	423	6.3
Native American	118	1.8
Hispanic	588	8.8
Asian/Pacific	114	1.7
Other	6	0.1
Unknown	98	1.5
Age		
<1	15	0.2
1-4	12	0.2
5-14	12	0.2
15-24	293	4.4
25-34	660	9.9
35-44	974	14.6
45-54	1,899	28.5
55-64	1,700	25.5
65-74	767	11.5
75-84	254	3.8
85+	77	1.2

In Nevada, the most common demographic groups to die of a substance-related death included: males (64.2%), White non-Hispanics (79.8%), and those aged 45 to 64 years of age (54.0%).

Syndromic Surveillance

The data contained in this section came from DPBH's BioSense, a syndromic surveillance system that tracks chief complaints in emergency departments, and the National Emergency Medical Services Information System (NEMSIS). The BioSense data was provided by Northern Nevada Medical Center, St. Mary's Regional Medical Center, Renown South Meadows, Incline Village Community Hospital, and Renown Regional Medical Center in Nevada. There were 22,080 complaints made by 15,876 patients.

Table 10. BioSense: Mental health and substance-related chief complaints at select Nevada facilities, patient demographics, January 1, 2011-November 6, 2015.

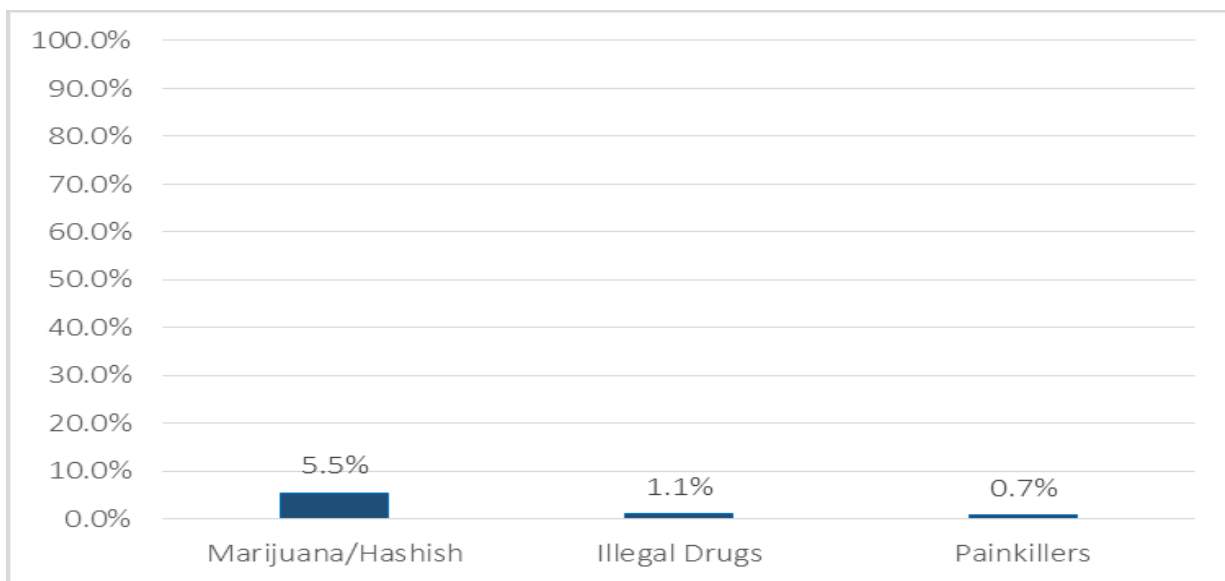
	N	Percent
Sex		
Female	8,328	52.5%
Male	7,434	46.8%
Unknown	114	0.7%
Age		
Under 13	353	2.2%
14-19	1,392	8.8%
20-29	3,275	20.6%
30-39	2,638	16.6%
40-49	2,645	16.7%
50-59	2,757	17.4%
60+	2,813	17.7%
Unknown	3	0.0%

There were slightly more female patients (53%) among mental health and substance-related chief complaints in Nevada. The largest age group among patients were those aged 20-29 (21%). Not enough information was available to provide race/ethnicity patient demographics.

Behavioral Risk Factor Surveillance System

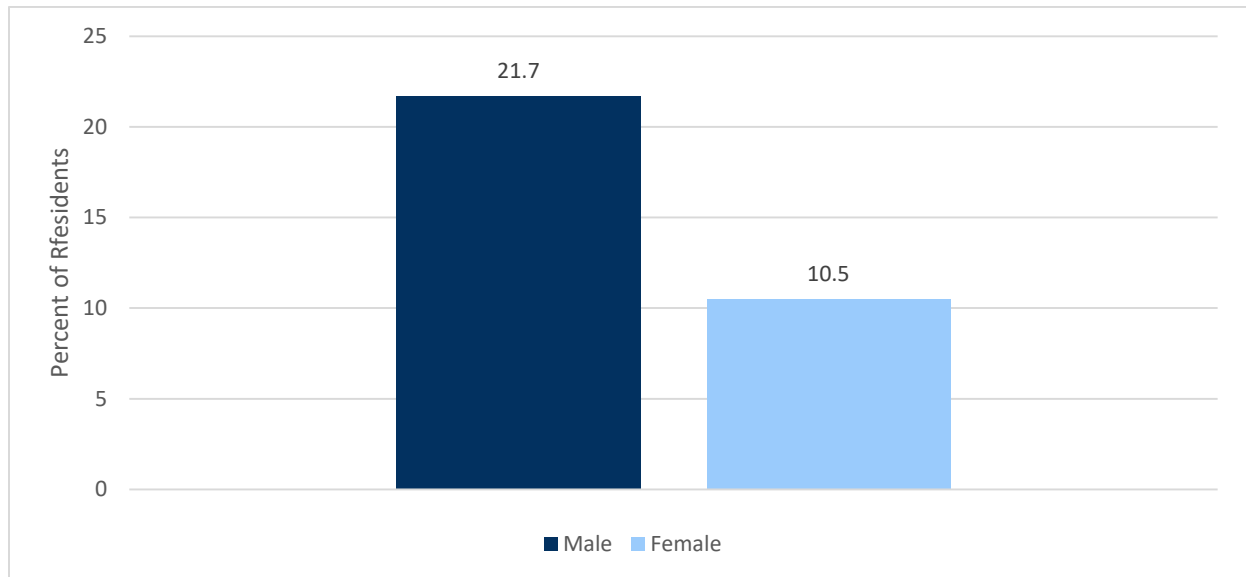
Data in this section are from Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data for adults aged 18 years and older. It allows for representative data to be analyzed at the county-level for many indicators.

Figure 18. 2011-2014 BRFSS: Percentage of adult Nevada residents who used illegal substances or painkillers in the last 30 days (aggregate 2011-2014 data).



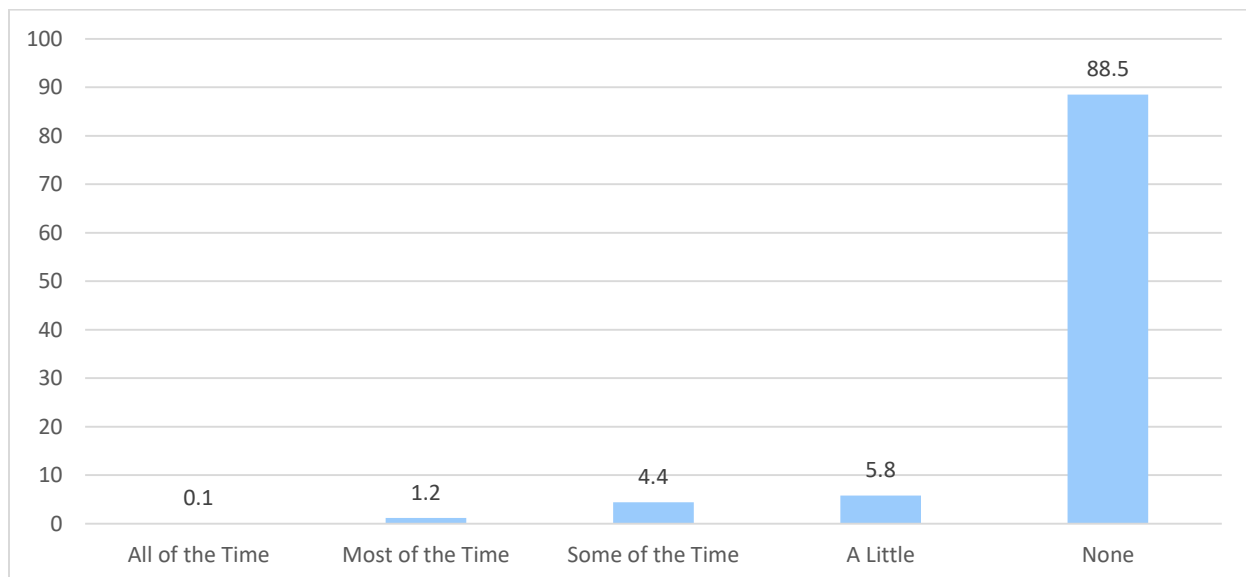
Between 2011-2014, over 5% of 17,366 Nevada adults surveyed reported through the BRFSS using marijuana or hashish in the last 30 days. By gender, 8.3% adult males reported using marijuana and 2.7% of adult females reported using marijuana. Males also reported using illegal drugs at a higher percent than females at 1.3% and .08%, respectively, and painkillers at 0.9% for males and 0.6% females.

Figure 19. 2011-2014 BRFSS: Percentages of adult Nevada residents who are considered “heavy drinkers” - more than one drink (females) or two drinks (males) per day.



Over 21% of adult Nevada males and 10% of adult Nevada females reported being heavy drinkers. Heavy drinking consists of males consuming more than two alcoholic beverages a day and females consuming more than one alcoholic beverage a day.

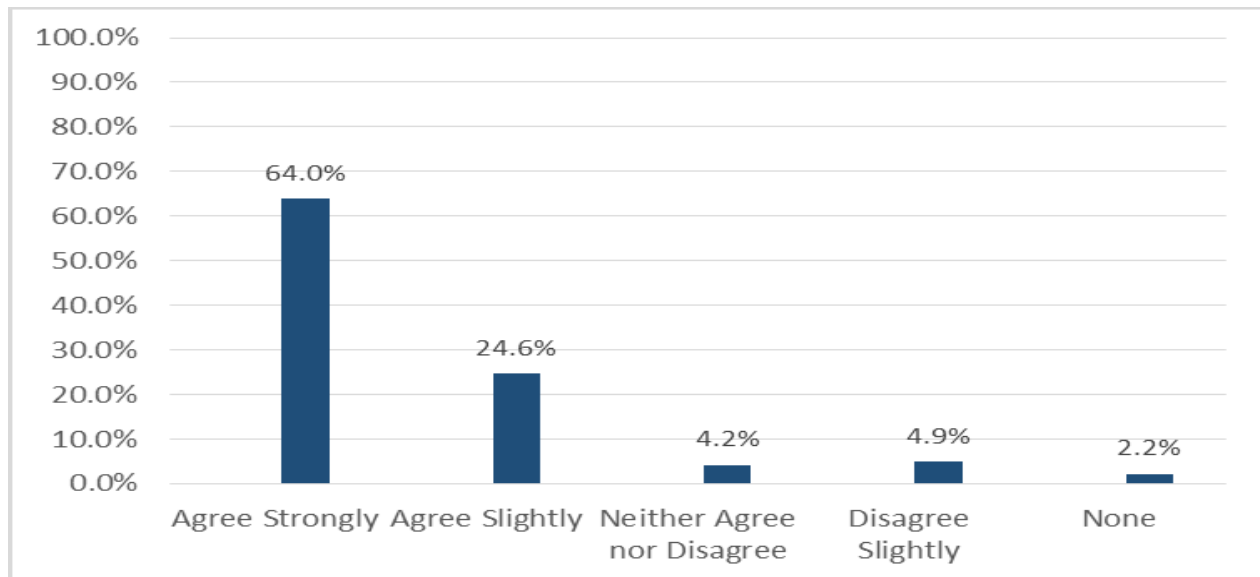
Figure 20. Percentages of how often adult Nevada residents have felt depressed at least one day in the past 30 days, 2012-2014.



In 2012 to 2014, 88.5% of adult Nevada residents reported not experiencing depression at least one day in the last 30 days. The rest of the residents reported experiencing a little depression

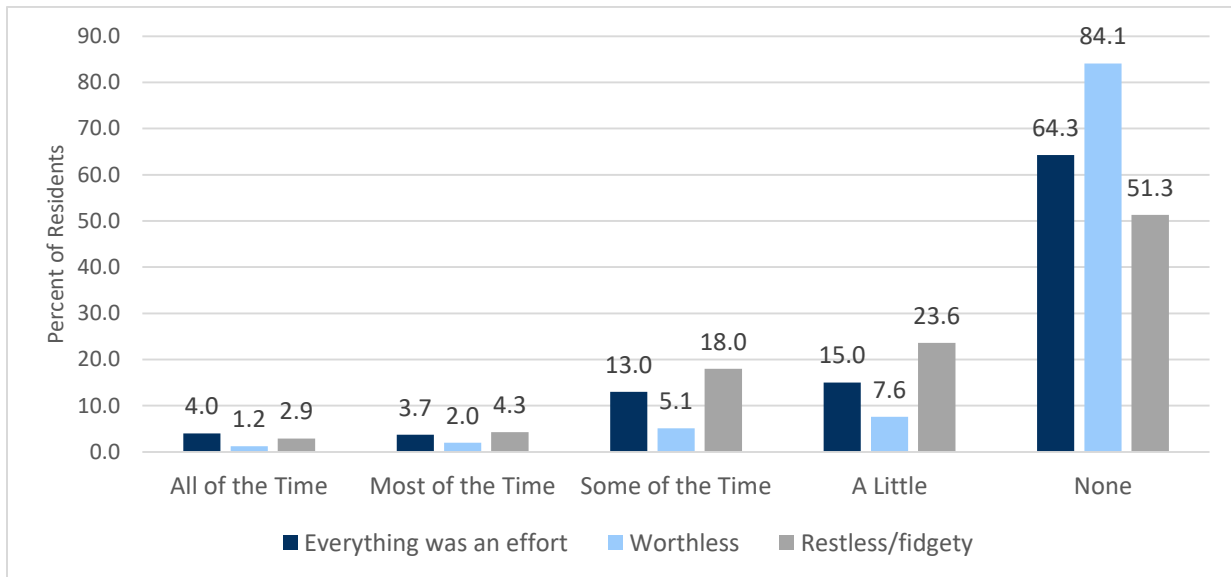
(5.8%), experiencing depression some of the time (4.4%), and most of the time (1.2%). A very small percentage (0.1%) reported experiencing depression all of the time.

Figure 21. 2012-2014 BRFSS: Percentages of adult Nevada residents who agree that with treatment, people with a mental illness can live normal lives.



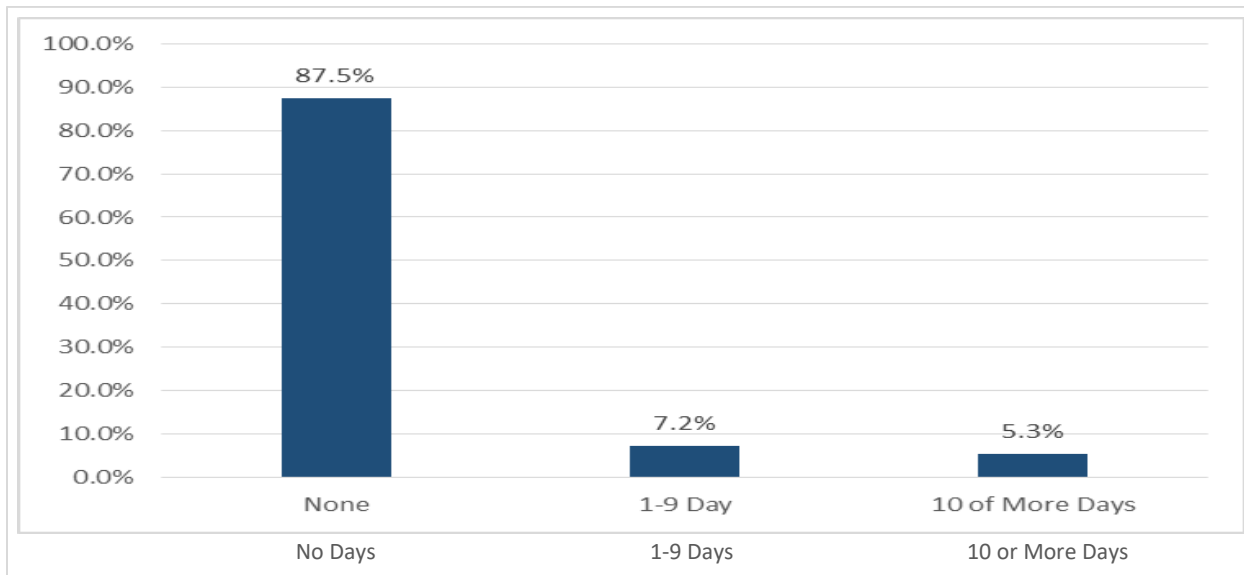
From 2012 to 2014, BRFSS data was collected on perception related to the efficacy of mental health treatment. In Nevada, over 90% of adults surveyed agreed in some capacity that those with mental health disorders can live a normal life with treatment. Only 4.9% of adults disagree that those with mental disorders could live a normal life, with treatment.

Figure 22. 2012-2014 BRFSS: Percentages of adult Nevada residents who have experienced the following mental health concerns in the past 30 days.



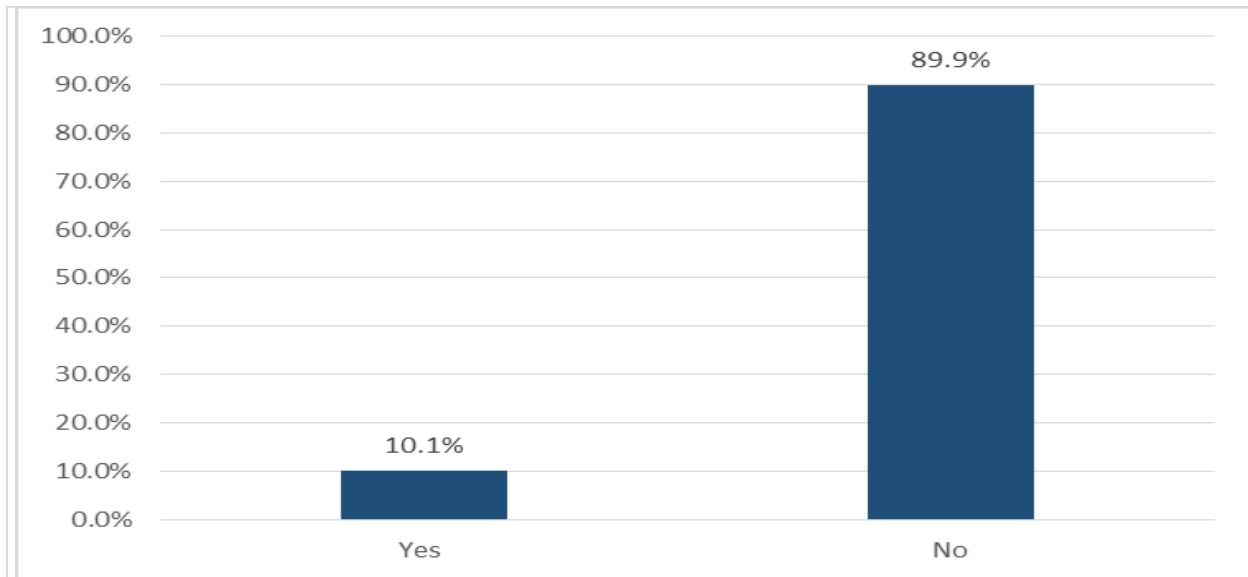
There are a number of BRFSS questions that collect data on feelings/emotions. From 2012 to 2014, nearly 24% of Nevada adults reported feeling restless and/or fidgety, almost 15% felt that everything they did took effort, and approximately 7.6% felt worthless a little bit of the time in the past 30 days.

Figure 23. 2012-2014 BRFSS: Percentages of adult Nevada residents who experienced that a mental health condition or emotional problem kept them from doing their work or other usual activities, by number of days.



Nevada adult residents were asked how many days, if any, did a mental health condition or emotional problem kept them from doing their work duties or other usual activities. Nearly 88% reported missing no day or work or activities, over 7% experienced missing 1 – 9 days, and over 5% missed 10 or more days of work or usual activities due to a mental health condition or emotional problem.

Figure 24. 2012-2014 BRFSS: Percentages of adult Nevada residents who are taking medication or receiving treatment for any type of mental health condition or emotional problem.



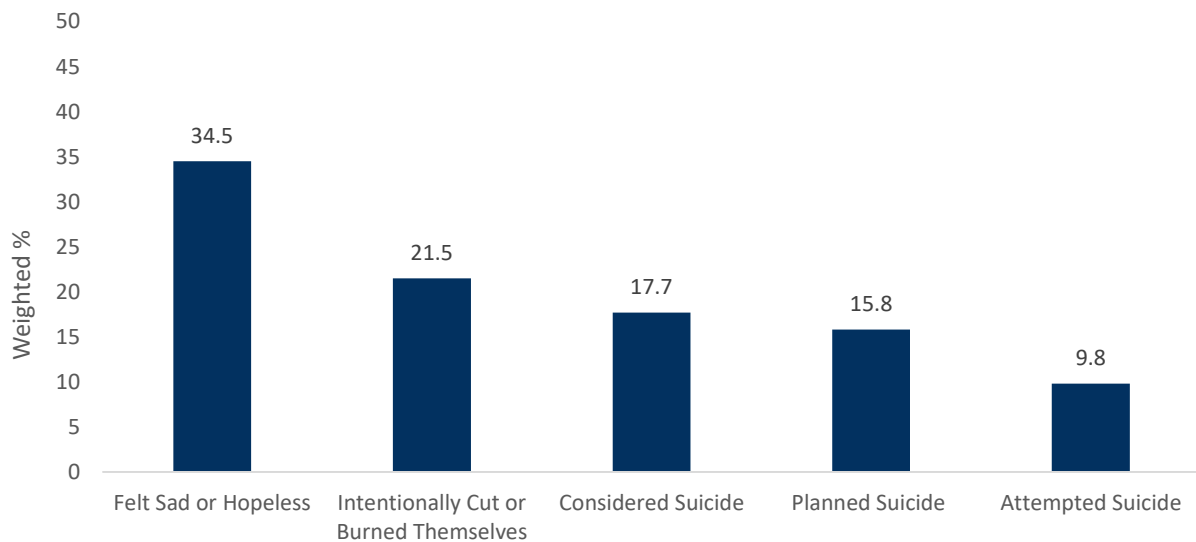
Nevada residents were asked if they were taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem. Nearly 90% reported they were not, and just over 10% reported taking medication and/or seeking treatment for a mental health condition or emotional problem.

Youth Risk Behavior Surveillance System

The data in this section is provided through a survey from the Youth Risk Behavior Surveillance System (YRBSS) for Nevada's high school and middle school students. YRBSS is a national surveillance system that was established in 1991 by the Centers for Disease Control (CDC) and Prevention to monitor the prevalence of health risk behaviors among youth. It is an anonymous and voluntary survey of students in grades 6 through 8 (middle school survey) and 9 through 12 (high school survey).

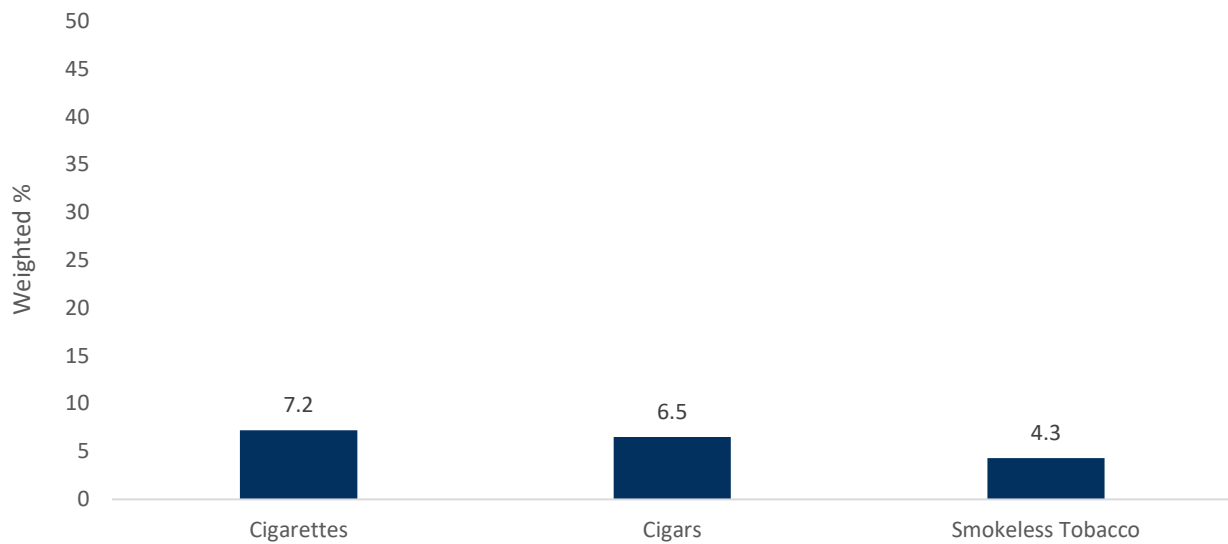
High School Summary (Grades 9-12)

Figure 25. Emotional Health Summary, Nevada High School Students, 2015



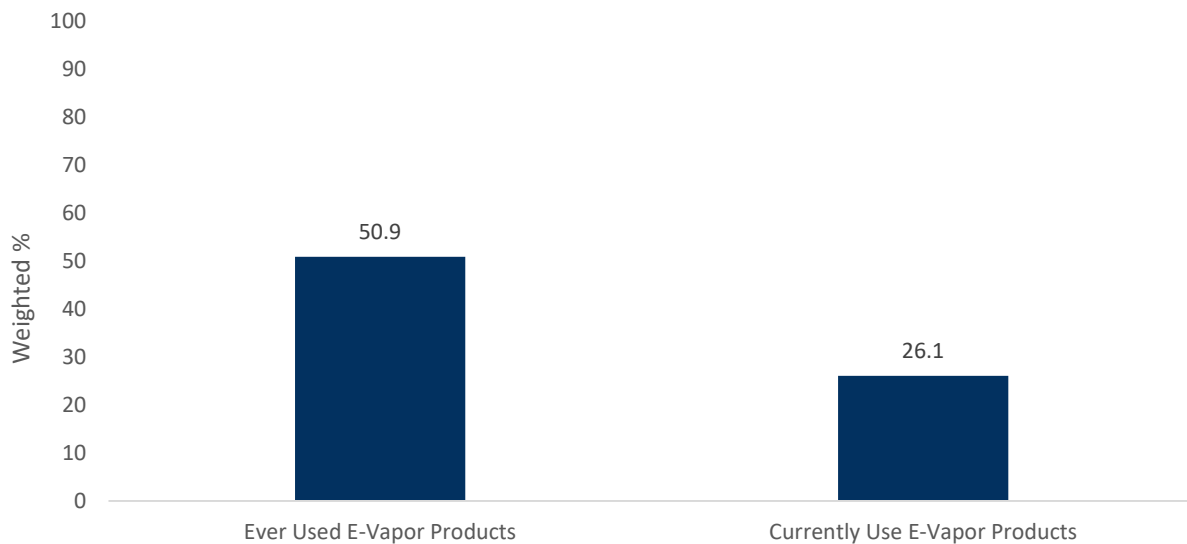
Approximately 34.5% of Nevada high school students have felt sad or hopeless in the last 12 months. Additionally, 21.5% of students intentionally cut or burned themselves without wanting to die in the past 12 months. About 18% of students have considered suicide, while 16% have made a plan to commit suicide in the past 12 months. Almost 10% of high school students in Nevada have actually attempted suicide in the past 12 months.

Figure 26. Current Tobacco Use Summary, Nevada High School Students, 2015



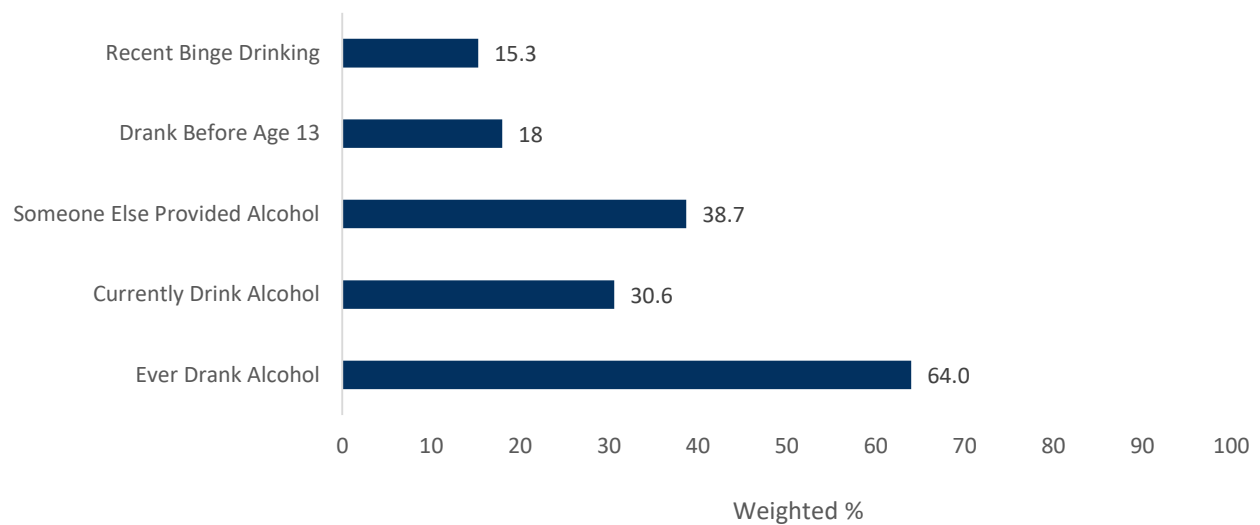
Around 14% of high school students in Nevada are currently using tobacco. About 7% of these high school students smoke cigarettes, while 6% are currently smoking cigars. About 4% are using smokeless tobacco products.

Figure 27. Electronic Vapor Product Use Summary, Nevada High School Students, 2015



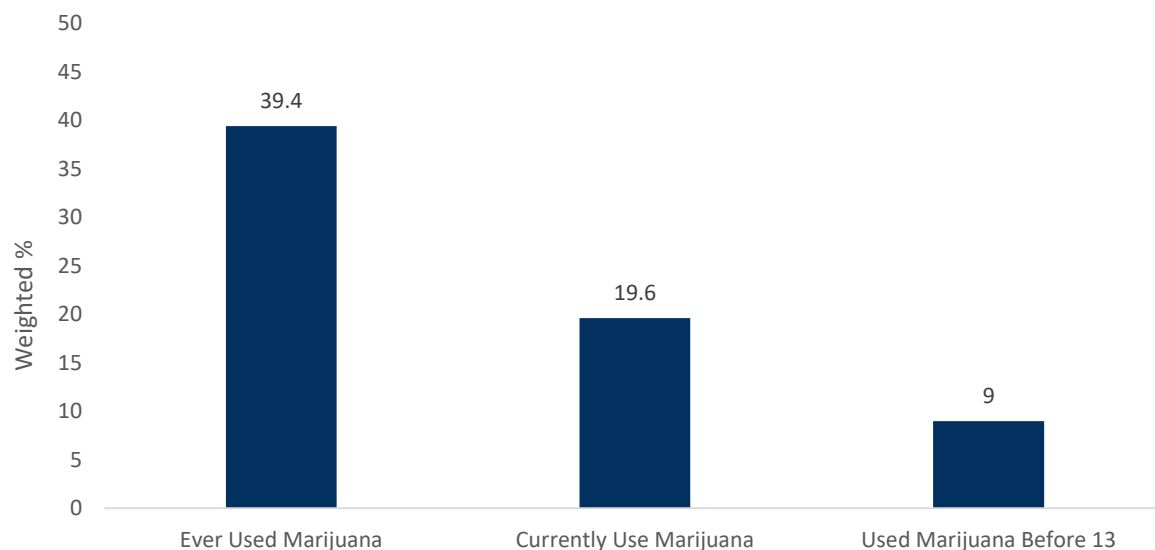
About half (50.9%) of all high school students reported ever using electronic vapor products and over one quarter (26.1%) of high school students reported using electronic vapor products in the past 30 days.

Figure 28. Alcohol Use Summary, Nevada High School Students, 2015



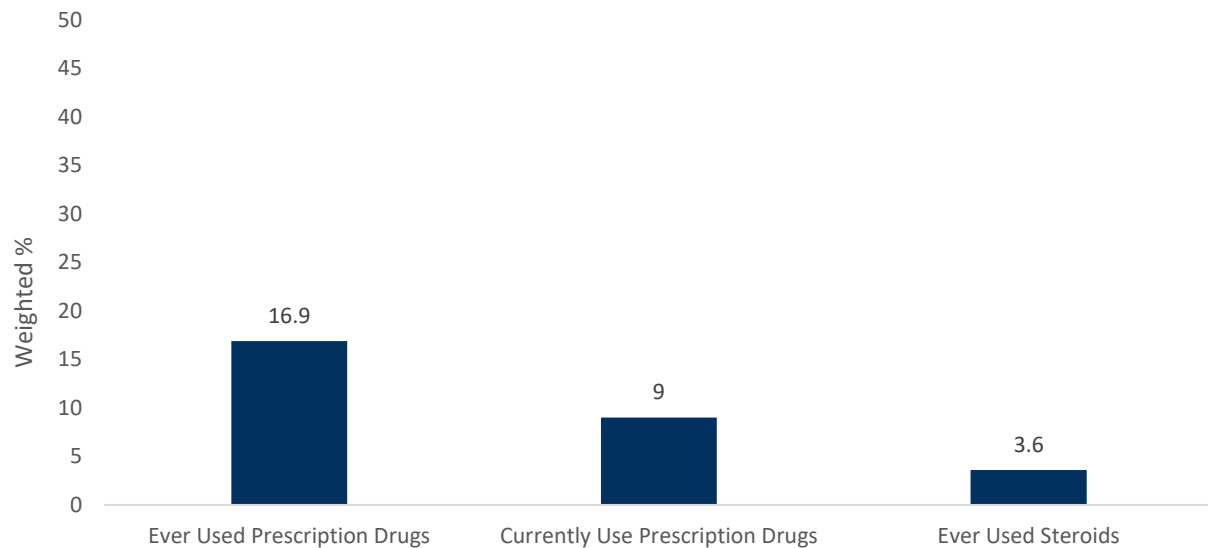
Approximately two-thirds (64%) of high school students in Nevada have had at least one drink of alcohol (more than a few sips). About 31% of high school students currently drink. Nearly 40% of high school students had alcohol provided to them by someone else. About 18% of Nevada high school students had alcohol before the age of 13 years, and over 15% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days).

Figure 29. Marijuana Use Summary, Nevada High School Students, 2015



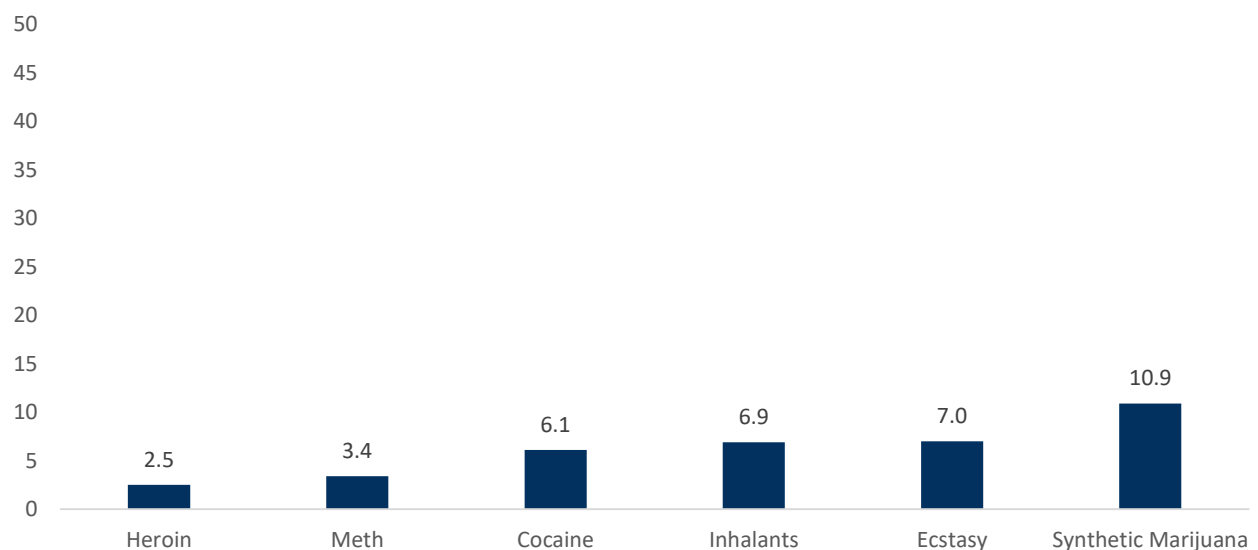
Approximately 40% of high school students in Nevada reported trying marijuana, and 20% have used marijuana in the past 30 days. Approximately 10% of high school students have tried marijuana before the age of 13 years.

Figure 30. Nonprescription Substance Use Summary, Nevada High School Students, 2015



Approximately 17% of high school students in Nevada have already tried prescription drugs that were not prescribed to them in their lifetime, while about 10% of students have used them in the past 30 days. About 4% have tried non-prescribed steroids.

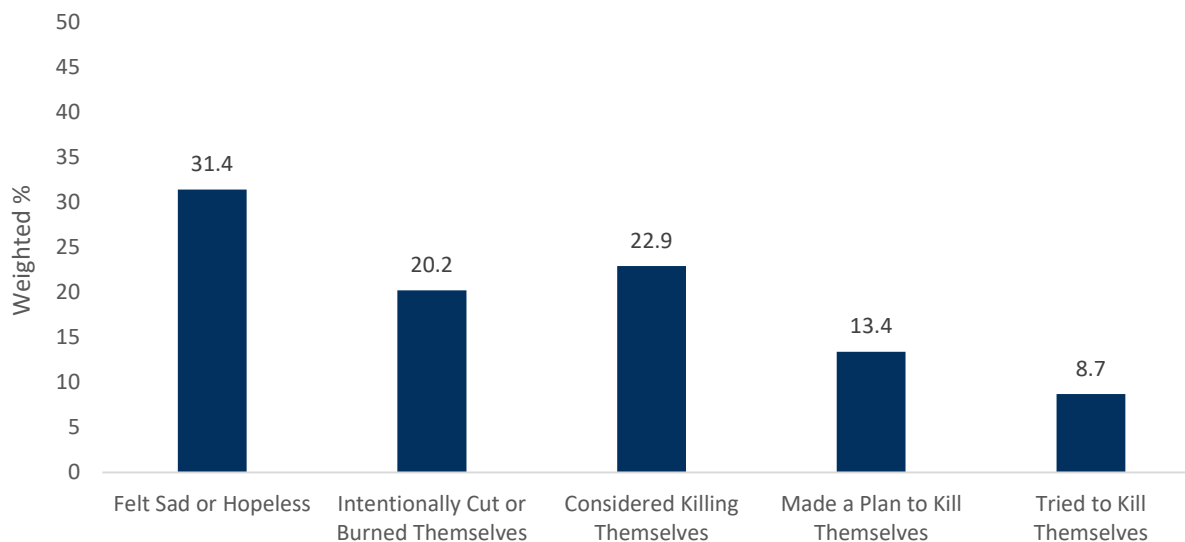
Figure 31. Lifetime Drug Use Summary, Nevada High School Students, 2015



In terms of substance abuse among high school students in Nevada, nearly 11% have used synthetic marijuana, the highest percentage of the select substances. About 7% have taken ecstasy, and 7% of students have tried inhalants. About 6% of students have used cocaine, 3% have used methamphetamines, and almost 3% have used heroin.

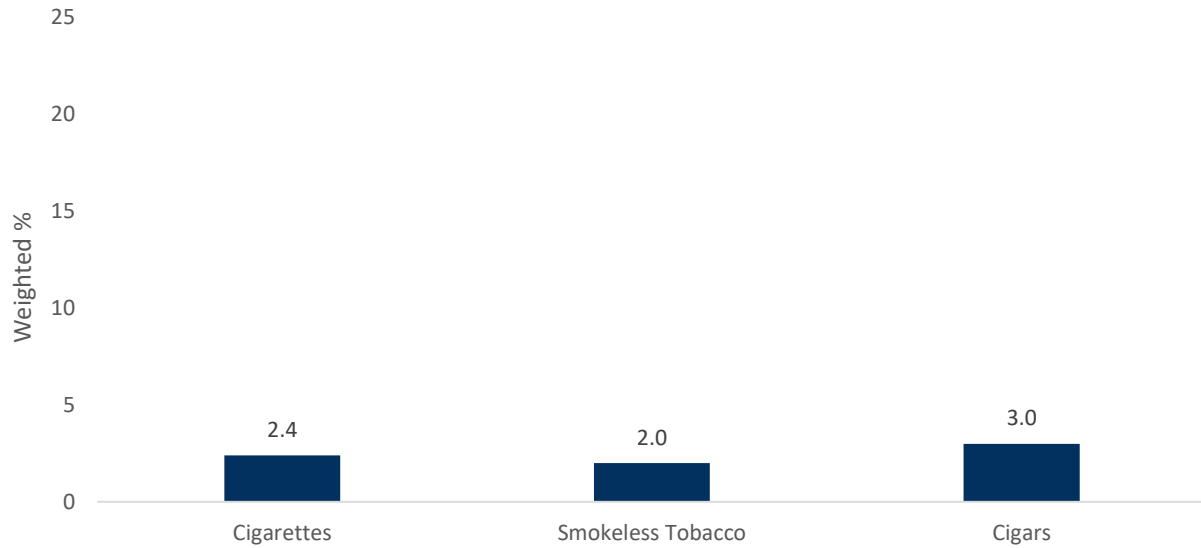
Middle School Summary (Grades 6-8)

Figure 32. Emotional Health Summary, Nevada Middle School Students, 2015



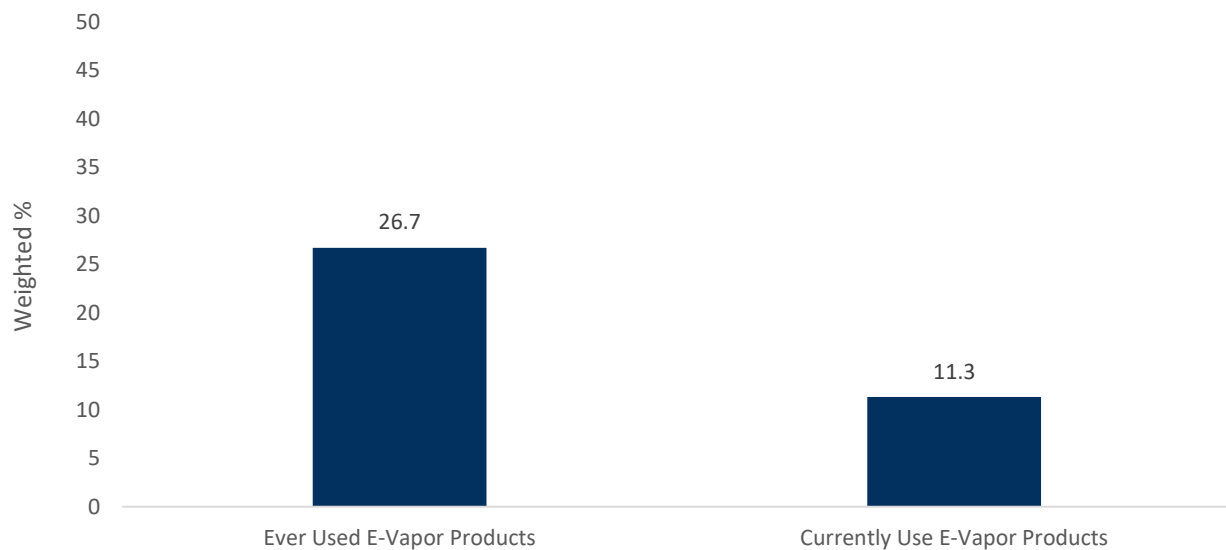
Approximately 32% of Nevada middle school students have felt sad or hopeless in the last 12 months. Additionally, 21% of students ever intentionally cut or burned themselves without wanting to die. About 23% of students have considered killing themselves, while 13% have made a plan to kill themselves. Almost 9% of middle school students in Nevada have ever tried to kill themselves.

Figure 33. Current Tobacco Use Summary, Nevada Middle School Students, 2015



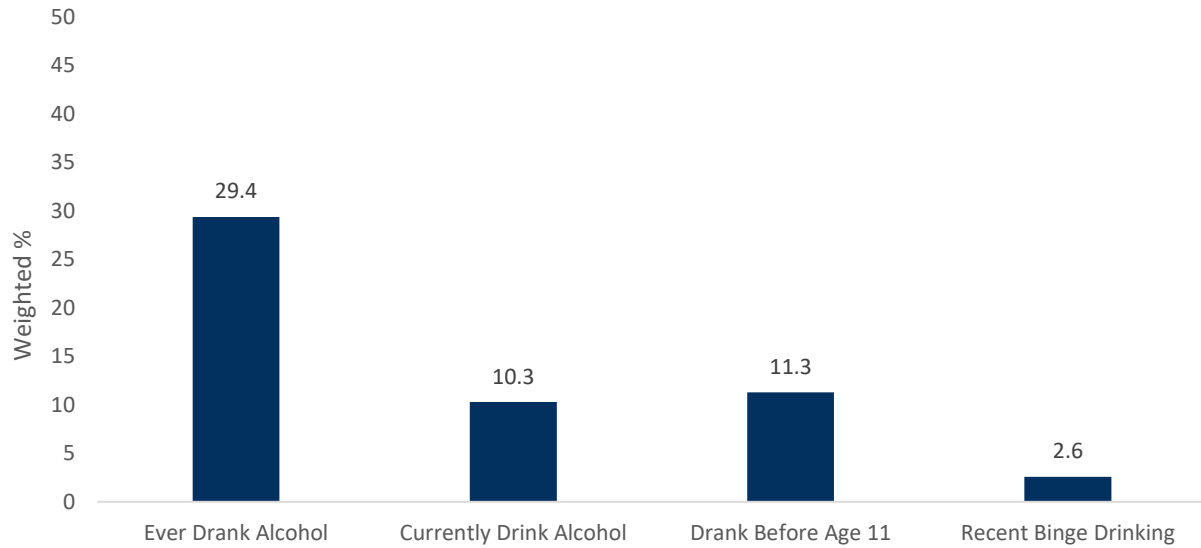
Around 4% of middle school students in Nevada are currently using tobacco. About 2% of these middle school students smoke cigarettes, while 3% are currently smoking cigars. About 2% are using smokeless tobacco products.

Figure 34. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2015



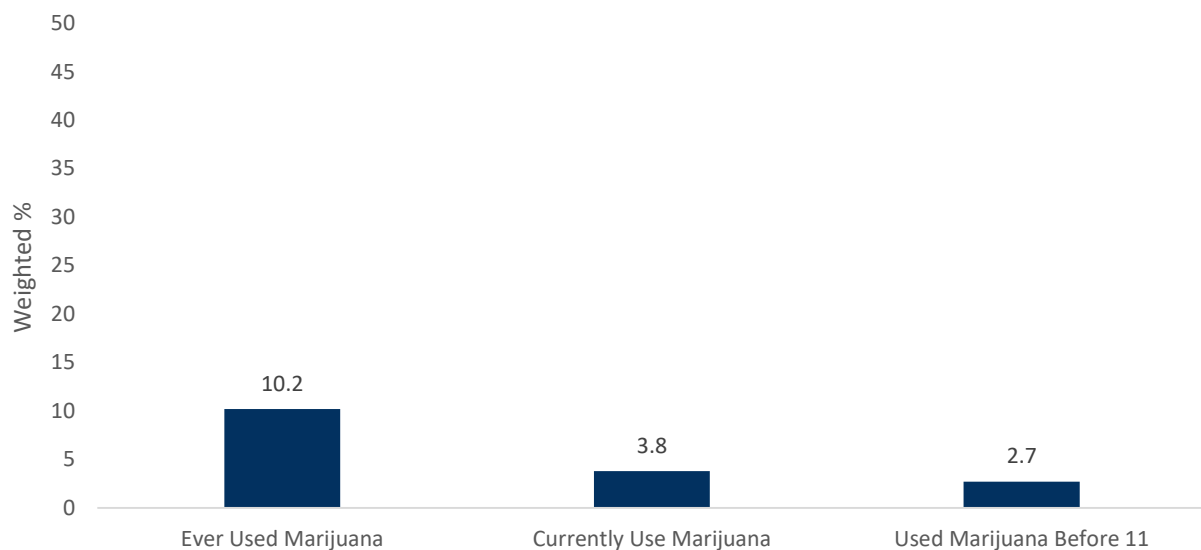
About one quarter (26.7%) of all middle school students reported ever using electronic vapor products and more than one-tenth (11.3%) of middle school students reported using electronic vapor products in the past 30 days.

Figure 35. Alcohol Use Summary, Nevada Middle School Students, 2015



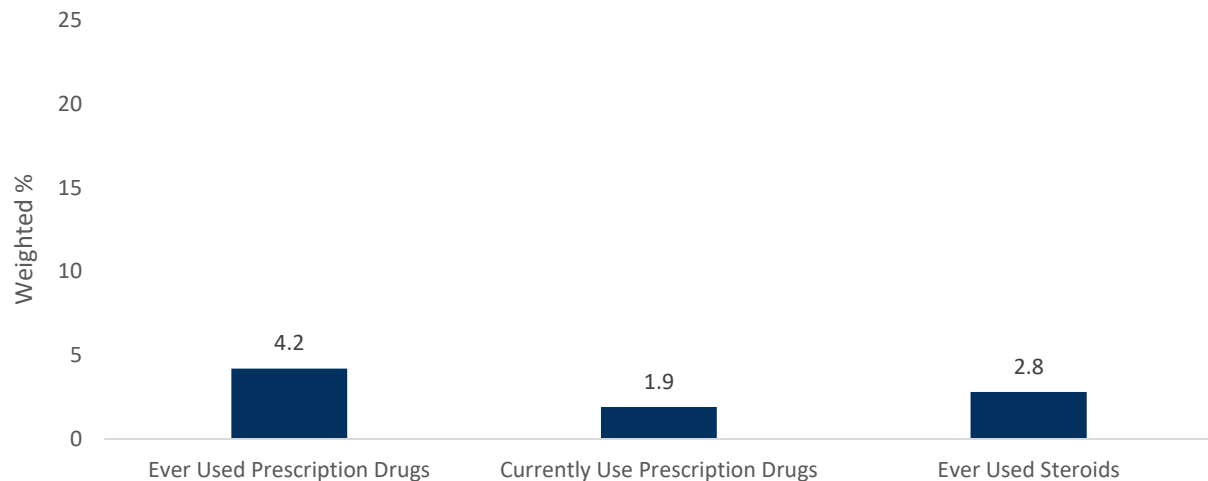
Approximately one third (29.4%) of middle school students in Nevada have had at least one drink of alcohol (more than a few sips). About 10% of middle school students currently drink. About 11% of Nevada middle school students had alcohol before the age of 11 years, and over 2% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days).

Figure 36. Marijuana Use Summary, Nevada Middle School Students, 2015



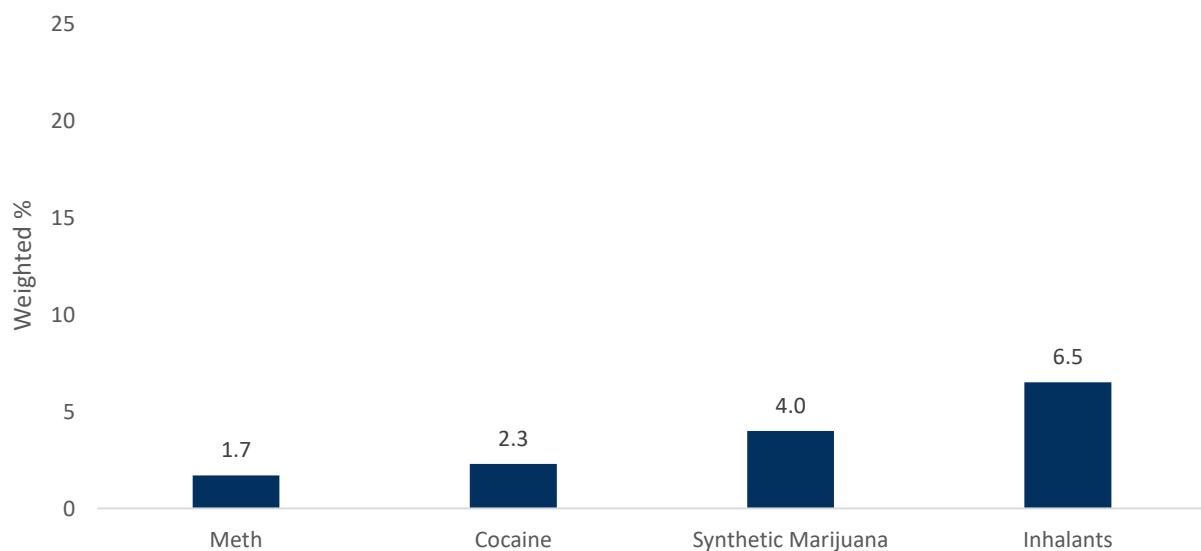
Approximately 10% of middle school students in Nevada reported trying marijuana, and 4% have used marijuana in the past 30 days. Approximately 3% of middle school students have tried marijuana before the age of 11 years.

Figure 37. Nonprescription Substance Use Summary, Nevada Middle School Students, 2015



Approximately 4% of middle school students in Nevada have already tried prescription drugs that were not prescribed to them in their lifetime, while about 2% of students have used them in the past 30 days. About 3% have tried non-prescribed steroids.

Figure 38. Lifetime Drug Use Summary, Nevada Middle School Students, 2015



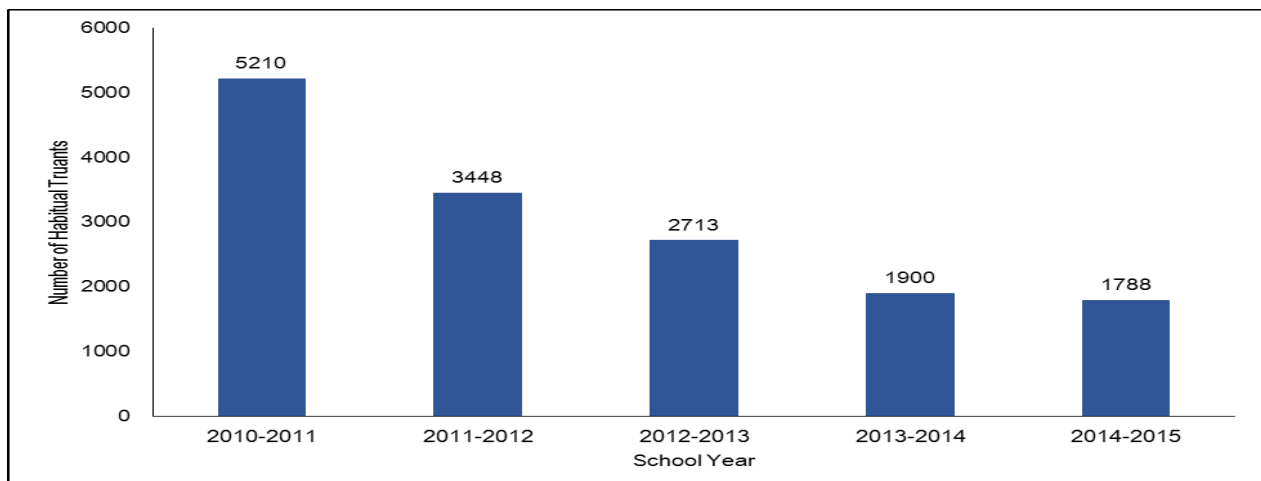
In terms of substance abuse among middle school students in Nevada, nearly 7% have used

inhalants, the highest percentage of the select substances. About 2% of students have used cocaine, 2% have used methamphetamines, and 4% have used synthetic marijuana.

School Success

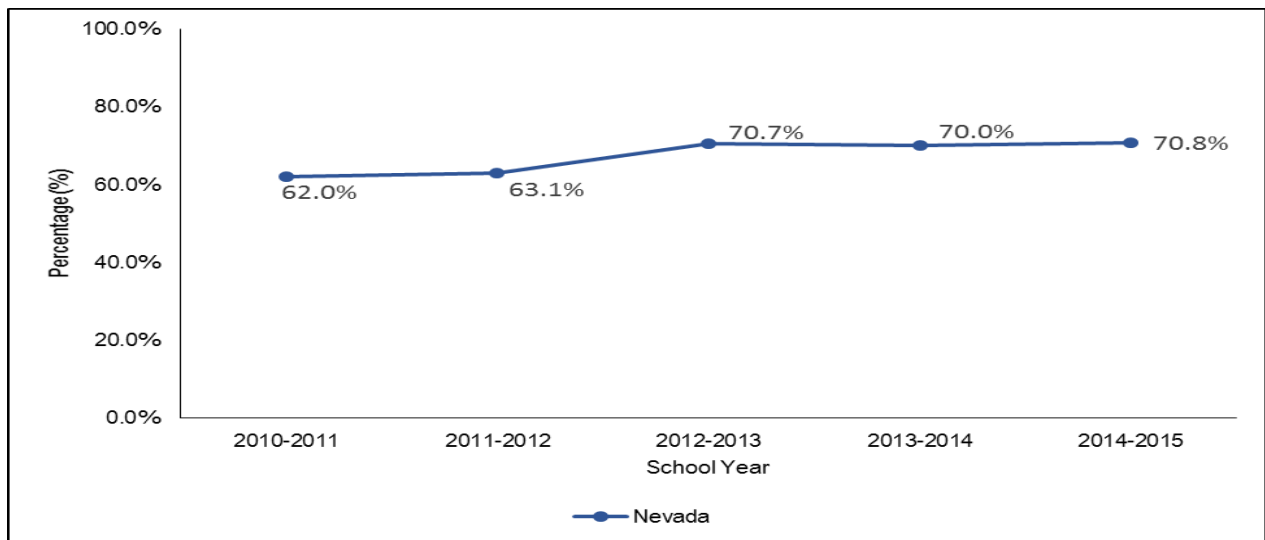
When students' behavioral health needs are not identified, they are more likely to experience difficulties in school, including higher rates of suspensions, expulsions, dropouts, and truancy, as well as lower grades. Nationally, 50% of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

Figure 39. Number of Habitual Truants, Nevada, Class Cohorts 2010 - 2014



Nevada's numbers of habitual truant students has consistently been decreasing since the peak of 5,210 truant students during the 2010 – 2011 school year.

Figure 40. High School Graduation Percentage, Nevada, Class Cohorts 2010 – 2014



Nevada's graduation rate has increased between the 2010 and 2014 class cohorts. In 2010, Nevada's graduation rate was 62.0 percent and increased to 70.8 percent in 2014.

Conclusion

This report is intended to provide an overview of behavioral health in Nevada. The analysis can be used to identify issues of concern and areas that may need to be addressed.

One finding is that of the 16,199 Nevada residents who received mental health services from DPBH, 39% received a primary diagnosis of mood disorder not otherwise specified. Another finding is number of visits to the ER by residents of Nevada for seven mental disorders, and alcohol- and drug-related issues have all increased during the time period from 2009 to 2014. Visits for PTSD had a percent change of 734%, the largest increase among the seven disorders. The ER visits for mental health disorders and treatment in SAPTA facilities appear to be sex-specific. For example, females made up a majority of ER visits for anxiety, depression, bipolar disorder and PTSD, while males made up the majority of ER visits for schizophrenia. In SAPTA-funded treatment facilities, an overwhelming majority of patients in treatment for marijuana/hashish and alcohol abuse are males (76% and 63%, respectively).

Two positive trends are the decrease in death rates in mental and behavioral health-related deaths and substance-related deaths. Mental and behavioral health-related deaths, while increasing in Nevada, has decreased from 152.6 to 141.5 deaths per 100,000 in Nevada. Substance-related death rates have decreased slightly in Nevada.

For more information and additional publications, please visit Nevada Division of Public and Behavioral Health at <http://dpbh.nv.gov/>.