Nevada Behavioral Health Summary

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Data Sources/Limitations

Avatar
MyAvatar, a Netsmart product, is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the State of Nevada. This data is representative of Nevada State funded mental health facilities and is not generalizable to the rest of the population.

Behavioral Risk Factor Surveillance System (BRFSS)
BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and the states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state added questions are not asked nationwide, these questions are not comparable.

Hospital Inpatient Billing (HIB)
The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes (up to 33 diagnoses). In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

Nevada Health Information Provider Performance System (NHIPPS)
Web based computer application used to collect and store information about clients or participants in funded treatment and prevention programs. The data are used to satisfy the reporting requirements for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Nevada State Legislature, and the Substance Abuse Prevention & Treatment Agency (SAPTA). This data is representative of Nevada State funded substance use treatment facilities and is not generalizable to the rest of the population.

Nevada Report Card
The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and State law, it assists community members (parents, educators, researchers, lawmakers etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. Through the interactive Nevada Report Card website, you may access State, district and school level reports in three categories: "school and district information", "assessment and accountability" and "fiscal and technology".

Nevada State Demographer Office
The Nevada State Demographer's office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada's counties, cities, and towns.

Nevada Syndromic Surveillance

The Syndromic Surveillance Program oversees the collection and analysis of health-related data that precede diagnosis and may warrant a public health response because it signals a sufficient probability of a case, an outbreak of disease or other public health emergency. Current syndromic surveillance systems include the National Syndromic Surveillance Platform, ESSENCE, and the National Retail Data Monitor for Public Health Surveillance.

Web-Enabled Vital Records Registry Systems (WEVRRS)

Software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death related information.

United States Census Bureau

Federal government agency responsible for the United States Census; the official decennial (10 year period) count of people living in the United States of America. Collected data is disseminated through web browser based tools like the American Community Survey which provides quick facts on frequently requested data collected from population estimates, census counts and surveys of population and housing for the nation, states, counties, and large cities. The Bureau also offers the American Fact Finder, which profiles the American population and economy every five years.

Youth Risk Behavior Survey (YRBS)

The purpose of the YRBS is to provide Nevada data to assess trends in priority health-risk behaviors among high school students; measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators; and evaluate the impact of broad school and community interventions at the national, state, and local level. The YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality, these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity.

Executive Summary

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 57,920 Nevada residents who received mental health services from the Division of Public and Behavioral Health, 17% received a diagnosis of schizophrenic disorder and 14% for major depressive disorder. 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. 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 alcohol abuse (35%), amphetamines/methamphetamines (28%), and marijuana/hashish (13%), and are males (62%).

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 130.0 to 128.2 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/.

Demographic Snapshot

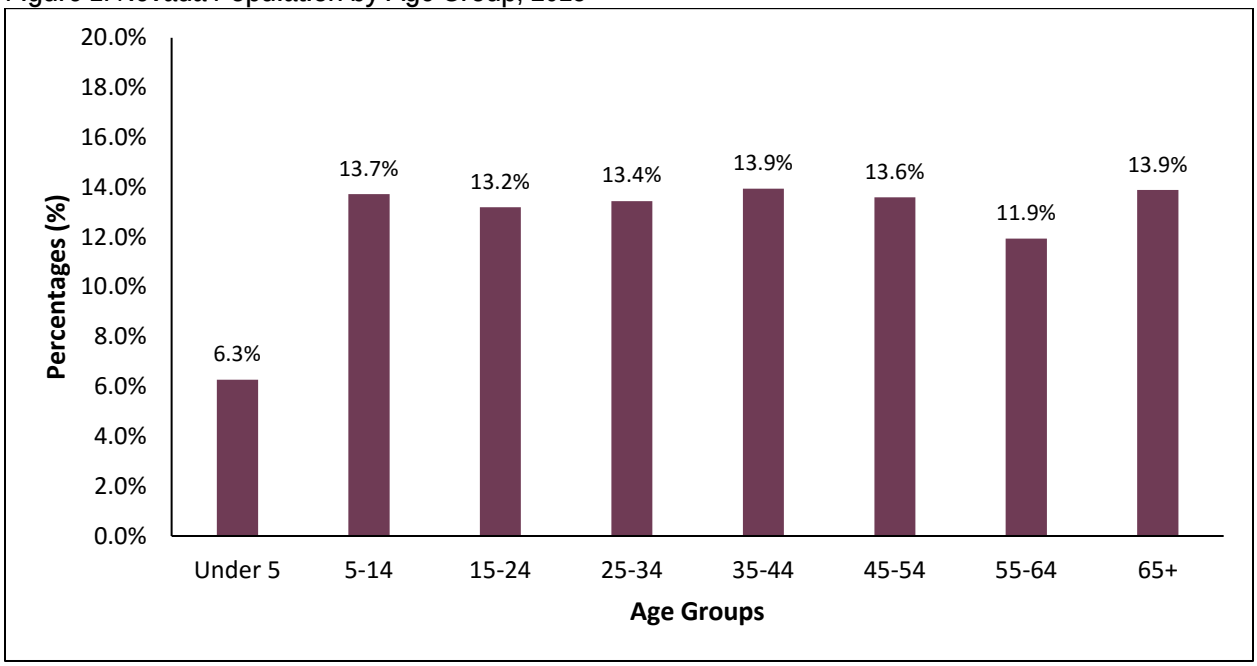
Table 1. Selected Demographics for Nevada.

	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, Vintage 2015 and US Census Bureau

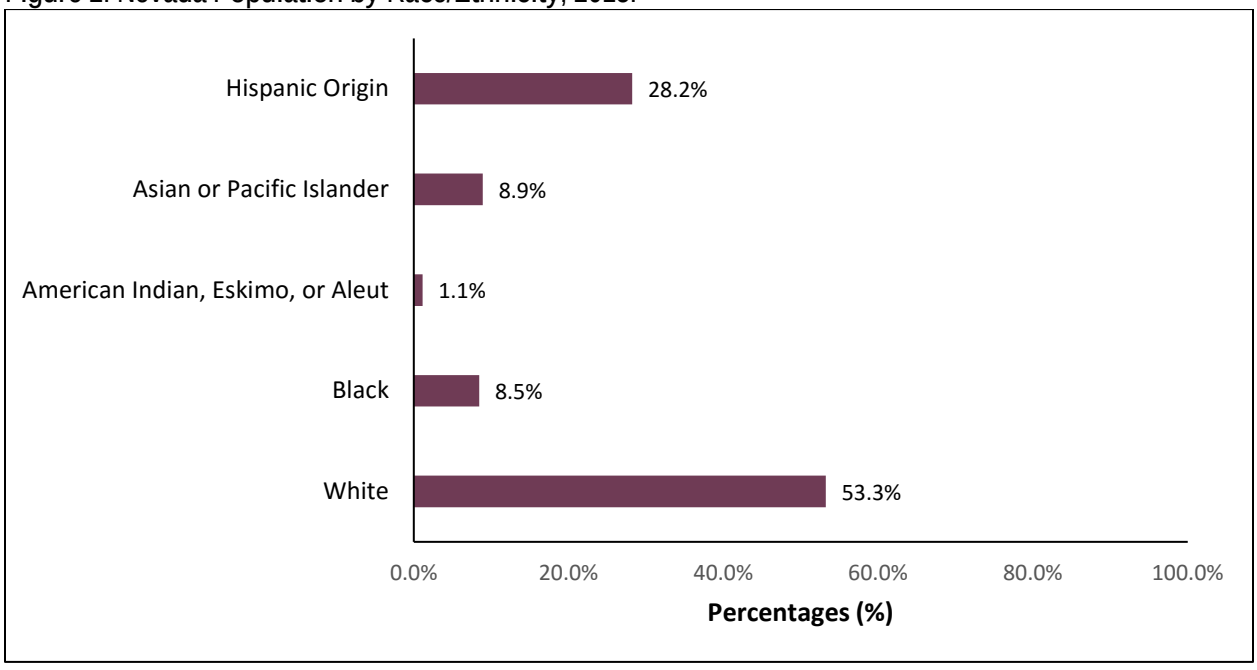
In 2015, the estimated population for Nevada was 2,874,075, a 6.2% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is $52,800. Over 15% of the population in Nevada live below the poverty level.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

Figure 1. Nevada Population by Age Group, 2015



Source: Nevada State Demographer, Vintage 2015

Figure 2. Nevada Population by Race/Ethnicity, 2015.

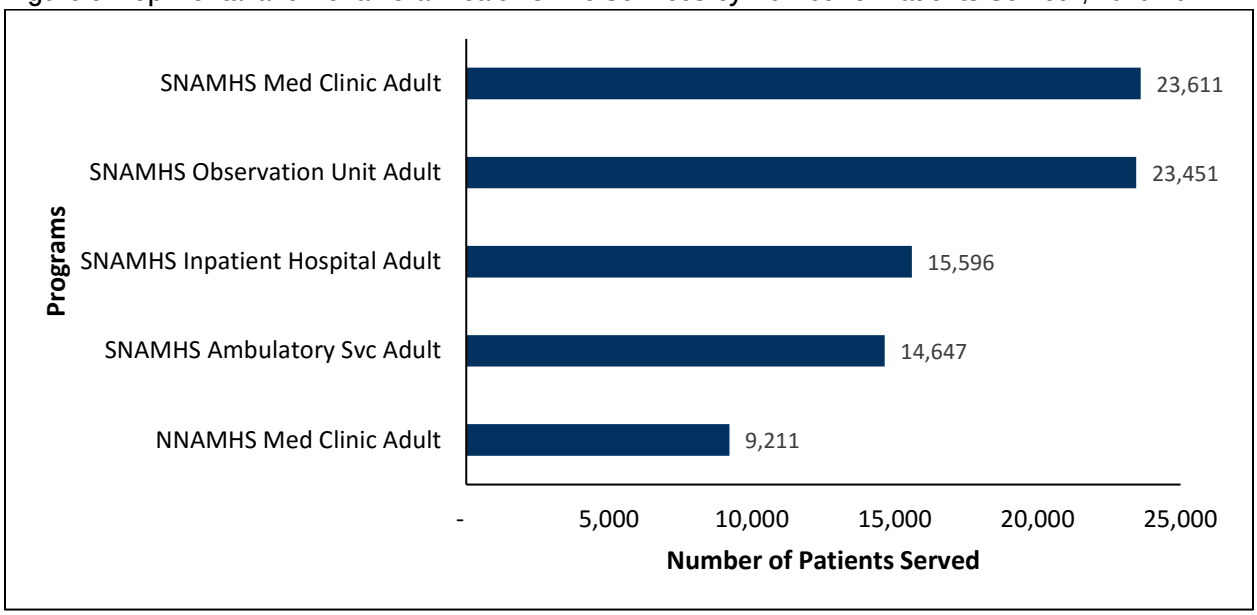


Source: Nevada State Demographer, Vintage 2015

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).

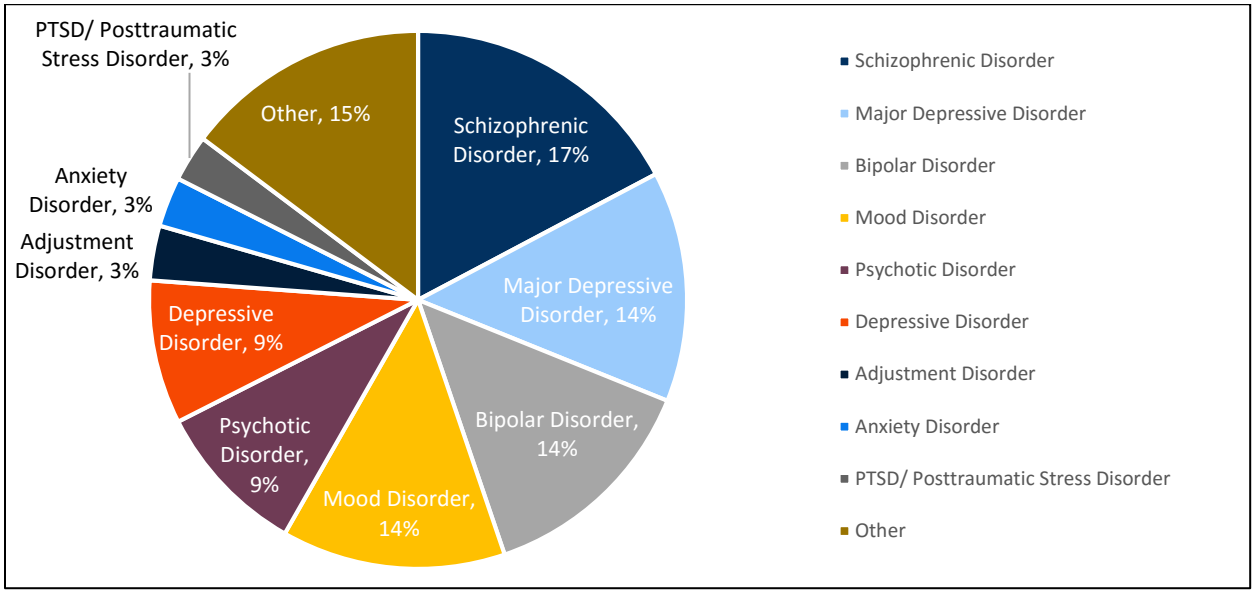
Figure 3. Top Mental and Behavioral Health Clinic Services by Number of Patients Served*, 2010-2014.



Source: Division of Public and Behavioral Health, 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.

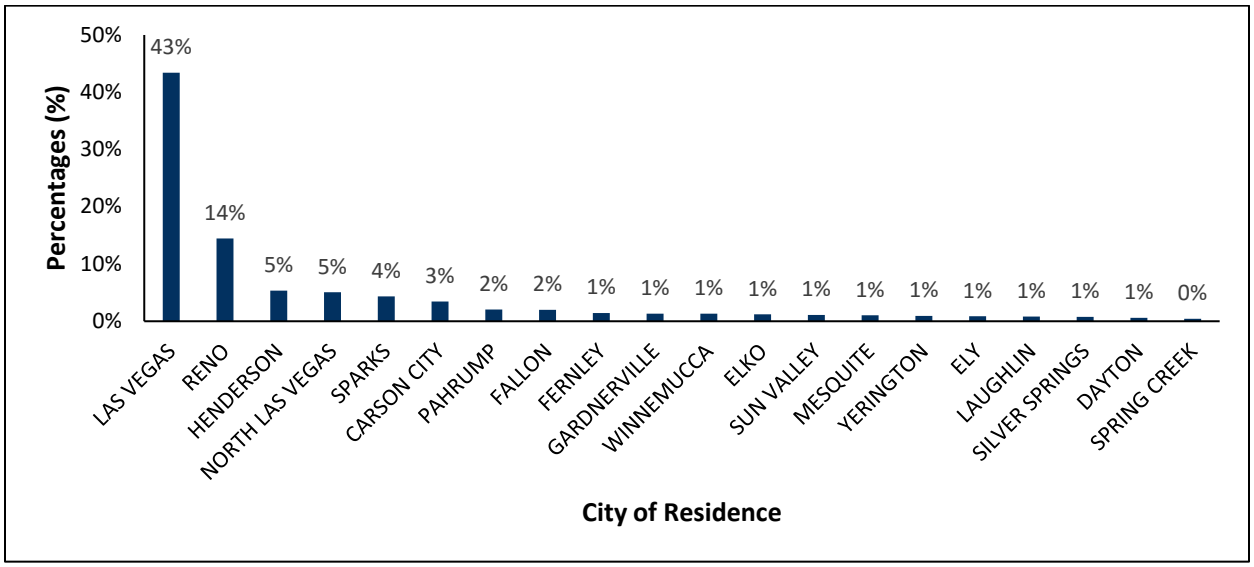
Figure 4. Most Common Mental Health Diagnoses, 2010-2014.



Source: Division of Public and Behavioral Health, Avatar

During the period of 2010 to 2014, the most common primary mental health diagnoses for a Nevada resident was schizophrenic disorder, major depressive disorder, bipolar disorder, and mood disorder. It is important to note, that patients may have multiple primary diagnoses noted during each episode.

Figure 5. State Funded Mental and Behavioral Health Clinics Utilization by City of Residence, 2010-2014.



Source: Division of Public and Behavioral Health, Avatar

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

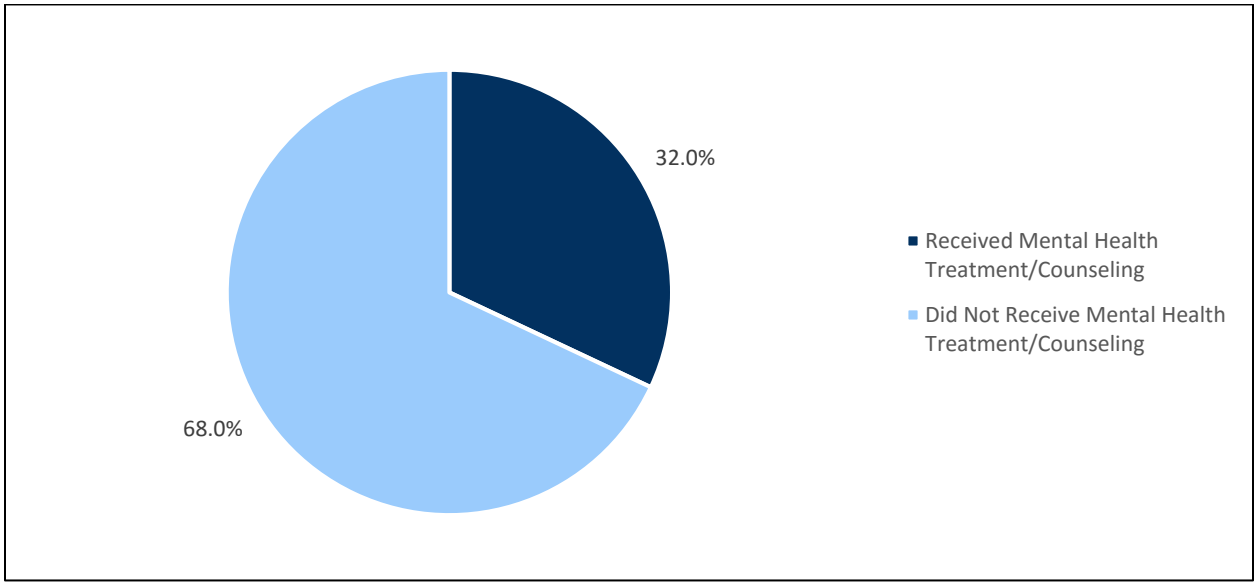
Table 2. Demographics of State Funded Mental and Behavioral Health Clinics Utilization, 2010-2014.

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

Source: Division of Public and Behavioral Health, Avatar

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 the 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%).

Figure 6. Past Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Nevada, 2010-2014.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2014.

In Nevada, about 113,000 adults aged 18 or older with AMI (32.0% of all adults with AMI) per year from 2010 to 2014 received mental health treatment/counseling within the year prior to being surveyed.

Hospital Emergency Room

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 300.0; depression 296.20-296.36, and 311; bipolar disorder 296.40-296.89; PTSD 309.81; schizophrenia 295 and V11.0; suicidal tendencies 300.90; suicidal ideation V62.84.

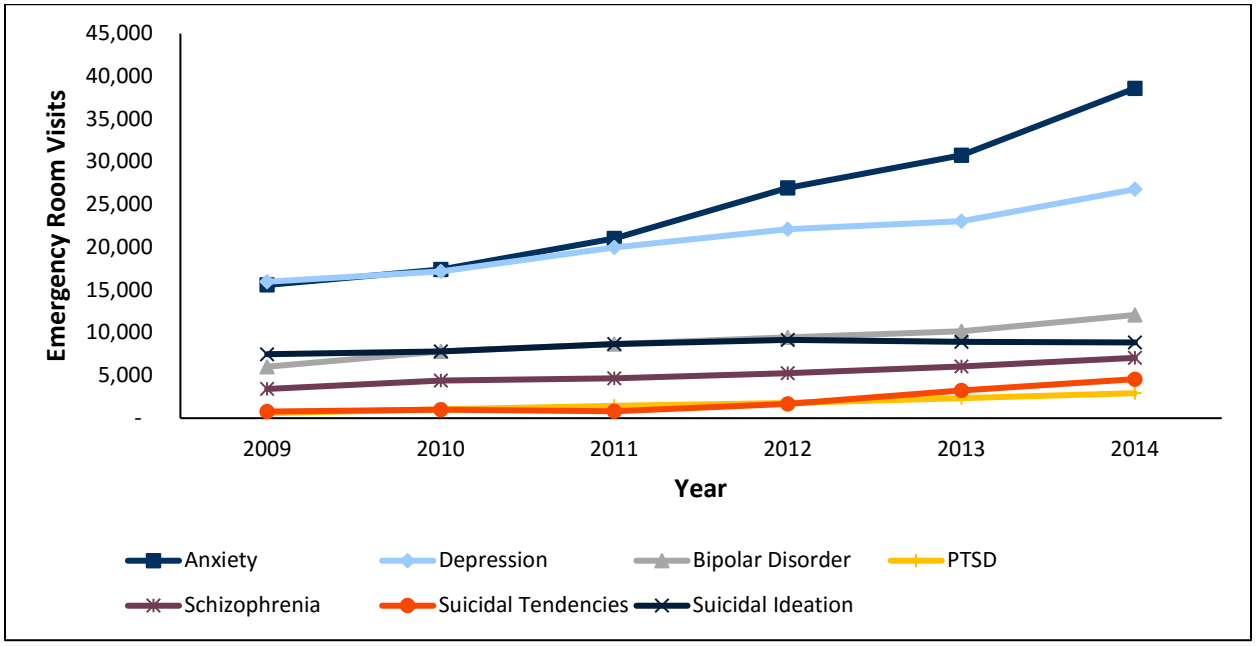
The following ICD-9 codes were used for analysis of suicide attempts by method: suicide by solid or liquid E950; suicide by gases in domestic use E951; suicide by other gases and vapors E952; suicide by hanging, strangulation and suffocation E953; suicide by drowning E954; suicide by firearms, air guns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

The following ICD-9 codes were used for analysis of alcohol-related admissions: 291, 303, 305.0, 535.3, 571.0-571.3, 980, 357.5, 425.5, 790.3, and E860.

The following ICD-9 codes were used for analysis of substance-related admissions: 292, 304, 305.2-305.9, 965, and 967-970

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 7. Select Mental Health Related Emergency Room Visits, Nevada Residents, 2009-2014.



Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge

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. All visits for the selected mental disorders increased over the six year period. The rise in mental health related disorders may be due to better data collection, better coding of diagnosis codes, or general increases in mental health related disorders in Nevada.

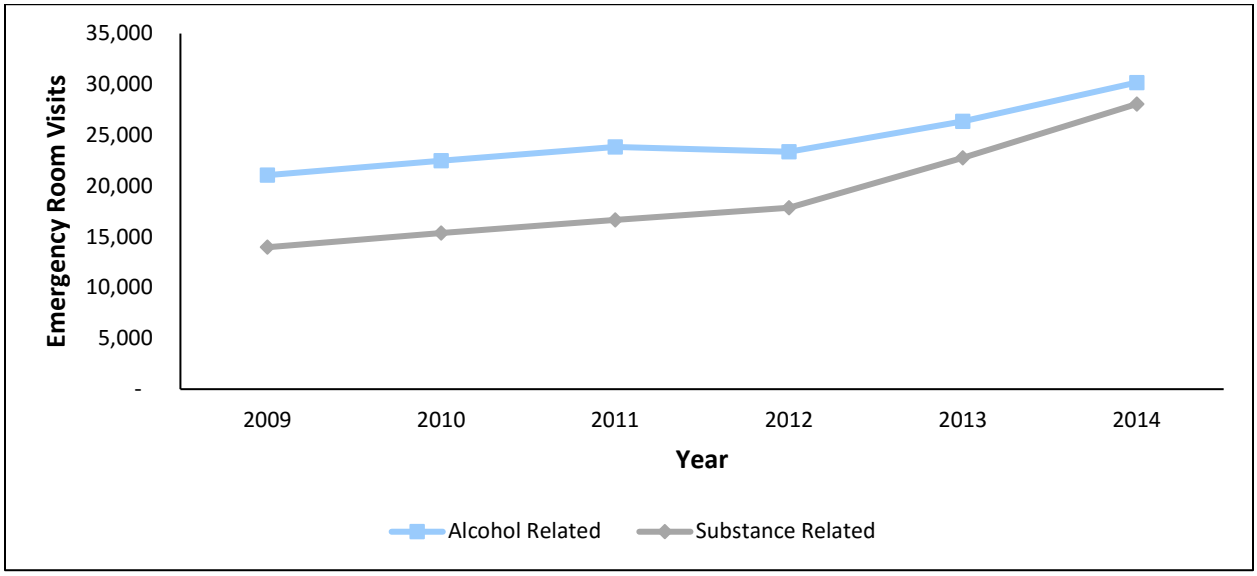
Table 3. Select Mental and Behavioral Health Related Emergency Room Visits by Gender, Nevada Residents, 2009-2014.

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
Total Mental and Behavioral Health Visits*	**266,328**	**50.9**	**257,319**	**49.1**	**15**	**0.0**	**523,662**

Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge

**Categories are not mutually exclusive.*

Figure 8. Alcohol and Drug Related Emergency Room Visits, Nevada Residents, 2009-2014.



Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge

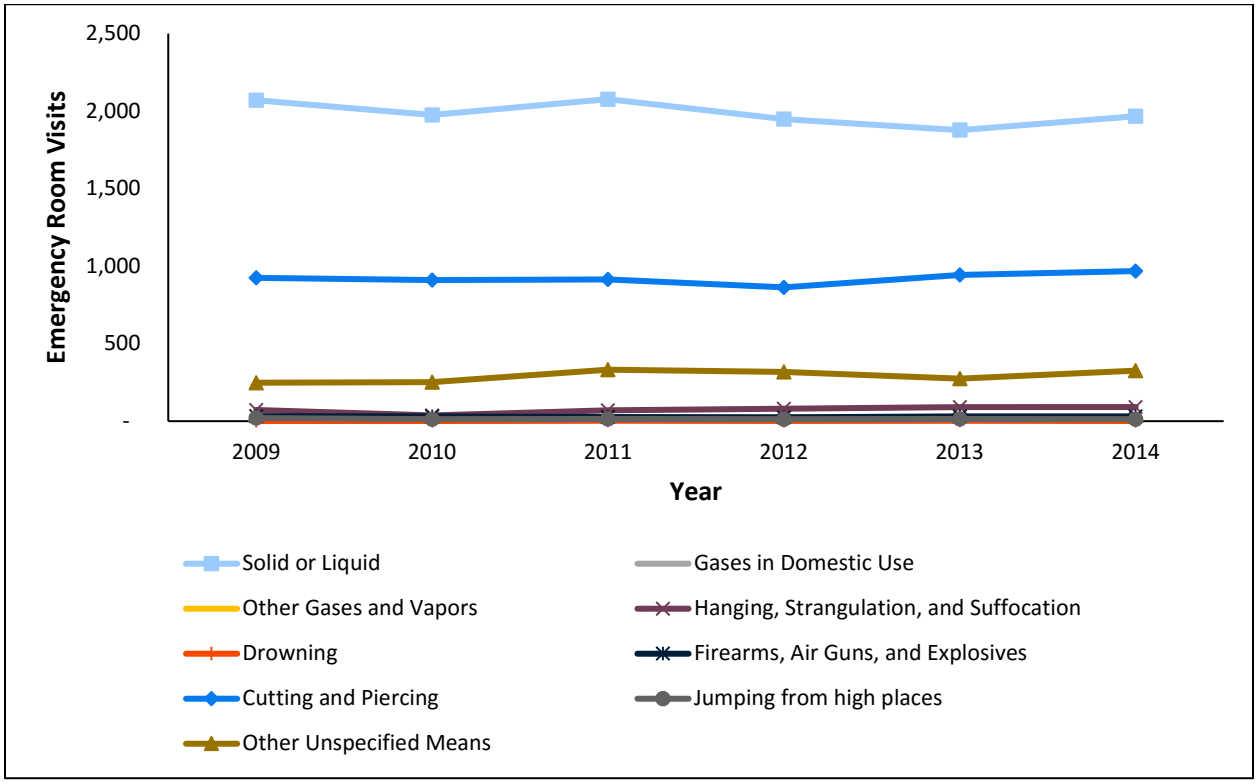
ER visits related to alcohol and drug use from 2009 to 2014. Alcohol-related visits increased from 21,063 visits in 2009 to 30,180 visits in 2014, a 43% increase. Substance abuse-related visits followed the same trend, with a low of 13,969 visits in 2009 to a high of 28,065 visits in 2014, a 101% increase.

Table 4. Demographics of Alcohol and Substance Related Emergency Room Visits, Nevada Residents, 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

Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge

Figure 9. Suicide Related Emergency Room Visits, Nevada Residents, 2009-2014.



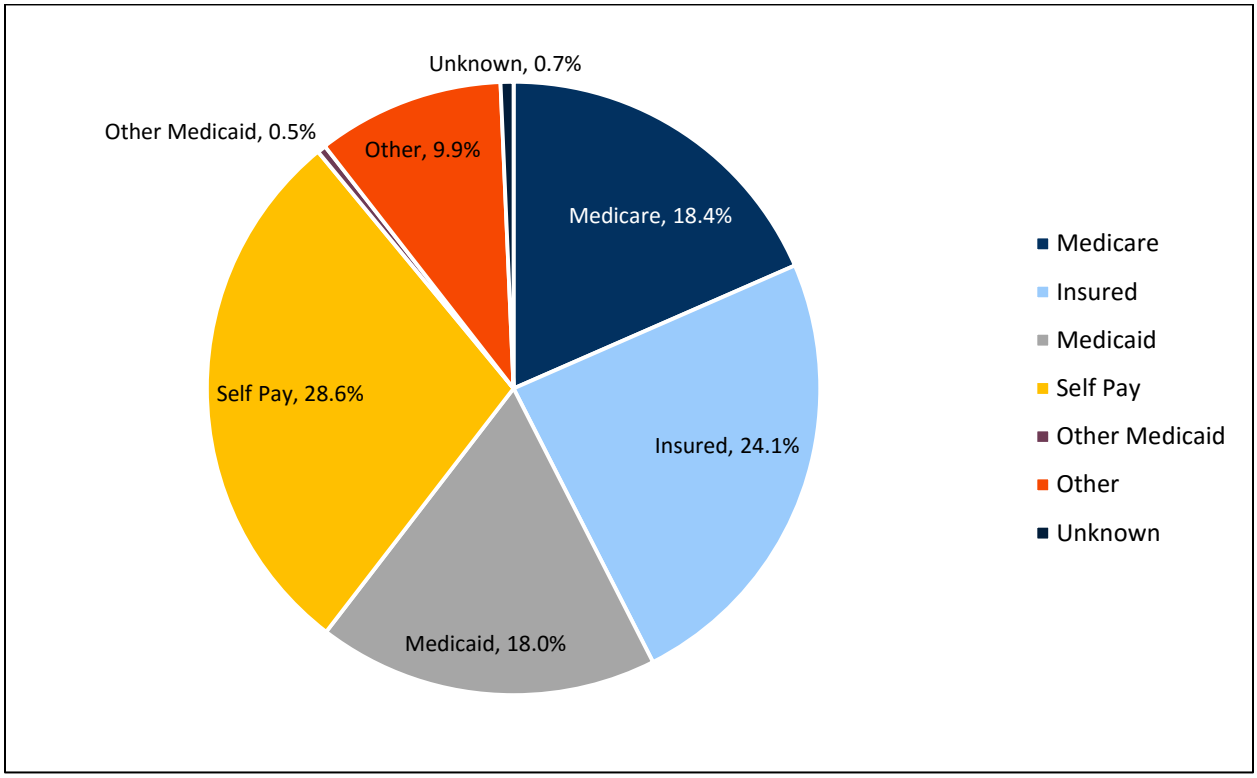
Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge

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), fuel, 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 10. Payer Distribution of Mental Health and Alcohol/Substance Use Related Emergency Room Visits, Nevada Residents, 2009-2014.



Source: Division of Public and Behavioral Health, Hospital Emergency Room Discharge

Payer was consolidated into the following format:

- Medicare: Medicare, Medicare HMO
- Insured: CHAMPUS OR CHAMVA, Commercial Insurer, Negotiated Discounts e.g. PPO, HMO, All Workers Compensation
- Medicaid: Nevada Medicaid, Nevada Medicaid HMO
- Self-Pay: Self Pay
- Other Medicaid: Out of State Medicaid
- Other: Charity, Miscellaneous, County Indigent Referral
- Unknown: Unknown, Blank

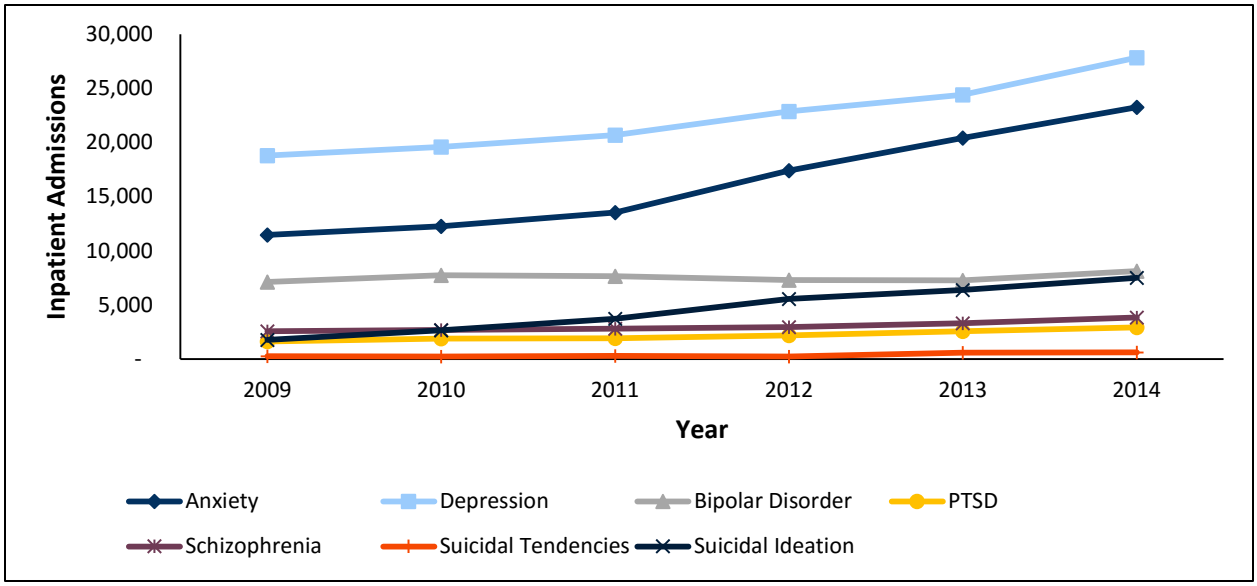
A majority of mental health and substance-related ER visits for Nevada residents was paid by Self-pay (29%), followed by "Insured" (24%), Medicare (18%), and Medicaid (18%).

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 11. Select Mental Health Related Inpatient Admissions, Nevada Residents, 2009-2014.



Source: Division of Public and Behavioral Health, Hospital Inpatient Billing

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 11. 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 Select Mental and Behavioral Health Related Inpatient Admissions, Nevada Residents, 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

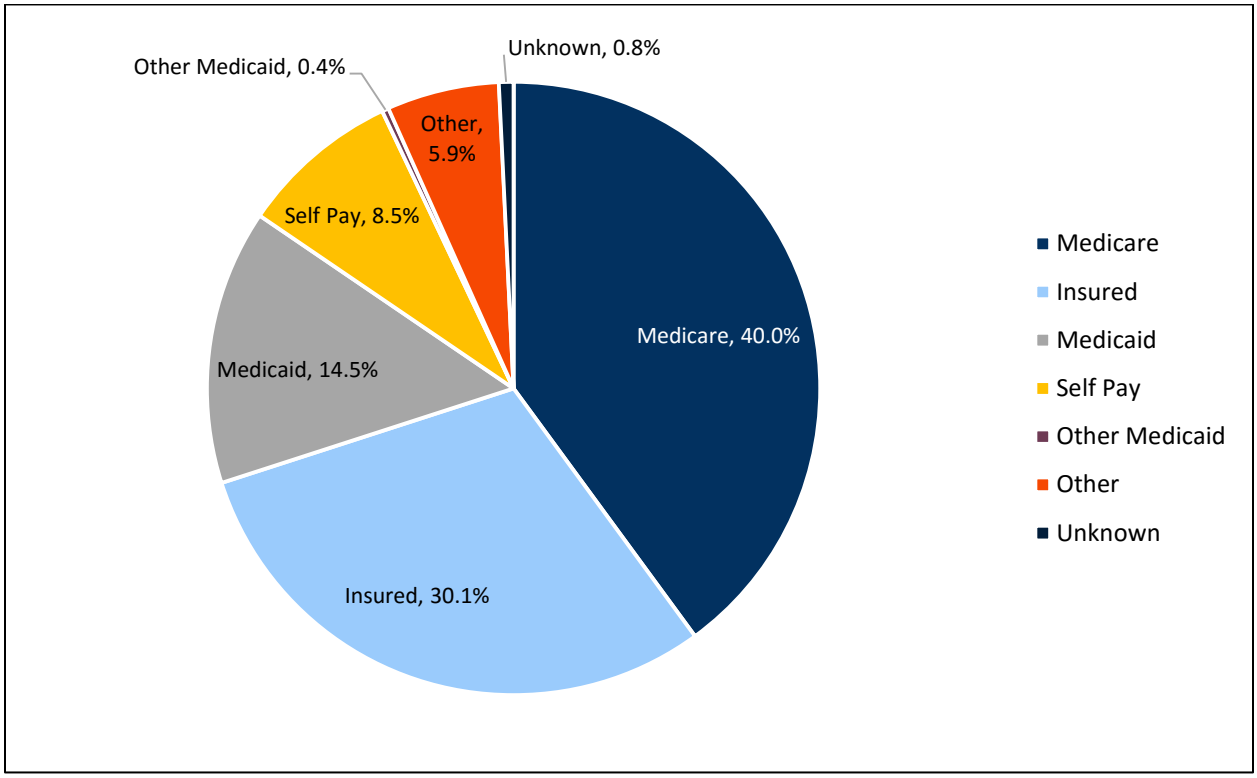
Source: Division of Public and Behavioral Health, Hospital Inpatient Billing

Table 6. Demographics of Select Methods of Suicide Attempts Inpatient Admissions, Nevada Residents, 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

Source: Division of Public and Behavioral Health, Hospital Inpatient Billing

Figure 12. Payer Distribution of Mental Health and Alcohol/Substance Use Related Inpatient Admissions, Nevada Residents, 2009-2014.



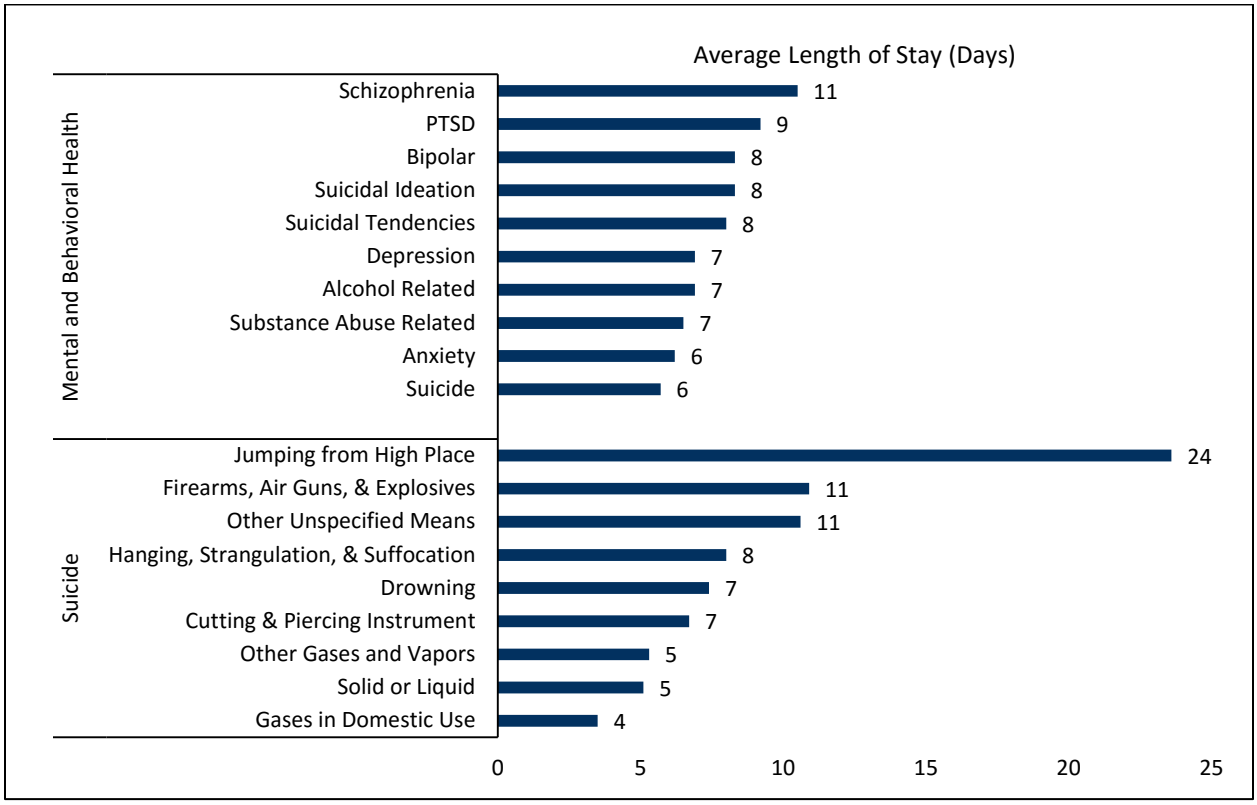
Source: Division of Public and Behavioral Health, Hospital Inpatient Billing

Payer was consolidated into the following format:

- Medicare: Medicare, Medicare HMO
- Insured: CHAMPUS OR CHAMVA, Commercial Insurer, Negotiated Discounts e.g. PPO, HMO, All Workers Compensation
- Medicaid: Nevada Medicaid, Nevada Medicaid HMO
- Self-Pay: Self Pay
- Other Medicaid: Out of State Medicaid
- Other: Charity, Miscellaneous, County Indigent Referral
- Unknown: Unknown, Blank

A majority of mental health and substance-related inpatient admissions for Nevada residents was paid by Medicare (40%). HMOs accounted for 14% of payment types for inpatient admissions. Medicaid accounted for 15%, and Self Pay accounted for 9% of payments.

Figure 13. Average Length of Stay for Mental Health and Alcohol/Substance Related Disorders in Inpatient Admissions, Nevada Residents, 2009-2014.



Source: Division of Public and Behavioral Health, Hospital Inpatient Billing

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 Prevention and Treatment 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 Primary Substances of Admissions to Nevada Substance Abuse Treatment Facilities, Nevada Residents, 2014.

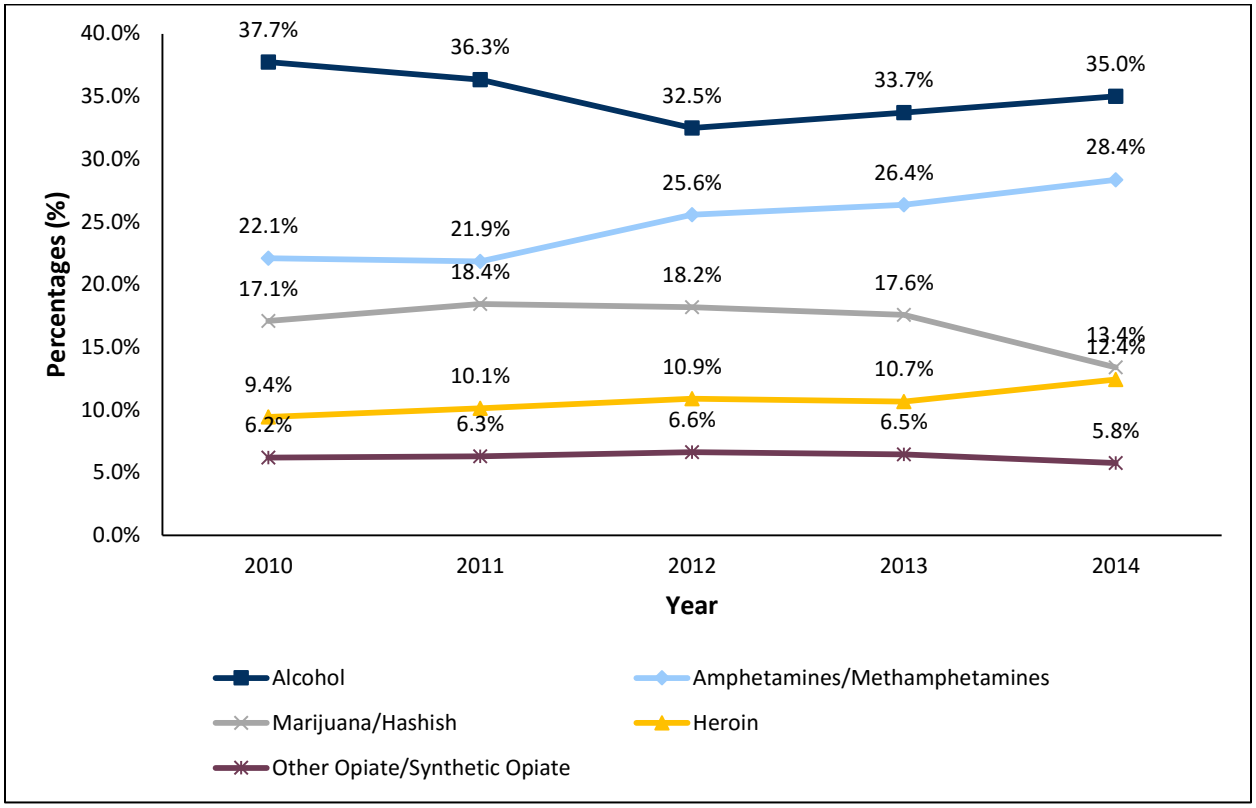
Rank	Substance	Percent
1	Alcohol	35.0
2	Amphetamines/Methamphetamines	28.4
3	Marijuana/Hashish	13.4
4	Heroin	12.4
5	Other Opiates/Synthetic Opiates	5.8

Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System

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 14. Top Primary Substances of Admission to Nevada Substance Abuse Treatment Facilities, Nevada Residents, 2010-2014.



Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System

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 Admissions to Nevada State Funded Substance Abuse Treatment Facilities, Nevada Residents, 2010-2014.

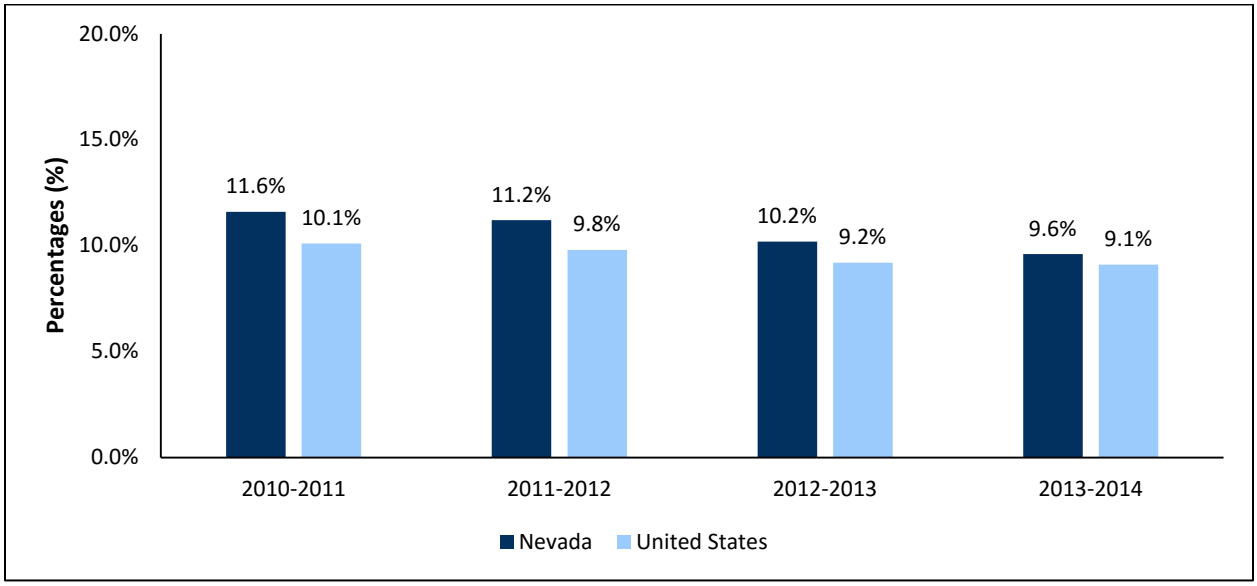
	N	Column %
Sex		
Female	20,774	37.6
Male	34,527	62.4
Age		
0-14	872	1.6
15-24	16,669	30.1
25-34	15,664	28.3
35-44	10,314	18.7
45-54	8,603	15.6
55-64	2,885	5.2
65-74	269	0.5
75-84	18	0.0
85+	6	0.0
Unknown	1	0.0
Race/Ethnicity		
White non-Hispanic	33,315	60.2
Black non-Hispanic	5,242	9.5
Hispanic	10,523	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

Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System

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.

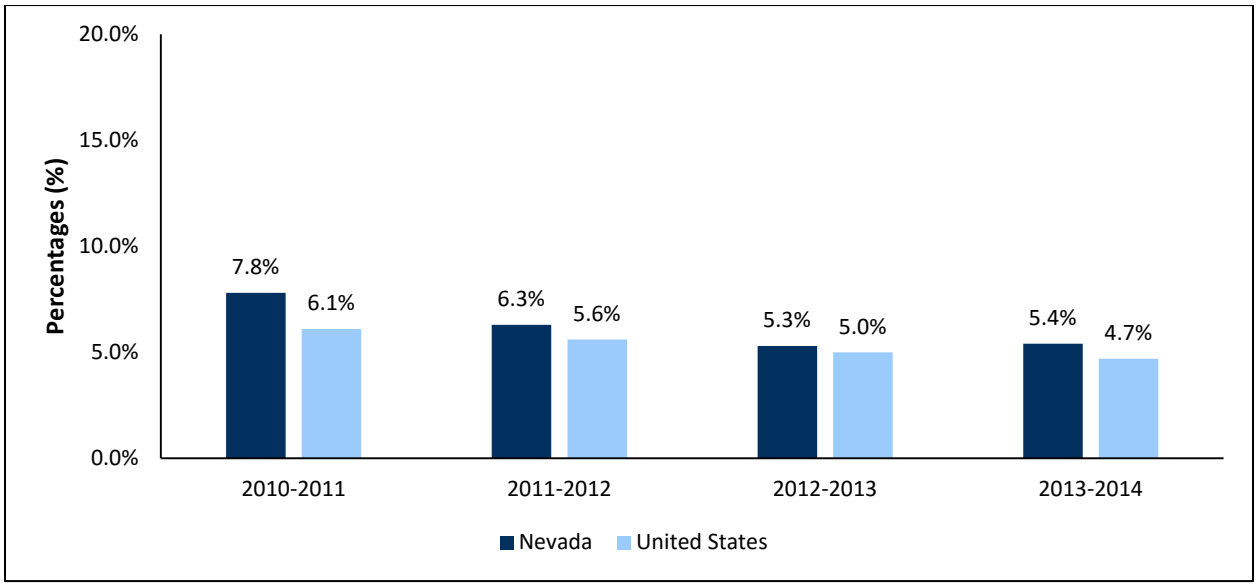
Since this data is exclusive to only SAPTA- funded providers, the data may not reflect statewide trends.

Figure 15. Past Month Illicit Drug Use Among Adolescents Aged 12-17 in Nevada and the United States, 2010-2011 to 2013-2014.



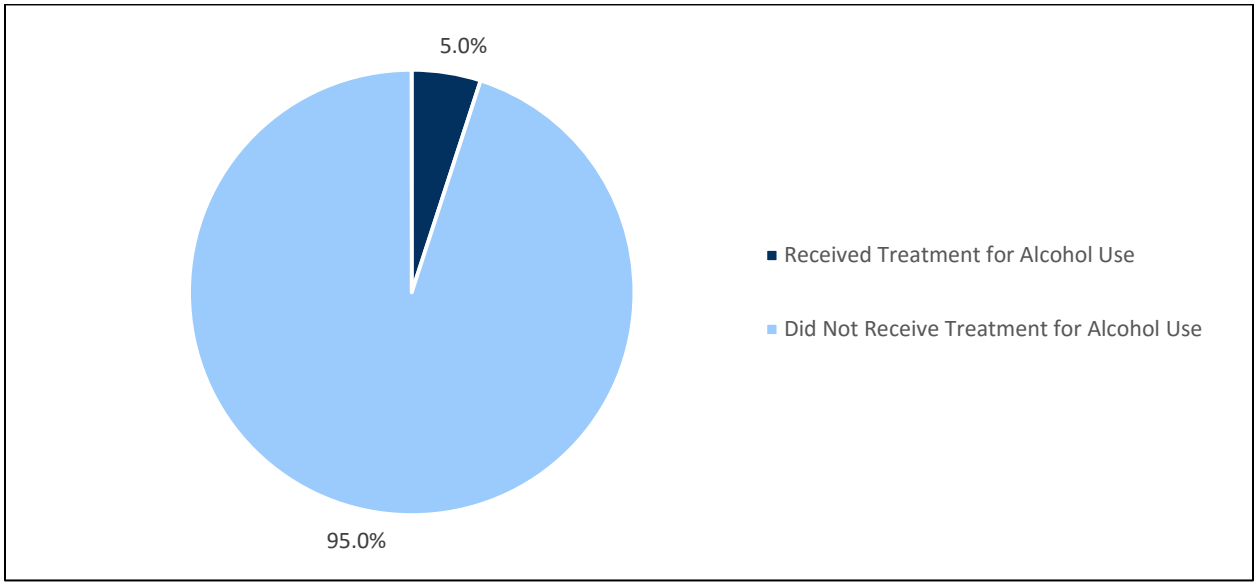
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2011 to 2013-2014.

Figure 16. Past Year Nonmedical Use of Pain Relievers Among Adolescents Aged 12-17 in Nevada and the United States 2010-2011 to 2013-2014.



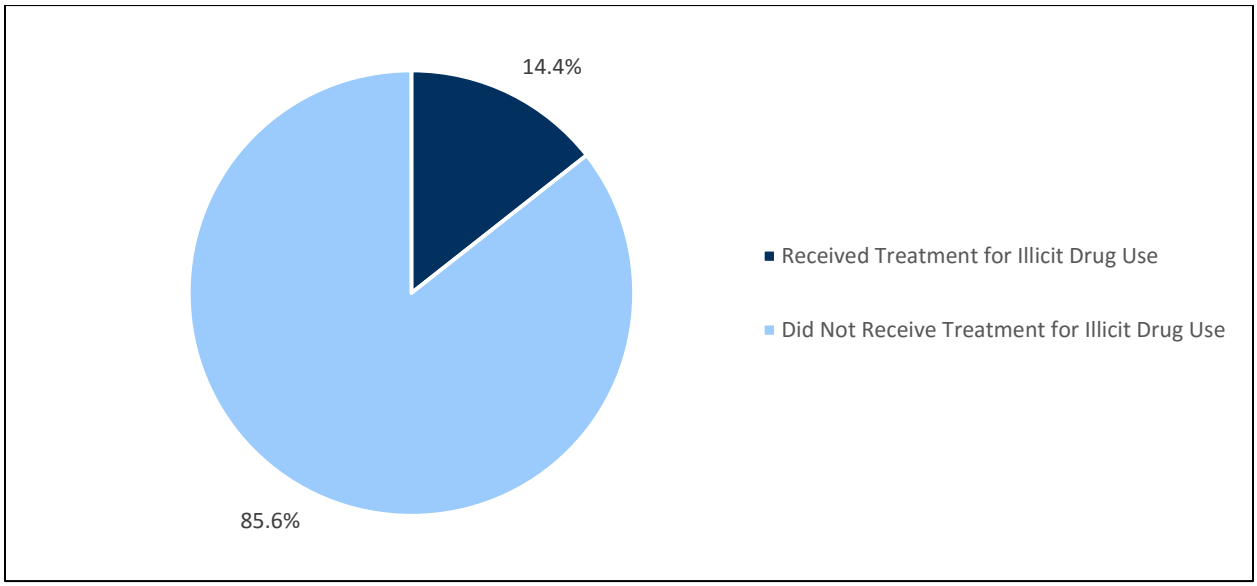
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2011 to 2013-2014.

Figure 17. Past Year Treatment for Alcohol Use Among Individuals Aged 12 or Older with Alcohol Dependence or Abuse in Nevada, 2010-2014.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010--2014.

Figure 18. Past Year Treatment for Illicit Drug Use Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Nevada, 2010-2014.

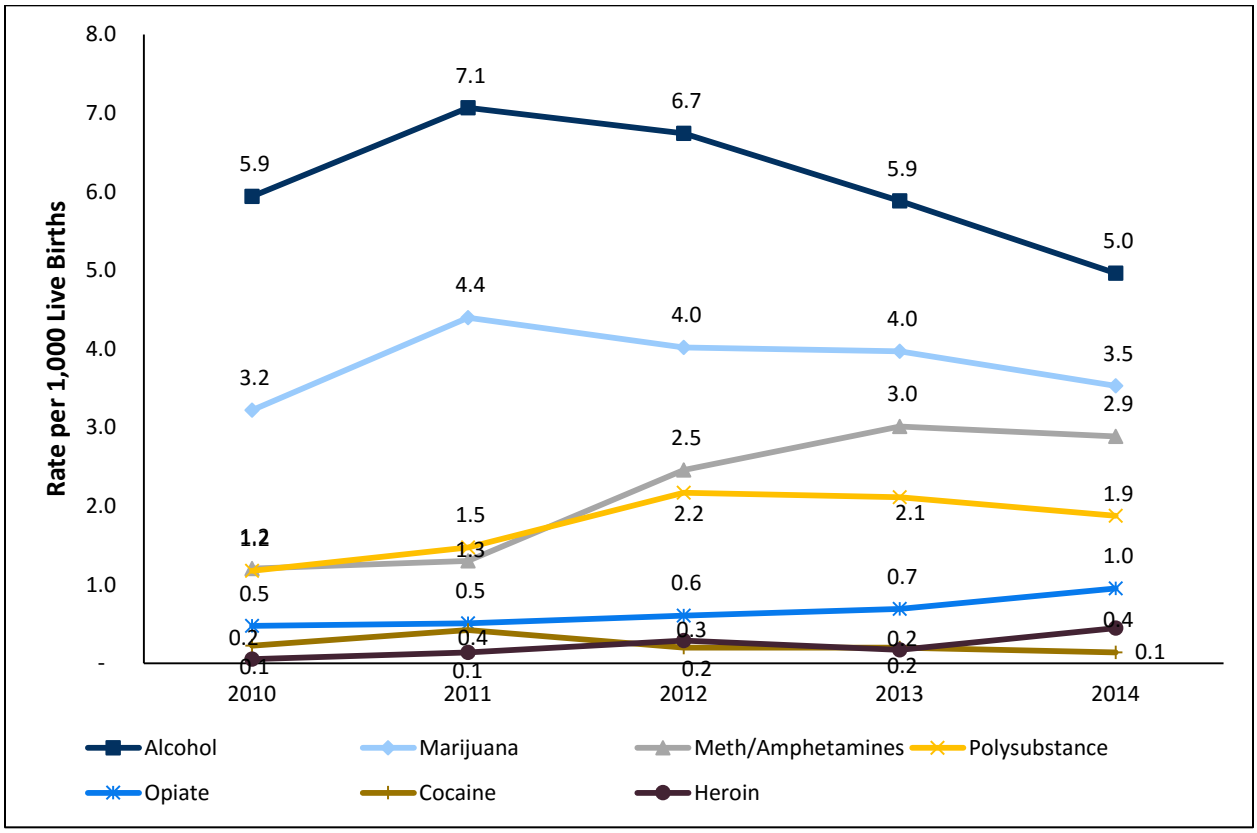


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010--2014.

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 19. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada 2010-2014.



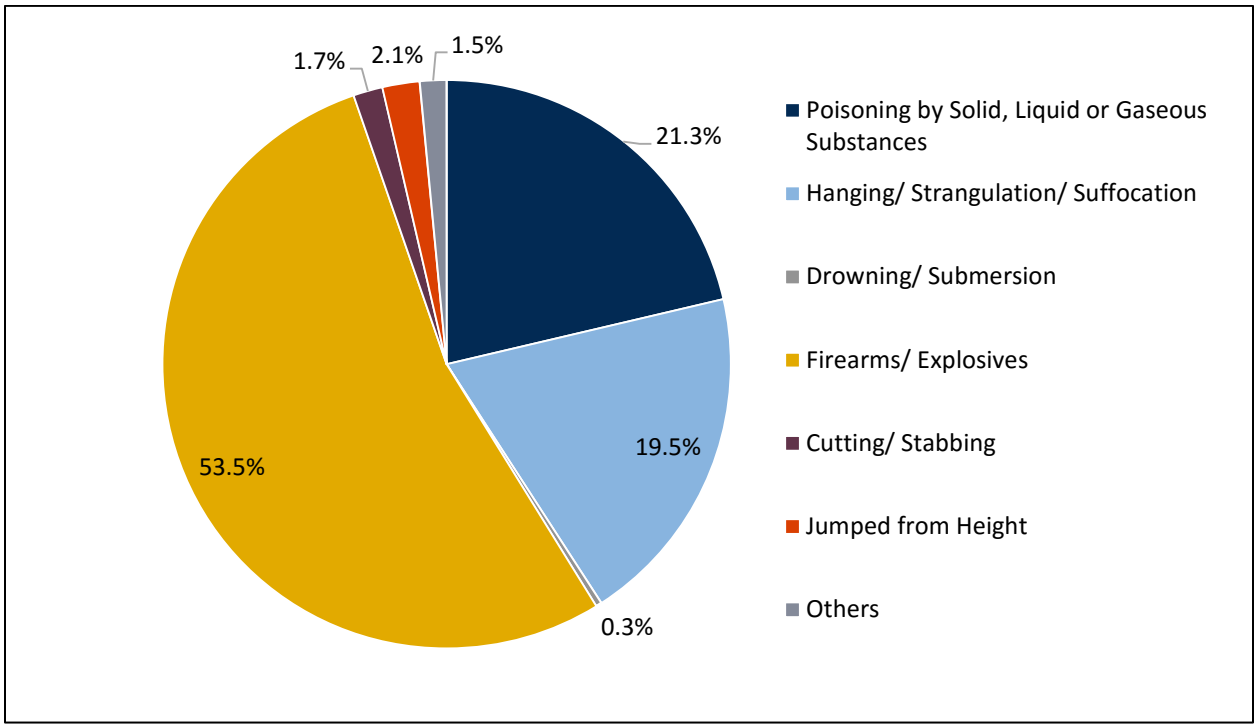
Source: Division of Public and Behavioral Health, WEVRRS

Of the Nevada mothers who gave birth between 2010 and 2014 that self-reported using a substances 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.

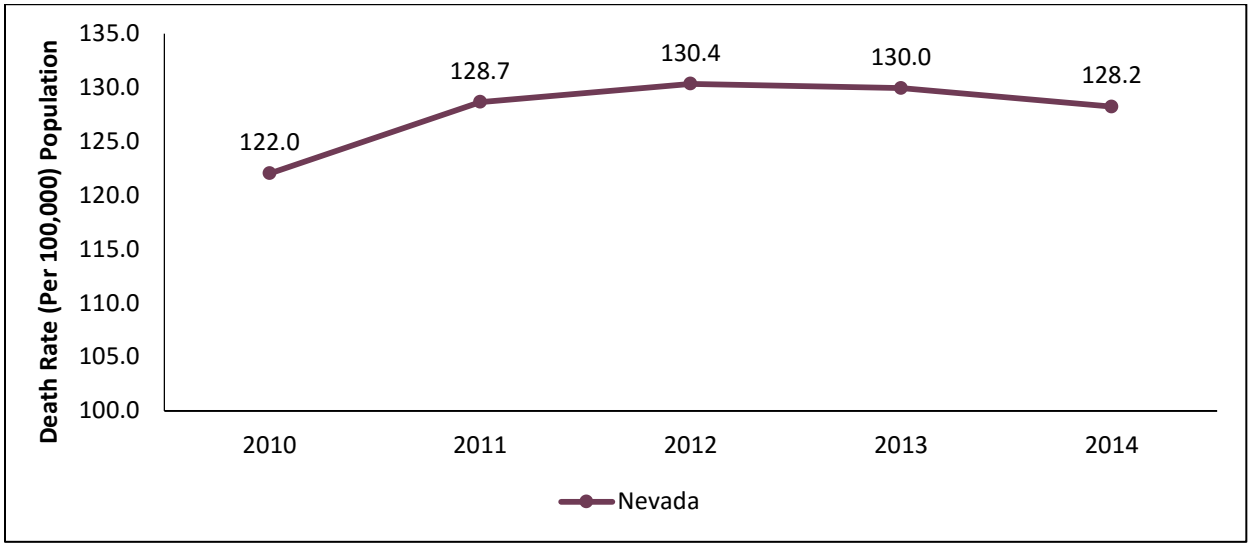
Figure 20. Percent of Suicides (Immediate Cause) by Method, Nevada, 2010-2014 (n=2,639).



Source: Division of Public and Behavioral Health, WEVRRS

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%).

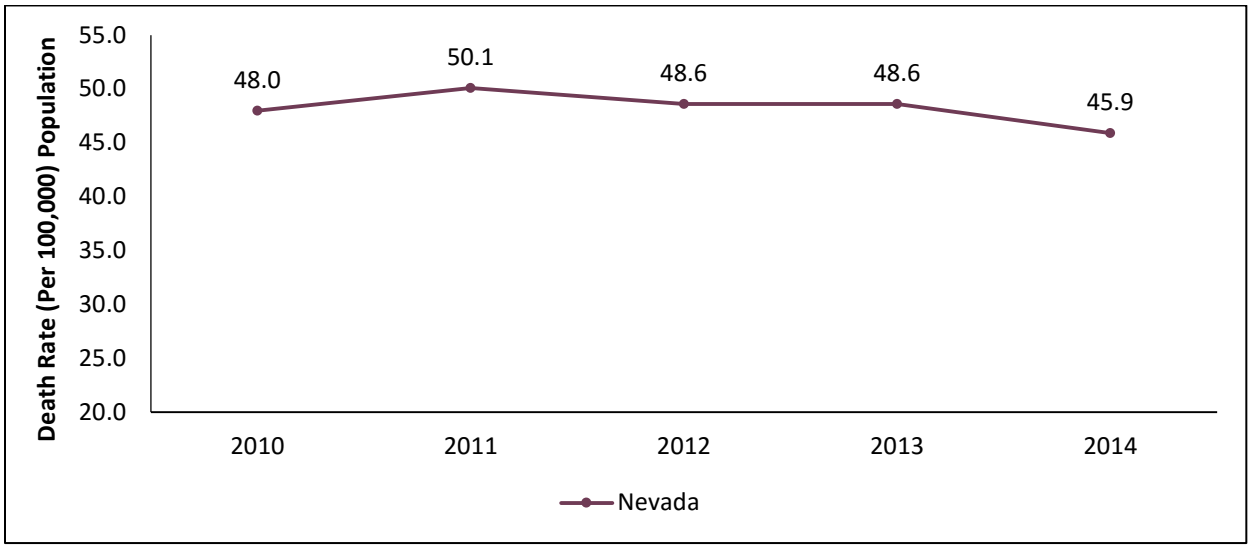
Figure 21. Mental and Behavioral Health Related Deaths, Nevada, 2010-2014.



Source: Division of Public and Behavioral Health, WEVRRS

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 22. Substance-Related Deaths, Nevada, 2010-2014.



Source: Division of Public and Behavioral Health, WEVRRS

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

Source: Division of Public and Behavioral Health, WEVRRS

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. Mental Health and Substance Related Chief Complaints Demographics, Select Nevada Facilities, 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%

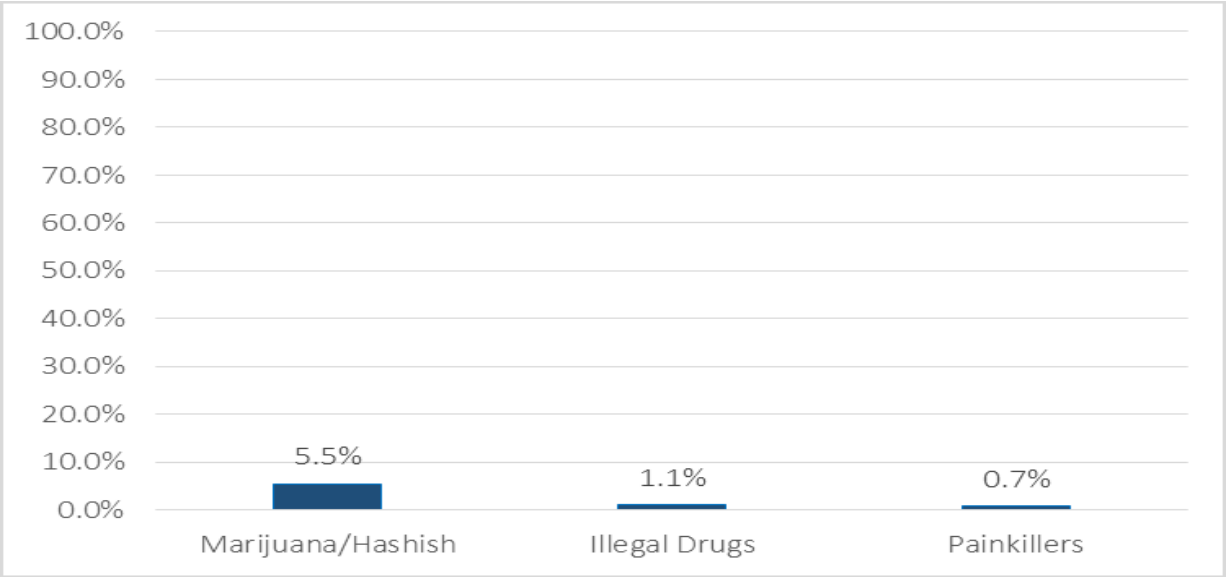
Source: Division of Public and Behavioral Health, BioSense

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.

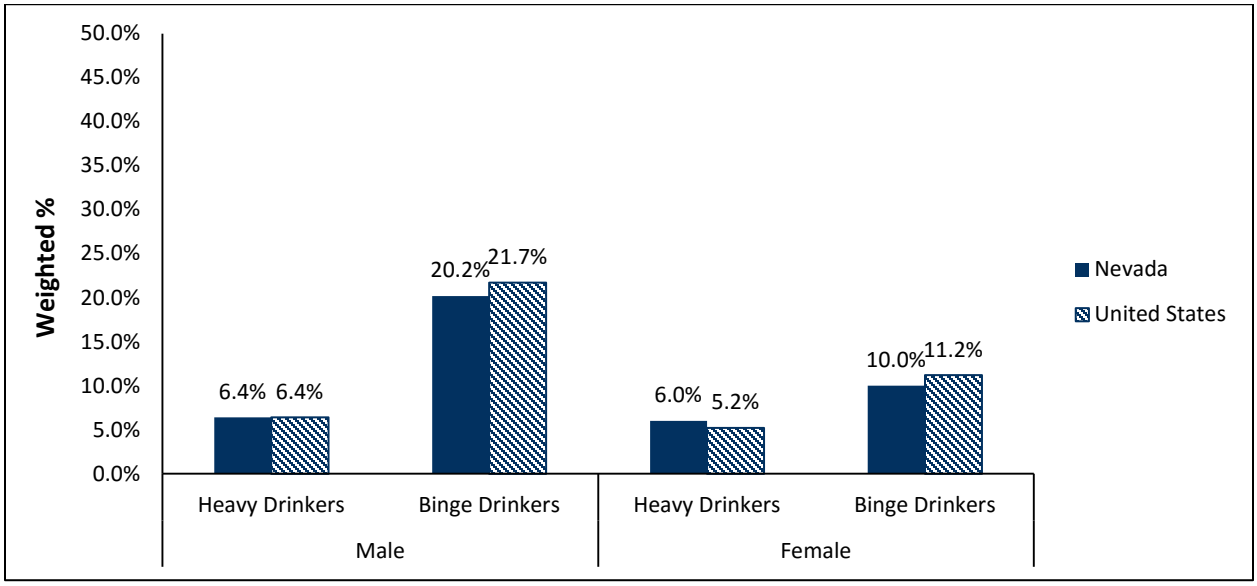
Figure 23. Percentage of Adult Nevada residents Who Used Illegal Substances or Painkillers in the Last 30 days (Aggregate 2011-2014 data).



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

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.

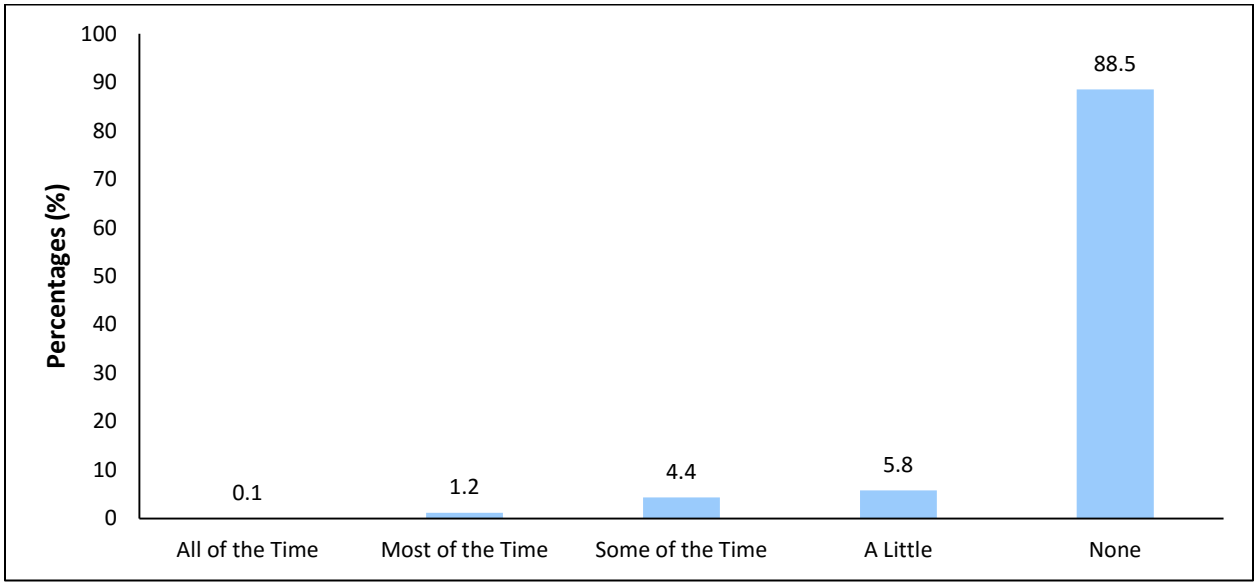
Figure 24. Percentages of Adult Residents Who are Considered Heavy/Binge Drinkers, 2015



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

Over 6% of adult Nevada males and 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.

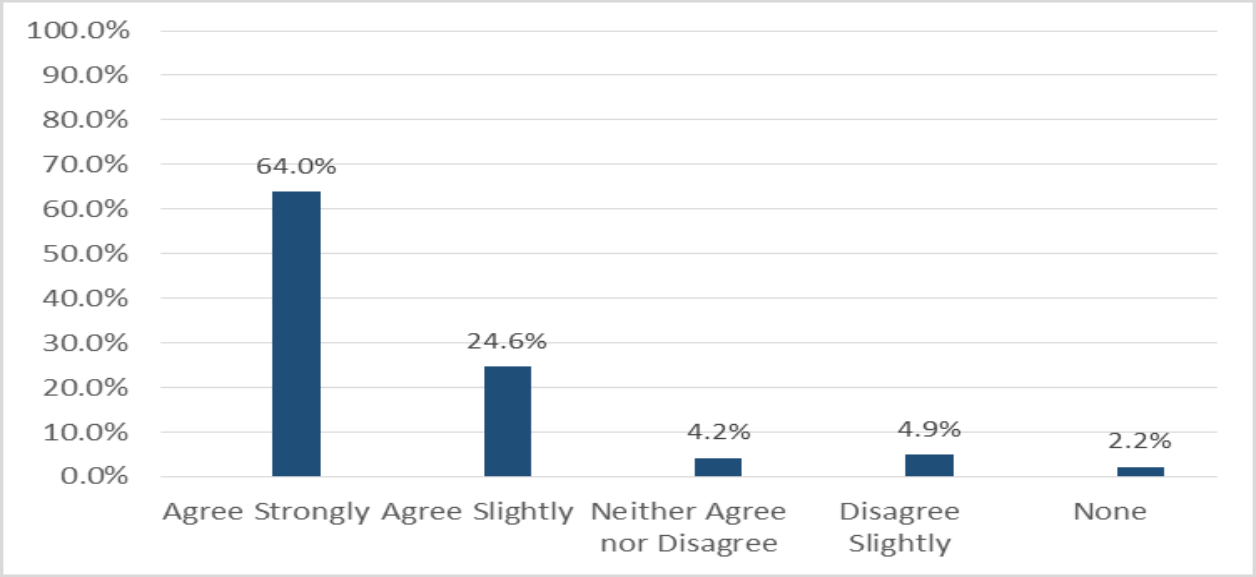
Figure 25. Percentages of How Often Adult Nevada Residents have Felt Depressed at Least One Day in the Past 30 Days, 2012-2014.



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

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.

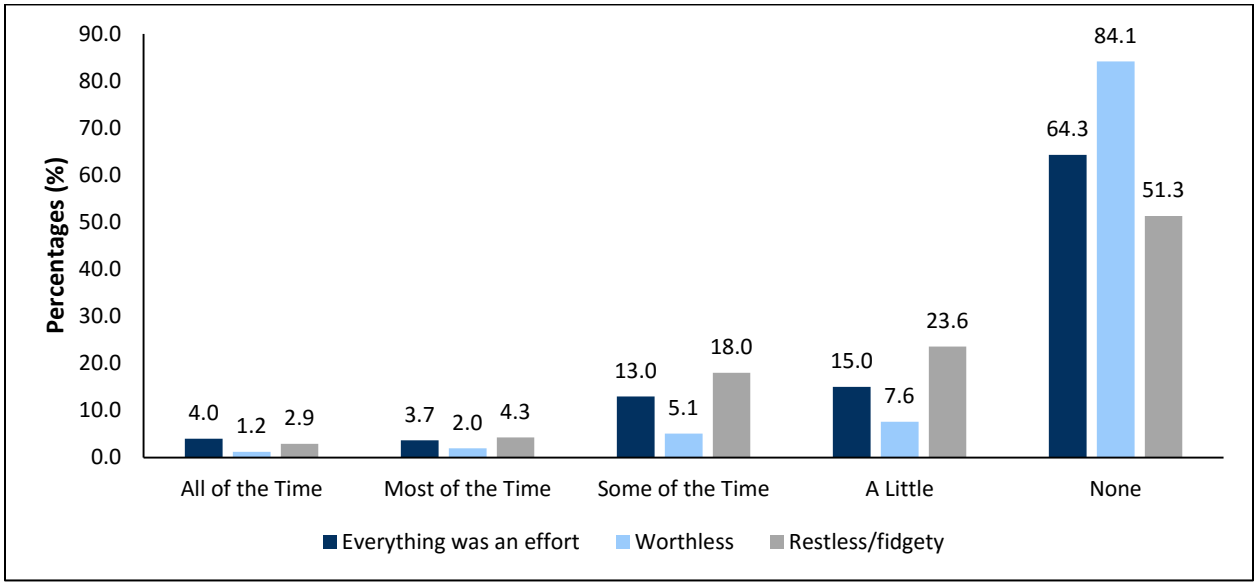
Figure 26. Percentages of Adult Nevada Residents Who Agree that with Treatment, People with a Mental Illness Can Live Normal Lives, 2012 – 2014.



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

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.

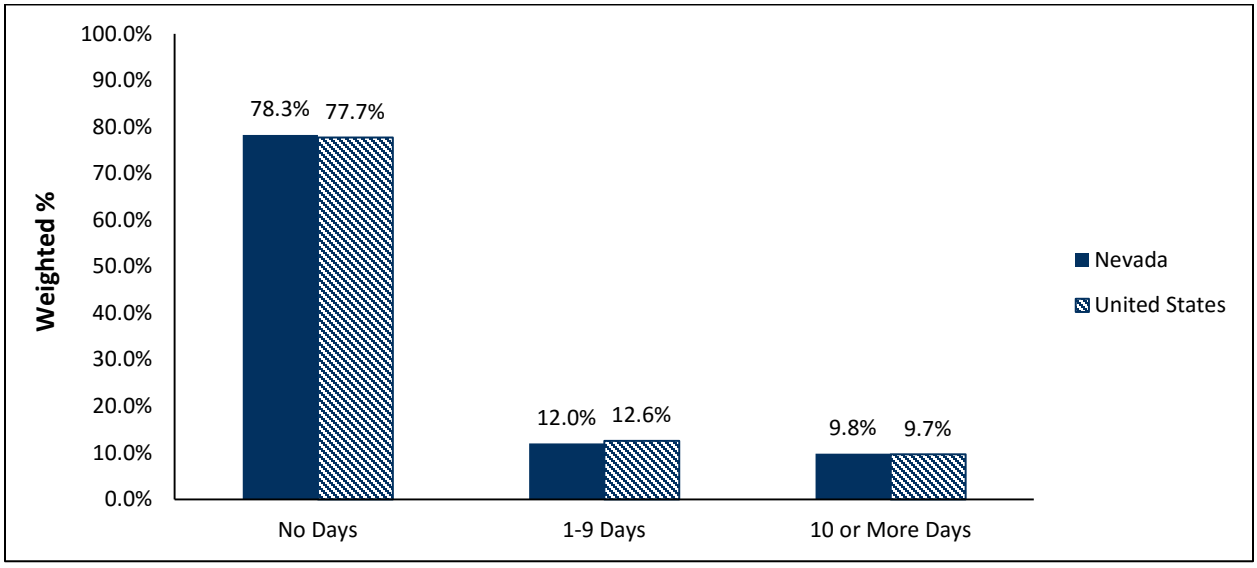
Figure 27. Percentages of Adult Nevada Residents Who Have Experienced the Following Mental Health Concerns in the Past 30 days, 2012 – 2014.



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

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.

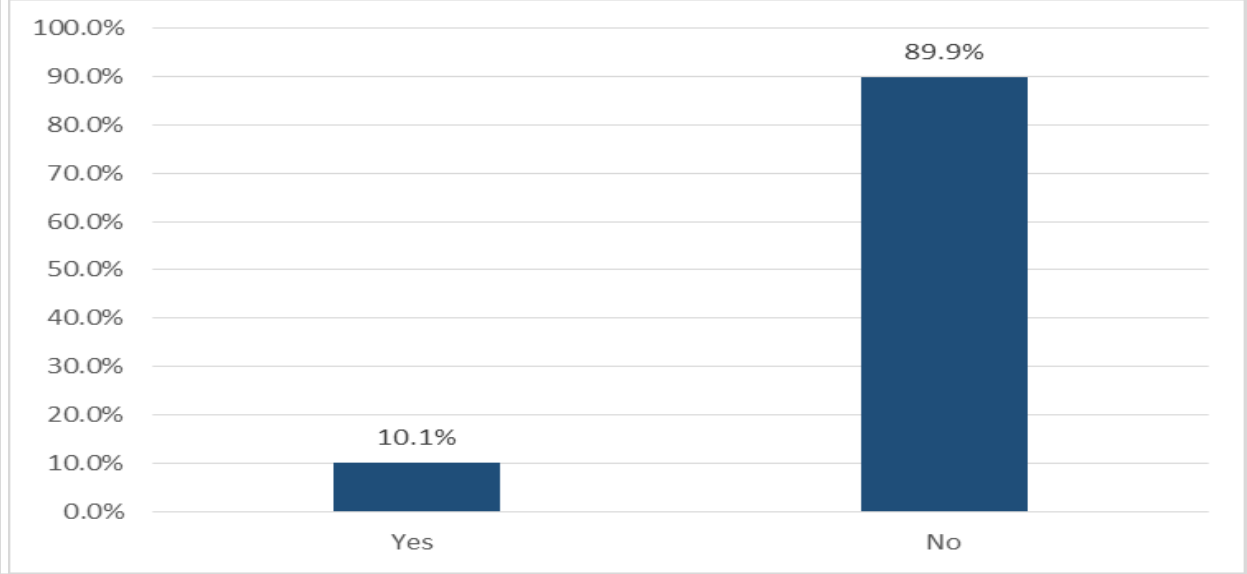
Figure 28. Percentages of Adult Residents Who Experienced Poor (Physical or Mental) Health that Prevented them from Doing Usual Activities, 2015.



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

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 78% reported missing no day or work or activities, over 12% experienced missing 1 – 9 days, and over 10% missed 10 or more days of work or usual activities due to a mental health condition or emotional problem.

Figure 29. Percentages of Adult Nevada Residents Who are Taking Medication or Receiving Treatment for Any Type of Mental Health Condition or Emotional Problem, 2012 – 2014.



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System

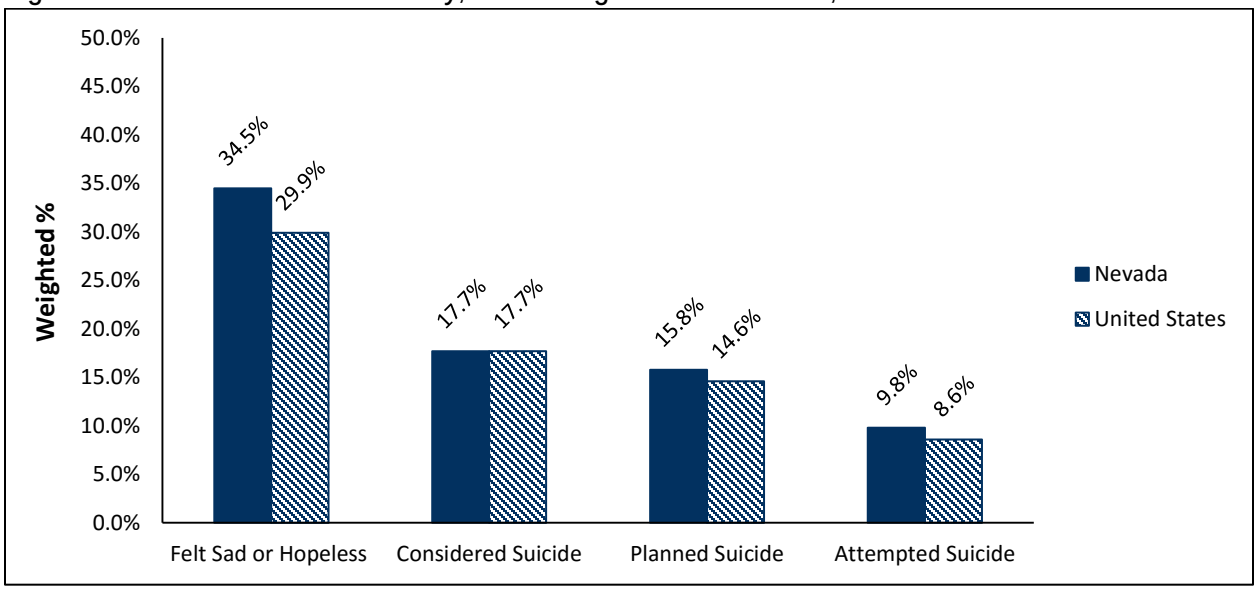
Nevada residents were asked if they were taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem. Nearly 90% reported they were not, and just over 10% reported taking medication and/or seeking treatment for a mental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

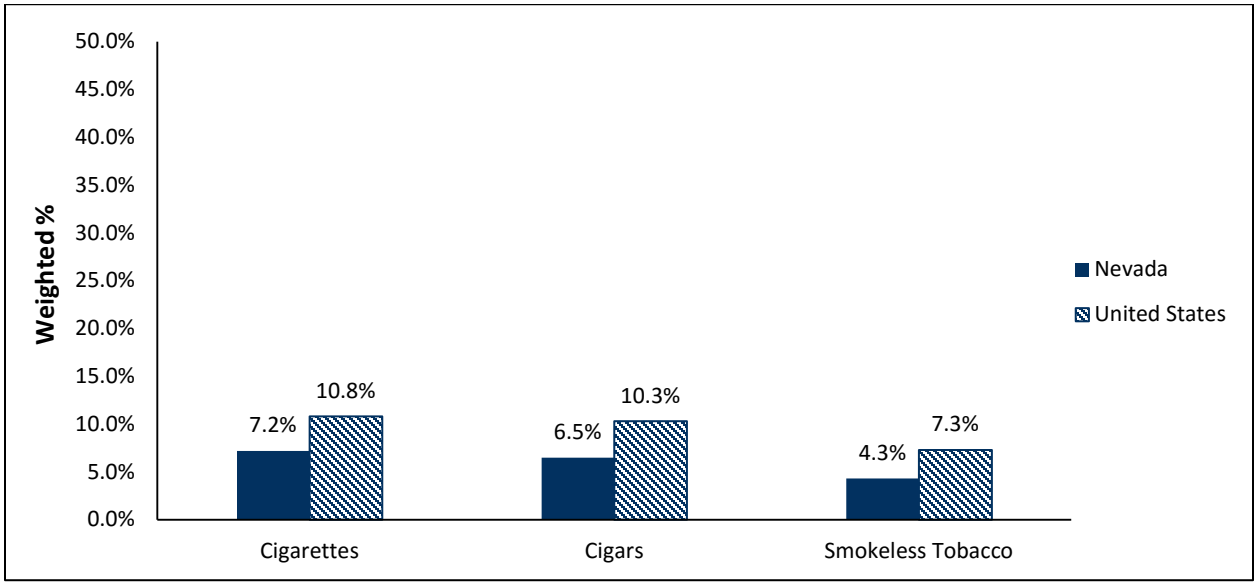
Figure 30. Emotional Health Summary, Nevada High School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

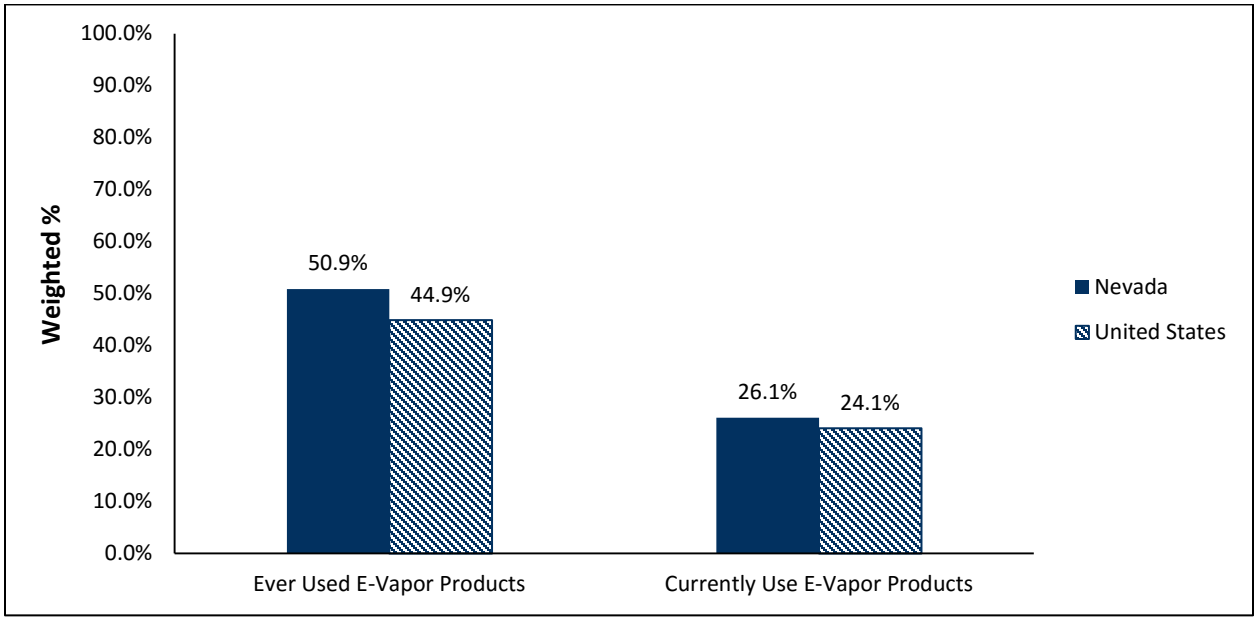
Figure 31. Current Tobacco Use Summary, Nevada High School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

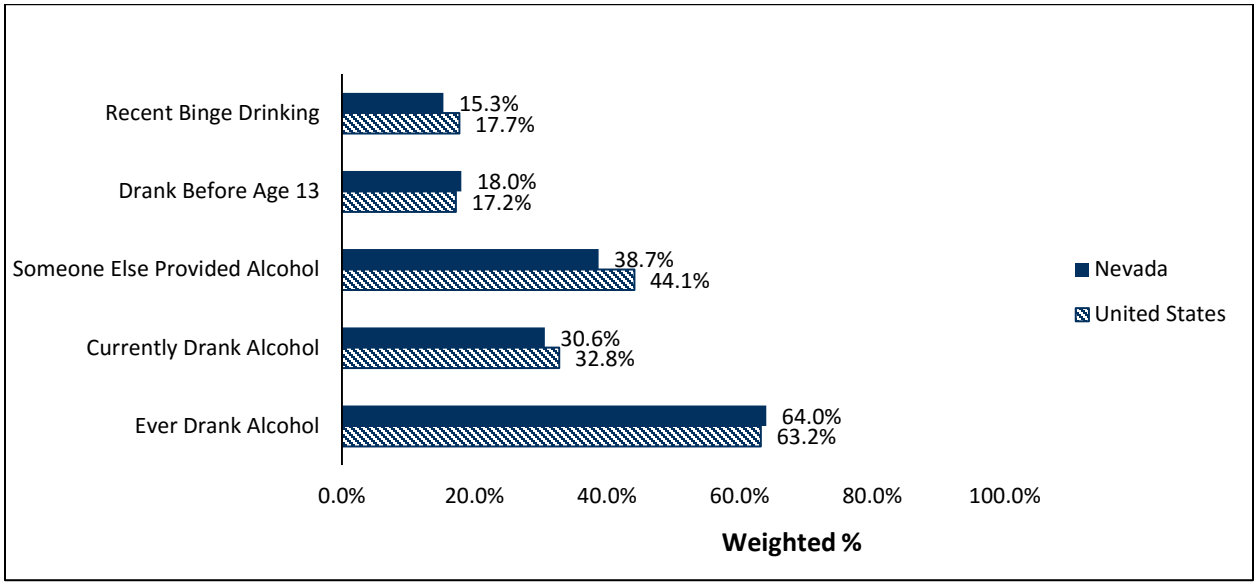
Figure 32. Electronic Vapor Product Use Summary, Nevada High School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

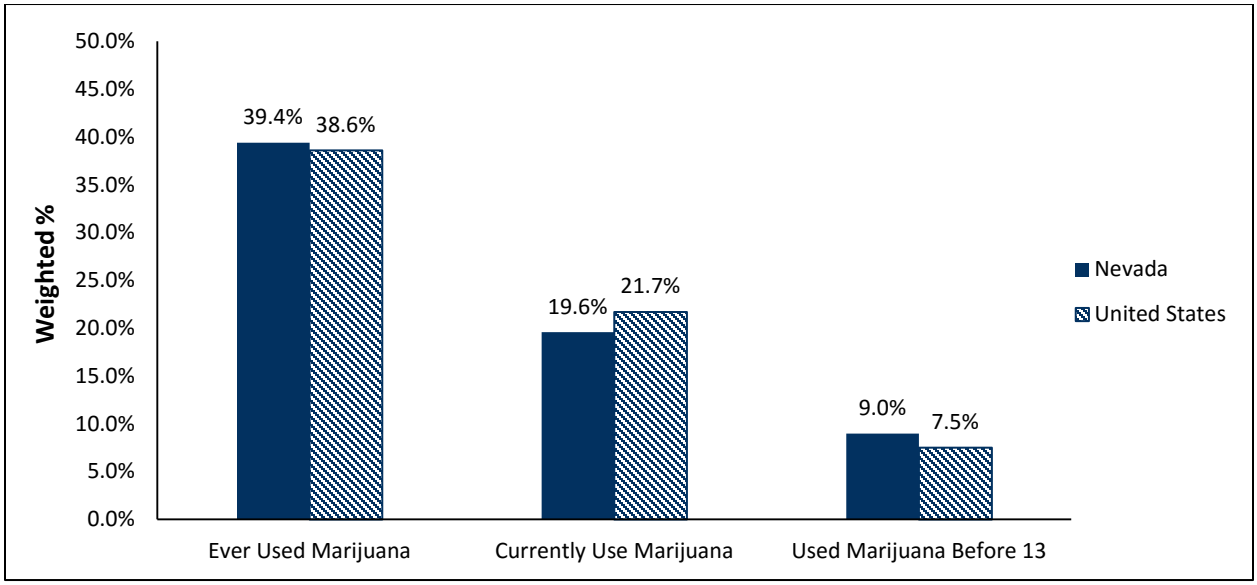
Figure 33. Alcohol Use Summary, Nevada High School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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).

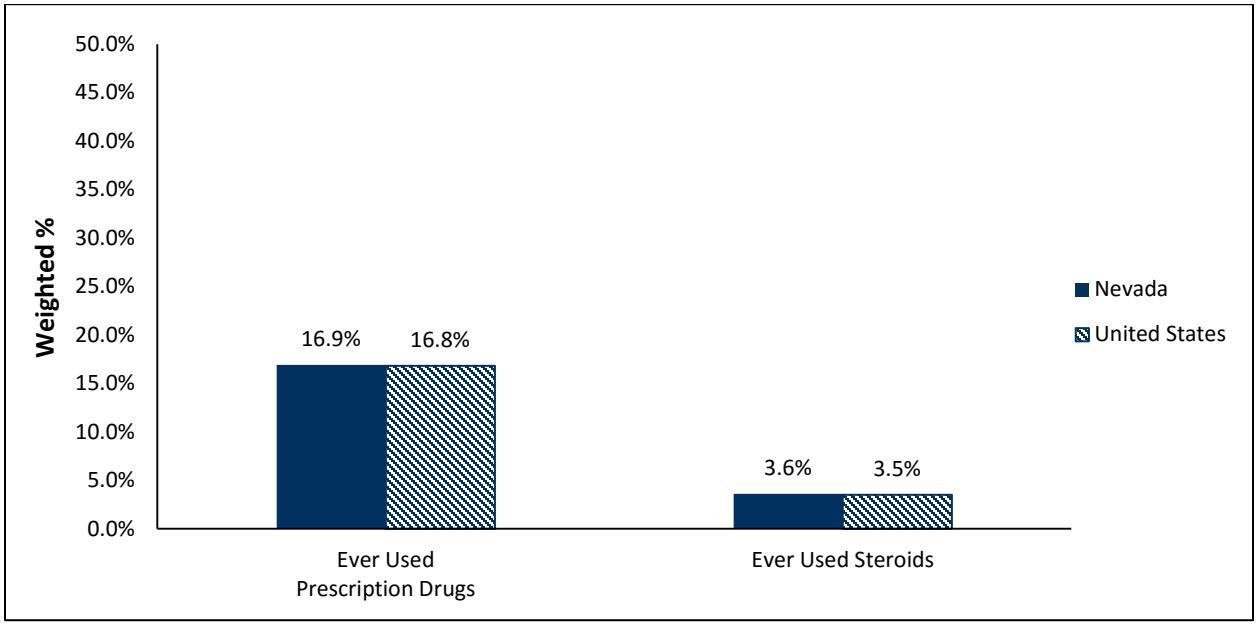
Figure 34. Marijuana Use Summary, Nevada High School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

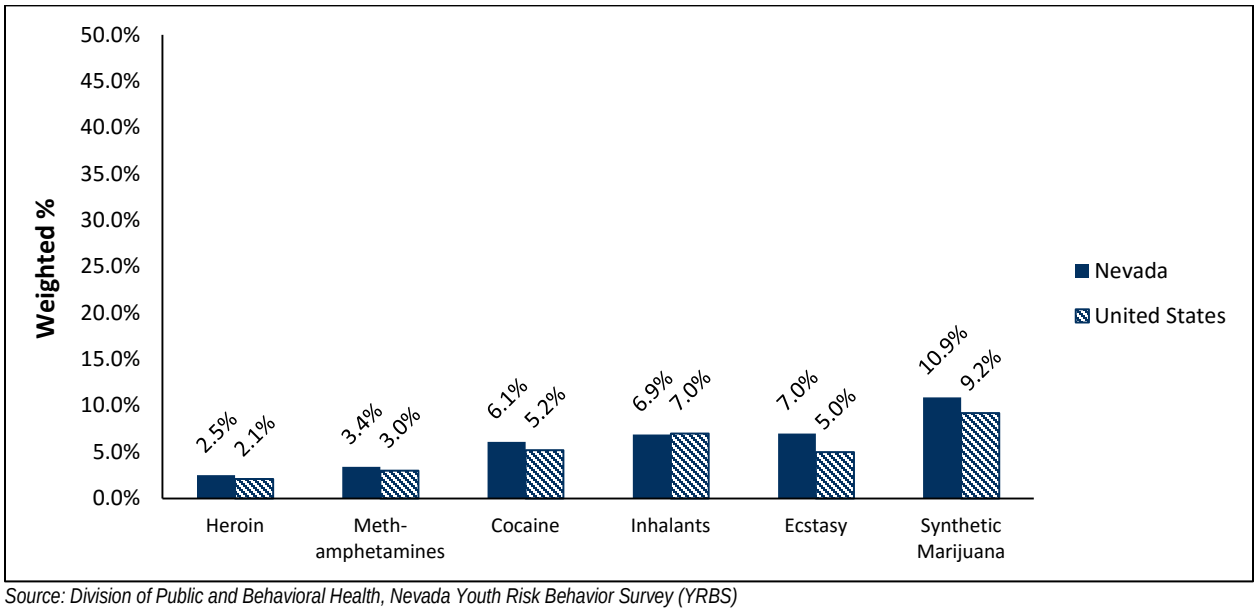
Figure 35. Nonprescription Substance Use Summary, Nevada High School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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 36. Lifetime Drug Use Summary, Nevada High School Students, 2015

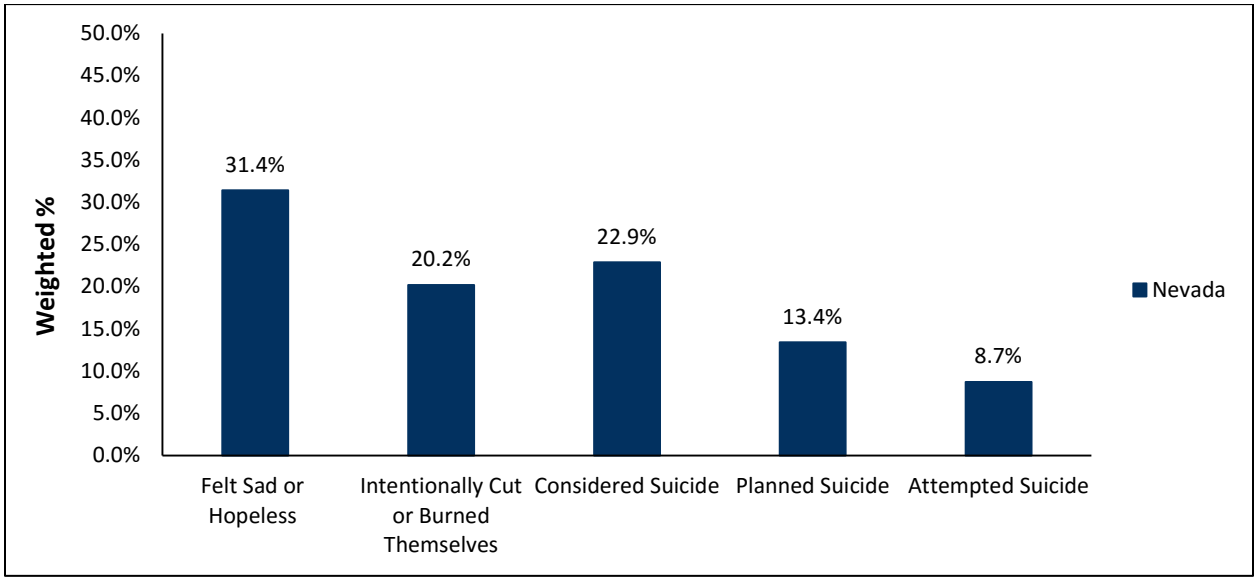


Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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)

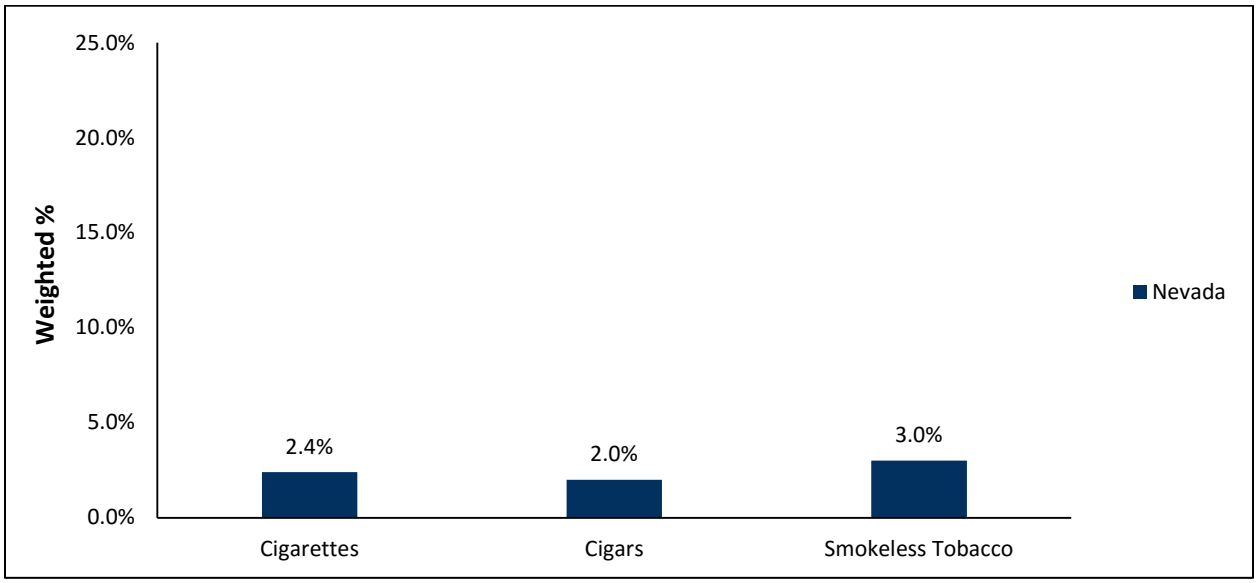
Figure 37. Emotional Health Summary, Nevada Middle School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

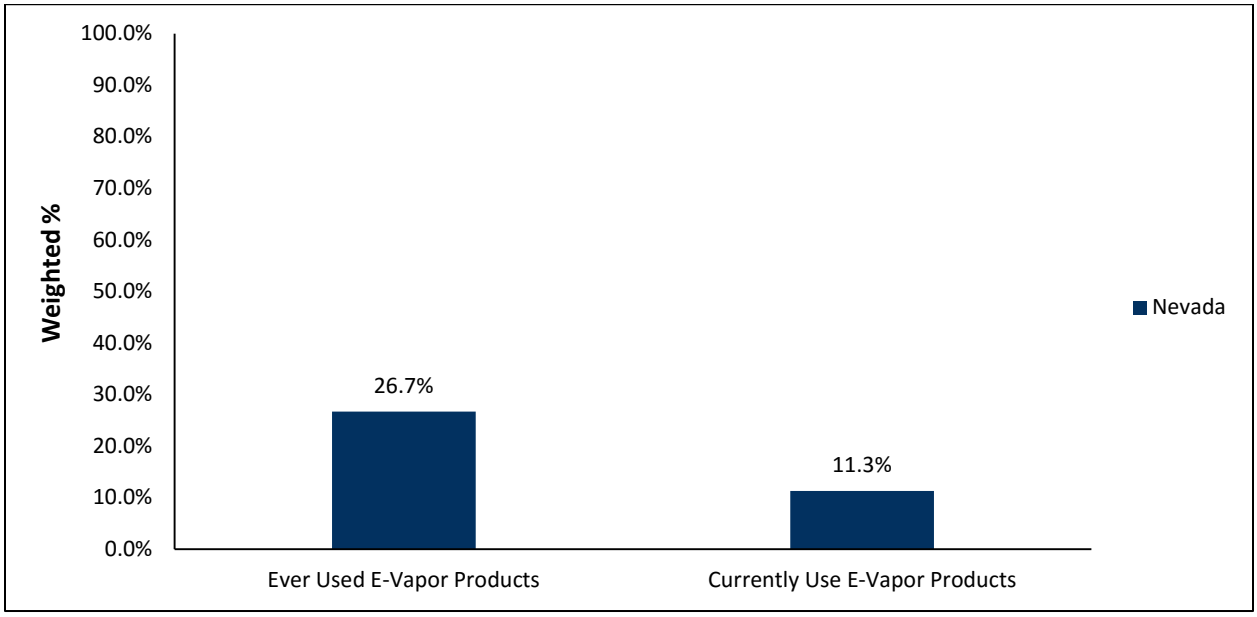
Figure 38. Current Tobacco Use Summary, Nevada Middle School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

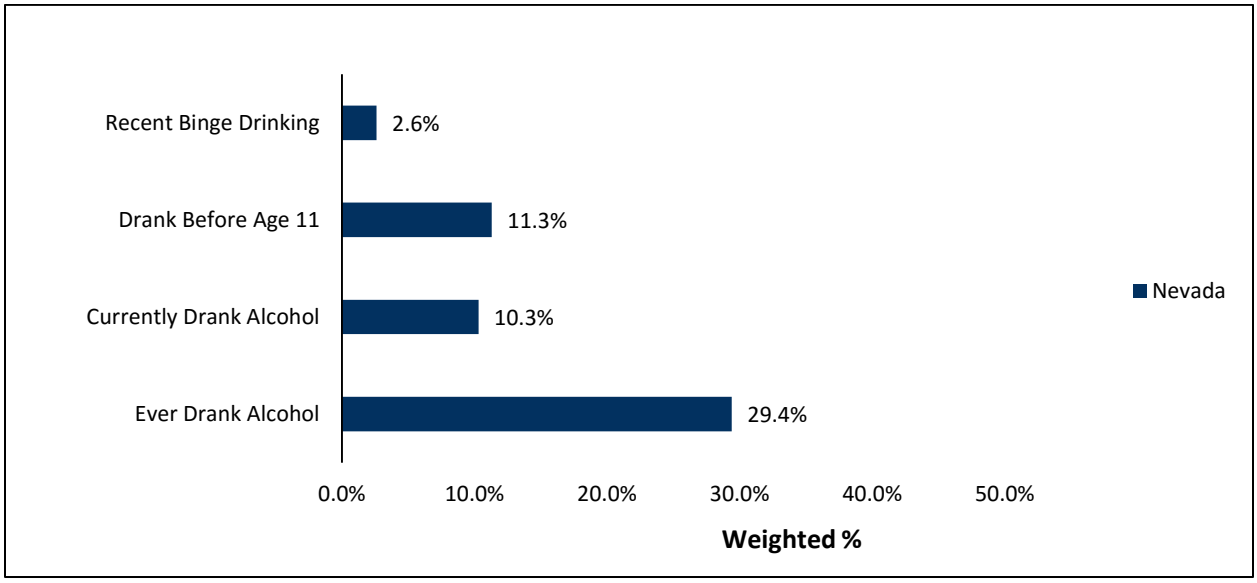
Figure 39. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

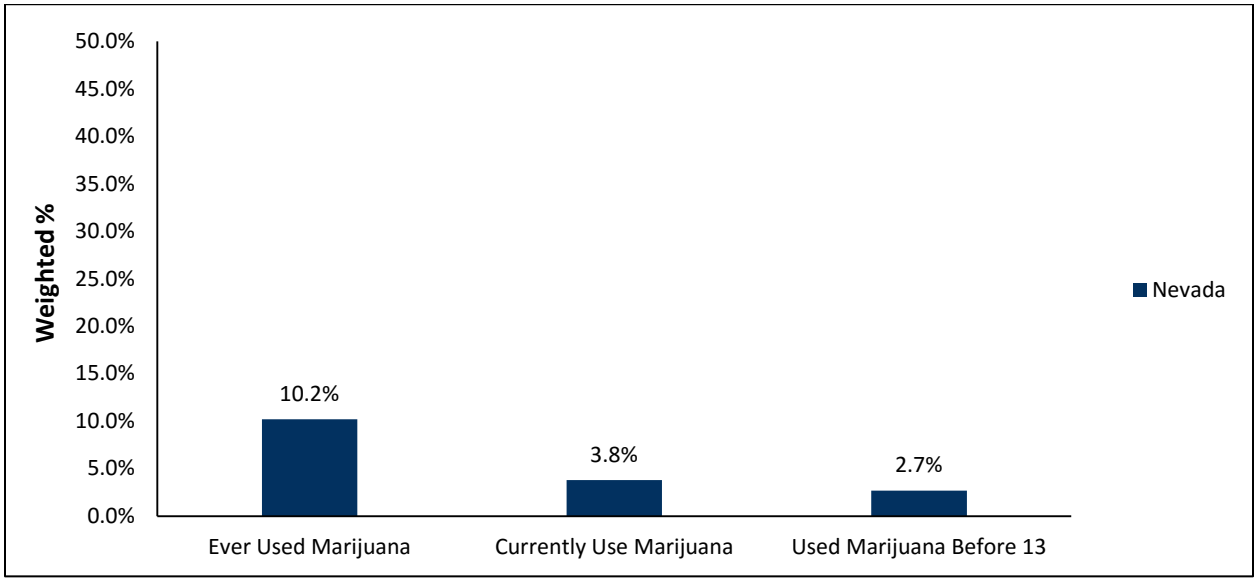
Figure 40. Alcohol Use Summary, Nevada Middle School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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).

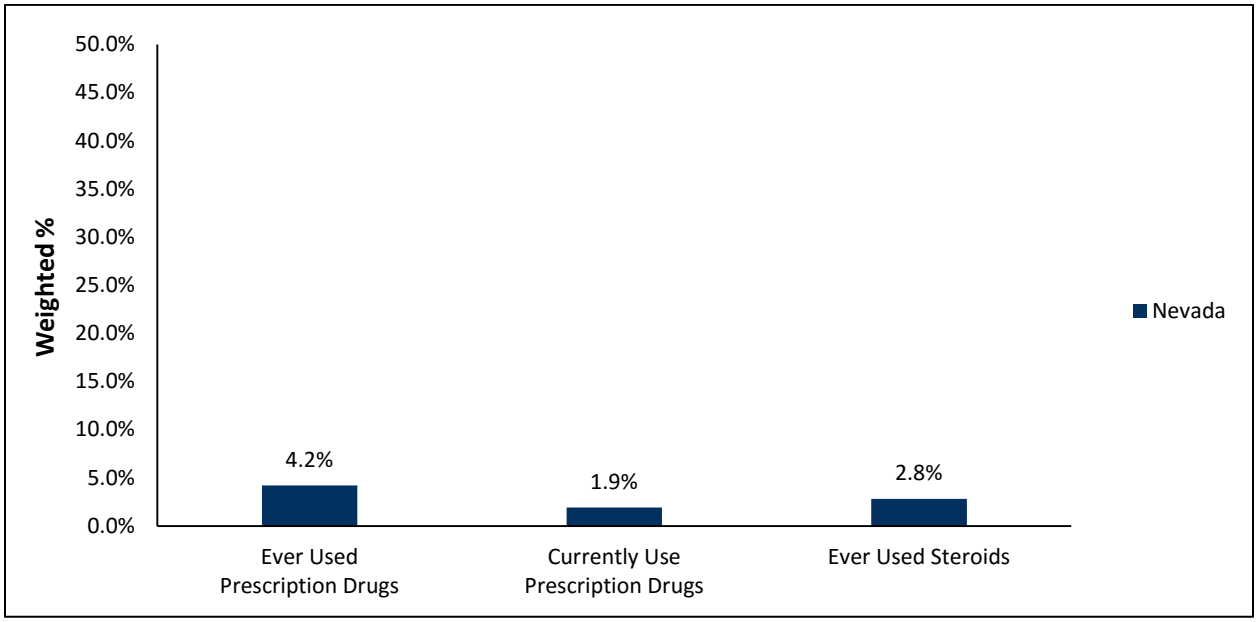
Figure 41. Marijuana Use Summary, Nevada Middle School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

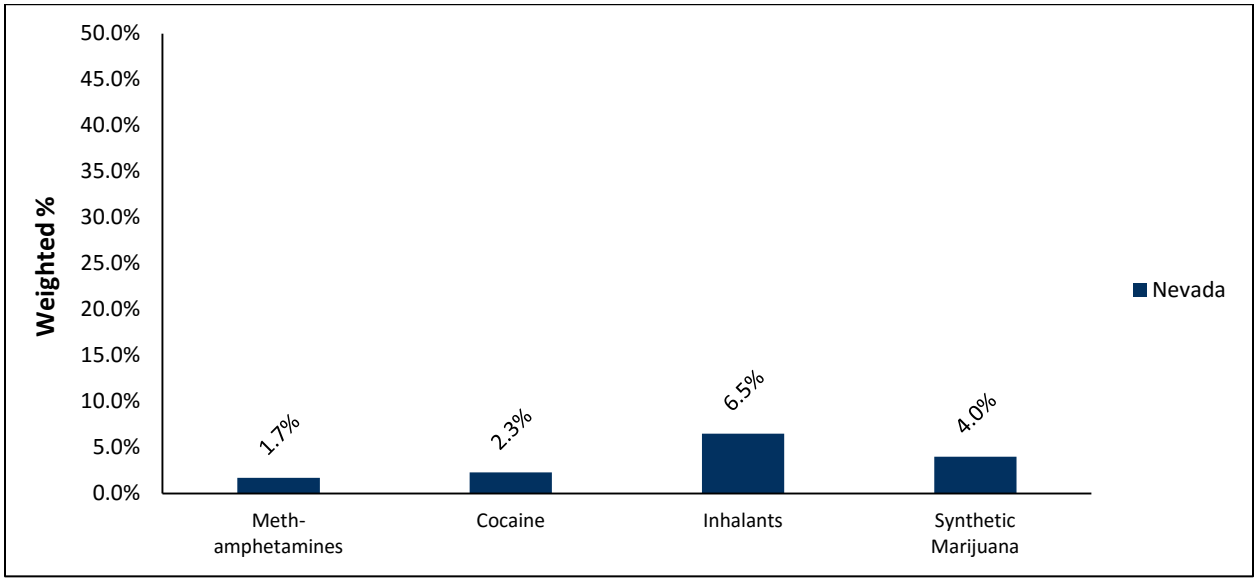
Figure 42. Nonprescription Substance Use Summary, Nevada Middle School Students, 2015



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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 43. Lifetime Drug Use Summary, Nevada Middle School Students, 2015



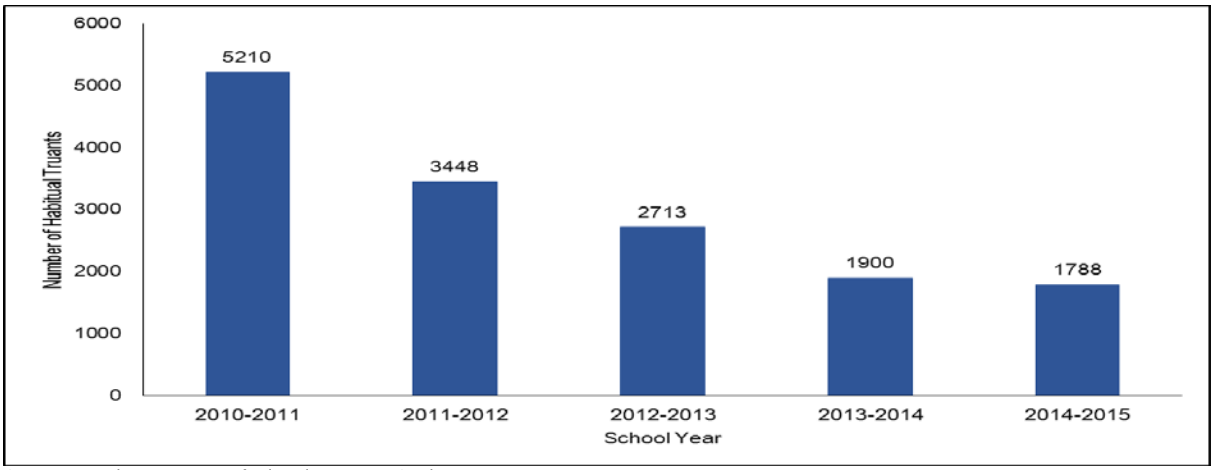
Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS)

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.

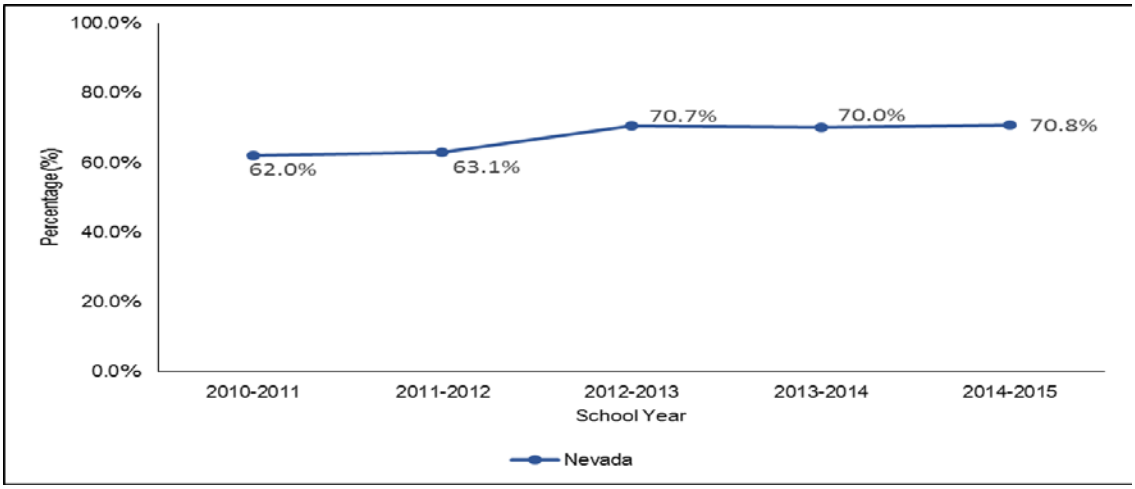
Figure 44. Number of Habitual Truants, Nevada, Class Cohorts 2010 - 2014



Source: Nevada Department of Education, Report Card

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



Source: Nevada Department of Education, Report Card

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade. (number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class.) Nevada's graduation rate has increased between the 2010 and 2014 class cohorts. In 2010, Nevada's graduation rate was 62.0% and increased to 70.8% in 2014.