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Washoe Regional Behavioral Health Coordinator
Washoe County Human Services Agency
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Executive Summary

Purpose: The Washoe Regional Behavioral Health Policy Board operates with the intention of addressing the importance and necessity of substance use, mental health, and behavioral health services for Washoe County residents. This profile aims to outline key indicators associated with Washoe County residents, and to identify trends in available data. By using a wide range of data sources, we can identify key problem areas within Washoe County, and use this information to help guide the policy board towards focusing on the areas deemed to be the most at-risk. This report is shared widely with internal and external stakeholders to provide an overview of how the County compares nationally and statewide in areas of behavioral health. Significant findings during data collection have been outlined below. The analysis can be used to identify issues of concern and areas that may need to be addressed.

Challenges: As behavioral health continues to emerge as a critical community concern across the nation, so too do the options for data resources. Statewide, there is some impressive and comprehensive research which makes the decision around inclusion in this report, challenging. As with most extensive data reports, the results are not always the most current year and often a year or two behind. This ensures the accuracy and fidelity to the data as it takes time to correlate but can sometimes present the impression of a report that is not “current”. The data included in this report is the most current available in most subjects and has been selected to provide a picture of areas that emerge in Washoe County as notable. Certain state and national data are also included to provide comparison and trends. Additionally, in the interest of length, certain repetitive data from previous reports was omitted unless it was for annual comparison. There are a myriad of references and links for readers to access at the end of the report for further information.

Applicability: The intention of data analyses most often reflects correlation and not causation. Readers can clearly see trends and patterns but not necessarily explanations. It is the task of all of us to take the next steps in exploring causation and moving towards solutions. Data collection and review is the first step. Below are some of the Key Findings contained in this report, but not all inclusive.
KEY FINDINGS

Substance Use

- In 2019, 31.7% of middle school students and 59.4% of high school students in Washoe County report consuming alcohol (more than a few sips) at least one or more times in their lifetime.
- Marijuana use among middle school students in Washoe County saw a 61% increase in 2019, from 10.7% in 2017 to 17.2%.
- 14% of Washoe County high school students reported binge drinking at least one time in their lifetime, which exceeds state and national percentages.
- In 2019, 37.7% of high school students in Washoe County reported having tried marijuana, which has decreased however remains higher than state and national numbers.
- In 2020, 69.6% of UNR college students consumed alcohol (beer, wine, liquor, etc.) in the past three months and 36.9 reported using marijuana.
- Since 2017, use of alcohol among adults has remained higher in Washoe County compared to Nevada and the United States, both for binge drinking and heavy drinking.
- In 2019, 14% of Washoe County high school students who used illegal drugs within the previous 30 days of the survey exceeded the same number in the State, by 63%.
- Methamphetamines and marijuana are responsible for the greatest number of drug related emergency room encounters, for both Nevada and Washoe County (both for crude rates and age adjusted). This remains true for drug related inpatient admissions with opioids showing a significant increase.
- Statewide, Washoe County ranked 9th out of 17 counties in the number of alcohol overdose deaths; 15th for methamphetamine and 12th for opioids, occurring between 2017 and 2019. Alcohol overdose fatalities were 41% higher in Washoe County than in Nevada.
- While the Black, non-Hispanic population only accounts for approximately 2.6% of the total population in Washoe County, drug and alcohol related deaths (age-adjusted) for this population are 46% higher than the next race/ethnic group – Native American/Alaskan Native; and, 67% higher than White non-Hispanic.

Emotional Health/Mental Health

- In 2019, 52.7% of Washoe County middle school students and 58.2% of Washoe County high school students reported they never/rarely received the help they needed when feeling sad, hopeless and/or anxious.
- In 2019, 27.7% of Washoe County middle school students and 34.7% of high school students lived with someone who was depressed, mentally ill, or suicidal.
- In 2019, 26.7% of Washoe County middle school students and 32.2% of high school students in Washoe County indicated they had lived with someone who was a problem drinker, alcoholic, or abuser of street or prescription drugs.
- In 2019, the prevalence of adults with a depressive disorder decreased by 13%. Roughly 18% of Nevadans were told they have a depressive disorder in 2019.
Suicide

- In Washoe County, high school females who made a plan to attempt suicide far exceeded males in 2019, by 34%.
- High School females exceeded males in number of those who attempted suicide. In 2019, the difference was 29%.
- In 2019, the age group that had the largest suicide rate was 75-84.
- Among the veteran population from 2015 to 2019, the highest percentage of suicides occurred in the 65-74 age group, accounting for 23% of the 603 suicide-related deaths, compared to 10% of the non-veteran suicide deaths.
- Nationally, the highest percentage of veteran suicide deaths have occurred among individuals 55 years of age and older, which is a similar trend in Nevada.
Major Data Sources/Terminology

Age-Adjusted Rates
This rate is a measure of the frequency of a specific event over a given period, divided by the total number of people within the population over the same period of time. An age-adjusted rate is a rate that has been adjusted, or weighted, to the same age distribution as a “standard” 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, chronic health conditions, and use of preventive services. 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 and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and states may include and pay for their own questions in the survey.

Crude Rates
The crude rate is the frequency with which an event or circumstance occurs per unit of population.

Hospital Billing Data (Emergency Department Encounter and Inpatient Admissions)
The hospital billing data provides health billing data for emergency department encounters and inpatient admissions for Nevada’s non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada 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.

Lifetime Prevalence Factors of Adverse Childhood Experiences
An adverse childhood experience, or ACE, is a traumatic event such as psychological, physical, or sexual abuse; violence against mother; living with household members who abused substances, were mentally ill or suicidal, or were ever imprisoned. As the number of cumulative ACEs increases, so does the risk for more than 40 negative health outcomes including infant death, alcoholism/alcohol abuse, depression, poor work performance, financial stress, risk for intimate partner violence, sexually transmitted diseases, smoking, attempted suicide, unintended pregnancies, and poor academic achievement. The Nevada Youth Risk Behavior Survey incorporated questions designed to assess the lifetime prevalence of adverse childhood experiences (ACE) of middle school and high school students in Nevada and regions in Nevada. These questions explore 1) household substance use; 2) household mental illness; 3) forced sexual intercourse; 4) physical abuse by an adult; and 5) household domestic violence.
Nevada State Demographer
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.

Substance Abuse and Mental Health Data
The National Survey of Drug Use and Health (NSDUH) is a survey on the use of illicit drugs, alcohol, tobacco, and mental health issues in the United States. The study includes those who are 12 years of age or older at the time of the survey.

Nevada Veteran Population Demographics
Nevada veteran population by age groups and gender from 2015 to 2019 were gathered from the U.S. Department of Veteran Affairs website.

Youth Risk Behavior Survey (YRBS)
Priority health risk behaviors (i.e. preventable behaviors that contribute to the leading causes of morbidity and mortality) are often established during childhood and adolescence and extend into adulthood. Ongoing surveillance of youth risk behaviors is critical for the design, implementation, and evaluation of public health interventions to improve adolescent health. 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, and in Nevada charter schools and public middle 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.
DEMOGRAPHICS

Nevada has continued to experience a growth in population. As a result of migration and the expansion of industries into Nevada, experts estimate that Nevada is expected to reach a population of over 3.3 million by 2030. With such substantial growths in population, Nevada has been struggling to expand infrastructure to help account for these population estimates. Access to, and the quality of healthcare, including behavioral health, is one of the largest issues throughout the nation, especially among growing populations.

While the United States Census was complete this year, certain data has been updated using data from other sources.

Table 1. Population Distribution Washoe County, 2010-2019

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>280,744</td>
<td>281,817</td>
<td>283,789</td>
<td>284,964</td>
<td>286,042</td>
<td>287,021</td>
<td>289,339</td>
<td>290,456</td>
<td>295,686</td>
<td></td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>10,020</td>
<td>10,122</td>
<td>10,354</td>
<td>10,562</td>
<td>10,740</td>
<td>10,996</td>
<td>11,258</td>
<td>11,433</td>
<td>11,622</td>
<td>12,156</td>
</tr>
<tr>
<td>Native American/Alaskan Native non-Hispanic</td>
<td>7,002</td>
<td>7,047</td>
<td>7,100</td>
<td>7,140</td>
<td>7,181</td>
<td>7,243</td>
<td>7,280</td>
<td>7,323</td>
<td>7,373</td>
<td>7,389</td>
</tr>
<tr>
<td>Asian/Pacific Islander non-Hispanic</td>
<td>26,562</td>
<td>27,119</td>
<td>27,912</td>
<td>28,514</td>
<td>29,103</td>
<td>29,787</td>
<td>30,613</td>
<td>31,104</td>
<td>31,649</td>
<td>33,461</td>
</tr>
<tr>
<td>Hispanic</td>
<td>93,008</td>
<td>95,487</td>
<td>98,548</td>
<td>101,145</td>
<td>103,730</td>
<td>106,575</td>
<td>109,937</td>
<td>112,324</td>
<td>114,937</td>
<td>121,272</td>
</tr>
</tbody>
</table>

Analysis:

In 2019, the estimated population for Washoe County was 469,963, a 10.3% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. In 2019, Washoe County comprised roughly 15.2% of Nevada’s population, making it the second most populous area in the State. Based on the above, approximately 63% of Washoe County’s population is White, non-Hispanic; 26% is Hispanic; 7% is Asian/Pacific Islander non-Hispanic; 2.5% is Black non-Hispanic; and, approximately 1.5% is Native American/Alaskan Native non-Hispanic. Population growth in age groups has been fairly steady with the biggest growth in 2019 in those individuals between 15 and 44 years of age.
A substance use disorder develops after repeated use of alcohol and/or drugs causes functionally significant impairment and can result in a variety of consequences including health problems, a physical withdrawal state, disability, and failure to meet major responsibilities at work, home, or school. The coexistence of both a mental illness and a substance use disorder is defined as a co-occurring disorder. Substance use data are collected from hospital billing data, vital records data, and through national survey data including Substance Abuse and Mental Health Service Administration (SAMHSA), BRFSS and YRBS. The following key findings emerged for youth and adults around substance misuse. References can be found at the end of this document.

If those underlying conditions aren’t treated, the return of those symptoms may cause us so much discomfort that we’ll go back to using addictive drugs or alcohol to obtain relief. That’s the primary reason there is such a high rate of relapse among people who have become dependent of alcohol and addictive drugs. It has little to do with alcohol and addiction themselves and almost everything to do with the original causes that created the dependency.” Chris Prentiss, The Alcoholism and Addiction Cure
**SUBSTANCE USE: Middle School (Grade 6 – 8)**

**Figure 1: Percentage of Middle School Students Who Ever Consumed Alcohol***

<table>
<thead>
<tr>
<th>Year</th>
<th>Washoe</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>28.1</td>
<td>29.4</td>
</tr>
<tr>
<td>2017</td>
<td>23.7</td>
<td>27.4</td>
</tr>
<tr>
<td>2019</td>
<td>31.7</td>
<td>29.2</td>
</tr>
</tbody>
</table>

*Other than a few sips, one or more times in their life

**National data not collected in YRBS for this group

**ANALYSIS:**
The percentage of middle school students who consumed alcohol, has increased by 13% from 2015 to 2019 in Washoe County. The percentage of middle school students who consumed alcohol during 2019 was 9% higher in Washoe County compared to the State as a whole.
Figure 2: Percentage of Middle School Students Who Consumed Alcohol for the First Time Before Age 11*

2015 | 2017 | 2019
---|---|---
Washoe | 10.6 | 10.3 | 12.5
Nevada | 11.3 | 13 | 13.2

*Other than a few sips, one or more times in their life
** National data not collected in YRBS for this group

ANALYSIS:
The percentage of middle school students who consumed alcohol before the age of 11, between 2015 and 2019 increased by 18% (there was a dip in 2017). Between 2017 and 2019, the percentage of middle school students who consumed alcohol before the age of 11 increased by 21%; and, between the periods of 2015 and 2019, the consumption of alcohol by middle school students before the age of 11 in Washoe County remained slightly less than the State as a whole.
Figure 3: Percentage of Middle School Students Who Ever Used Marijuana*

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washoe</td>
<td>12</td>
<td>10.7</td>
<td>17.2</td>
</tr>
<tr>
<td>Nevada</td>
<td>10.2</td>
<td>9.9</td>
<td>13.4</td>
</tr>
</tbody>
</table>

*At least one time in their life
**National data not collected in YRBS for this group

ANALYSIS:
Marijuana use among middle school students in Washoe County saw a significant increase in 2019, from 10.7% in 2017 to 17.2%. This represents a 61% increase. The percentage of marijuana use among middle school students in Washoe County continued to exceed the use by middle school students statewide.
Figure 4: Percentage of Middle School Students Who Used Marijuana for the First Time Before Age 11

<table>
<thead>
<tr>
<th>Year</th>
<th>Washoe</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2.7</td>
<td>2.7</td>
</tr>
<tr>
<td>2017</td>
<td>3.2</td>
<td>2.5</td>
</tr>
<tr>
<td>2019</td>
<td>3.7</td>
<td>3.3</td>
</tr>
</tbody>
</table>

*National data not collected in YRBS for this group

**ANALYSIS:**
The percentage of Washoe County middle school students who tried marijuana before the age of 11 increased by 37% between 2015 and 2019 and remained higher than the overall State numbers since 2017.
Figure 5: Percentage Comparison of Alcohol and Marijuana Use by Washoe County Middle School Students*

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>28.1</td>
<td>23.7</td>
<td>31.7</td>
</tr>
<tr>
<td>Marijuana</td>
<td>12</td>
<td>10.7</td>
<td>17.2</td>
</tr>
</tbody>
</table>

*More than a few sips; one or more times in their life.

** National data not collected in YRBS for this group

ANALYSIS:
Alcohol consumption by middle school students continues to exceed that of marijuana use in Washoe County. Respondents suggest ease of access. As evidenced in Figure 6, Washoe County middle school students continued to try alcohol before the age of 11, over the use of marijuana.
Figure 6: Percentage Comparison of Alcohol and Marijuana Use* Before the Age of 11 By Washoe County Middle School Students

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>10.6</td>
<td>10.3</td>
<td>12.5</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2.7</td>
<td>3.2</td>
<td>3.7</td>
</tr>
</tbody>
</table>

*More than a few sips; one or more times in their life.

Figure 7: Percentage Comparison of Substance Use by Washoe County Middle School Students *

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>28.1</td>
<td>12</td>
<td>17.2</td>
</tr>
<tr>
<td>Marijuana</td>
<td>12</td>
<td>10.7</td>
<td>17.2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2.9</td>
<td>3.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Heroin</td>
<td>0</td>
<td>1.4</td>
<td>1</td>
</tr>
<tr>
<td>Meth</td>
<td>2.1</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0</td>
<td>1.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Synthetic</td>
<td>4.4</td>
<td>3.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Prescript.</td>
<td>3.8</td>
<td>5</td>
<td>8.2</td>
</tr>
</tbody>
</table>

*More than once in lifetime
**ANALYSIS**

Washoe County high school students who report ever consuming alcohol exceeded State numbers in 2019 by a slight percentage. Figure 10 reflects the percentage of high school students who consumed alcohol before the age of 13 and does not indicate a significant shift downward over the last five years.
Figure 9: Percentage of High School Students Who Consumed Alcohol Before Age 13*

*Other than a few sips, one or more times in their life
*Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours

**ANALYSIS:**
Washoe County high school students reporting binge drinking as defined above, in 2019 exceeded the percentage reported in 2017 by 2%. Washoe County also exceeded the numbers for both the State and nationwide for 2019.
Figure 11: Percentage of High School Students Who Ever Used Marijuana*

2019
- National: 36.8%
- Nevada: 35.4%
- Washoe: 37.7%

2017
- National: 35.6%
- Nevada: 36.6%
- Washoe: 41.9%

2015
- National: 38.6%
- Nevada: 39.4%
- Washoe: 45.2%

*At least one or more times in lifetime

**ANALYSIS:**
In 2019, 37.7% of high school students in Washoe County reported having tried marijuana, which is the lowest number reported since 2015 for the County. However, for all three reporting periods, the number of Washoe County high school students reporting having tried marijuana exceeded those numbers reported statewide and nationally as well.
Figure 12: Percentage of High School Students Who Tried Marijuana for the First Time Before Age 13*

<table>
<thead>
<tr>
<th>Year</th>
<th>National</th>
<th>Nevada</th>
<th>Washoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>5.6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td>8.8</td>
<td>12.5</td>
</tr>
<tr>
<td>2015</td>
<td>7.5</td>
<td>9</td>
<td>13.2</td>
</tr>
</tbody>
</table>

ANALYSIS:
While the number of high school students who had tried marijuana before the age of 13 decreased significantly from 2015 to 2019, the County still ranks higher in this data set than both the State and nationwide.
**ANALYSIS:**
The reported prevalence of lifetime use of other substances indicate a decrease in all substances among Washoe County high school students from 2015 to 2019. For all substances, however, prevalence of lifetime use in Washoe County in 2019 was still higher than Nevada and the United States.
SUBSTANCE USE: College Students

Data from the National College Health Assessment (and reported in JTNN 2020 CCPP), administered at the University of Nevada, Reno and many colleges across the country, provides a look at local college student consumption patterns. The reported number of drinks consumed the last time students drank alcohol in a social setting is similar among UNR and US college students (Figure 14). In 2020, 69.6% of UNR college students consumed alcohol (beer, wine, liquor, etc.) in the past three months and 36.9 reported using marijuana (Figure 15).

In 2020, 3.7% of UNR college students used cocaine (coke, crack, etc.), 3.6% used non-medical prescription stimulants (Ritalin, Concerta, Dexamphetamine, Adderall, diet pills, etc.), and 5.9% used Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.) in the past three months (Figure 16).

![Figure 14: Reported Number of Drinks Consumed the Last Time Students Drank in a Social Setting 2020](image-url)
Figure 15: Substance Use by UNR Students in Previous 3 Months 2020

<table>
<thead>
<tr>
<th>Substance</th>
<th>UNR</th>
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</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>69.6</td>
</tr>
<tr>
<td>Marijuana</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Figure 16: Other Substances Used by UNR Students in Previous 3 Months 2020

<table>
<thead>
<tr>
<th>Substance</th>
<th>UNR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>3.7</td>
</tr>
<tr>
<td>Non Medical</td>
<td>3.6</td>
</tr>
<tr>
<td>Prescription Stim.</td>
<td>5.9</td>
</tr>
</tbody>
</table>
SUBSTANCE USE: Adults

Use of alcohol among adults has remained higher in Washoe County compared to Nevada and the United States, both for binge drinking (Figure 17) and heavy drinking (Figure 18).

**Figure 17: Percentage of Adults Considered Binge Drinkers**

*Binge drinking is defined in men as having five or more alcoholic beverages and women having four or more alcoholic beverages on the same occasion.*

**Figure 18: Percentage of Adults Considered Heavy Drinkers**

*Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day.*
Figure 19: Adults Who Used Illegal Drugs Within the Past Month Before Survey

![Graph showing the percentage of adults using illegal drugs in the past month in Washoe and Nevada in 2019.]

- Washoe: 1.9%
- Nevada: 3.1%

Figure 20: Adults Who Used Marijuana/Hashish in the Past Month Before Survey

![Bar chart showing the percentage of adults using marijuana/hashish in the past month in Washoe, Nevada, and national levels from 2015 to 2019.]

- Washoe
- Nevada
- National
**ADDITIONAL SUBSTANCE MISUSE STATISTICS**

**ANALYSIS:** Methamphetamines and Marijuana are responsible for the greatest number of drug related ER encounters, for both Nevada and Washoe County (both for crude rates and age adjusted). This remains true for drug related inpatient admissions (Figure 22) with Opioids showing a significant increase.

*Figure 21: Drug Related Emergency Department Encounters Crude Rates by Drug Types: 2019*

*Rates are per 100,000 population*

*Figure 22: Drug-Related Inpatient Admissions Crude Rates By Drug Type: 2019*

*Rates are per 100,000 population*
ANALYSIS

Statewide, Washoe County ranked 9th out of 17 counties in the number of alcohol overdose deaths, 15th for methamphetamine and 12th for opioid deaths, occurring between 2017 and 2019. Alcohol overdose fatalities were 41% higher in Washoe County than in Nevada as a whole.
<table>
<thead>
<tr>
<th>Region</th>
<th>White non-Hispanic</th>
<th>Black non-Hispanic</th>
<th>Native American/Alaskan Native</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark</td>
<td>57.4 (53.3-61.6)</td>
<td>48.5 (39.9-57.0)</td>
<td>60.2 (22.9-97.5)</td>
<td>16.0 (11.2-20.7)</td>
<td>29.6 (25.2-34.0)</td>
<td>44.5 (41.8-47.1)</td>
</tr>
<tr>
<td>Northern</td>
<td>67.8 (56.5-79.1)</td>
<td>81.7 (0.0-195.0)</td>
<td>202.9 (92.6-313.2)</td>
<td>21.9 (0.0-64.8)</td>
<td>26.8 (8.2-45.3)</td>
<td>67.7 (57.3-78.1)</td>
</tr>
<tr>
<td>Rural</td>
<td>51.7 (35.7-67.7)</td>
<td>0.0 (0.0-0.0)</td>
<td>52.7 (0.0-112.3)</td>
<td>0.0 (0.0-0.0)</td>
<td>11.6 (0.0-24.7)</td>
<td>43.0</td>
</tr>
<tr>
<td>Southern</td>
<td>56.0 (38.9-73.2)</td>
<td>0.0 (0.0-0.0)</td>
<td>112.5 (0.0-268.4)</td>
<td>0.0 (0.0-0.0)</td>
<td>45.7 (0.0-97.3)</td>
<td>54.1 (38.5-69.8)</td>
</tr>
<tr>
<td>Washoe</td>
<td>78.9 (69.7-88.1)</td>
<td>131.9 (65.1-198.6)</td>
<td>90.3 (23.4-157.2)</td>
<td>14.0 (1.7-26.2)</td>
<td>37.6 (24.8-50.5)</td>
<td>67.0 (59.9-74.0)</td>
</tr>
<tr>
<td>Nevada</td>
<td>62.7 (59.2-66.2)</td>
<td>52.2 (43.7-60.8)</td>
<td>89.8 (60.1-119.6)</td>
<td>15.8 (11.4-20.2)</td>
<td>30.3 (26.3-34.3)</td>
<td>49.9 (47.5-52.3)</td>
</tr>
</tbody>
</table>

*Rates are per 100,000 age-specific population

**ANALYSIS:**
While the Black, non-Hispanic population only accounts for approximately 2.6% of the total population in Washoe County, drug and alcohol related deaths (age-adjusted) for this population are 46% higher than the next race/ethnic group – Native American/Alaskan Native; and, 67% higher than White non-Hispanic.
**ANALYSIS:**

As depicted in Figure 24, the percentage of fatalities involving one or more persons with a BAC of .08+ decreased from 2016 (53.1%) to 2018 (20.8%) and remained lower than state and national levels.

The Nevada High Intensity Drug Trafficking Area (HIDTA) works to reduce drug trafficking and misuse by improving interagency collaboration, promoting accurate and timely information and intelligence sharing, and providing specialized training and other resources to its law enforcement, intelligence, treatment, and prevention initiatives. Nevada HIDTA reported the following quantity of drugs seized in Washoe County in 2018 and 2019:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity Seized 2018</th>
<th>Quantity Seized 2019</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>70,038 grams</td>
<td>3,411 grams</td>
<td>95% decrease</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>251 grams</td>
<td>299 grams</td>
<td>17% increase</td>
</tr>
<tr>
<td>Heroin</td>
<td>2,849 grams</td>
<td>2,602 grams</td>
<td>8% decrease</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1,609,779 grams</td>
<td>2,296,991 grams</td>
<td>43% increase</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>83,848 grams</td>
<td>31,780 grams</td>
<td>62% decrease</td>
</tr>
<tr>
<td>THC Resin</td>
<td>233 grams</td>
<td>19,690 grams</td>
<td>8,351% increase</td>
</tr>
<tr>
<td>THC Liquid</td>
<td>417,776 grams</td>
<td>57,599 grams</td>
<td>86% decrease</td>
</tr>
</tbody>
</table>
MENTAL HEALTH / EMOTIONAL HEALTH

Mental health encompasses an individual’s physical, emotional, and psychological well-being, and can be evaluated by examining how the person copes with stress, how they respond to unexpected events in their life, and how they engage socially with others. Mental health can impact physical health, and often people utilize substances to cope with mental health disorders. This is known as a co-occurring disorder. The use of substances can exacerbate existing mental health illness, while sometimes a mental illness can increase a person’s risk for using substances. (SAMSHA)

“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”- Bill Clinton
Figure 25: Percentage of Middle School Students Who Ever Felt Sad/Hopeless Almost Every Day for Two or More Weeks in a Row**

*Time period for this question changed from lifetime to last 12 months in 2017

** So that they stopped doing usual activities

Figure 26: Percentage of Middle School Students Who Never/Rarely Got the Help They Needed When Feeling Sad/Hopeless/Anxious **

**Among those who feel sad, empty, hopeless, angry, or anxious. 2015 data not collected for 2015.

ANALYSIS:
Figure 26 illustrates the percentage of middle school children who felt sad or hopeless enough to interrupt normal activities. This number has increased over the last biennium for both Washoe County and Nevada as has the percentage of students who received the help, they felt they needed when feeling sad/hopeless/anxious.
**ANALYSIS:** The unfortunate results of five of the ACEs indicators reveal that in all categories, both Washoe County and the State as a whole, percentages increased over the last two years. Only the middle item showed a slight decrease for the County in 2019. The largest increase were those middle school students who lived with either someone suffering from a substance use problem or who was mentally ill.
MENTAL/EMOTIONAL HEALTH: High School (Grade 9–12)

Figure 29: Percentage of High School Students Who Ever Felt Sad/Hopeless Almost Every Day for Two or More Weeks in a Row

<table>
<thead>
<tr>
<th>Year</th>
<th>National</th>
<th>Nevada</th>
<th>Washoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>36.7</td>
<td>40.7</td>
<td>40.2</td>
</tr>
<tr>
<td>2017</td>
<td>31.5</td>
<td>34.6</td>
<td>36.6</td>
</tr>
<tr>
<td>2015</td>
<td>29.9</td>
<td>34.5</td>
<td>33.5</td>
</tr>
</tbody>
</table>

Figure 30: Percentage of High School Students Who Never/Rarely Received the Help They Needed When Feeling Sad, Hopeless, Anxious

<table>
<thead>
<tr>
<th>Year</th>
<th>Nevada</th>
<th>Washoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>56.2</td>
<td>58.2</td>
</tr>
<tr>
<td>2017</td>
<td>55.3</td>
<td>56.8</td>
</tr>
</tbody>
</table>

ANALYSIS: Figures 29 and 30 illustrate the same disturbing trend for high school students as for middle school students. In these two elements, the numbers trended upwards for 2019, for the Nation, Nevada, and Washoe County.
Analysis:
Figures 31 and 32 illustrate a similar trend over the last several years for high school students as those shown for middle school students. Most of the data elements are reflecting an upward trend with substance use and mental illness still exceeding the other elements in prevalence.
MENTAL/EMOTIONAL HEALTH: Adults

Figure 33: Prevalence Of Adults With Depressive Disorders

Analysis:
Roughly 17% of Washoe County residents were told they have a depressive disorder in 2019, similar to the previous year.
Analysis:
In 2019, the percent of adults in Washoe County who experience poor mental health or physical health preventing them from doing their usual activities more than 10 days in a month increased from 19.4% (2018) to 20.3% (2019).

Analysis:
In Washoe County, adults who had zero days where their mental health was not good increased from 54.5% in 2018 to 57.7% in 2019.
Table 3: Regional Mental Health-Related Emergency Department Encounters 2019*

<table>
<thead>
<tr>
<th>Region</th>
<th>Schizophrenia</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Bipolar</th>
<th>PTSD</th>
<th>Suicidal Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark</td>
<td>510.6</td>
<td>2,008.1</td>
<td>1,281.0</td>
<td>769.4</td>
<td>244.8</td>
<td>575.4</td>
</tr>
<tr>
<td></td>
<td>(501.3-519.8)</td>
<td>(1,989.7-2,026.5)</td>
<td>(1,266.4-1,295.7)</td>
<td>(758.0-780.8)</td>
<td>(238.3-251.2)</td>
<td>(565.5-585.2)</td>
</tr>
<tr>
<td>Northern</td>
<td>147.4</td>
<td>1,416.5</td>
<td>622.7</td>
<td>437.4</td>
<td>122.5</td>
<td>192.5</td>
</tr>
<tr>
<td></td>
<td>(130.2-164.5)</td>
<td>(1,363.4-1,469.7)</td>
<td>(587.4-657.9)</td>
<td>(407.9-466.9)</td>
<td>(106.8-138.1)</td>
<td>(172.9-212.1)</td>
</tr>
<tr>
<td>Rural</td>
<td>234.4</td>
<td>2,670.2</td>
<td>2,084.2</td>
<td>601.5</td>
<td>392.8</td>
<td>369.1</td>
</tr>
<tr>
<td></td>
<td>(204.0-264.9)</td>
<td>(2,567.5-2,772.9)</td>
<td>(1,993.4-2,174.9)</td>
<td>(552.8-650.2)</td>
<td>(353.4-432.2)</td>
<td>(330.9-407.3)</td>
</tr>
<tr>
<td>Southern</td>
<td>170.6</td>
<td>1,528.8</td>
<td>812.5</td>
<td>418.9</td>
<td>204.4</td>
<td>505.1</td>
</tr>
<tr>
<td></td>
<td>(137.3-203.9)</td>
<td>(1,429.2-1,628.4)</td>
<td>(739.9-885.1)</td>
<td>(366.8-471.1)</td>
<td>(168.0-240.8)</td>
<td>(447.8-562.3)</td>
</tr>
<tr>
<td>Washoe</td>
<td>300.5</td>
<td>1,889.3</td>
<td>1,168.6</td>
<td>570.9</td>
<td>234.5</td>
<td>411.1</td>
</tr>
<tr>
<td></td>
<td>(284.8-316.1)</td>
<td>(1,850.0-1,928.6)</td>
<td>(1,137.7-1,199.5)</td>
<td>(549.3-592.5)</td>
<td>(220.6-248.3)</td>
<td>(392.8-429.4)</td>
</tr>
<tr>
<td>Nevada</td>
<td>441.9</td>
<td>1,970.3</td>
<td>1,241.4</td>
<td>708.0</td>
<td>239.8</td>
<td>520.2</td>
</tr>
<tr>
<td></td>
<td>(434.5-449.3)</td>
<td>(1,954.7-1,985.9)</td>
<td>(1,229.0-1,253.8)</td>
<td>(698.6-717.4)</td>
<td>(234.4-245.3)</td>
<td>(512.2-528.2)</td>
</tr>
</tbody>
</table>

*Source: Hospital Emergency Department Billing. **Crude rates** are per 100,000 population, provided by the state demographer, vintage 2019. Categories are not mutually exclusive.

Figure 36: Percentage of Washoe County Mental Health Related Emergency Room Encounters

Analysis:
In 2019, all areas of mental health related issues that prompted an emergency room encounter had significantly increased. Table 3 above illustrates anxiety related issues were the number one presenting issue, including statewide. **NOTE**: Suicide is not included as data for one year reflects “suicidal ideation” and one reflects “suicide”. It is not clear that they intended to reflect ideation which is vastly different than attempts.
### Table 4. Regional Mental Health-Related Inpatient Admissions 2019*

<table>
<thead>
<tr>
<th>Region</th>
<th>Schizophrenia</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Bipolar</th>
<th>PTSD</th>
<th>Suicidal Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark</td>
<td>251.6 (245.1-258.1)</td>
<td>1,183.2 (1,169.1-1,197.3)</td>
<td>1,107.4 (1,093.7-1,121.0)</td>
<td>490.0 (480.9-499.1)</td>
<td>192.1 (186.4-197.7)</td>
<td>564.3 (554.6-574.1)</td>
</tr>
<tr>
<td>Northern</td>
<td>96.0 (82.2-109.8)</td>
<td>1,427.4 (1,374.1-1,480.8)</td>
<td>1,379.2 (1,326.8-1,431.6)</td>
<td>405.2 (376.8-433.7)</td>
<td>323.8 (298.4-349.2)</td>
<td>580.6 (546.6-614.7)</td>
</tr>
<tr>
<td>Rural</td>
<td>35.0 (23.2-46.7)</td>
<td>576.8 (529.1-624.6)</td>
<td>670.4 (618.9-721.9)</td>
<td>154.2 (129.6-178.9)</td>
<td>118.2 (96.6-139.9)</td>
<td>276.6 (243.5-309.6)</td>
</tr>
<tr>
<td>Southern</td>
<td>91.2 (66.9-115.6)</td>
<td>1,773.7 (1,666.4-1,881.0)</td>
<td>1,125.0 (1,039.6-1,210.5)</td>
<td>500.0 (443.1-557.0)</td>
<td>243.3 (203.5-283.0)</td>
<td>375.0 (325.7-424.3)</td>
</tr>
<tr>
<td>Washoe</td>
<td>136.8 (126.2-147.4)</td>
<td>1,034.6 (1,005.5-1,063.6)</td>
<td>1,125.4 (1,095.1-1,155.7)</td>
<td>413.0 (394.6-431.4)</td>
<td>277.9 (262.8-293.0)</td>
<td>702.8 (678.9-726.8)</td>
</tr>
<tr>
<td>Nevada</td>
<td>441.9 (434.5-449.3)</td>
<td>1,970.2 (1,954.6-1,985.8)</td>
<td>1,241.4 (1,229.0-1,253.8)</td>
<td>708.0 (698.6-717.3)</td>
<td>239.8 (234.3-245.2)</td>
<td>520.2 (512.1-528.2)</td>
</tr>
</tbody>
</table>

* Source: Hospital Emergency Department Billing. **Crude rates** are per 100,000 population, provided by the state demographer, vintage 2019. Categories are not mutually exclusive.

**Figure 37: Percentage of Washoe County Mental Health Related Inpatient Admissions***

**ANALYSIS:**
As evidenced in emergency room encounters, 2019 mental health related admissions exceeded 2017 in all areas. Admissions related to depression were the number one issue for 2019. **NOTE:** Suicide is not included as data for one year reflects “suicidal ideation” and one reflects “suicide”. It is not clear that they intended to reflect ideation; ideation is vastly different than attempts.

---

40 | Page  Washoe Behavioral Health Profile 2020
Table 5: Mental Health-Related Deaths Age-Adjusted Rates and Region, Nevada Residents, 2019.

<table>
<thead>
<tr>
<th>Region</th>
<th>White non-Hispanic</th>
<th>Black non-Hispanic</th>
<th>Native American/Alaskan Native</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark</td>
<td>45.5 (41.9-49.1)</td>
<td>51.1 (40.1-62.1)</td>
<td>15.3 (0.0-45.3)</td>
<td>27.1 (20.0-34.3)</td>
<td>26.1</td>
<td>42.0</td>
</tr>
<tr>
<td>Northern</td>
<td>83.1 (72.4-93.9)</td>
<td>0.0 (0.0-0.0)</td>
<td>70.8 (8.7-132.9)</td>
<td>42.7 (0.0-101.8)</td>
<td>12.9</td>
<td>79.2</td>
</tr>
<tr>
<td>Rural</td>
<td>41.5 (26.4-56.6)</td>
<td>0.0 (0.0-0.0)</td>
<td>0.0 (0.0-0.0)</td>
<td>26.5 (0.0-0.0)</td>
<td>36.5</td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>36.0 (24.5-47.4)</td>
<td>115.9 (0.0-0.0)</td>
<td>0.0 (0.0-0.0)</td>
<td>90.5 (0.0-215.8)</td>
<td>32.4</td>
<td>39.5</td>
</tr>
<tr>
<td>Washoe</td>
<td>77.1 (68.0-86.1)</td>
<td>55.6 (0.0-118.6)</td>
<td>60.8 (1.2-120.3)</td>
<td>42.0 (16.0-68.1)</td>
<td>35.1</td>
<td>71.7</td>
</tr>
<tr>
<td>Nevada</td>
<td>55.1 (51.9-58.2)</td>
<td>52.3 (41.4-63.1)</td>
<td>33.1 (12.6-53.6)</td>
<td>29.5 (22.5-36.4)</td>
<td>26.5</td>
<td>50.1</td>
</tr>
</tbody>
</table>

Source: Electronic Death Registry System. Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019


<table>
<thead>
<tr>
<th>Indicator</th>
<th>Clark</th>
<th>Northern</th>
<th>Rural</th>
<th>Southern</th>
<th>Washoe</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever seriously considered attempting suicide during the past 12 months</td>
<td>4.9% (3.2-6.6)</td>
<td>5.4% (2.7-8.1)</td>
<td>6.1% (1.6-10.6)</td>
<td>5.2% (0.0-11.9)</td>
<td>4.1% (2.6-5.5)</td>
<td>4.8% (3.6-6)</td>
</tr>
<tr>
<td>Heavy Drinkers</td>
<td>6.2% (4.6-7.8)</td>
<td>7.9% (4.9-10.9)</td>
<td>7.4% (3.1-11.6)</td>
<td>7.4% (0.0-6.6)</td>
<td>6.8% (4.8-8.8)</td>
<td>6.4% (5.1-7.7)</td>
</tr>
<tr>
<td>Binge Drinkers</td>
<td>16.4% (13.8-19.0)</td>
<td>15.9% (11.7-20.1)</td>
<td>22.0% (15-29)</td>
<td>11.3% (0.2-22.5)</td>
<td>18.3% (15.2-21.4)</td>
<td>15.0% (13.2-16.9)</td>
</tr>
<tr>
<td>General Health Poor or Fair</td>
<td>21.4% (18.7-24.4)</td>
<td>18.7% (14.4-23.1)</td>
<td>16.1% (10.2-22)</td>
<td>22.4% (5.3-36.5)</td>
<td>19.6% (16.3-22.8)</td>
<td>20.9% (18.7-23.1)</td>
</tr>
<tr>
<td>Depressive Disorder Diagnosis</td>
<td>18.0% (15.5-20.7)</td>
<td>21.9% (18-25.8)</td>
<td>15.2% (9.5-20.9)</td>
<td>16.9% (1.2-32.9)</td>
<td>16.9% (13.8-19.9)</td>
<td>17.7% (15.7-19.7)</td>
</tr>
<tr>
<td>Ten or more days of poor mental health kept from usual activities</td>
<td>23.3% (19.7-27.6)</td>
<td>20.5% (14.8-26.2)</td>
<td>24.4% (14-34.9)</td>
<td>29.1% (12.8-45.3)</td>
<td>20.3% (16.4-21.5)</td>
<td>22.9% (19.8-25.9)</td>
</tr>
<tr>
<td>Used marijuana/hashish in the last 30 days</td>
<td>16.4% (13.8-19.3)</td>
<td>20.3% (15.6-25.1)</td>
<td>21.5% (14-29)</td>
<td>11.0% (1.9-11.5)</td>
<td>18.7% (15.4-21.9)</td>
<td>17.4% (15.3-19.4)</td>
</tr>
<tr>
<td>Used other illegal drugs in the last 30 days</td>
<td>1.7% (0.8-2.6)</td>
<td>1.6% (0.3-1.3)</td>
<td>0.0% (0.0-4.5)</td>
<td>2.3% (0.0-4.5)</td>
<td>3.1% (0.4-4.6)</td>
<td>1.9% (1.2-2.6)</td>
</tr>
<tr>
<td>Used prescription drugs/pain killer to get high in last 30 days</td>
<td>0.6% (0.5-1.1)</td>
<td>1.0% (0-2.2)</td>
<td>0.9% (0-2.2)</td>
<td>0.0% (~-2.9)</td>
<td>0.9% (0.4-1.5)</td>
<td>1.0% (0.2-1.1)</td>
</tr>
<tr>
<td>Current tobacco cigarette smokers</td>
<td>14.9% (12.7-17.5)</td>
<td>17.4% (13-21.8)</td>
<td>23.1% (15.7-30.4)</td>
<td>17.0% (3.9-26.5)</td>
<td>17.0% (12.7-18.8)</td>
<td>15.7% (13.8-17.5)</td>
</tr>
<tr>
<td>Difficulty doing errands alone because of physical, mental, or emotional condition</td>
<td>8.7% (6.8-10.9)</td>
<td>10.6% (6.9-14.3)</td>
<td>7.2% (3.3-11.1)</td>
<td>10.8% (0.0-25.2)</td>
<td>7.5% (5.5-9.5)</td>
<td>8.6% (7.1-10.2)</td>
</tr>
<tr>
<td>Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition</td>
<td>13.0% (10.8-15.4)</td>
<td>13.9% (9.8-18)</td>
<td>14.4% (8.2-20.7)</td>
<td>9.4% (1.5-16.9)</td>
<td>11.1% (8.5-13.7)</td>
<td>12.8% (11-14.6)</td>
</tr>
</tbody>
</table>
“If someone listens, or stretches out a hand, or whispers a word of encouragement, or attempts to understand a lonely person, extraordinary things begin to happen.”

– Loretta Girzartis
SUICIDE: Middle School (Grades 6–8)

Figure 38: Percentage of Middle School Students Who Seriously Considered Attempting Suicide

*Time period for this question changed from lifetime to last 12 months.

ANALYSIS:
The percentage of Washoe County middle school students who considered attempting suicide is 11% less than Nevada as a whole. This number for Washoe County has continued to trend downward.
*2019 The time period for this question changed from lifetime to past 12 months. (6)

**ANALYSIS:**
Washoe County middle school student data trends lower than Nevada numbers.
The percentage of Washoe County middle school students who attempted suicide decreased by 29% between 2017 and 2019 and remains less than Nevada numbers.
ANALYSIS:
The percentage of Washoe County high school students who considered attempting suicide has remained about the same for the last five years, generally exceeding State and National numbers.
Figure 43: Percentage of High School Students Who Ever Made a Plan About How They Would Attempt Suicide During 12 Months Before Survey

ANALYSIS:
The percentage of Washoe County high school students who ever made a plan about how they would attempt suicide decreased by 15%.
Analysis:
In Washoe County, females who made a plan to attempt suicide far exceed males; in 2019, by 34%.
Figure 45: Percentage of High School Students Who Attempted Suicide During 12 Months Before Survey

ANALYSIS:
The percent of Washoe County high students who attempted suicide has continued to exceed those numbers for the State as well as nationally. 2019 reflects a slight uptick for state and county numbers.
**ANALYSIS:** As demonstrated in Figure 44, females far exceeded males in number of those who attempted suicide. In 2019, the difference was 29%.
**SUICIDE: Adults**

**Figure 48: Death Rate by Suicide 2019***

![Death Rate by Suicide 2019 Graph]

Nevada: 21.27
Washoe: 21.07

*Data per 100,000 population

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**Figure 49: Percentage of Adults in Washoe County Who Seriously Considered Suicide**

- **2019**: 4
- **2018**: 4.4
- **2017**: 3.7
- **2016**: 4.6
- **2015**: 2.6

*Washoe*

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Figure 50: Suicide By Age 2019

Analysis:
In 2019, those individuals age 55 and over continue to lead in suicide.
Figure 51: Suicide by Race/Ethnicity 2019

- Asian/Pacific Islander non-Hispanic: Nevada 10.5, Washoe 12
- Native American/Alaskan Native: Nevada 16.9, Washoe 13.5
- Black non-Hispanic: Nevada 12.8, Washoe 8.2
- White non-Hispanic: Nevada 31.8, Washoe 34.2
Table 7. Suicide Attempts and Suicides by Leading Method and Region, Nevada Residents, 2019.

<table>
<thead>
<tr>
<th>Region</th>
<th>Suicide Attempts</th>
<th>Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency Department Encounters</td>
<td>Inpatient Admissions</td>
</tr>
<tr>
<td></td>
<td>Substance Cutting</td>
<td>Substance Cutting</td>
</tr>
<tr>
<td>Clark</td>
<td>49.8 (46.9-52.7)</td>
<td>8.2 (7.1-9.4)</td>
</tr>
<tr>
<td>Northern</td>
<td>83.5 (70.6-96.4)</td>
<td>18.7 (12.6-24.8)</td>
</tr>
<tr>
<td>Rural</td>
<td>78.1 (60.6-95.7)</td>
<td>46.3 (32.8-59.8)</td>
</tr>
<tr>
<td>Southern</td>
<td>79.4 (56.7-102.1)</td>
<td>62.5 (42.4-82.6)</td>
</tr>
<tr>
<td>Washoe</td>
<td>51.7 (45.2-58.2)</td>
<td>11.3 (8.2-14.3)</td>
</tr>
<tr>
<td>Nevada</td>
<td>54.4 (51.8-57.0)</td>
<td>25.6 (23.9-27.4)</td>
</tr>
</tbody>
</table>

Source: Hospital Emergency Department Billing, Inpatient Billing, and the Electronic Death Registry System. Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Analysis:
In Washoe County, as with other regions, substance misuse continues to be the leading method of suicide attempts.
SUICIDE: Veterans

Table 8 Nevada, Western Region, and National Veteran Suicide Deaths by Age Group, 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nevada Veteran Suicide Rate</th>
<th>Western Region Veteran Suicide Rate</th>
<th>National Veteran Suicide Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>77.3</td>
<td>47.2</td>
<td>45.9</td>
</tr>
<tr>
<td>35-54</td>
<td>35.1</td>
<td>35.8</td>
<td>33.4</td>
</tr>
<tr>
<td>55-74</td>
<td>39.6</td>
<td>34.0</td>
<td>30.4</td>
</tr>
<tr>
<td>75+</td>
<td>34.8</td>
<td>32.9</td>
<td>27.4</td>
</tr>
<tr>
<td>Total</td>
<td>41.6</td>
<td>36.0</td>
<td>32.0</td>
</tr>
</tbody>
</table>

Analysis:
Nevada was significantly higher than the national Veteran suicide rate at 41.6 versus 32.0.


<table>
<thead>
<tr>
<th>Year of Death</th>
<th>Veteran Status</th>
<th>20-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Veteran (N=107)</td>
<td>3%</td>
<td>12%</td>
<td>7%</td>
<td>12%</td>
<td>12%</td>
<td>31%</td>
<td>14%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran (N=407)</td>
<td>7%</td>
<td>17%</td>
<td>18%</td>
<td>23%</td>
<td>22%</td>
<td>7%</td>
<td>4%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>Veteran (N=131)</td>
<td>2%</td>
<td>7%</td>
<td>8%</td>
<td>11%</td>
<td>14%</td>
<td>23%</td>
<td>24%</td>
<td>11%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran (N=464)</td>
<td>6%</td>
<td>19%</td>
<td>20%</td>
<td>22%</td>
<td>16%</td>
<td>11%</td>
<td>6%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>2017</td>
<td>Veteran (N=126)</td>
<td>2%</td>
<td>12%</td>
<td>9%</td>
<td>15%</td>
<td>19%</td>
<td>17%</td>
<td>14%</td>
<td>13%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran (N=445)</td>
<td>10%</td>
<td>18%</td>
<td>17%</td>
<td>22%</td>
<td>16%</td>
<td>9%</td>
<td>7%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>2018</td>
<td>Veteran (N=115)</td>
<td>0%</td>
<td>19%</td>
<td>7%</td>
<td>10%</td>
<td>13%</td>
<td>25%</td>
<td>18%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran (N=481)</td>
<td>8%</td>
<td>16%</td>
<td>20%</td>
<td>21%</td>
<td>19%</td>
<td>10%</td>
<td>4%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>2019</td>
<td>Veteran (N=124)</td>
<td>3%</td>
<td>11%</td>
<td>6%</td>
<td>11%</td>
<td>18%</td>
<td>21%</td>
<td>19%</td>
<td>11%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran (N=470)</td>
<td>8%</td>
<td>21%</td>
<td>17%</td>
<td>19%</td>
<td>17%</td>
<td>11%</td>
<td>7%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>Veteran (N=603)</td>
<td>2%</td>
<td>12%</td>
<td>7%</td>
<td>12%</td>
<td>15%</td>
<td>23%</td>
<td>18%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran (N=2267)</td>
<td>8%</td>
<td>18%</td>
<td>18%</td>
<td>21%</td>
<td>18%</td>
<td>10%</td>
<td>6%</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

ANALYSIS:
Among the veteran population from 2015 to 2019, the highest percentage of suicides occurred in the 65-74 age group, accounting for 23% of the 603 suicide-related deaths, compared to 10% of the non-veteran suicide deaths. The highest percentage of suicides among the non-veteran population occurred in the 45-54 age group, accounting for 21% of the deaths, compared to 12% of veteran deaths. Disparities occur between the veteran and non-veteran populations among all eight age groups, ranging from a 6% to a 13% difference.
# Table 10. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2015-2019

<table>
<thead>
<tr>
<th>Year of Death</th>
<th>Veteran Status</th>
<th>Method of Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Poison/Substance</td>
</tr>
<tr>
<td>2015</td>
<td>Veteran</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran</td>
<td>88</td>
</tr>
<tr>
<td>2016</td>
<td>Veteran</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran</td>
<td>112</td>
</tr>
<tr>
<td>2017</td>
<td>Veteran</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran</td>
<td>96</td>
</tr>
<tr>
<td>2018</td>
<td>Veteran</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran</td>
<td>86</td>
</tr>
<tr>
<td>2019</td>
<td>Veteran</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td>Veteran</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Non-Veteran</td>
<td>462</td>
</tr>
</tbody>
</table>
Figure 52: Percent of Veteran Suicide-Related Deaths by Method and Gender. Nevada Residents Ages 20+, 2015-2019 Combined.

ANALYSIS:
Among the male population, 74% of the veteran suicides committed were by firearm/explosive, compared to approximately half of non-veteran suicides (55%). Among the female population, the greatest difference in method was firearms/explosives, which accounted for 55% of veteran suicide deaths and 34% of non-veteran suicide death.
The Mobile Outreach Safety Team (MOST) is a team comprised of law enforcement personnel and behavioral health clinicians who work in collaboration to address the behavioral health needs of individuals involved in, or at risk of involvement in, the criminal justice system. Outreach is also performed, particularly to the homeless population and camps. The MOST program is designed to provide immediate crisis stabilization and divert individuals experiencing behavioral health issues and other crises away from criminal justice systems and emergency rooms, and into appropriate community-based services and supports. MOST goals include:

- Early and voluntary intervention to avoid costly emergency room visits and hospitalization
- Provision of clinical stabilization and intervention
- Reduce law enforcement calls for service and diversion from jail when appropriate
- Connect individuals in crisis to local resources to provide them with a long-term support network
- Public Safety

The numbers for 2020 reflect COVID-19. Clinicians did not ride with law enforcement and participated in the state mandated quarantine. Contacts continued via radio with dispatch.
Analysis:
The age group of 31-50 receives the greatest number of MOST contacts, followed by the two groups on either side of the graph. As for all data collected in 2020, the COVID health crisis impacted the levels of service.
ANALYSIS:
The substances most often encountered by the team are alcohol and marijuana, followed by methamphetamine.
MENTAL HEALTH AMERICA NATIONAL AND STATE REPORT SUMMARY

While this profile emphasizes Washoe County data, it is important to include State and National data to provide comparisons and identify trends. The Mental Health America annual report identifies a set of common data indicators for mental health that gives a complete picture of mental health status in America. The report provides data on prevalence rates of mental health problems for youth and adults and data on access to care with goals being to provide a snapshot of mental health status for program and policy planning, analysis and evaluation; to track changes in prevalence of mental health issues and access to care; to understand how changes in national data can affect legislation; and, to increase dialogue and improve outcomes. Key findings related to Nevada and the nation as a whole are listed below; the entire report can be found at the link provided in the Reference/Citations in this report.

While the below 2021 prevalence indicators are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. The website link, found in the Reference/Citations section of this document, further provides the complete report as well as important information regarding the methodology of data collection. **It remains important to review these numbers and determine how regionally, Washoe County measures (some of which is included in the Washoe Profile) and what trends are common statewide.**

**Adults:** States that are ranked 1-13 have lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have higher prevalence of mental illness and lower rates of access to care. Nevada’s ranking overall is 42nd.

- **Adult Ranking Adults with Any Mental Illness (AMI):** According to SAMHSA, Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness.
  - **United States:** 19.0% of adults are experiencing a mental illness. Equivalent to over 47 million Americans. 4.55% are experiencing a severe mental illness.
  - **Nevada:** Ranks 36th with 20.67%

- **Adults with Substance Use Disorder in the Past Year**
  - **United States:** 7.67% of adults in America reported having a substance use disorder in the past year. 2.87% of adults in America reported having an illicit drug use disorder in the past year. 5.74% of adults in America reported having an alcohol use disorder in the past year.
  - **Nevada:** Ranks 40th with 9% (For comparison, Nebraska ranks 1st with 8%)
• Adults with Serious Thoughts of Suicide
  o **United States:** The percentage of adults reporting serious thoughts of suicide is 4.34%. The estimated number of adults with serious suicidal thoughts is over 10.7 million - an increase of over 460,000 people from last year's data set.
  o **Nevada:** Ranks 26th with 4.65%

• Adults with AMI who are Uninsured
  o **United States:** 10.8% (over 5.1 million) of adults with a mental illness remain uninsured. There was a 0.5% increase from last year’s dataset, the first time this indicator has increased since the passage of the ACA.
  o **Nevada:** Ranks 31st with 10.5%

• Adults with AMI who Did Not Receive Treatment
  o **United States:** 7% of adults with a mental illness receive no treatment. Over 26 million individuals experiencing a mental illness are going untreated.
  o **Nevada:** Ranks 44th with 60.3%

• Adults with AMI Reporting Unmet Need
  o **United States:** Almost a quarter (23.6%) of all adults with a mental illness reported that they were not able to receive the treatment they needed. This number has not declined since 2011.
  o **Nevada:** Ranks 39th with 26.1%

• Adults with Disability Who Could Not See a Doctor Due to Costs
  o **United States:** 28.69% of adults with a cognitive disability were not able to see a doctor due to costs. According to the Centers for Disease Control (CDC), 11.5% of people in the U.S. had a cognitive disability in 2018, even when adjusted for age. The percentage of people with cognitive disability ranged from 7.9% in some states to 17.9%.
  o **Nevada:** Ranks 18th with 25.27%
Youth: States with rankings 1-10 have lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care. Nevada’s ranking overall is 51st.

- **Youth with At Least One Major Depressive Episode (MDE) in the Past Year**
  - **United States:** 13.84% of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year. Childhood depression is more likely to persist into adulthood if gone untreated. The number of youth experiencing MDE increased by 206,000 from last year's dataset.
  - **Nevada:** Ranks 39th with 15.11%

- **Youth with Substance Use Disorder in the Past Year**
  - **United States:** 83% of youth in the U.S. reported having a substance use disorder in the past year. 1.69% had an alcohol use disorder in the past year, while 2.85% had an illicit drug use disorder.
  - **Nevada:** Ranks 47th with 5.09%

- **Youth with Severe MDE**
  - **United States:** 9.7% of youth (or over 2.3 million youth) cope with severe major depression. Depression in youth often co-occurs with other disorders like substance use, anxiety, and disorderly behavior. The number of youths experiencing Severe MDE increased by 126,000 from last year's dataset.
  - **Nevada:** Ranks 39th with 11.8%
- **Youth with MDE who Did Not Receive Mental Health Services 2021**
  - **United States:** 59.6% of youth with major depression do not receive any mental health treatment. Youth experiencing MDE continue to go untreated. Even among the states with greatest access for youth, over 1 in 3 youth are still not receiving the mental health services they need.
  - **Nevada:** Ranks 51st with 71%

- **Youth with Severe MDE who Received Some Consistent Treatment**
  - **United States:** Nationally, only 27.3% of youth with severe depression receive some consistent treatment (7-25+ visits in a year). Late recognition in primary care settings and limited coverage of mental health services often prevent youth from receiving timely and effective treatment.
  - **Nevada:** Ranks 51st with 11.2%

- **Children with Private Insurance that Did Not Cover Mental or Emotional Problems**
  - **United States:** The Mental Health Parity and Addiction Equity law (MHPAE) was enacted in 2008 and promised the equal coverage of mental health and substance use services. The rate of children with private insurance that does not cover mental or emotional problems decreased 0.3% from last year's dataset. However, there are still 901,000 youth without coverage for their behavioral health. To improve the worsening mental health of children and adolescents in the U.S., insurance companies must not only achieve parity in coverage of services, but also in network adequacy, so people are able to access those services when they need them.
  - **Nevada:** Ranks 45th with 12.6%

- **Students Identified with Emotional Disturbance for an Individualized Education Program.**
  - **United States:** Only .757% of students are identified as having an Emotional Disturbance (ED) for an Individualized Education Program (IEP). For purposes of an IEP, the term emotional disturbance is used to define youth with a mental illness that is affecting their ability to succeed in school.
  - **Nevada:** Ranks 43rd with 4.43%
REFERENCES AND CITATIONS

MAJOR DATA SOURCES AND TERMINOLOGY

Nevada SAPTA EPI Profile. pgs. 2-5. Retrieved from: Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2021 (nv.gov)

DEMOGRAHPICS


SUBSTANCE USE/MISUSE

Figures 1 – 7 Same Source(s)

Figure 1: Percentage of Middle School Students Who Ever Consumed Alcohol*
Figure 2: Percentage of Middle School Students Who Consumed Alcohol for the First Time Before Age 11
Figure 3: Percentage of Middle School Students Who Ever Used Marijuana
Figure 4: Percentage of Middle School Students Who Used Marijuana for the First Time Before Age 11
Figure 5: Percentage Comparison of Alcohol and Marijuana Use by Washoe County Middle School Students*
Figure 6: Percentage Comparison of Alcohol and Marijuana Use by Washoe County Middle School Students Before Age 11*
Figure 7: Percentage Comparison of Substance Use by Washoe County Middle Schools Students*

Washoe County 2015: Lensch, T., Gay, C., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2015 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.
Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2017 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.
2019 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.

Figure 8 – 13 Same Source (s)
Figure 8: Percentage of High School Students Who Ever Consumed Alcohol 2019*
Figure 9: Percentage of High School Students Who Consumed Alcohol Before Age 13
Figure 10: Percentage of High School Students Who Recently Participated in Binge Drinking*
Figure 11: Percentage of High School Students Who Ever Used Marijuana*
Figure 12: Percentage of High School Students Who Tried Marijuana for the First Time Before Age 13
Figure 13: Percentage of High School Students Who Ever Used Other Substances

Figure 14 – 16: Same Source
Figure 14: Reported Number of Drinks Consumed....
Figure 15: Substance Use by UNR Students in Previous 3 Months 2020
Figure 16: Other Substances Used by UNR Students in Previous 3 Months 2020

Figure 17 – 20 Same Source
Figure 17: Percentage of Adults Considered Binge Drinkers
Figure 18: Percentage of Adults Considered Heavy Drinkers
Figure 19: Adults Who Used Illegal Drugs Within the Past Month Before Survey
Figure 20: Adults Who Used Marijuana/Hashish in the Past Month Before Survey

Figure 21 – 23 Same Source
Figure 21: Drug Related ER Encounter Crude Rates by Drug Types 2019
Figure 22: Drug-Related Inpatient Admissions Crude Rates by Drug Types 2019

Figure 23: Percentage of Overdose Drug Rates

Table 2: Drug- and Alcohol-Related Age-Adjusted Death Rates by Race/Ethnicity and Region, Nevada Residents, 2019*
Source: Electronic Death Registry System. Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019 as posted in Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2021 (nv.gov). Nevada State Demographer. Population Statistics and Reports (nv.gov)

Figure 24: Percentage of Traffic Fatalities Involving BAC.08*
Department of Public Safety – Crime in Nevada Reports

MENTAL HEALTH/EMOTIONAL HEALTH

Figure 25 – 28 Same Source
Figure 25: Percentage of Middle School Students Who Ever Felt Sad/Hopeless
Figure 26: Percentage of Middle School Students Who Rarely/Never Got the Help They Needed
Figure 27: Percentage of Middle School ACES 2017*
Figure 28: Percentage of Middle School ACES 2018*
Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2017 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.

Figure 29 – 32 Same Source
Figure 29: Percentage of High School Students Who Ever Felt Sad/Hopeless
Figure 30: Percentage of High School Students Who Rarely/Never Got the Help They Needed
Figure 31: Percentage of High School ACES 2017
Figure 32: Percentage of High School ACES 2019
Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2019 *Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report*

Figure 33: Percentage of Adults with Depressive Disorder

Table 3: Regional Mental Health-Related Emergency Department Encounters 2019*
Hospital Emergency Department Billing. as posted in Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 (nv.gov)

Figure 34 - 35 Percentage of Adults – poor mental health days
Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 (nv.gov)

Figure 36 Percentage of WC Mental Health Related ER Encounters 2017-2019
Hospital Emergency Department Billing. as posted in Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 (nv.gov)

Table 4: Regional Mental Health-Related Inpatient Admissions 2019*
Hospital Emergency Department Billing. as posted in Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 (nv.gov)

Table 5: Mental Health Related Deaths 2019
Nevada Electronic Death Registry System

SUICIDE
Figure 38 – 41 Same Source
Figure 38: Percentage of MS Students Who Considered Suicide
Figure 39: Percentage of MS Students Who Made A Plan
Figure 40: Percentage of MS Students Who Attempted Suicide
Figure 41: Percentage of MS Students Who Hurt Themselves Without Wanting to Die
Washoe County 2015: Lensch, T., Gay, C., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2015 *Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.*
Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2017 *Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.*


Figure 42–51 Same Source
Figure 42: HS Students Considering Suicide
Figure 43: HS Students Made a Plan
Figure 44: HS Students Made A Plan – Gender
Figure 45: HS Students Attempted
Figure 46: HS Students Attempted Gender
Figure 47: HS Students Hurt Themselves Without Wanting to Die


Figure 48 – 51 Same Source
Nevada Electronic Death Registry System

Table 7: Suicide Attempts and Suicides by Leading Method and Region, Nevada Residents, 2019. Hospital Emergency Department Billing. as posted in Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 (nv.gov)

Table 8 – 10: Same Source

Figure 52: Veteran Suicide

Figure 53 – 55: Same Source
MOST data Report. BH Coordinator.

Mental Health America Report: MHA | Mental Health America (mhanational.org)
Washoe County Health District CHIP: Chip-2021-Final.Pdf (WashoeCounty.Us)