

Washoe County Behavioral Health Summary

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Demographic Snapshot

Table 1. Selected demographics for Washoe County, Nevada.

	Washoe	Nevada
Population, 2015 estimate*	442,564	2,839,099
Population, 2010 estimate*	416,155	2,700,692
Population, percent change*	6.3%	5.1%
Male persons, estimated percent 2015*	50.3%	50.4%
Female persons, estimated percent 2015*	49.7%	49.6%
Land area (square miles), 2010**	6,302	109,781
Median household income**	\$52,910	\$52,800
Persons below poverty level, percent**	15.4%*	15.0%

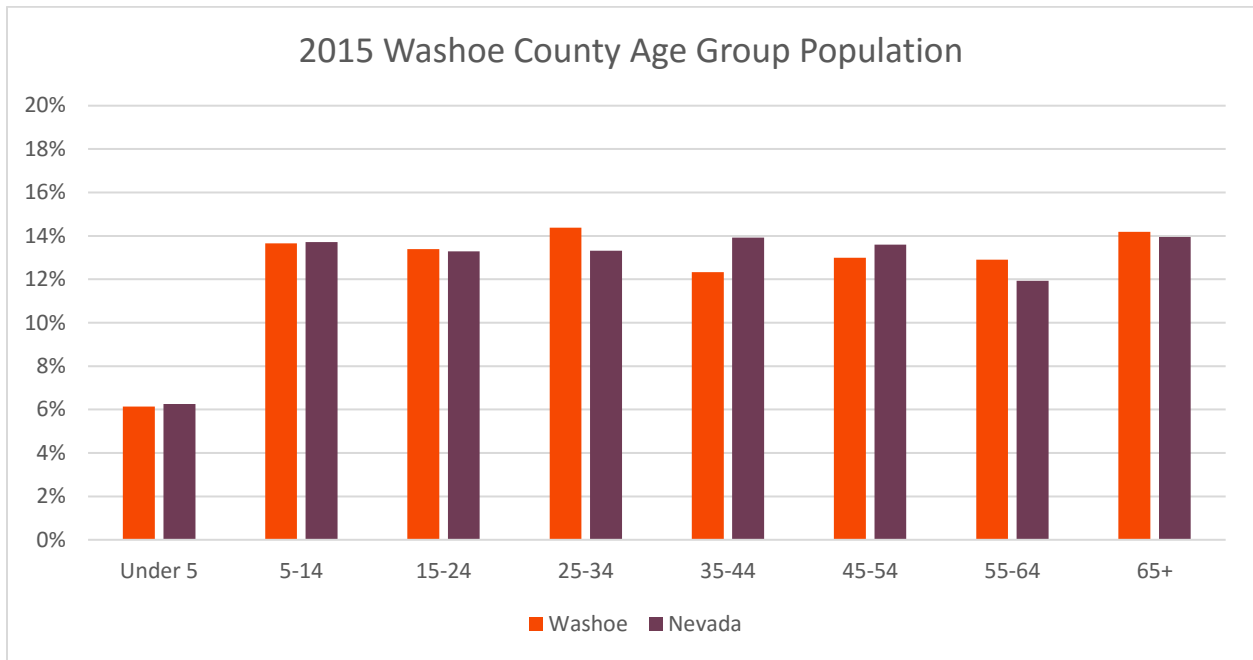
*Source: Nevada State Demographer's Office

**Source: US Census Bureau

In 2015, the estimated population for Washoe County, Nevada was 442,564, a six percent increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is \$52,910, nearly equivalent to Nevada's median household income of \$52,800. Over 15% of the population in Washoe County live below the poverty level, mirroring 15% of the population in Nevada. Washoe County land area is approximately 6,302 square miles and represents 5.7 percent of Nevada's total land area.



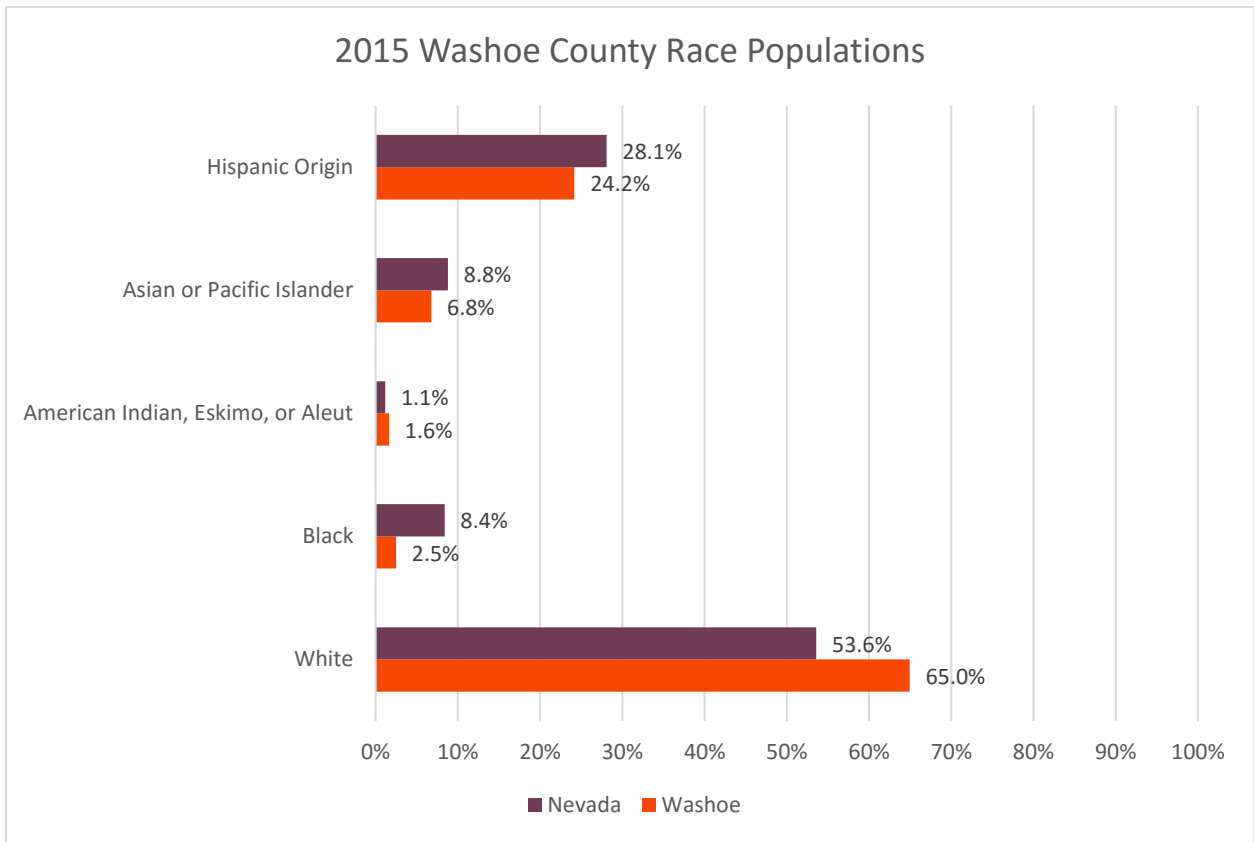
Figure 1. Washoe County and Nevada populations by age group.



Source: Nevada State Demographer

Washoe County's age population breakdown is comparable to Nevada's age population breakdown in a majority of the age groups. Out of the eight age groups listed, Washoe County differed from Nevada by one percent or less in six groups. The 25-34 year old age group accounted for 14% of Washoe County's population and 13% of Nevada's population.

Figure 2. Washoe County and Nevada race/ethnic breakdowns for 2015.



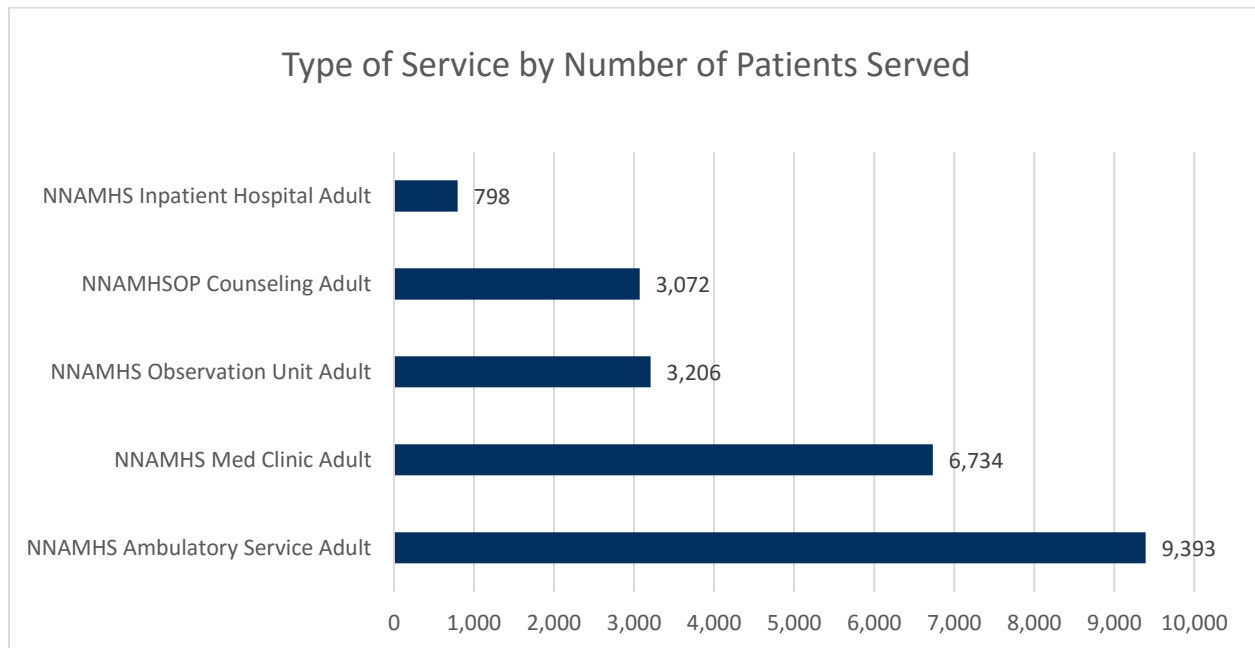
Source: Nevada State Demographer

Washoe County’s race/ethnicity breakdown compared to Nevada’s shows Washoe County, comparatively, has a greater proportion of White and American Indian/Eskimo/Aleut while Nevada’s population as a whole has a greater proportion of Hispanic, Asian and Black.

Mental 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).

Figure 3. Top 5 mental health clinic services for Washoe County residents with number of patients served, 2010-2014.

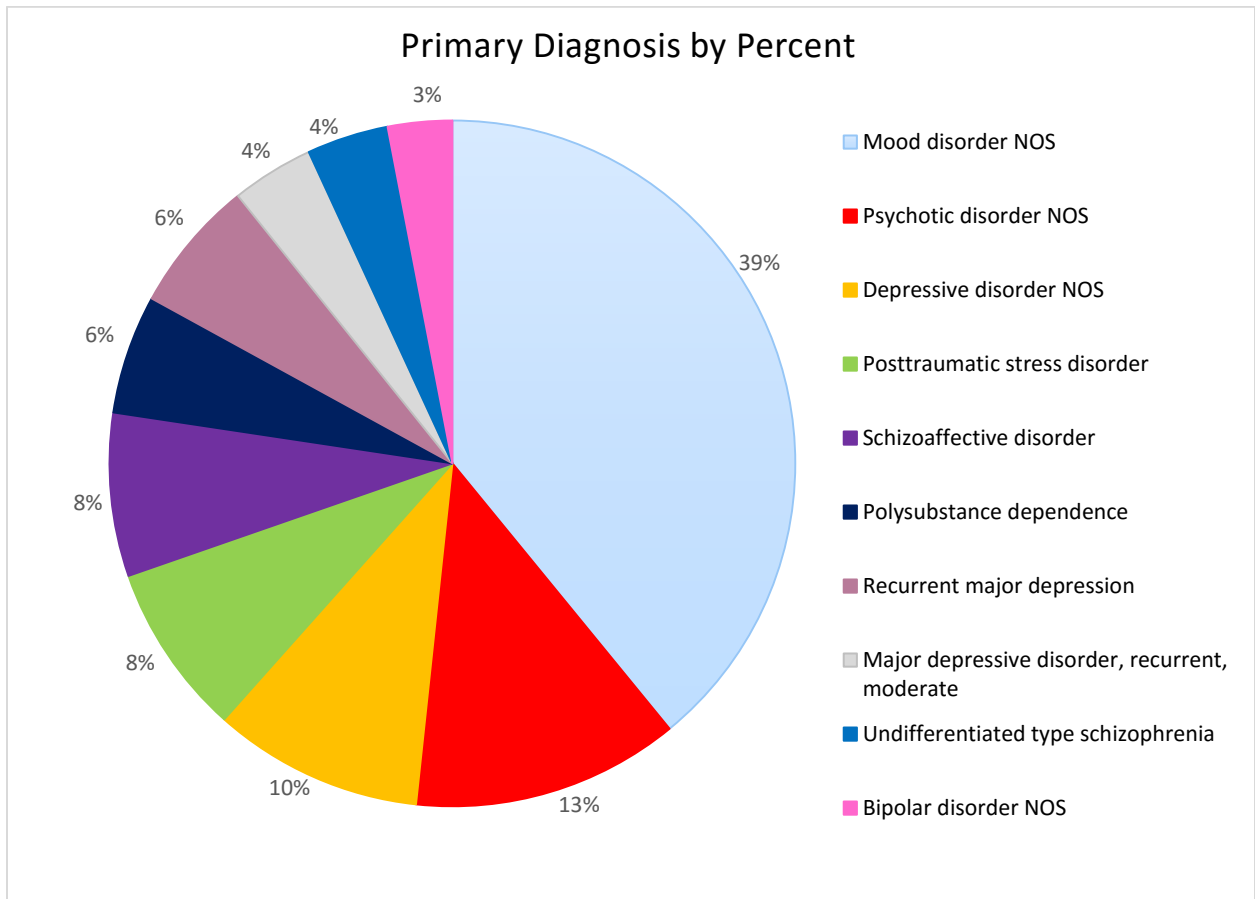


*Source: Nevada Avatar. De-duplicated patients. However, a patient can use more than one service during one admission period; while the services are de-duplicated, a patient can occur in more than one service.

During the time from 2010 to 2014, 11,751 Washoe County residents received mental health services from DPBH. Overall services totaled 52,433, as many patients used multiple services. The most common location of services occurred in an out-patient setting the NNAMHS Ambulatory Services. NNAMHS Pharmacy Adult was used by 16,476 patients in the time from 2010 to 2014. This number is not included in Figure 3 above because it is intended to be accessible for all patients and does not represent what type of specific service a patient utilized.

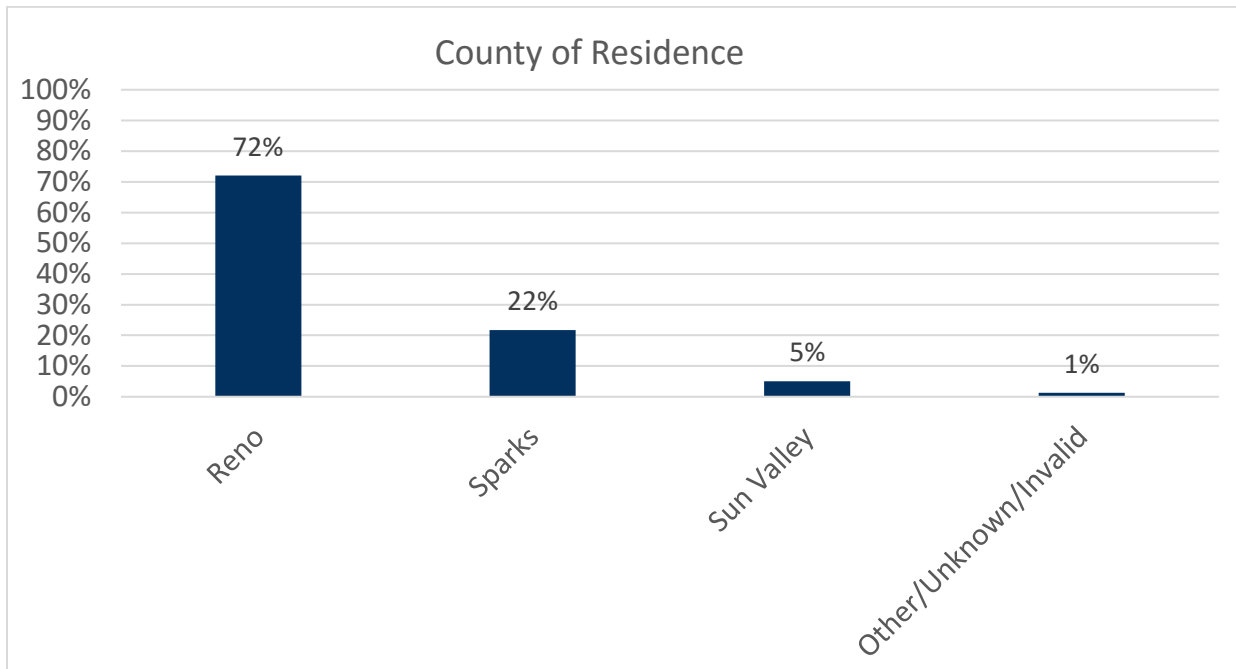


Figure 4. Most Common Diagnosis among Washoe County residents, 2010-2014 (n=7,328).



During the period of 2010 to 2014, the most common primary mental health diagnosis for a Washoe County resident was mood disorder NOS (Not Otherwise Specified) (39%), followed by psychotic disorder (13%). The top ten diagnoses also included depressive disorder NOS (10%), posttraumatic stress disorder (8%), schizoaffective disorder (8%), polysubstance dependence (6%), major depressive disorder, recurrent, moderate (4%), undifferentiated type schizophrenia (4%) and bipolar disorder NOS (3%). Patients may have multiple diagnoses noted during the course of their treatment, but the primary diagnosis noted is the most dominant.

Figure 5. Washoe County residents who access mental health clinics city of residence, 2010-2014.



Of the Washoe County residents accessing DPBH mental health services between 2010 and 2014, nearly three-fourths (72%) lived in Reno. The remaining residents lived in Sparks (22%) and Sun Valley (5%). One percent (1%) of residents accessing mental and behavioral clinics had residences that are unknown, invalid, or listed as other.



Table 2. Demographics of Washoe County residents who accessed mental health clinics, 2010-2014.

Sex	2010	2011	2012	2013	2014
Female	1,815	1,501	1,503	1,718	1,692
Male	1,773	1,351	1,433	1,654	1,711
Unknown	3	3	9	26	7
Total	3,591	2,855	2,945	3,398	3,410
Age					
0-17	13	8	2	6	14
18-30	1,060	916	963	1,131	1,113
31-50	1,747	1,358	1,367	1,541	1,549
51-65	731	551	588	689	682
66-100	40	22	24	28	52
Unknown	0	0	1	3	0
Total	3,591	2,855	2,945	3,398	3,410
Race					
White	2,777	2,236	2,314	2,578	2,578
Black	230	187	201	276	253
Asian	57	42	53	50	55
Alaskan Native/American Indian	69	37	46	61	57
Native Hawaiian/Pacific Islander	10	14	12	4	6
Two or more races	100	95	82	103	98
Other	305	227	210	288	279
Unknown	24	11	18	21	57
No Entry	19	6	9	17	27
Total	3,591	2,855	2,945	3,398	3,410
Ethnicity					
Hispanic or Latino	363	287	285	377	367
Not Hispanic or Latino	3,070	2,460	2,576	2,914	2,783
Unknown/No Entry	158	108	84	107	260
Total	3,591	2,855	2,945	3,398	3,410
Education					
=< 12th Grade - No Diploma	694	583	584	635	591
High School Graduate	844	742	732	905	1,057
GED	519	410	392	478	421
Some College	883	636	688	786	712
Undergraduate Degree	176	128	136	134	179
Graduate Degree	40	39	55	54	49
No Formal Education	49	54	50	25	16
Other	386	263	308	381	385
Total	3,591	2,855	2,945	3,398	3,410

During the 5-year period of 2010 to 2014, there were 11,751 Washoe County residents that accessed mental and/or behavioral health services from DPBH. The totals in Table 2 above equal 16,199, reflecting that some individuals used DPBH services during more than one year. Females comprised 51% of the patient population and males comprised 49%. Patients of white race made up 77% of the population, "other" race accounted for 8%, black made up 7% and the rest were small percentages of two or more races, native Hawaiian/Pacific Islander, Alaskan Native/American Indian, and unknown. The most populous age group was the 31-50 year olds, accounting for 47% of the patients, followed by the 18-30 year olds (32%). Patients with high school degrees accounted for 26% of the patients, followed by "some college" (23%), less than 12th grade, no diploma (19%) and those who obtained General Education Development (13%). The rest of the patients had a mix of undergrad degrees, graduate degrees, no formal education, and "other".

Hospital Emergency Room Data

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

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

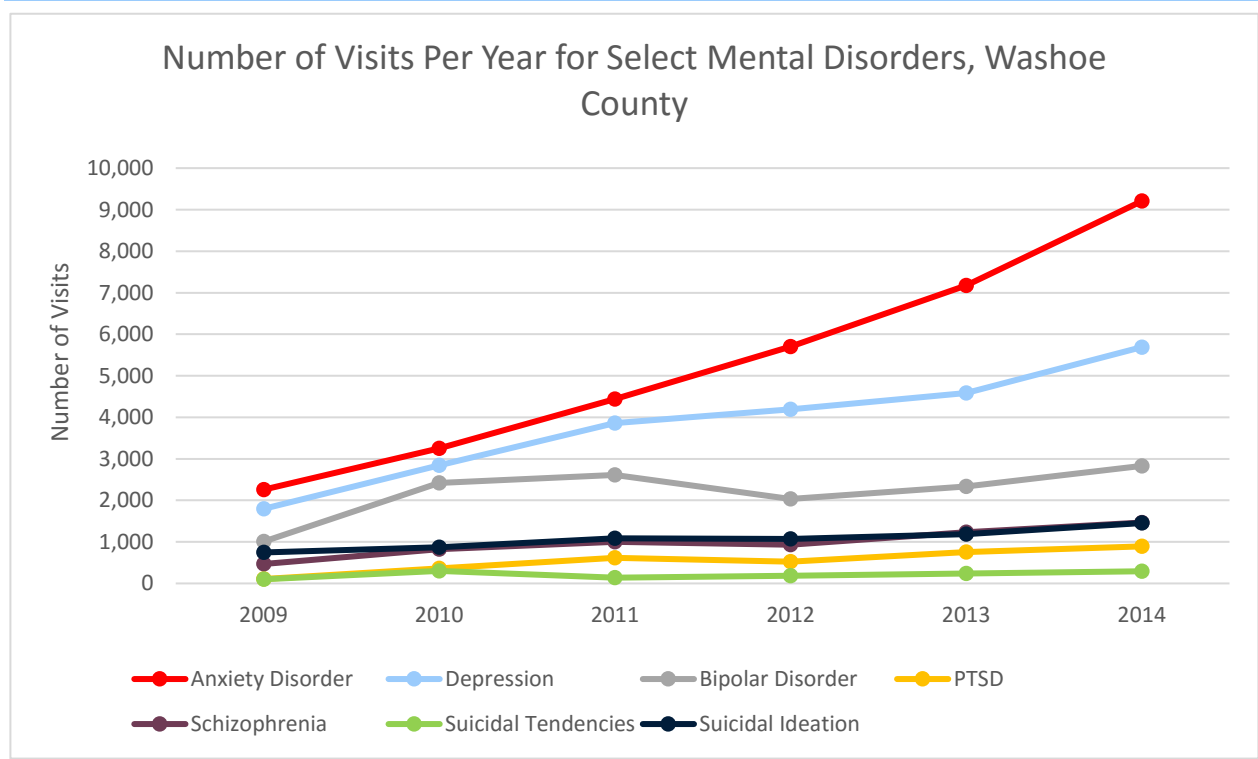
The following ICD-9 codes were used for analysis of suicide attempts by method: suicide by solid or liquid E950-E950.9; suicide by gases in domestic use E951-E951.8; suicide by other gases and vapors E952-E952.9; suicide by hanging, strangulation and suffocation E953-E953.9; suicide by drowning E954;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

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

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

There were a total of 103,128 visits related to mental health and substance use disorders among Washoe County 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 70,363 ER visits, there were 29,154 ER visits related to alcohol-related issues, 20,096 ER visits with diagnoses for drug-related issues, and 3,290 ER visit with diagnoses codes related to suicide attempts.

Figure 6. Number of Visits per Year for Select Mental Disorders, Washoe County, 2009-2014.



Anxiety disorder is the most common mental disorder seen in the emergency rooms (ER) among Washoe County residents, related to for 45% of the 70,363 visits in the categories listed in Figure 6. The number of anxiety-related ER visits increased 321% from 2009 to 2014. The

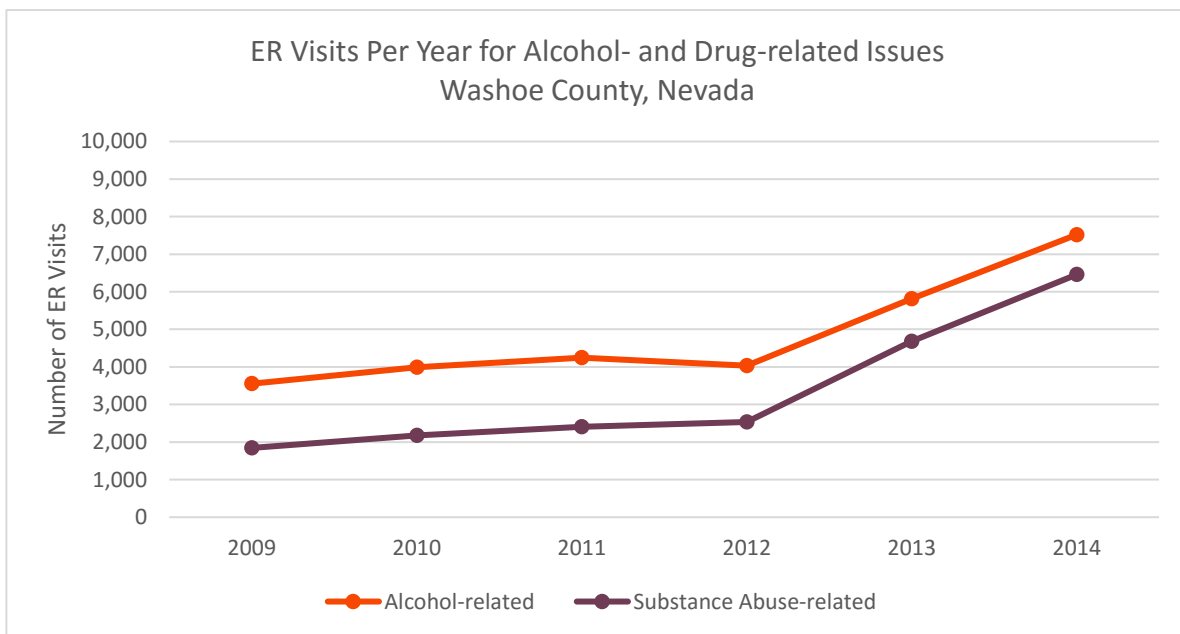
largest percent increase was among patient visits for issues related to posttraumatic stress disorder (PTSD), which increased 745% with 109 visits in 2009 to 921 in 2014. All visits for the selected mental disorders increased over the six year period which includes suicidal tendencies (273%), schizophrenia (217%), depression (203%), bipolar disorder (187%), and suicidal ideation (96%).

Table 3. Demographics of Washoe County resident visits to the ER for select behavioral disorders 2009-2014.

2009-2014							
Condition	Female		Male		Unknown		Total
	N	Row %	N	Row %	N	Row %	
Anxiety	21,485	67.5	10,332	32.5	0	0.0	31,817
Depression	15,883	65.8	8,250	34.2	0	0.0	24,133
Bipolar	8,566	63.8	4,868	36.2	0	0.0	13,434
PTSD	2,100	63.0	1,231	37.0	0	0.0	3,331
Schizophrenia	2,475	41.3	3,511	58.7	1	0.0	5,987
Suicidal Tendencies	867	57.0	653	43.0	0	0.0	1,520
Suicidal Ideation	3,023	43.2	3,972	56.8	0	0.0	6,995
Alcohol Related	9,822	33.7	19,330	66.3	2	0.0	29,154
Substance Abuse Related	9,654	48.0	10,441	52.0	1	0.0	20,096
Suicide - Solid or Liquid	1,245	68.5	573	31.5	0	0.0	1,818
Suicide - Gases in Domestic Use	1	50.0	1	50.0	0	0.0	2
Suicide - Other Gases and Vapors	2	9.5	19	90.5	0	0.0	21
Suicide - Hanging, Strangulation, & Suffocation	23	39.7	35	60.3	0	0.0	58
Suicide - Cutting & Piercing Instrument	667	59.0	463	41.0	0	0.0	1,130
Suicide - Firearms, Air Guns, & Explosives	4	13.8	25	86.2	0	0.0	29
Suicide - Jumping from High Place	1	7.7	12	92.3	0	0.0	13
Suicide - Other Unspecified Means	100	37.5	167	62.5	0	0.0	267
Total	76,073	54.4	63,944	45.7	4	0.0	139,805

Females made up the majority of Washoe County residents who visited the ER for anxiety (68%), depression (66%), bipolar (64%), and PTSD (63%), while the majority who visited for schizophrenia were males (59%). The age group of 45 to 54 year olds accounted for the greatest percentages of ER visits for depression (22%), bipolar disorder (23%), PTSD (25%), schizophrenia (25%), suicidal tendencies (22%) and suicidal ideation (24 %). Anxiety was the highest among the 25 to 34 year olds (21%).

Figure 8. Trend of Washoe County visits to ER for alcohol- and drug-related issues, 2009-2014.



Washoe County ER visits increased drastically for both alcohol-related and substance abuse-related issues from 2009 to 2014. Alcohol-related visits jumped from a low of 3,553 visits in 2009 to a high of 7,518 visits in 2014, a 112% increase. Drug-related visits followed the same trend, with a low of 1,844 visits in 2009 to a high of 6,457 visits in 2014, a 250% increase.

Table 4. Demographics of Washoe County resident visits to the ER for alcohol and drug-related disorders, 2009-2014.

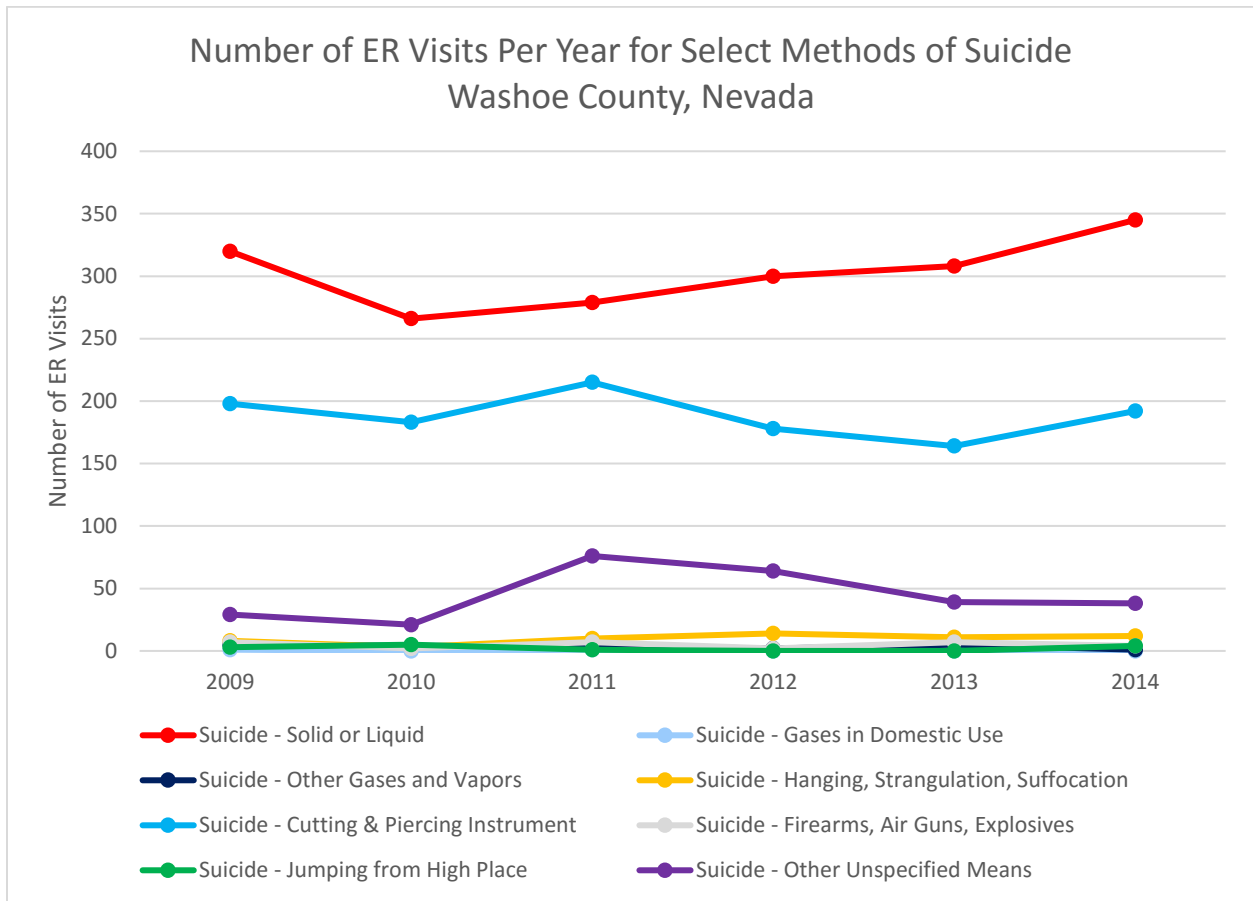
	Alcohol-Related		Drug- Related	
	N	Column %	N	Column %
Sex				
Female	9,822	33.7	9654	48.0
Male	19,330	66.3	10,441	52.0
Race				
White	21,960	75.3	15,184	75.6
Native American	1,005	3.3	426	2.1
Hispanic	2,611	9.0	1,639	8.2
Asian/Pacific	295	1.0	202	1.0
Black	1,530	5.2	1,538	7.7
Other	480	1.6	336	1.7
Unknown	1,273	4.4	771	3.8
Age				
0-14	118	0.4	346	1.7
15-24	3,208	11.0	3,823	19.0
25-34	4,735	16.2	5,170	25.7
35-44	5,719	19.6	3,997	19.9
45-54	8,270	28.3	4,026	20.0
55-64	4,687	16.1	2,028	10.0
65-74	1,869	6.4	510	2.5
75-84	455	1.6	138	0.7
85+	93	0.3	28	0.3

Males accounted for the greater percent over females for both alcohol-related ER visits (66%) and drug-related visits (52%) among Washoe County residents between 2009 and 2014.

Whites made up the majority of alcohol and substance abuse -related ER visits, 75% and 76% of visits, respectively. This is significant since whites make up 65% of Washoe County's population.

Alcohol-related ED visits was highest among the 45-54 years of age (28%). In general, ER visits declined progressively as ages increased. A quarter (26%) of drug-related visits were among the age group 25-34 years.

Figure 7. Trend of Washoe County visits to the ER for suicides, 2009-2014.



Overall number of visits to the ER for suicide among Washoe County residents has increased by 5% from 2009-2014, from 565 visits in 2009 to 592 in 2014. The lowest number was in 2010 with 479 visits.

Suicide by solid or liquid remains the top method of suicide and suicide attempts which resulted in an ER visit in Washoe County, accounting for 57% of all suicide-related ER visits from 2009-2014. The high was 345 visits in 2014 and the low was 266 visits in 2010, a percent change of 30%. Suicide by solid or liquid includes all suicides where an individual entered liquid into his or her body, such as alcohols (ethanol, butanol, propanol, and methanol), fusel oil, petroleum, pesticides, herbicides, paints, dyes, and glues; or solids such as prescription pills and illegal drugs.

The second most common suicide ER visit was for those involving cutting and piercing instruments, accounting for 34% of all suicide-related visits from 2009-2014. The high 215 visits in 2011 and the low was 164 visits in 2013, a 24% decrease. There was a 3% decrease in visits from 2009 to 2014.

Emergency room visits for suicide by hanging, strangulation or suffocation increased from 8 in 2009 to 12 in 2014.

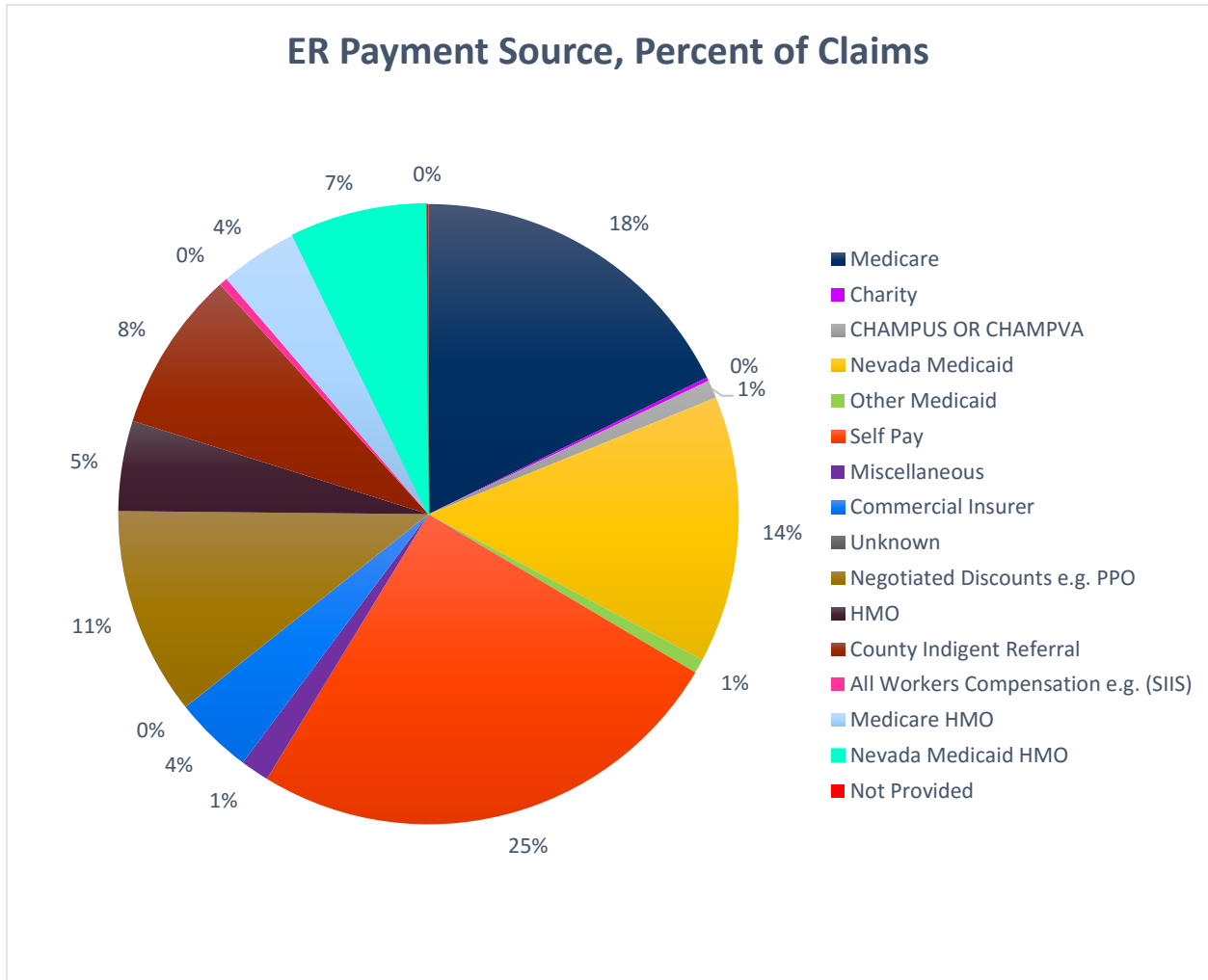
Table 5. Demographics of Washoe County residents who visited the ER for suicide attempts, 2009-2014.

Suicide Attempts 2009-2014					
Condition	Female		Male		Total
	N	Row %	N	Row %	
Suicide - Solid or Liquid	1,245	68.5	573	31.5	1,818
Suicide - Cutting & Piercing Instrument	667	59.0	463	41.0	1,130
Suicide - Hanging, Strangulation, & Suffocation	23	69.7	35	60.3	58
Suicide - Jumping from High Place	1	7.7	12	92.3	13
Suicide - Other Gases and Vapors	2	9.5	19	90.5	21
Suicide - Firearms, Air Guns, & Explosives	4	13.8	25	86.2	29
Suicide - Other Unspecified Means	100	37.5	167	62.5	267
Suicide - Gases in Domestic Use	1	50.0	1	50.0	2

The gender distribution of ER visits for suicide attempts differed depending on method of suicide. Overall, females accounted for 61% of the suicide-related ER visits, largely due to females making up 69% of the 3,338 ER visits for suicide by solids or liquids. From 2009 to 2014 males made up 86% of the ER admissions for suicide by firearms, air guns and explosives, and 92% of admissions for suicide by jumping from a high place.

As Washoe County residents are primarily white and non-Hispanic, the ER data is reflective of that demographic. Under the mental disorder categories, whites accounted for anywhere from 73% of visits (schizophrenia) to 90% of visits (PTSD). Whites accounted for 75% of the alcohol-related visits and 76% of the substance abuse-related visits. Whites were the majority of all visits to the ER for suicides, except for suicide by gases in domestic use, where one visit was a white patients and one was Native American.

Figure 8. Percentages of Washoe County resident visits to the ER for mental health and substance-related disorders by payment source, 2009-2014 (n=103,128).



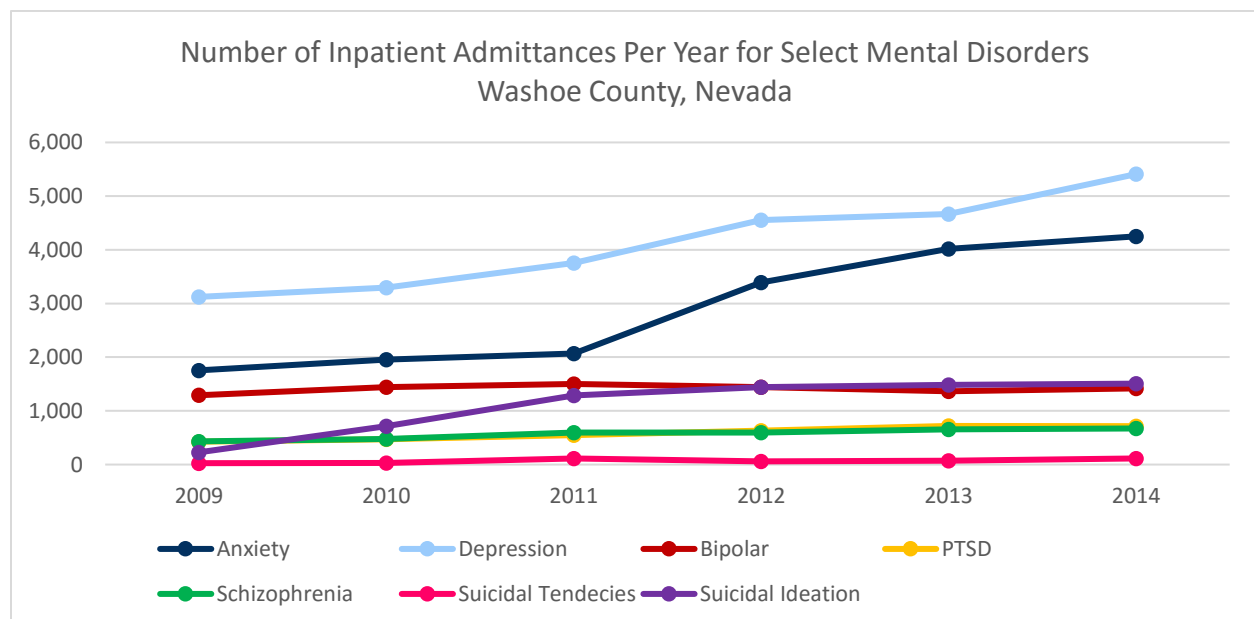
Self-pay accounted for 25% of sources of payment for ER visits among Washoe County residents with mental health and substance-related disorders. Medicare accounted for 18% of payment types, Nevada Medicaid represented 14%, Negotiated Discounts such as PPO represented 11%, County Indigent Referral represented 8% and Nevada Medicaid HMO represented 7% of total claims. Ten other payment types covered 5% or less individually and 17% of the total.

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 (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 62,878 inpatient admissions related to mental health and substance use disorders among Washoe County 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 45,735 inpatient admissions, there were 20,621 inpatient admissions related to alcohol- related issues, 15,680 inpatient admissions for drug-related issues, and 1,634 inpatient admissions with diagnoses codes related to suicide attempts.

Figure 9. Trend of Washoe County inpatient admissions for select mental health disorders, 2009-2014.



Depression was the most common mental health disorder for inpatient admissions for Washoe County residents between 2009 and 2014, related to for 54% of the admissions from the

disorders listed above in figure 9. Depression inpatient admissions has increased consistently over the four year period, from 3,123 admissions in 2009 to 5,409 in 2014, a 73% increase respectively.

Anxiety was the second most common mental health disorder seen in inpatient admissions. Inpatient admissions has increased steadily over the four year period, from 1,755 admissions in 2009 to 4,250 in 2014, a 142% increase.

Bipolar disorder is the third most common mental health disorder seen in inpatient admissions among Washoe County residents, related to 19% of admissions for the mental health conditions listed in figure 9. The greatest increase was from 1,291 admissions in 2009 to 1,445 admissions in 2010.

Inpatient admissions for suicidal ideation experienced the greatest percent change from 2009 to 2014 with a 561% increase. The inpatient admission counts increased from 228 in 2009 to 1,507 in 2014.

Table 6. Demographics of Washoe County resident inpatient admissions for top four mental health disorders, 2009-2014.

Inpatient	Depression		Anxiety		Bipolar		Suicidal Ideation	
	N	Column %	N	Column %	N	Column %	N	Column %
Sex								
Female	16,105	64.9	11,843	67.9	5,255	61.7	3,617	54.3
Male	8,703	35.1	5,595	32.1	3,240	38.3	3,041	45.7
Race								
White	17,919	72.2	12,937	74.2	5,122	60.5	2,027	30.4
Black	636	2.6	480	2.8	201	2.4	94	1.4
Native American	240	1.0	144	0.8	94	1.1	46	0.7
Asian/Pacific	242	1.0	160	0.9	49	0.6	41	0.6
Hispanic	1,034	4.2	710	4.1	154	1.8	152	2.3
Other	391	1.6	280	1.6	135	1.6	197	3.0
Unknown	4,346	17.5	2,727	15.6	2,710	32.0	4,101	62.0
Age								
0-14	763	3.1	312	1.8	355	4.2	645	9.7
15-24	2,241	9.0	1,244	7.1	1,127	13.3	1,680	25.2
25-34	1,790	7.2	1,533	8.8	1,036	12.2	769	11.6
35-44	2,421	9.8	2,145	12.3	1,371	16.2	955	14.3
45-54	3,875	15.6	3,206	18.4	2,074	24.5	1,247	18.7
55-64	4,808	19.4	3,249	18.6	1,527	18.0	791	11.9
65-74	4,344	17.5	3,002	17.2	729	8.6	385	5.8
75-84	2,867	11.6	1,789	10.3	178	2.1	126	1.9
85+	1,699	6.8	958	5.5	68	0.8	60	0.9

Females accounted for a greater percent of inpatient admissions over males for the top mental health disorders in Washoe County, ranging from 54% of admissions for suicidal ideations to 68% of anxiety admissions.

A majority of inpatient admissions are white, such as with depression admissions (72%) and anxiety admissions (74%). There is a large portion of “unknown” races for all selected mental

health disorders, especially for admissions for suicidal ideation where unknown accounts for 62% of all admissions, which could explain the low percentages for all races.

The two largest age groups for anxiety and depression inpatient admissions are those aged 55-64 years. The dominant age groups for bipolar inpatient admissions are those aged 45 to 54 years. The largest age group for suicidal ideation are those aged 15-24 years.

Table 7. Demographics of Washoe County residents inpatient admissions by suicide attempts, 2009-2014.

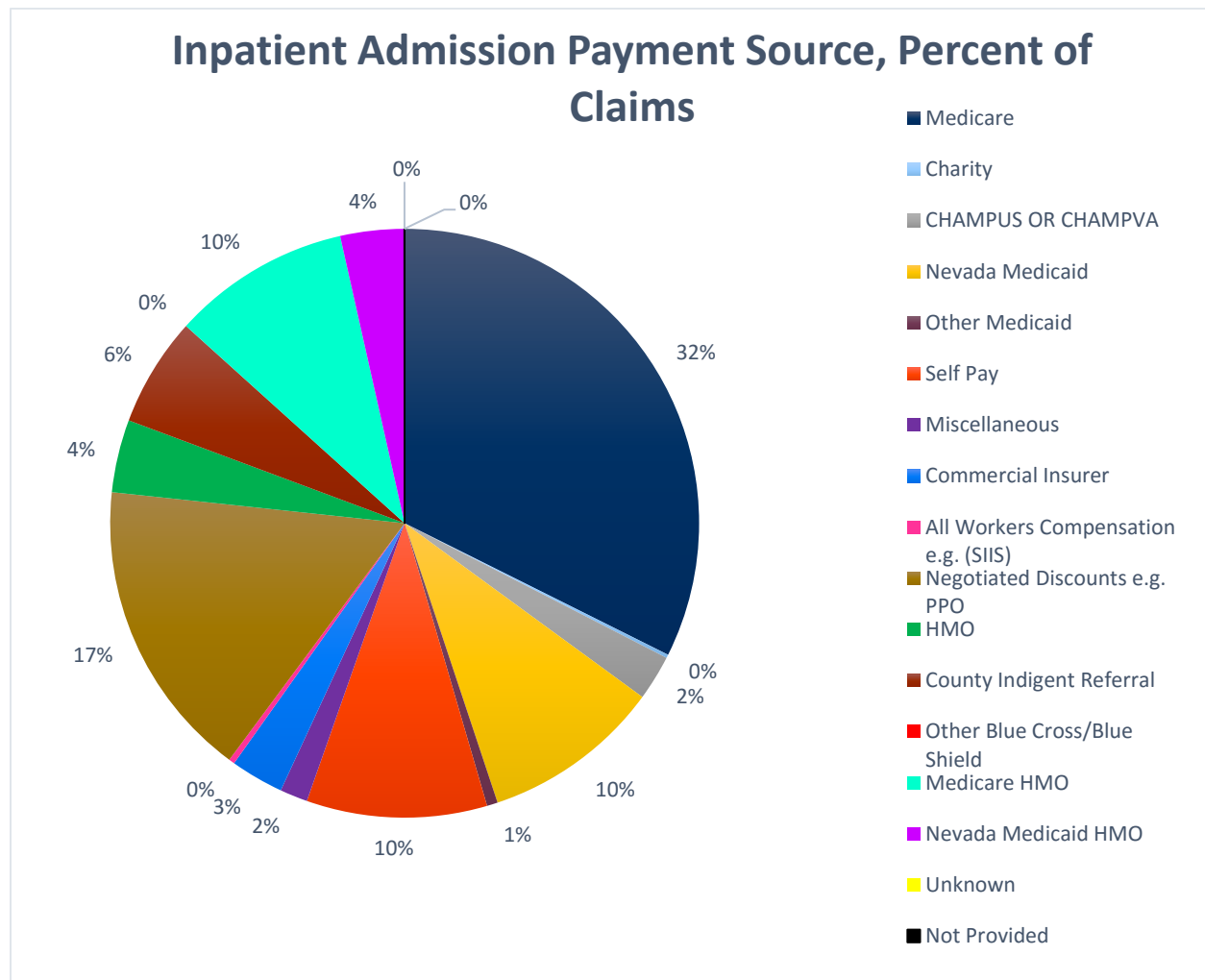
Inpatient	Solid or Liquid		Cutting and Piercing Instrument		Firearms, Air Guns and Explosives	
	N	Column %	N	Column %	N	Column %
Sex						
Female	877	63.1	59	44.7	14	32.6
Male	512	36.9	73	55.3	29	67.4
Race						
White	1,150	82.8	96	72.7	38	88.3
Black	29	2.1	6	4.5	0	0.0
Native American	32	2.3	4	3.0	0	0.0
Asian/Pacific	22	1.6	1	0.8	0	0.0
Hispanic	85	6.1	12	9.1	3	7.0
Other	23	1.7	2	1.5	0	0.0
Unknown	48	3.5	11	8.3	2	4.7
Age						
0-14	24	1.7	1	0.8	0	0.0
15-24	261	18.8	28	21.2	9	20.9
25-34	246	17.7	23	17.4	11	25.6
35-44	291	21.0	24	18.2	7	16.3
45-54	294	21.2	19	14.4	1	2.3
55-64	181	13.0	22	16.7	5	11.6
65-74	59	4.2	8	6.1	5	11.6
75-84	23	1.7	3	2.3	2	4.7
85+	10	0.7	4	3.0	3	7.0

Washoe County males lead in suicide attempts by cutting and piercing instrument (55%) and suicide attempts by firearms, air guns and explosives (67%), while females account for 63% of suicide attempts by a solid or liquid. Whites represent 83% of suicide inpatient admissions by solid or liquid, about 73% of suicide by cutting and piercing instrument and 88% of suicide by firearms, air guns and explosives.

The largest age group connected to suicide-related inpatient admissions by solid or liquid is those aged 35 to 44 and 45-54 years (21% for each). The highest age group for suicide by cutting and piercing instrument was those aged 15-24 years (21%). The third most common

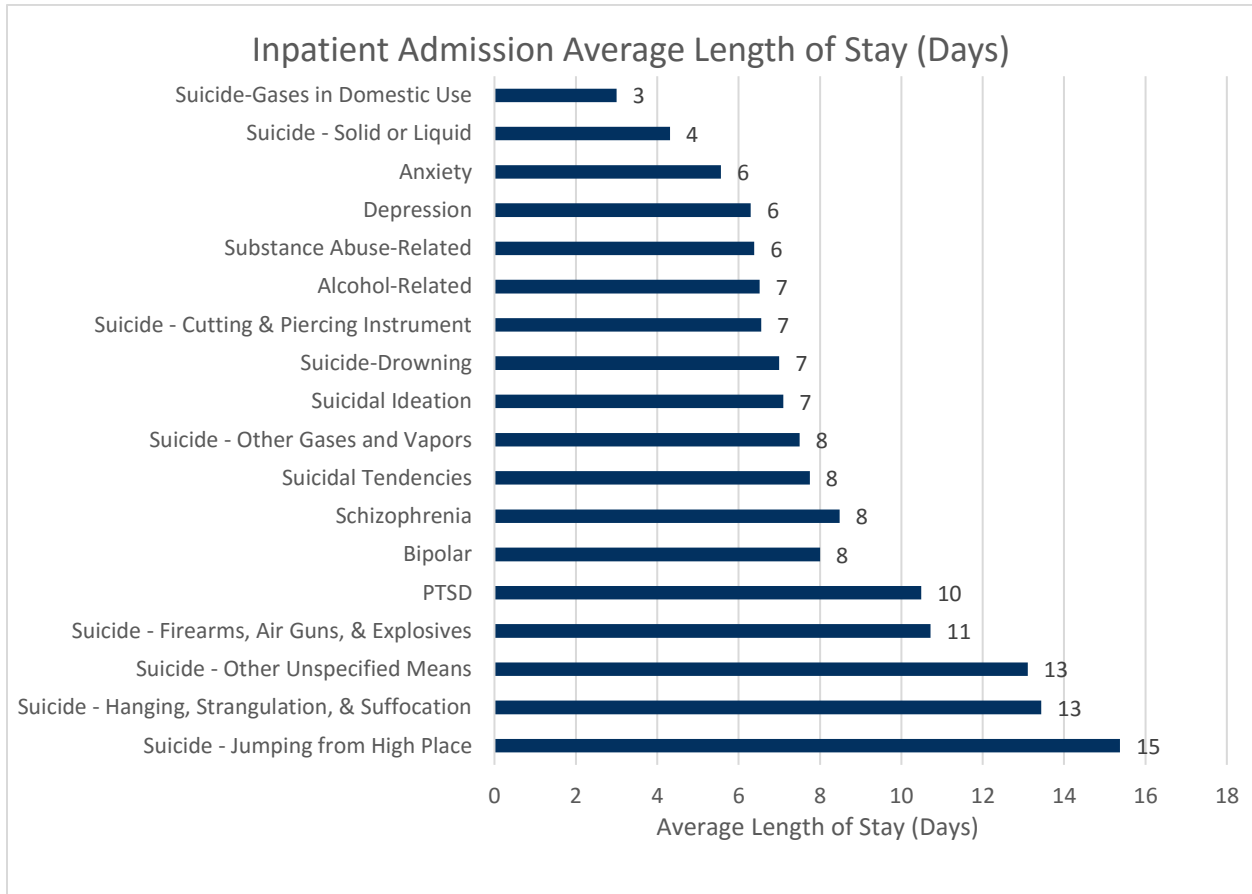
inpatient admission method for suicides is by firearms, air guns and explosives, in which the largest group of the patients were in the 25-34 age group (26%).

Figure 10. Percentages of Washoe County resident inpatient admissions for mental health and substance-related disorders by payment type, 2010-2014 (n=62,878).



A majority of mental health and substance-related inpatient admissions for Washoe County residents was paid by Medicare (32%). Negotiated discounts (PPO) accounted for 17% of payment types for inpatient admissions. Nevada Medicaid, Medicare HMO, and Self Pay each accounted for 10% of payments. The remainder payment methods are each 6% or less of inpatient admissions.

Figure 11. Average length of stay for Washoe County resident inpatient admissions for mental health and substance-related disorders, 2009-2014.



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

Inpatient admissions for suicide attempts by jumping from a high place had the longest average length of stay for the period from 2009 to 2015 at 15 days, but was not included in the previous analysis due to small counts. Suicide attempts by hanging, strangulation and suffocation had an average length of stay of 13 days. Inpatient admissions for suicide attempts by firearms, air guns and explosives had an average stay of about 11 days. Inpatient admissions for PTSD had an average stay of about 10 days. Inpatient admissions for bipolar conditions, schizophrenia, suicidal tendencies and suicide attempt by other gases and vapors had an average length of stay of eight days. Those admitted with for alcohol-related conditions, suicide attempts by cutting and piercing instrument, suicide attempt by drowning, and suicidal ideation stayed an average of seven days. Those with anxiety, depression, and substance abuse-related conditions were admitted for a mean of six days. Suicide by solid or liquid had an average inpatient stay of about four days. Suicide by gases in domestic use had the shortest length of stay at an average of three days.

Substance Abuse Treatment Facilities

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

Table 8. Top 5 substances by admissions to Nevada substance abuse treatment facilities, Washoe County residents, 2014.

Rank	Substance	Percent
1	Alcohol	36.6
2	Amphetamines/Methamphetamines	29.7
3	Marijuana/Hashish	16.4
4	Heroin	9.4
5	Other Opiates/Synthetic Opiates	4.3

Of the Washoe County residents who received substance abuse treatment services from a SAPTA provider in 2014, alcohol was the most common substance abused (37%), followed closely by amphetamines/methamphetamines (30%), marijuana (16%), and heroin and other opiates (9% and 4% 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 12. Trends of Washoe County residents in Nevada state funded substance abuse treatment facilities by select substances, 2010-2014.

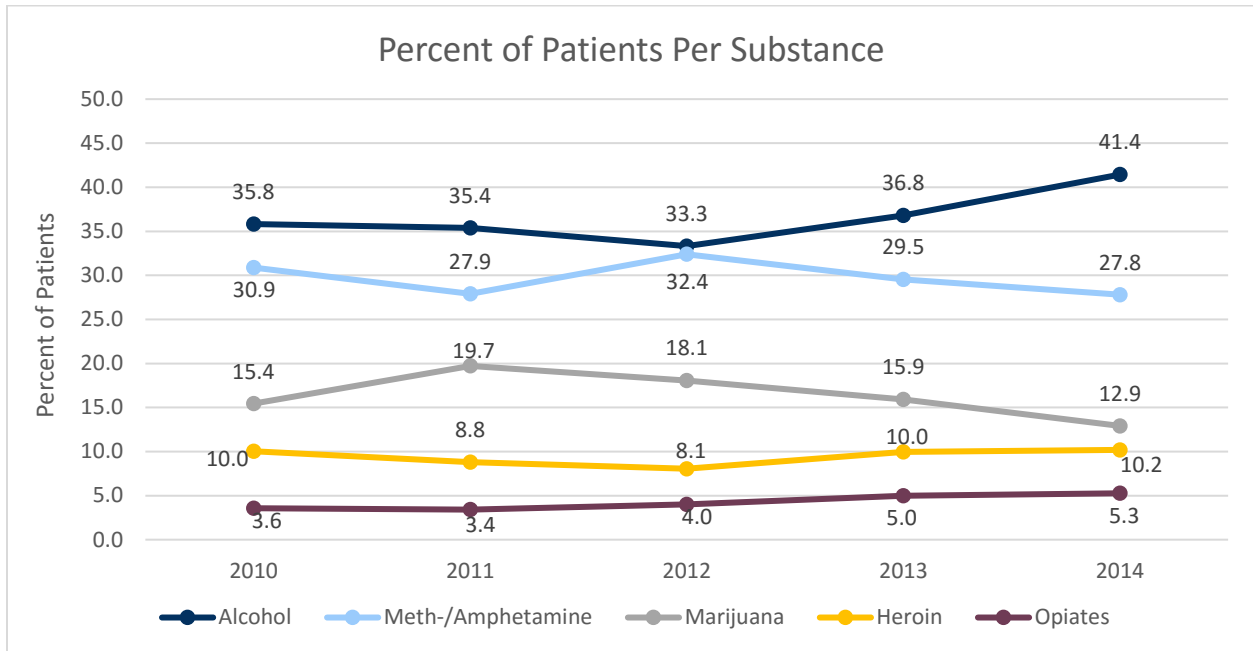


Figure 12 shows trend lines for the top five most common substances, and the percentages of Washoe County patients admitted into a treatment facility for that substance. Alcohol is the dominant substance seen in treatment facilities and represents a low of 36% of patients seeking treatment at a SAPTA-funded treatment facility in 2010 and a high of 41% of patients in 2014.

Methamphetamines (Meth-/Amphetamines) is the next common substance abused by Washoe County residents who underwent treatment between 2010 and 2014. The percentage of patients seeking treatment for Meth-/Amphetamines abuse peaked in 2012 (32%).

Marijuana is the third most common drug among Washoe County residents seen in substance abuse treatment facilities. The percentage peaked in 2011 at 20%.

Heroin is the fourth most common drug among Washoe County residents seen in substance abuse treatment facilities. The percentage peaked in 2014 at 10%.

The fifth most common substance abused is opiates. The percent of patients in treatment for opiate abuse has increased steadily from 2010 (4%) to 2014 (5%).

Table 9. Demographics of Washoe County residents in Nevada substance abuse treatment facilities for alcohol abuse, 2010-2014.

	N	Column %
Sex		
Female	1,765	37.1%
Male	2,996	62.9%
Age		
14-Oct	31	0.7%
15-19	447	9.4%
20-24	419	8.8%
25-34	1,125	23.6%
35-39	485	10.2%
40-44	578	12.1%
45-49	620	13.0%
50-54	542	11.4%
55-59	342	7.2%
60-64	43	0.9%
65+	55	1.2%
Unknown	74	1.6%
Race/Ethnicity		
White	3,642	76.5%
American Indian	129	2.7%
Two + Races	34	0.7%
Black	182	3.8%
Other	19	0.4%
Asian	27	0.6%
Unknown	8	0.2%
Hispanic	694	14.6%
Native Hawaiian/Pacific Islander	26	0.6%
Tobacco Use		
Yes	2,679	56.3%
No	1,738	36.5%
Unknown	344	7.2%

There were a total of 4,761 Washoe County residents that sought alcohol-related substance use treatment services from a SAPTA-funded provider between 2010 and 2014. This number is exclusive to SAPTA- funded facilities and does not include privately funded facilities. The majority of the patients were male (63%). For race/ethnicity, whites made up the majority of admissions with 77%. The majority of admittances, 56%, were tobacco users. By age group, the

most common groups that received treatment were between 30 to 34 years (24%). Since this data is exclusive to only SAPTA- funded providers, the data may not reflect statewide trends.

Table 10. Demographics of Washoe County residents in Nevada substance abuse treatment facilities for meth/amphetamine abuse, 2010-2014.

	N	Column %
Sex		
Female	2,041	52.8%
Male	1,828	47.2%
Age		
10-14	10	0.3%
15-19	148	3.8%
20-24	545	14.1%
25-34	1,557	40.2%
35-39	544	14.1%
40-44	498	12.9%
45-49	324	8.4%
50-54	158	4.1%
55-59	65	1.7%
60-64	1	0.0%
65+	5	0.1%
Unknown	14	0.4%
Race		
White	2,958	76.5%
American Indian/Alaska Native	65	1.7%
Two + Races	61	1.6%
Asian	19	0.5%
Black	127	3.3%
Hispanic	568	14.7%
Native Hawaiian/Pacific Islander	31	0.8%
Other Single Race	29	0.8%
Unknown	11	0.3%
Tobacco Use		
Yes	2,554	66.0%
No	985	25.5%
Unknown	330	8.5%

Between 2010 and 2014, 3,869 Washoe County residents received treatment for methamphetamine use. Unlike alcohol, females were more likely to seek service for this drug (53%). Use of this drug and related treatment were highly concentrated among young adults

aged 25 to 34 years (40%). The majority of patients are White (77%) and used tobacco in addition to methamphetamines (66%).

Table 11. Demographics of Washoe County residents in Nevada substance abuse treatment facilities for marijuana abuse, 2010-2014.

	N	Column %
Sex		
Female	522	24.4%
Male	1,617	75.6%
Age		
10-14	186	8.7%
15-19	1,077	50.4%
20-24	295	13.8%
25-34	363	13.8%
35-39	83	3.9%
40-44	50	2.3%
45-49	46	2.2%
50-54	21	1.0%
55-59	8	0.4%
60-64	3	0.1%
65+	1	0.1%
Unknown	6	0.3%
Race		
White	1,114	52.1%
American Indian/Alaska Native	13	0.6%
Black	177	8.3%
Two or more race	42	2.0%
Asian	14	0.7%
Other single race	26	1.2%
Native Hawaiian/Pacific Islander	23	1.1%
Hispanic	724	33.9%
Unknown	6	0.3%
Tobacco Use		
Yes	1,005	47.0%
No	991	46.3%
Unknown	143	6.7%

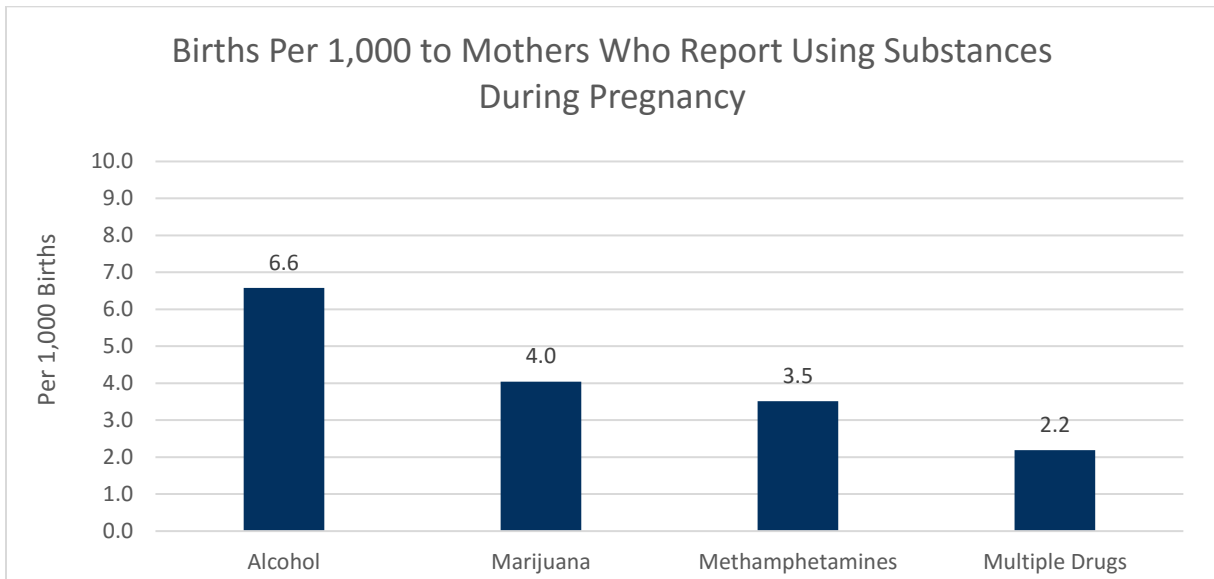
There were a total of 2,139 Washoe County residents that received treatment for marijuana use between 2010 and 2014 at a SAPTA-funded treatment facility. Males represented 76% of these patients. Over 50% of the patients were in the 15-19 age group. Whites accounted for

52% of patients, and Hispanics accounted for 34%. Nearly half of the patients treated for substance use at a SAPTA-funded facility reported using tobacco (47%) in addition to marijuana.

Prenatal Substance Use

The data in this section is reflective of self-reported information provided by the mother on the birth record.

Figure 12. Prenatal substance abuse birth rate (self-reported), Washoe County 2010-2014.

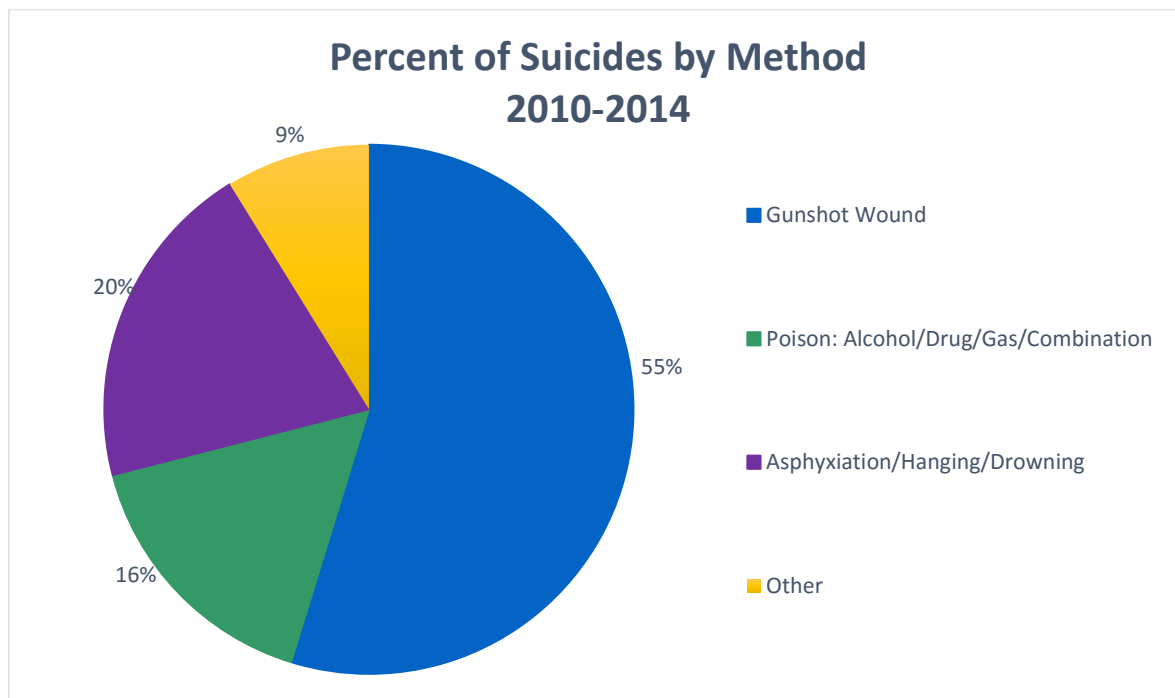


Of the Washoe County mothers who gave birth between 2010 and 2014 that self-reported using a substance while pregnant, alcohol has the highest prenatal substance abuse birth rate at 6.6 per 1,000 births. A rate of 4.0 per 1,000 self-reported using marijuana, 3.5 per 1,000 reported using methamphetamines, and 2.2 per 1,000 births reported multiple drug use (which includes, but not limited to, cocaine, heroin and ecstasy). These numbers are grossly 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

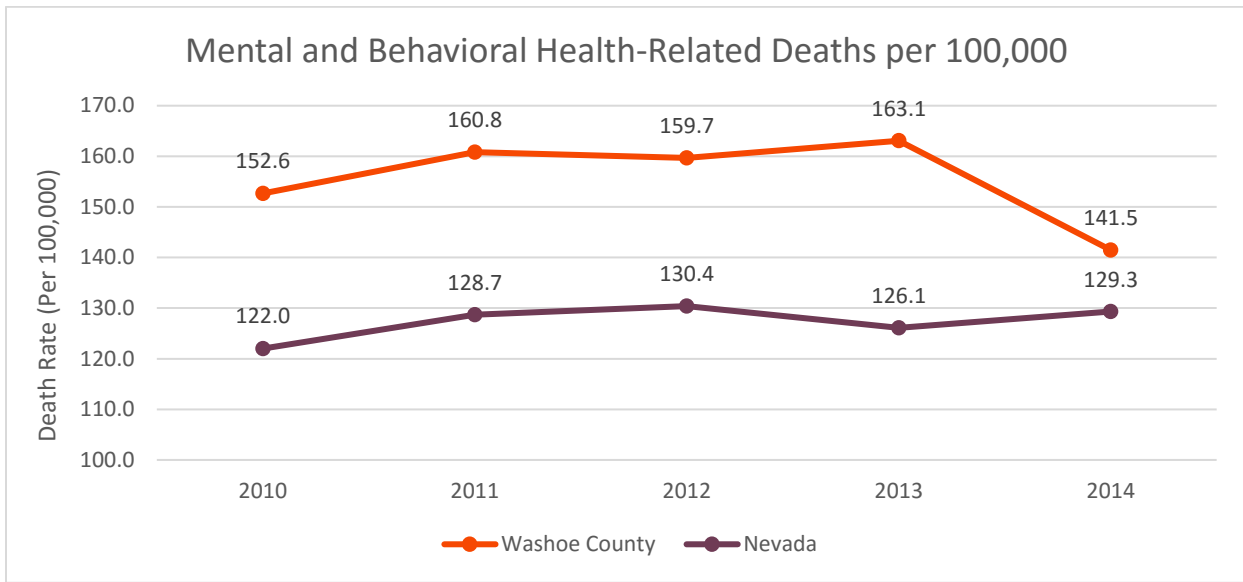
The data in this section are from the electronic death registry at DPBH. The Substance Abuse and Mental Health Service Administration (SAMHSA) reports suicide and mental illness are highly correlated with as many as 90% of those persons who die of suicide completion having a diagnosable mental illness.

Figure 13. Immediate cause of death by suicide, Washoe County, 2010-2014 (n=431).



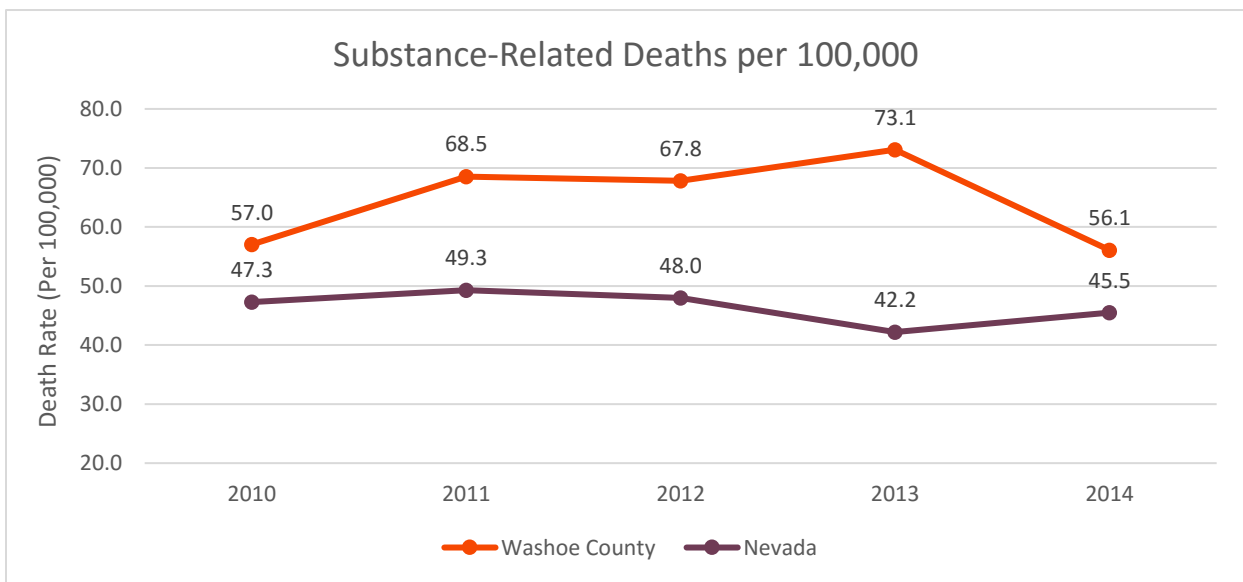
Among Washoe County residents who died of a suicide between 2010 and 2014, the most common method of suicide was gunshot (55%), followed by asphyxiation, hanging, and drowning (20%), poisoning from alcohol, drugs, gas or a combination (16%) and other forms of suicide such as blunt force or broken neck (9%).

Figure 14. Trend of Mental and Behavioral Disorders Deaths, Washoe County 2010-2014.



Washoe County’s death rate for mental and behavioral related deaths in 2010 was 152.6 per 100,000. This means that for every 100,000 deaths, around 152.6 deaths are primarily related to mental and behavioral health disorders. There was an overall percent decrease of 7.3% between 2010 and 2014 when the rate dropped to 141.5. Overall, Washoe County’s mental and behavioral related death rates are higher than the Nevada average, with the gap between the state and Washoe County narrowing in the most recent year.

Figure 15. Trend of substance-related deaths, Washoe County 2010-2014.



There were 1,378 substance-related deaths in Washoe County between 2010 and 2014. During that timeframe the death rate decreased slightly from 57.0 deaths per 100,000 to 56.1 deaths per 100,000. In 2010, Washoe County's substance-related death rate per 100,000 was 57.0. The death rate rose between 2010 and 2011 to 68.5, decreased to 67.8 in 2012, rose again to the highest rate of 73.1 in 2013 and promptly fell to the lowest rate of 56.1 deaths per 100,000. As with the mental health-related deaths, Washoe County's substance-related deaths are higher than Nevada's rate every year between 2010 and 2014.

Table 12. Demographics of Substance Related Deaths, Washoe County 2010-2014.

	N	Column %	Adjusted Death Rates (per 100,000)
Sex			
Female	439	31.9%	41.4
Male	939	68.1%	87.2
Race			
White	1,175	85.3%	167.2
Black	37	2.7%	158.3
Native American	45	3.3%	247.8
Hispanic	68	4.9%	28.4
Asian/Pacific	13	0.9%	17.4
Other	1	0.1%	-
Unknown	39	2.8%	-
Age			
<1	1	0.1%	1.9
1-4	1	0.1%	1.2
5-14	3	0.2%	1.0
15-19	33	2.4%	11.4
25-34	106	7.7%	34.8
35-44	166	12.0%	62.2
45-54	389	28.2%	133.0
55-64	411	30.0%	151.6
65-74	197	14.2%	110.7
75-84	58	4.2%	79.2
85+	13	0.9%	45.4

In Washoe County, the most common demographic groups to die of a substance-related death included: males (68%), Whites (85%), and those aged 55 to 64 years of age (30%).

Among Washoe County residents, forty-five persons of American Indian race died from substance-abuse causes, for an adjusted death rate of 247.8 deaths per 100,000. This is a 39%

difference between substance-related deaths between persons of American Indian race and the race with the second-highest rate, persons of white race (167.2).

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 Washoe County. There were 15,876 patients.

Table 13. BioSense: Mental health and substance-related chief complaints at select Washoe County facilities, patient demographics, January 1, 2011-November 6, 2015.

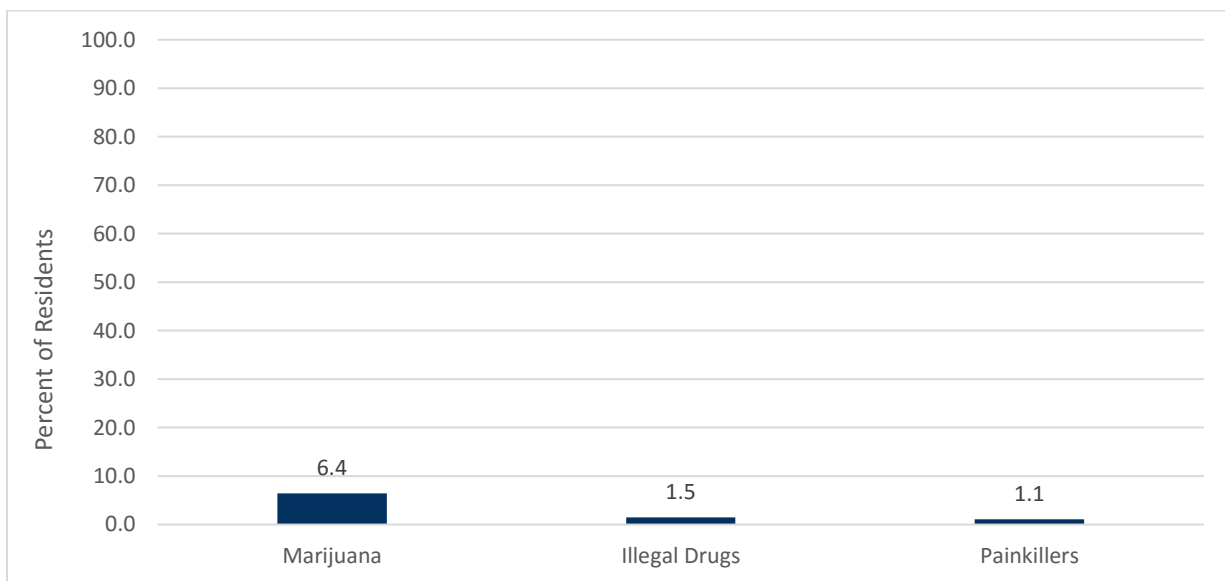
	N	Percent
Sex		
Female	8,328	52.5%
Male	7,434	46.8%
Unknown	114	0.7%
Age		
Under 13	353	2.2%
14-19	1,392	8.8%
20-29	3,275	20.6%
30-39	2,638	16.6%
40-49	2,645	16.7%
50-59	2,757	17.4%
60+	2,813	17.7%
Unknown	3	0.0%

There were slightly more female patients (53%) among mental health and substance-related chief complaints in Washoe County. 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

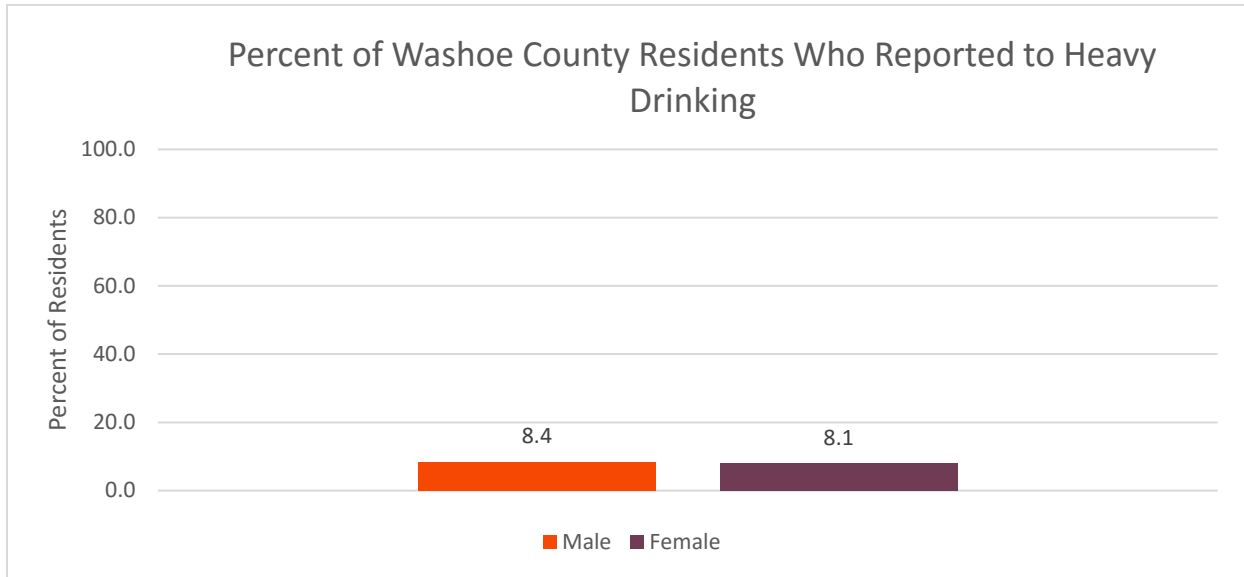
Data in this section are from Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. 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 17. 2011-2014 BRFSS: Percentage of adult Washoe County residents who used illegal substances, or painkillers 'to get high', in the last 30 days (aggregate 2011-2014 data).



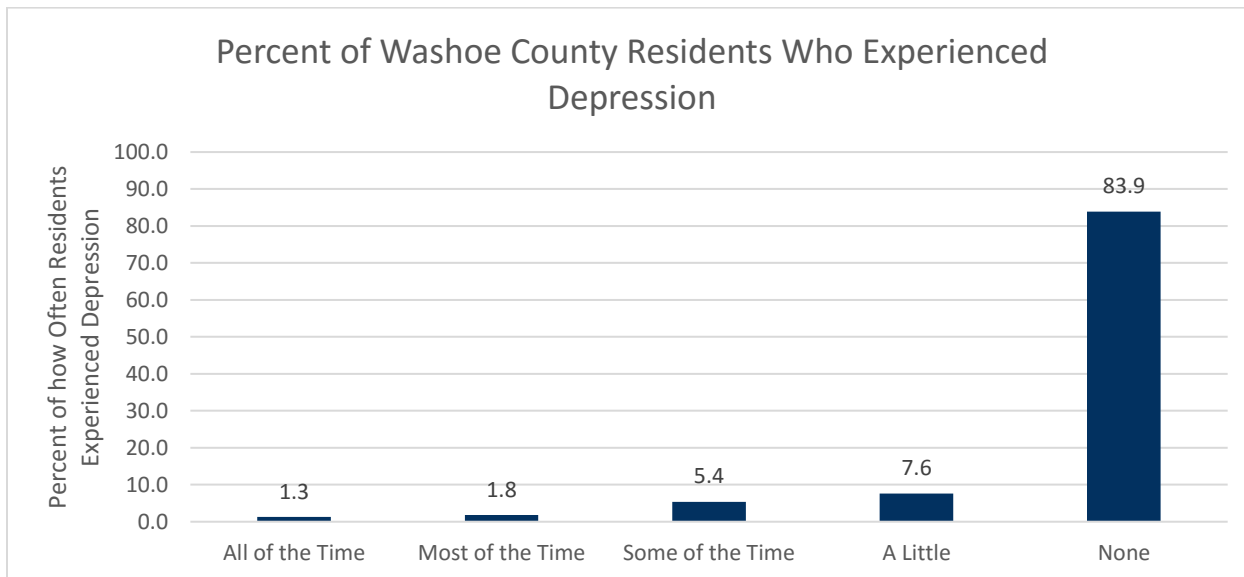
Overall, 6% of adults in Washoe County reported using marijuana illegally in the last 30 days. By gender, 10% adult males reported using marijuana illegally and 3% of adult females reported using marijuana illegally. Males also reported using illegal drugs at a higher percent than females, 2% and 1% respectively, and using painkillers 'to get high', each at one percent.

Figure 18. 2011-2014 BRFSS: Percentages of adult Washoe County residents who are considered “heavy drinkers” - more than one drink (females) or two drinks (males) per day.



Approximately 8% of Washoe County 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.

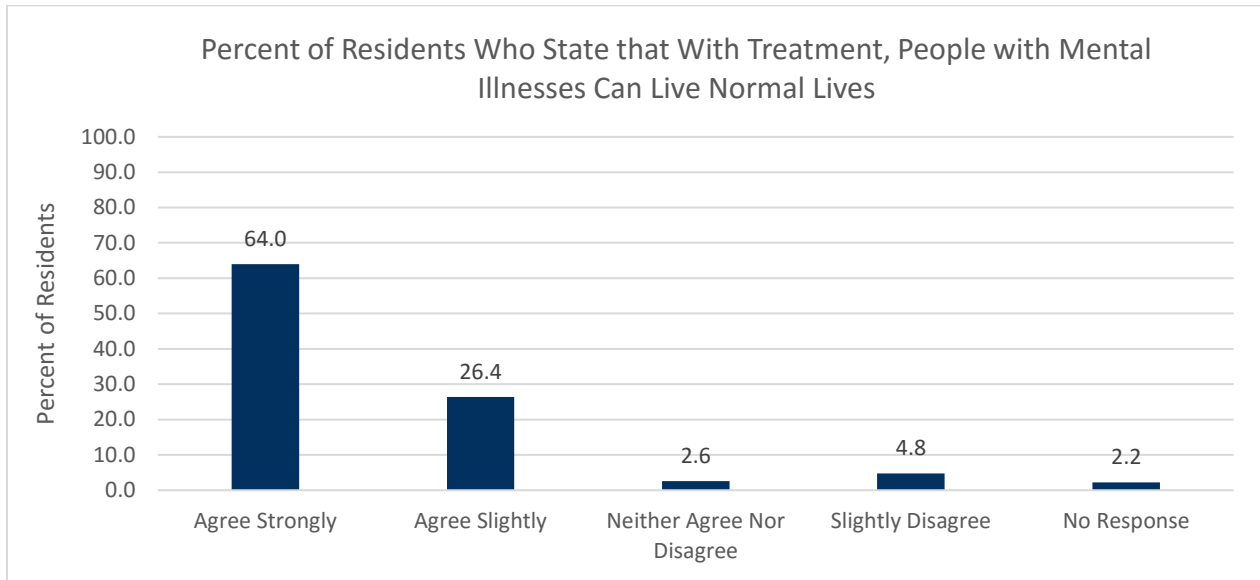
Figure 19. Percentages of how often adult Washoe County residents have felt depressed at least one day in the past 30 days, 2012-2014.



From 2012 to 2014, 83.9% of Washoe County adult residents reported not experiencing depression at least one day in the last 30 days. The rest of the residents reported experiencing

a little depression (8%), experiencing depression some of the time (5%), and most of the time (2%). The smallest percent of Washoe County residents, 1%, reported experiencing depression all of the time.

Figure 20. 2012-2014 BRFSS: Percentages of adult Washoe County residents who agree that with treatment, people with a mental illness can live normal lives.



From 2012 to 2014, BRFSS data was collected on perception related to the efficacy of mental health treatment. In Washoe County, around 90% of adults agreed in some capacity that those with mental disorders can live a normal life with treatment. Nearly 5% of adults disagree that those with mental disorders could live a normal life, with treatment and 3% neither agreed nor disagreed.

Figure 21. 2012-2014 BRFSS: Percentages of adult Washoe County residents who have experienced the following mental health concerns in the past 30 days.

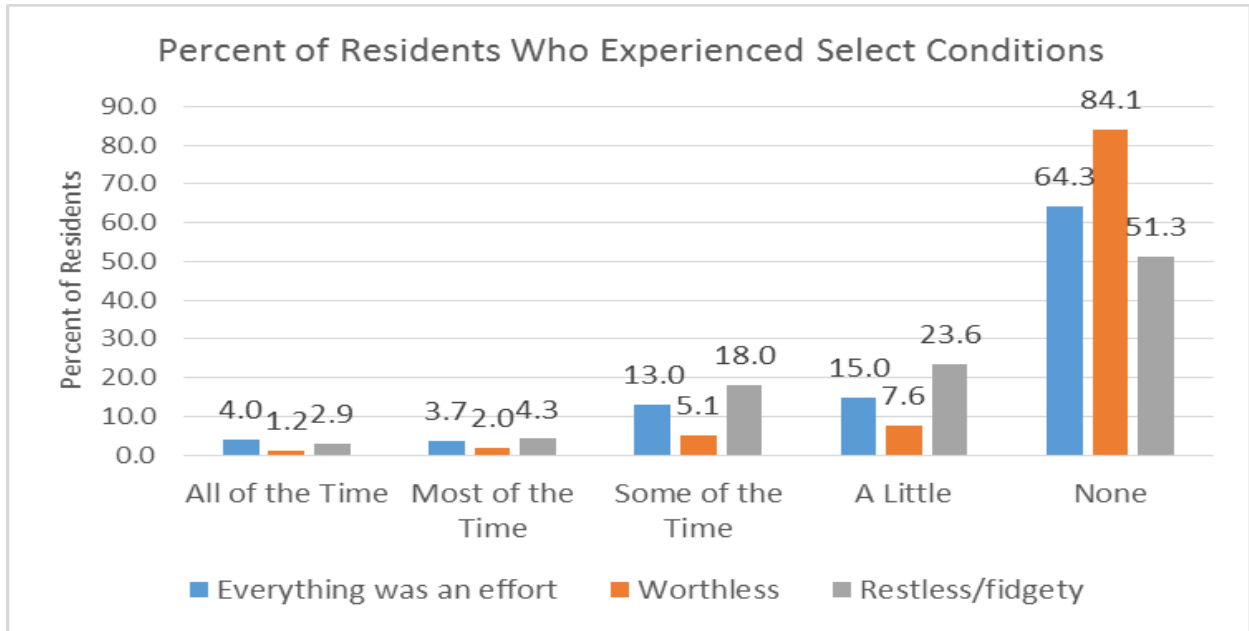
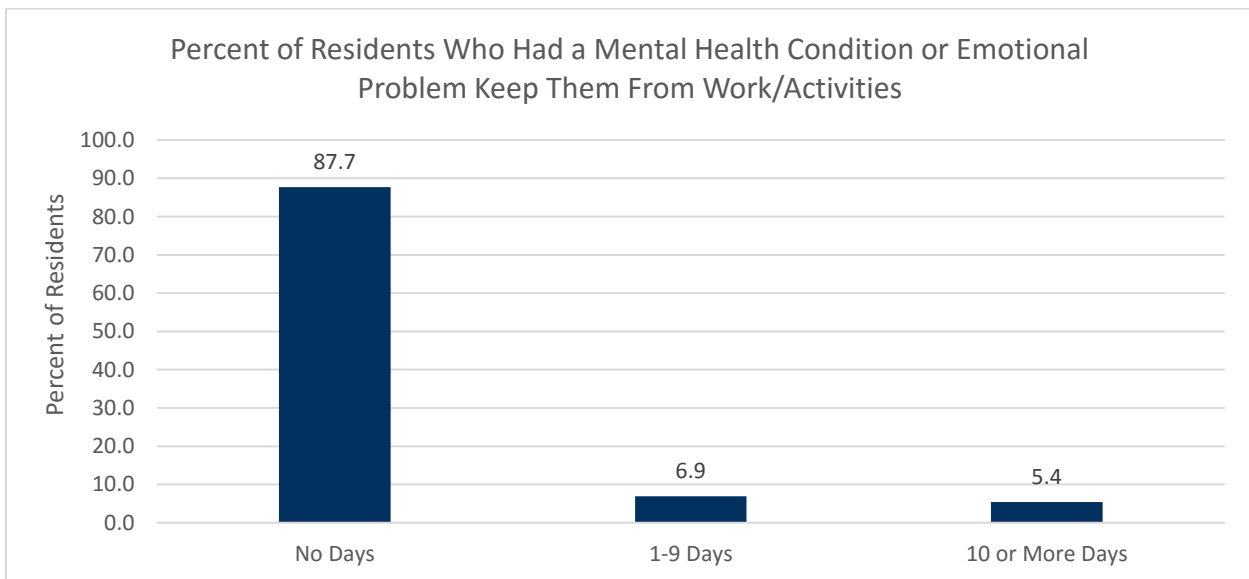
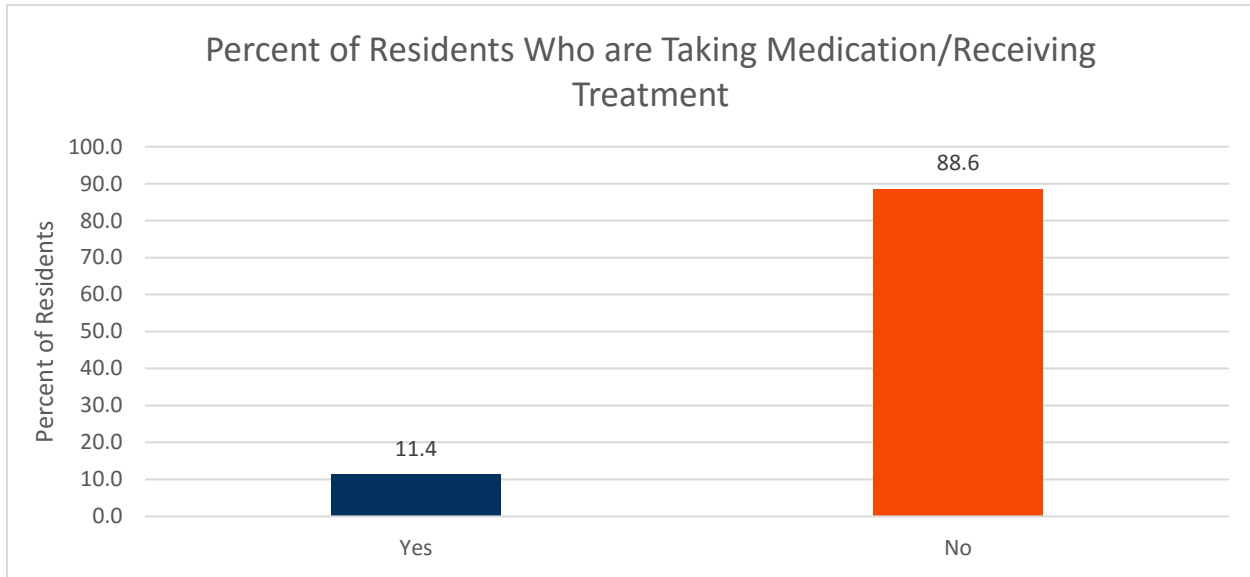


Figure 22. 2012-2014 BRFSS: Percentages of adult Washoe County residents who experienced that a mental health condition or emotional problem kept them from doing their work or other usual activities, by number of days.



Washoe County residents were asked how many days, if any, did a mental health condition or emotional problem kept them from doing their work duties or other usual activities. Nearly 88% reported missing no days of work or activities, 7% experiencing missing one to nine days, and 5% missed 10 or more days.

Figure 22. 2012-2014 BRFSS: Percentages of adult Washoe County residents who are taking medication or receiving treatment for any type of mental health condition or emotional problem.

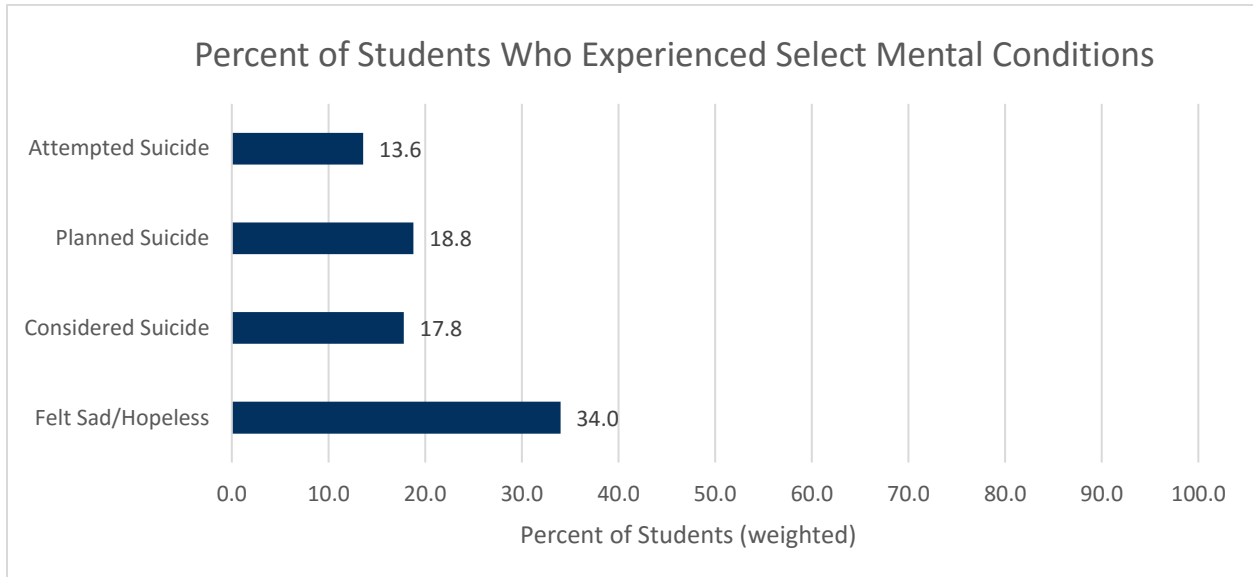


Washoe County residents were asked if they were taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem. Nearly 89% reported that they were not, and 11% were taking medication and/or seeking treatment.

Youth Risk Behavior Surveillance System

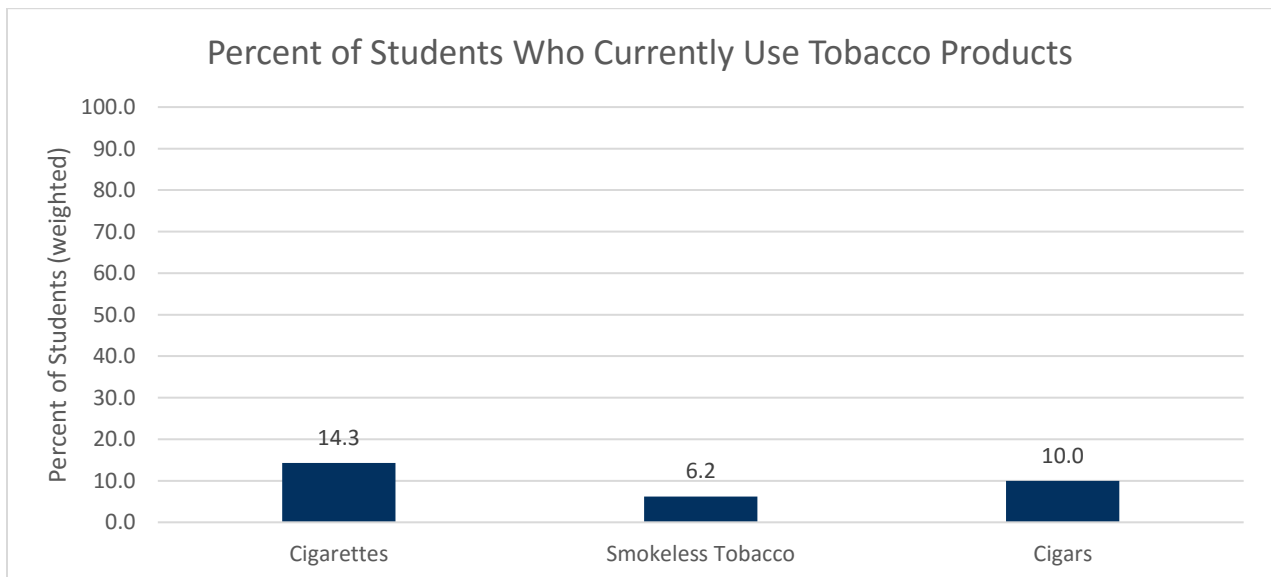
The data in this section is provided through a survey from the Youth Risk Factor System (YRBSS) at a regional level for Washoe County high school students. YRBS is a national surveillance system that was established in 1991 by the Centers for Disease Control (CDC) and Prevention to monitor the prevalence of health risk behaviors among youth. It is an anonymous and voluntary survey of students in grades 9 through 12.

Figure 23. Percentages of high school students mental health status (last 12 months), Washoe County, 2013.



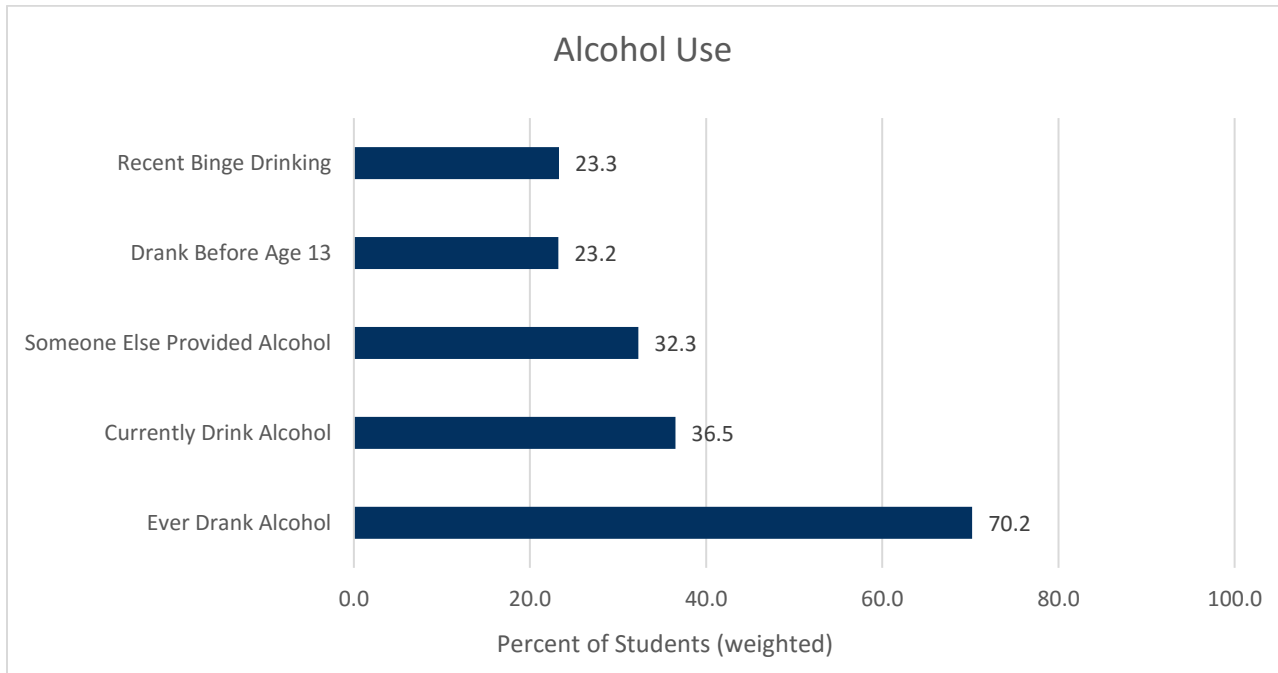
Approximately 34% of Washoe County high school students have felt sad or hopeless in the last 12 months. About 18% of students have considered suicide, while 19% have actually planned their suicide. Almost 14% of high school students in Washoe County have actually attempted suicide.

Figure 24. Percentages of High School Students Current Tobacco Use, Washoe County, 2013.



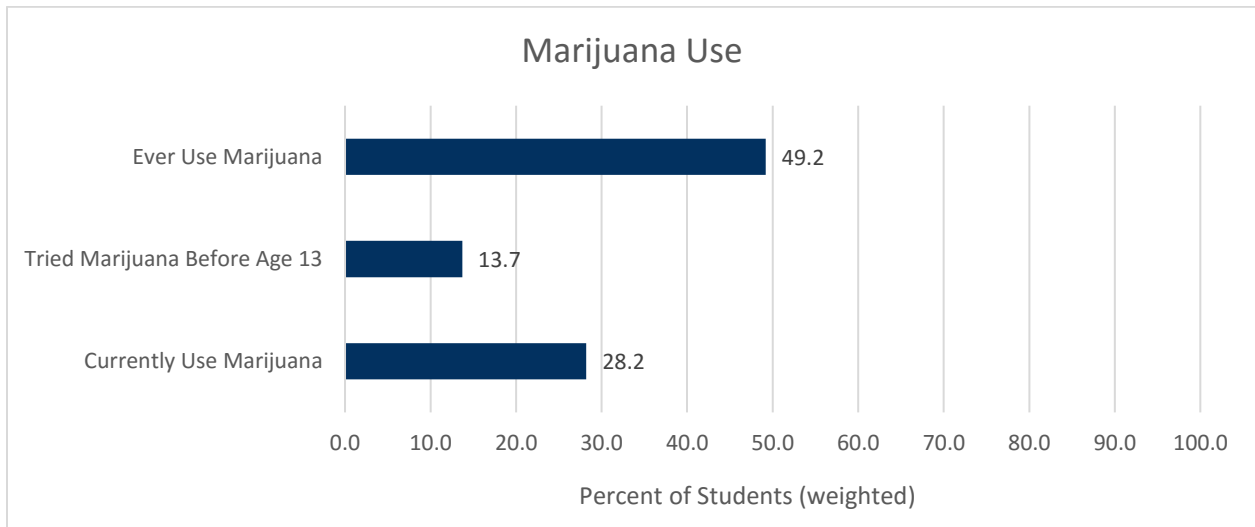
Around 18% of high school students in Washoe are currently using tobacco. About 14% of these high school students smoke cigarettes, while 10% are currently smoking cigars. About 6% are using smokeless tobacco products.

Figure 25. Percentages of High School Students - Alcohol Behavior Summary, Washoe County, 2013.



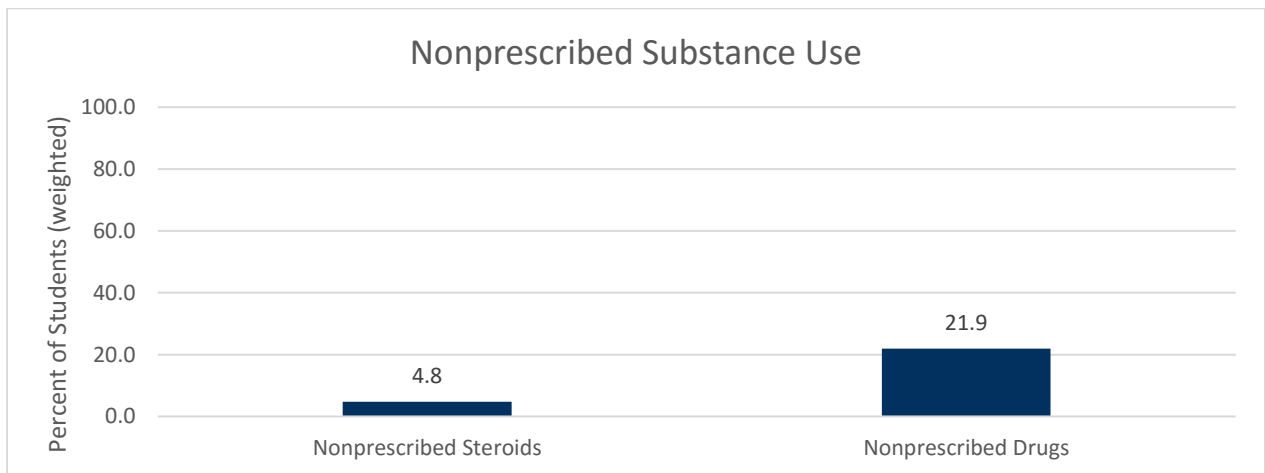
Approximately 70% of high school students in Washoe County have had at least one drink of alcohol (more than a few sips). About 37% of high school students currently drink. Nearly 32% of high schools students had alcohol provided to them by someone else. About 23% of Washoe County high school students had alcohol before the age of 13 years, and over 23% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days).

Figure 26. Percentages of High School Students - Marijuana Behavior Summary, Washoe County, 2013.



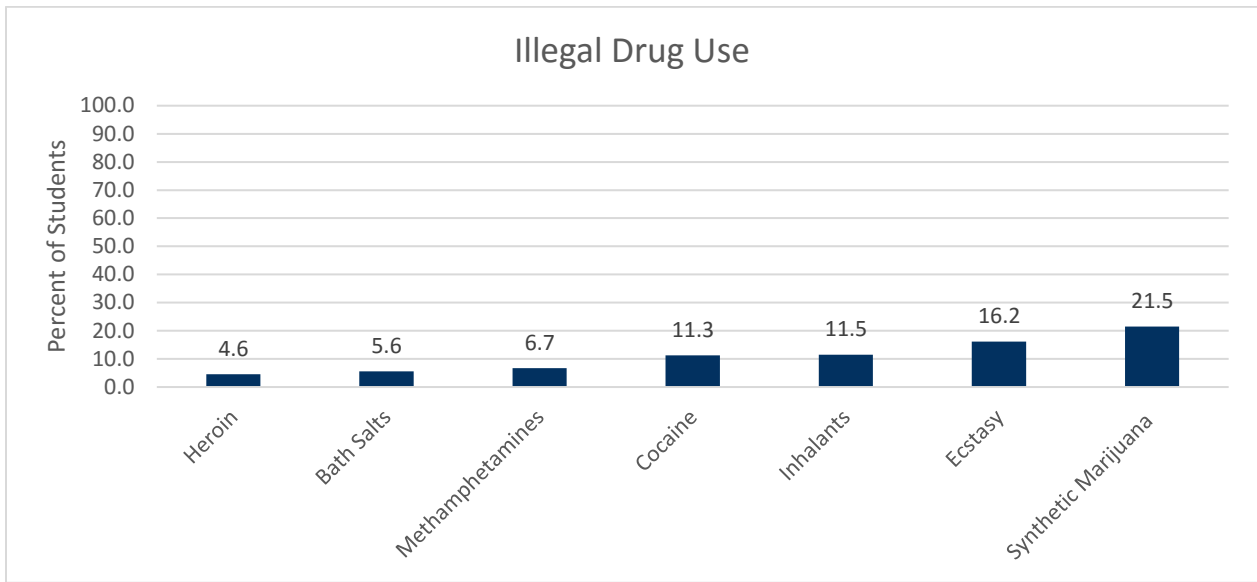
Approximately 50% of high school students in Washoe County reported trying marijuana, and 28% are currently using. Approximately 14% of high school students have tried marijuana before the age of 13 years.

Figure 27. Percentages of High School Students Nonprescription Substance Use Summary, Washoe County, 2013



Approximately 22% of high school students in Washoe County have already tried prescription drugs that were not prescribed to them in their lifetime. About 5% have tried non-prescribed steroids.

Figure 28. Percentages of High School Students - Substance Abuse Summary, Washoe County, 2013.

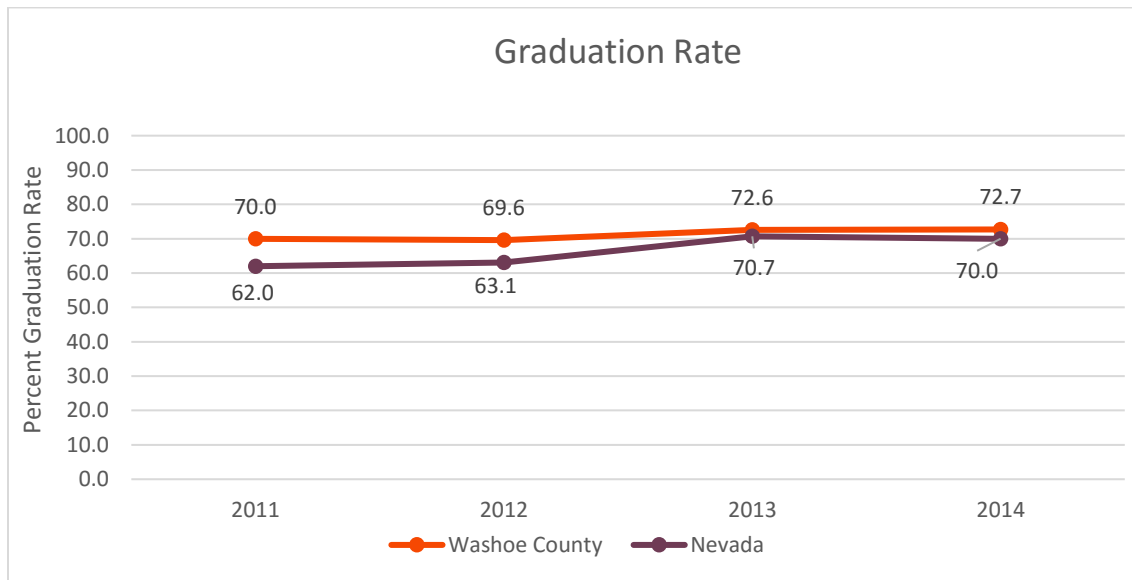


In terms of substance abuse among high school students in Washoe County, nearly 22% have used synthetic marijuana, the highest percentage of the select substances. About 16% have taken ecstasy, and 12% of students have tried inhalants. About 11% of students have used cocaine, 7% have used methamphetamines, 6% have used bath salts, and almost 5% have used heroin.

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 30. High School Graduation Rates, Washoe County, 2011 – 2014 by Class Cohort.



Washoe County's graduation rate increased between the 2011 and 2014 class cohorts. In 2011, Washoe County's graduation rate was 70% and increased to 73% in 2013. Graduation rates in Washoe County are consistently higher than overall Nevada graduation rates.

Conclusion

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

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

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

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