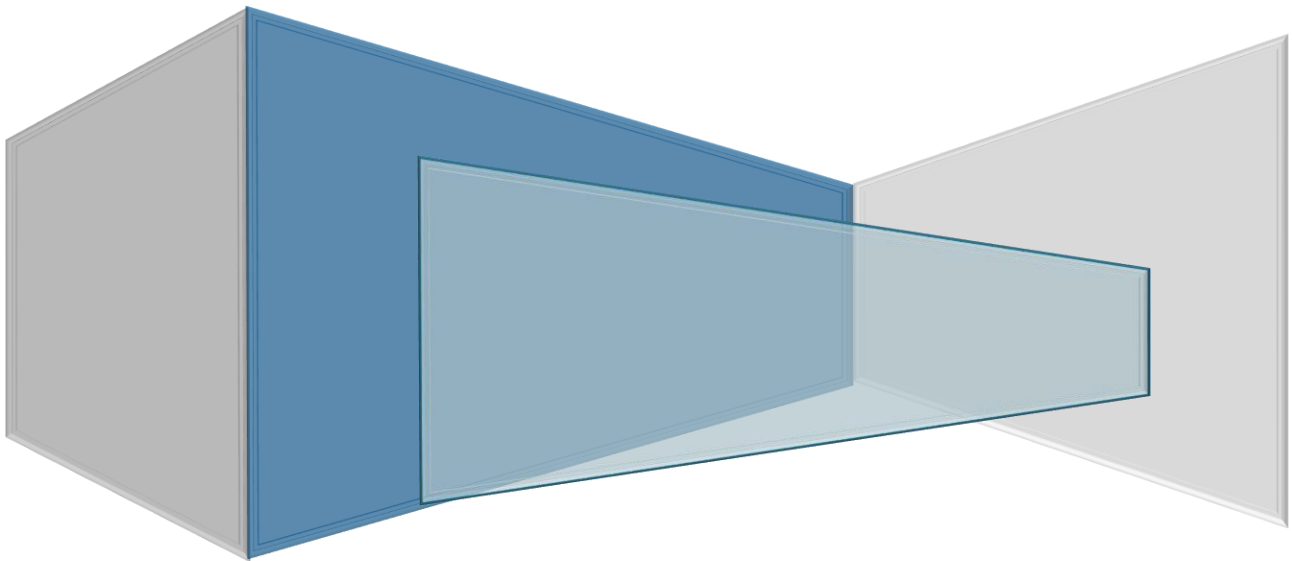


# WASHOE COUNTY BEHAVIORAL HEALTH PROFILE



## 2020



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Regional Behavioral Health Coordinator

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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, adults in Washoe County 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 9<sup>th</sup> out of 17 counties in the number of alcohol overdose deaths; 15<sup>th</sup> for methamphetamine and 12<sup>th</sup> 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 completed this year, certain data has been updated using data from other sources.

**Table 1. Population Distribution Washoe County, 2010-2019**

	2010	2011	2012	2013	2014	2015	2016	2017	2017	2019
Washoe	417,336	421,593	427,704	432,324	436,797	441,946	448,307	451,923	456,038	469,963
<b>Sex</b>										
Female	206,604	208,789	211,950	214,356	216,700	219,359	222,642	224,576	226,773	233,758
Male	210,732	212,804	215,754	217,968	220,097	222,587	225,665	227,347	229,265	236,205
<b>Age</b>										
<1	5,379	5,145	5,267	5,261	5,286	5,432	5,406	5,512	5,583	5,735
1-4	24,094	23,274	22,465	22,028	21,777	21,665	22,103	22,102	22,323	23,439
5-14	55,790	57,214	58,633	59,483	60,005	60,479	60,434	60,073	59,696	60,109
15-24	57,734	57,512	57,928	57,984	58,269	58,834	60,302	60,969	61,697	65,394
25-34	58,752	60,058	61,160	62,038	62,794	63,585	64,366	64,737	64,720	66,057
35-44	53,238	52,947	53,268	53,463	53,879	54,595	55,474	56,395	57,962	60,088
45-54	59,047	58,678	58,554	58,265	57,980	57,477	57,132	56,469	55,404	55,846
55-64	51,716	53,215	54,452	55,579	56,230	56,977	57,766	57,898	58,303	60,373
65-74	32,207	33,535	35,816	37,423	39,042	40,501	41,873	43,026	44,499	45,999
75-84	13,859	14,355	14,437	14,985	15,591	16,363	17,354	18,570	19,632	20,694
85+	5,521	5,661	5,723	5,814	5,943	6,038	6,097	6,173	6,219	6,229
<b>Race/Ethnicity</b>										
White non-Hispanic	280,744	281,817	283,789	284,964	286,042	287,346	289,219	289,739	290,456	295,686
Black non-Hispanic	10,020	10,122	10,354	10,562	10,740	10,996	11,258	11,433	11,622	12,156
Native American/Alaskan Native non-Hispanic	7,002	7,047	7,100	7,140	7,181	7,243	7,280	7,323	7,373	7,389
Asian/Pacific Islander non-Hispanic	26,562	27,119	27,912	28,514	29,103	29,787	30,613	31,104	31,649	33,461
Hispanic	93,008	95,487	98,548	101,145	103,730	106,575	109,937	112,324	114,937	121,272

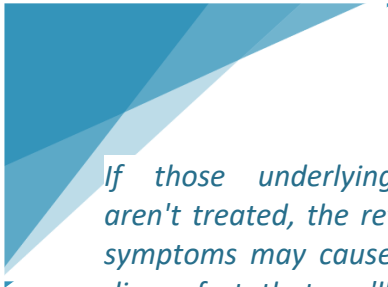
### Analysis:

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.



## SUBSTANCE USE/MISUSE

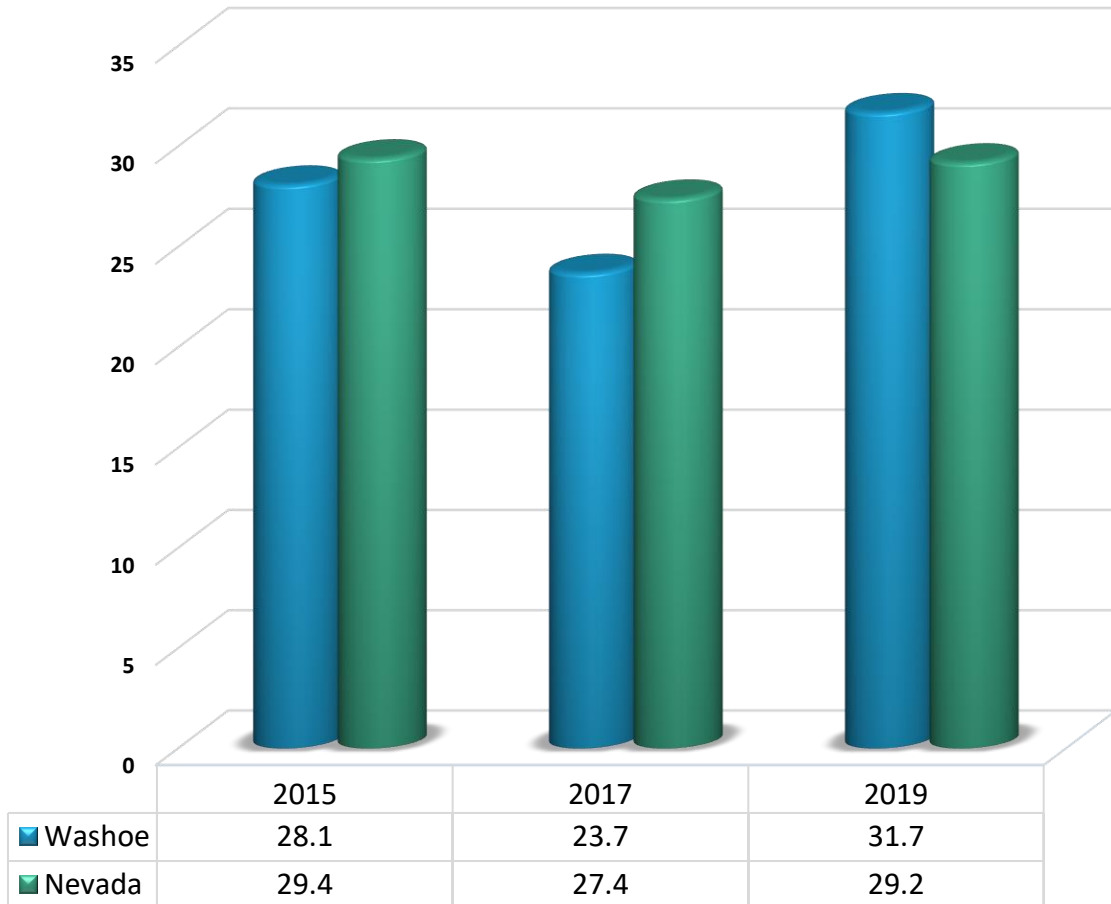
A substance use disorder develops after repeated use of alcohol and/or drugs causes functionally significant impairment and can result in a variety of consequences including health problems, a physical withdrawal state, disability, and failure to meet major responsibilities at work, home, or school. 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\*



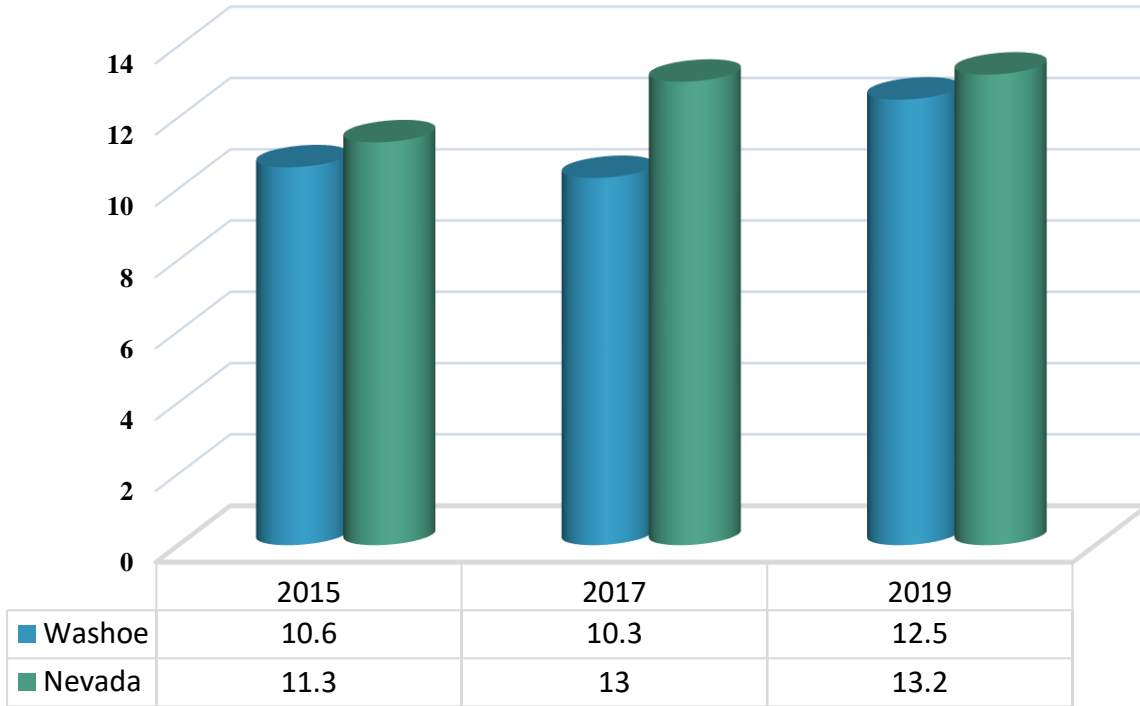
\*Other than a few sips, one or more times in their life

\*\* 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\***



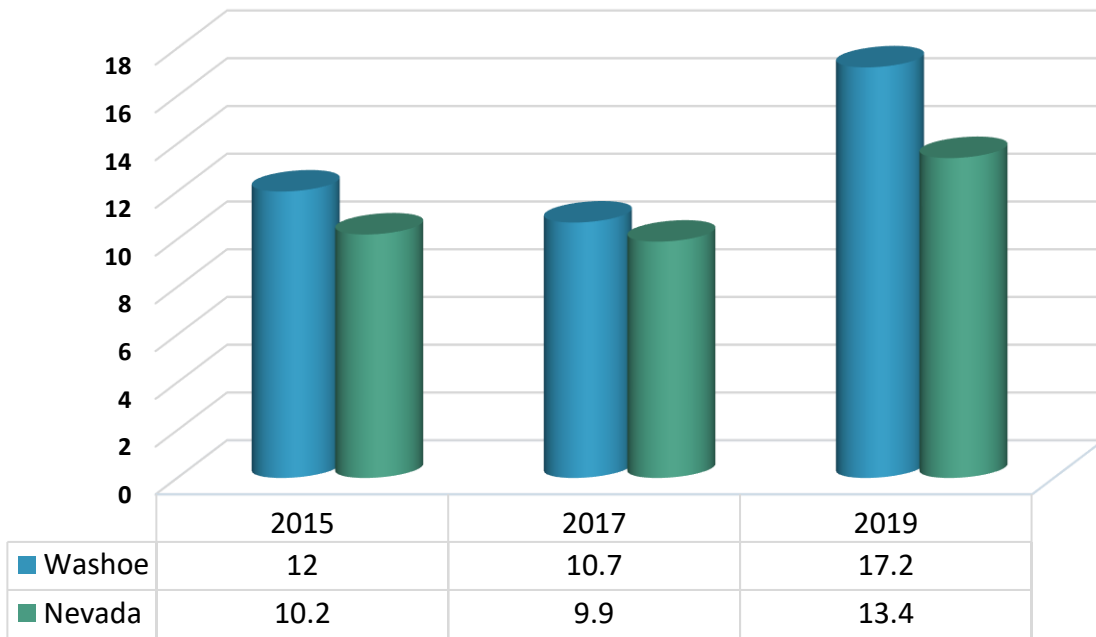
\*Other than a few sips, one or more times in their life

\*\* 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\***



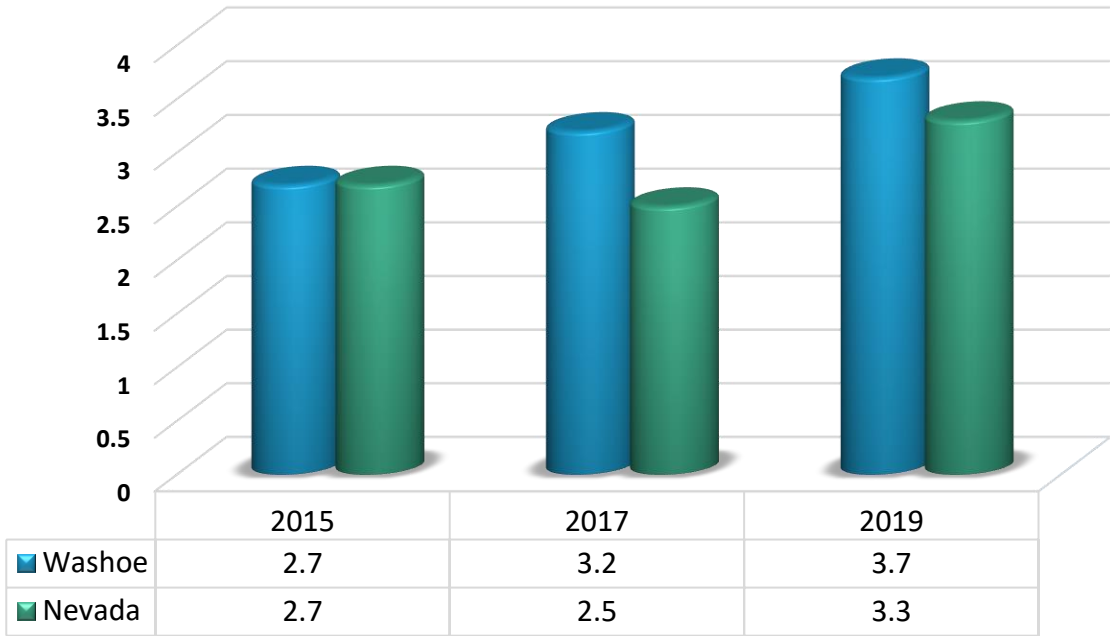
\*At least one time in their life

\*\*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**

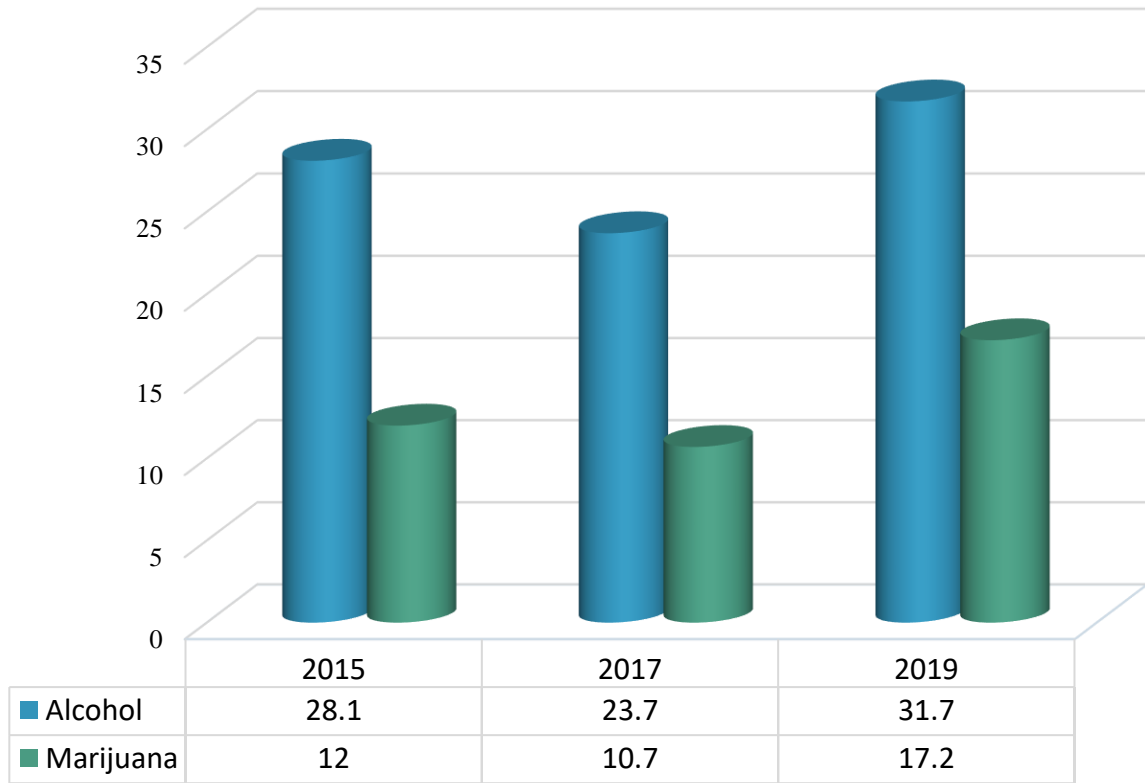


\*National data not collected in YRBS for this group

**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\***



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

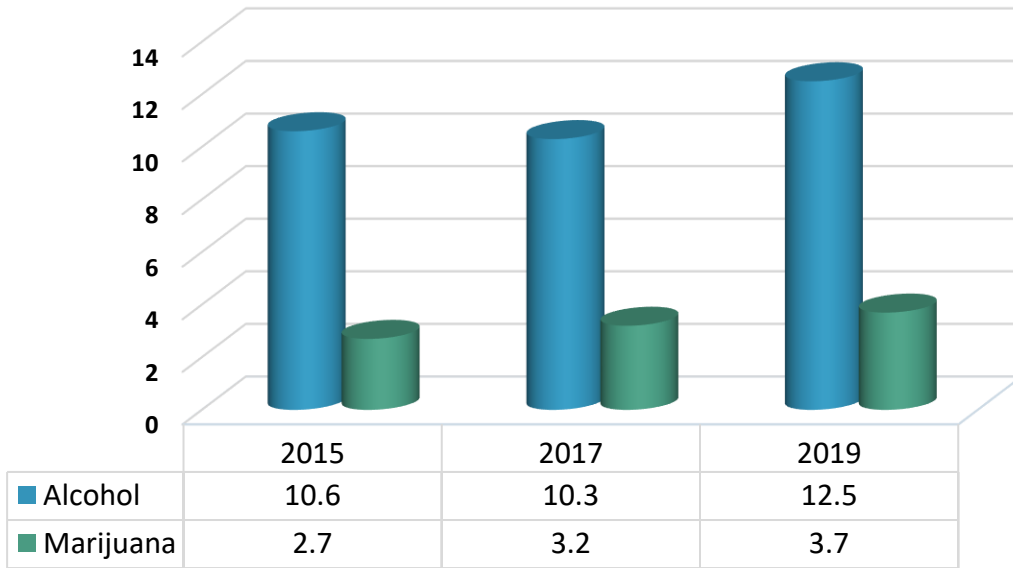
\*\* National data not collected in YRBS for this group

**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.

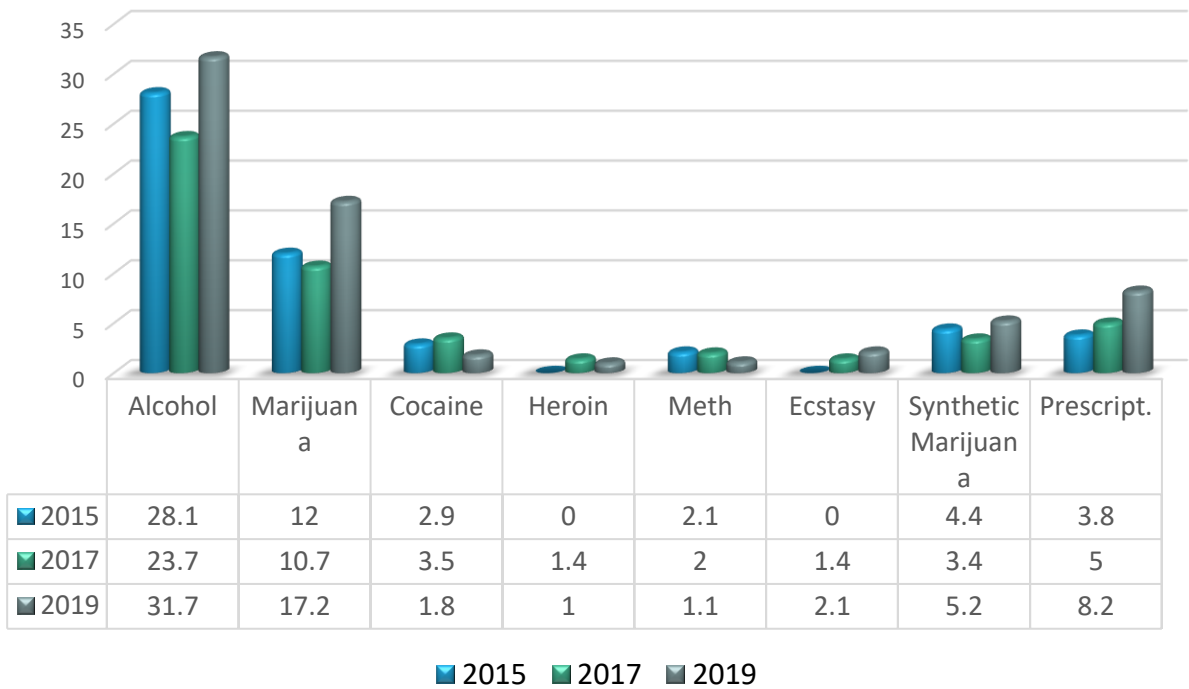


**Figure 6: Percentage Comparison of Alcohol and Marijuana Use\* Before the Age of 11 By Washoe County Middle School Students**



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

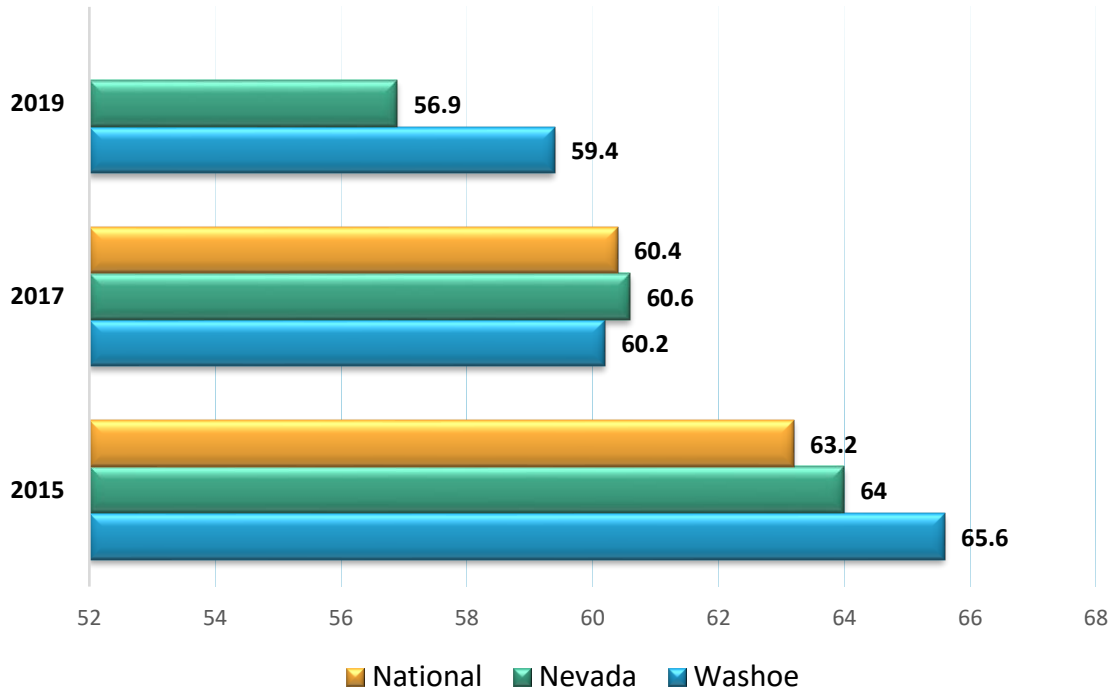
**Figure 7: Percentage Comparison of Substance Use by Washoe County Middle School Students \***



\*More than once in lifetime

## SUBSTANCE USE: High School (Grade 9 – 12)

**Figure 8: Percentage of High School Students Who Ever Consumed Alcohol 2019\***



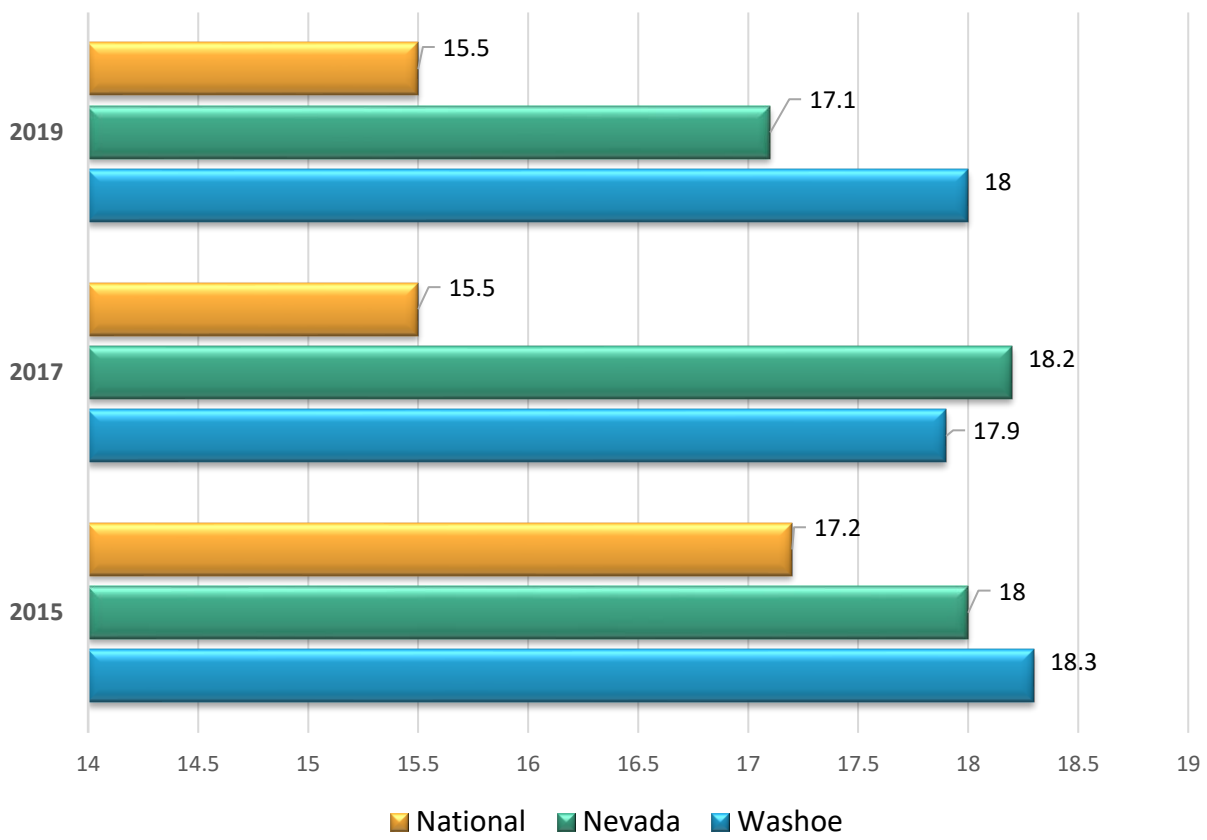
\* Other than a few sips; had at least one or more during lifetime

\*\* Unable to obtain US 2019 data

### ANALYSIS

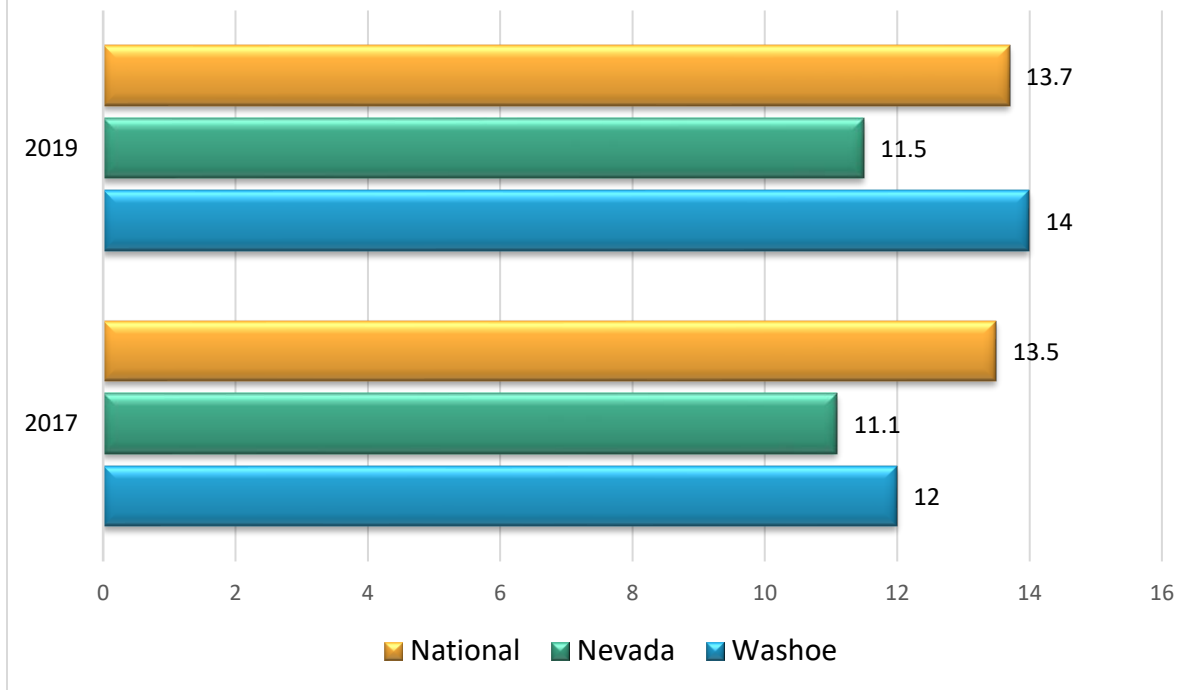
Washoe County high school students who report ever consuming alcohol exceeded State numbers in 2019 by a slight percentage. Figure 10 reflects the percentage of high school students who consumed alcohol before the age of 13 and does not indicate a significant shift downward over the last five years.

**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

**Figure 10: Percentage of High School Students who Recently Participated in Binge Drinking\***

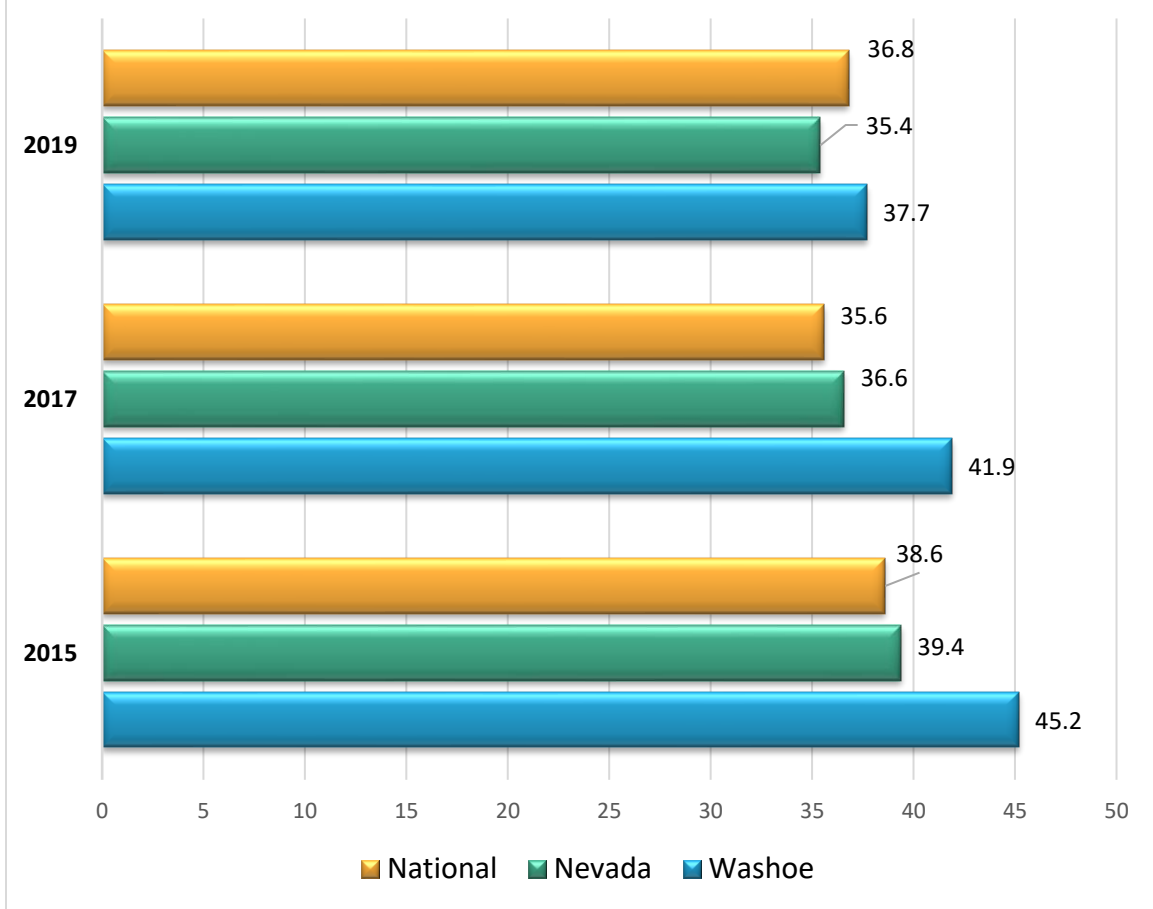


\*Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours

**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.

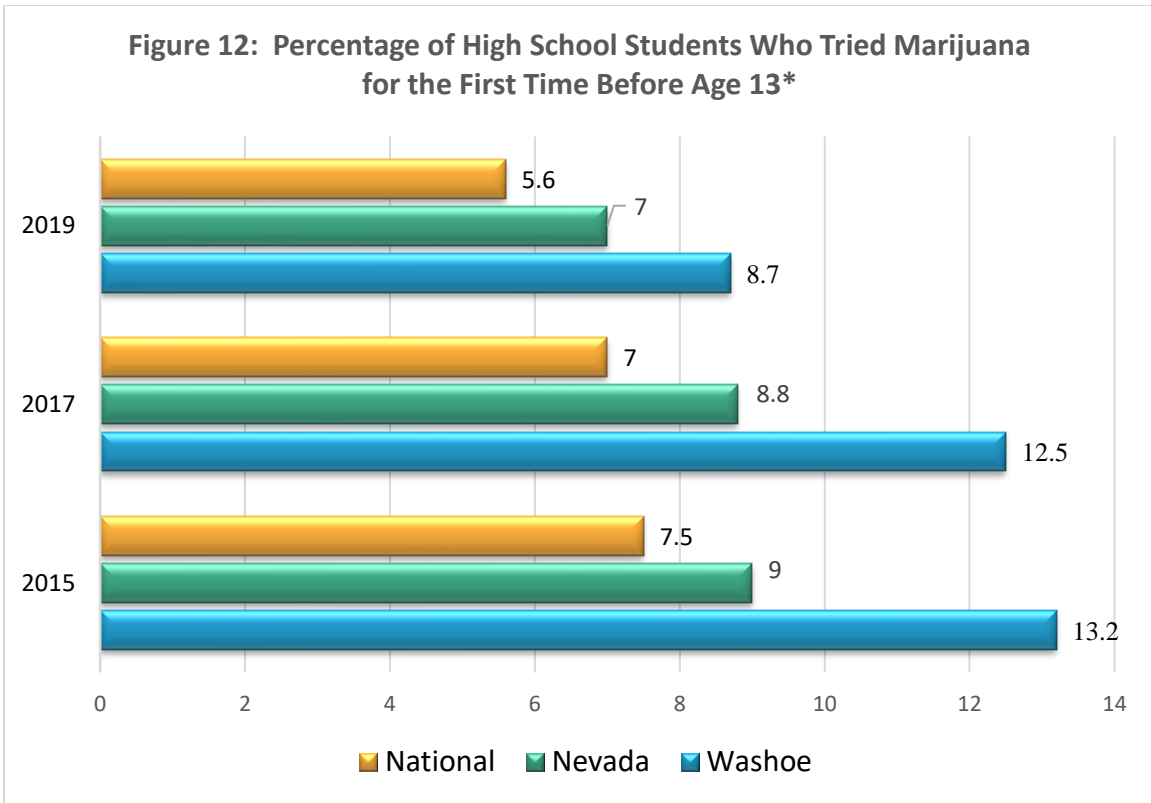
**Figure 11: Percentage of High School Students Who Ever Used Marijuana\***



\*At least one or more times in lifetime

**ANALYSIS:**

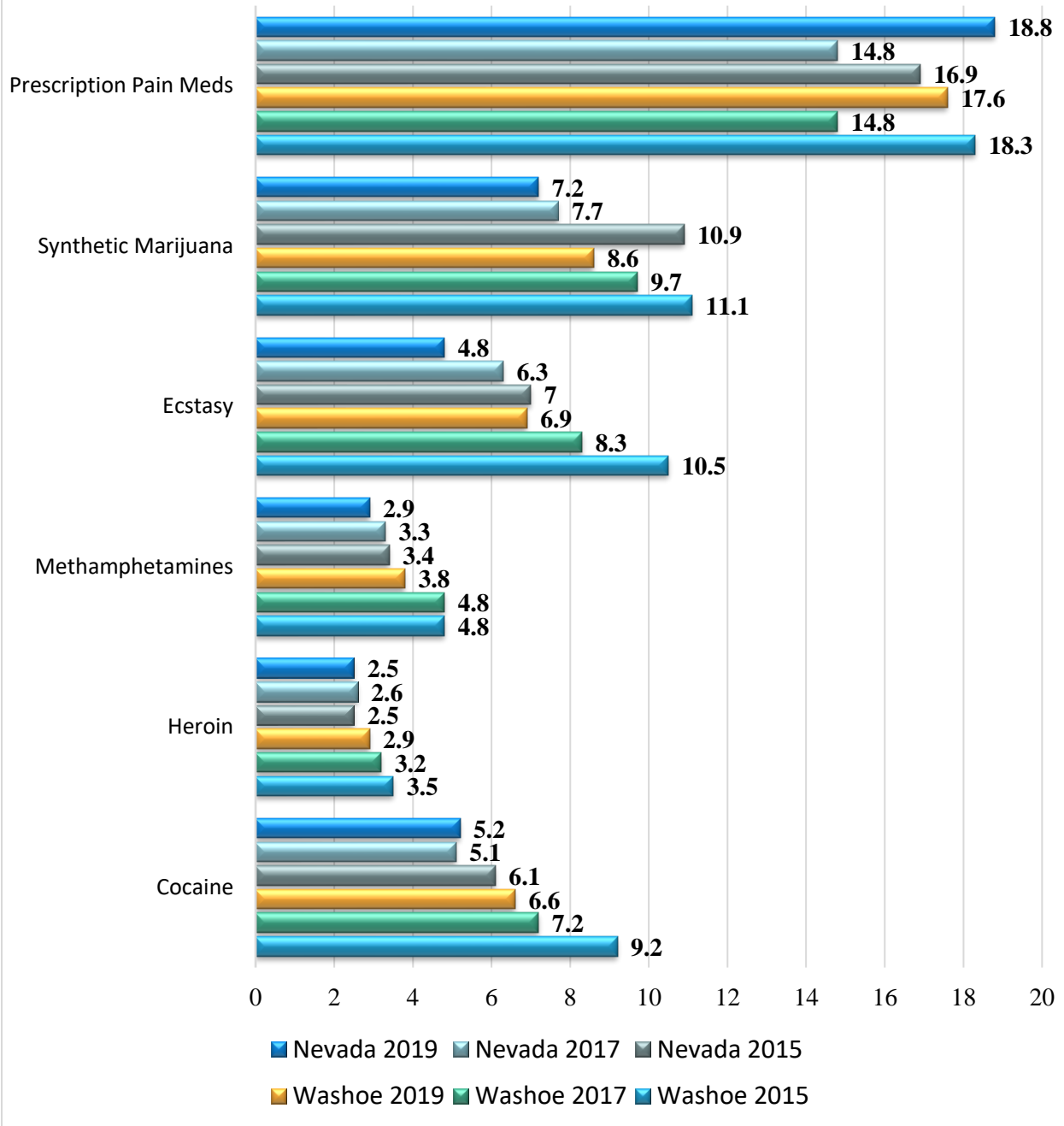
In 2019, 37.7% of high school students in Washoe County reported having tried marijuana, which is the lowest number reported since 2015 for the County. However, for all three reporting periods, the number of Washoe County high school students reporting having tried marijuana exceeded those numbers reported statewide and nationally as well.



**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.

**Figure 13: Percentage of High School Students Who Ever Used Other Substances**



**ANALYSIS:**

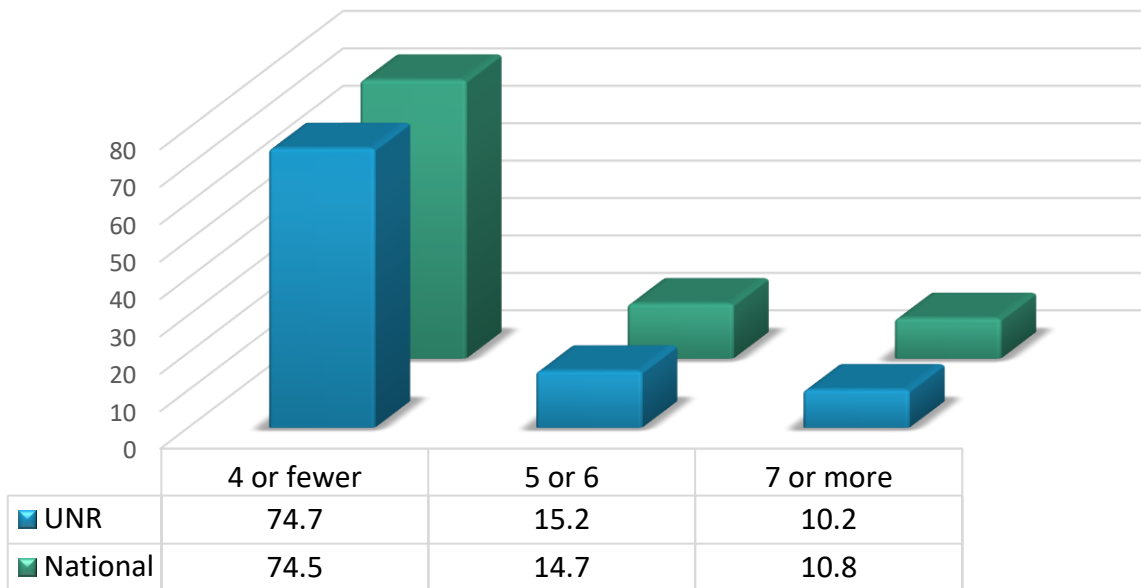
The reported prevalence of lifetime use of other substances indicate a decrease in all substances among Washoe County high school students from 2015 to 2019. For all substances, however, prevalence of lifetime use in Washoe County in 2019 was still higher than Nevada and the United States.

## 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).

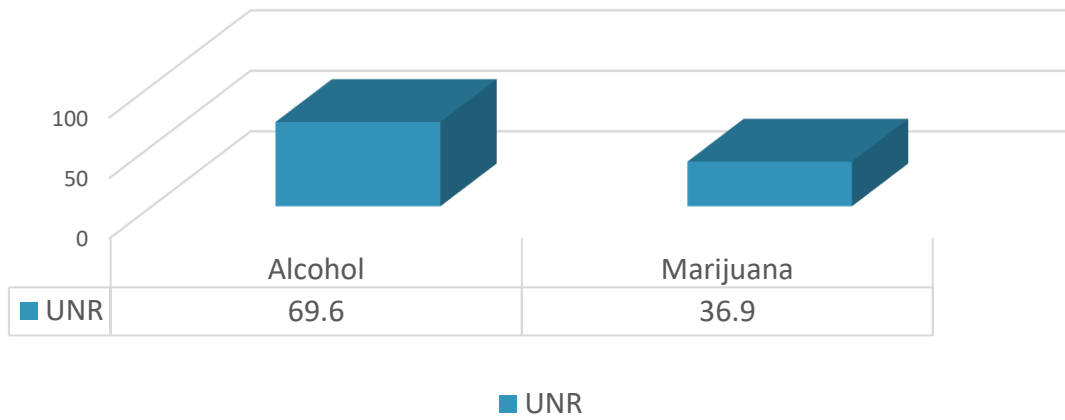
In 2020, 3.7% of UNR college students used cocaine (coke, crack, etc.), 3.6% used non-medical prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.), and 5.9% used Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.) in the past three months (Figure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

**Figure 14: Reported Number of Drinks Consumed the Last Time Students Drank in a Social Setting 2020**

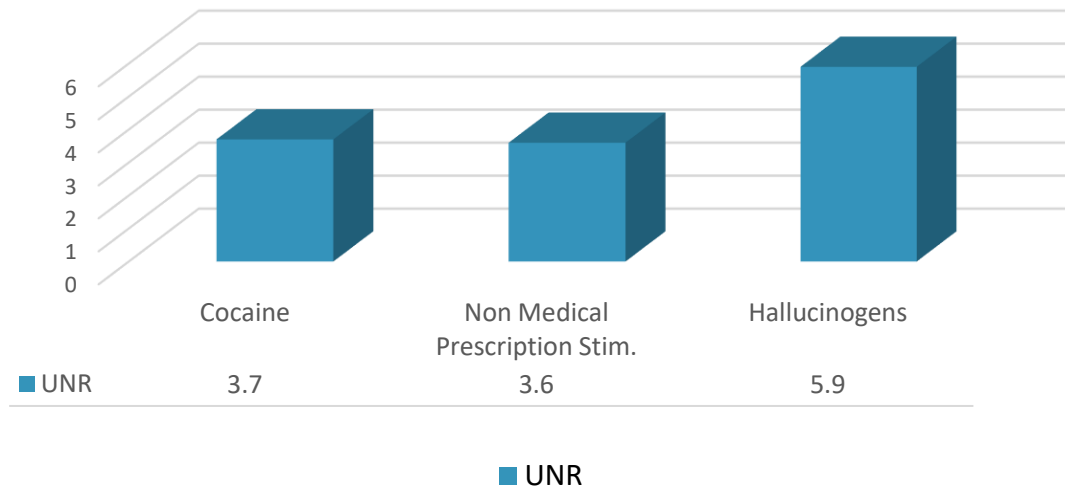




**Figure 15: Substance Use by UNR Students in Previous 3 Months 2020**



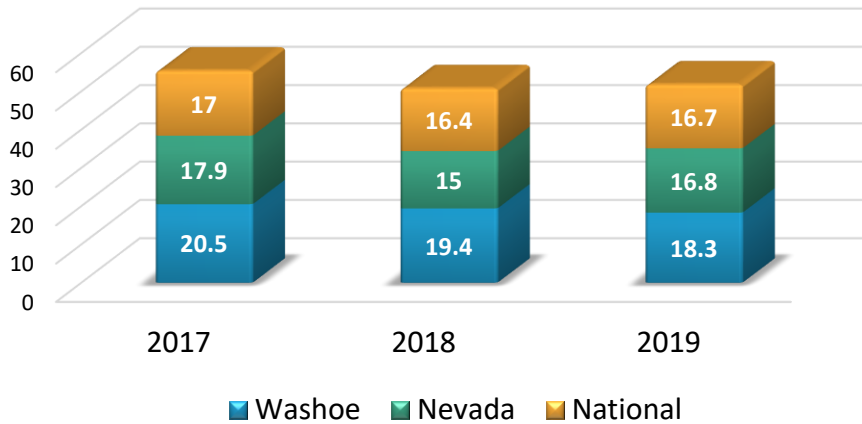
**Figure 16: Other Substances Used by UNR Students in Previous 3 Months 2020**



## SUBSTANCE USE: Adults

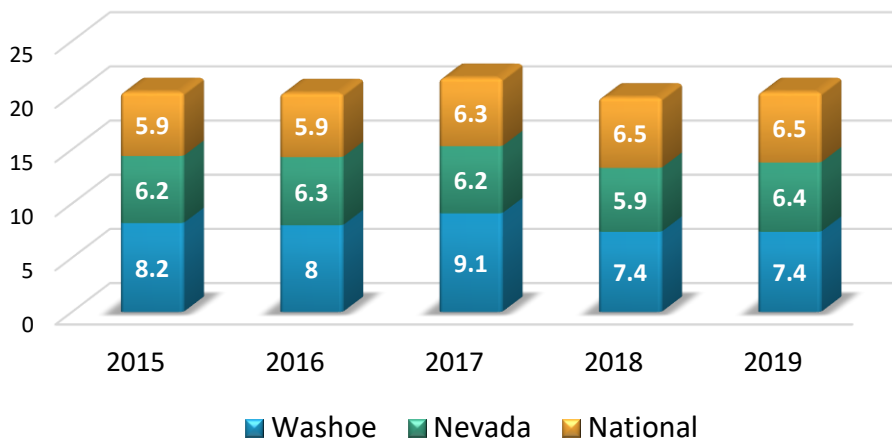
Use of alcohol among adults has remained higher in Washoe County compared to Nevada and the United States, both for binge drinking (Figure 17) and heavy drinking (Figure 18) .

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



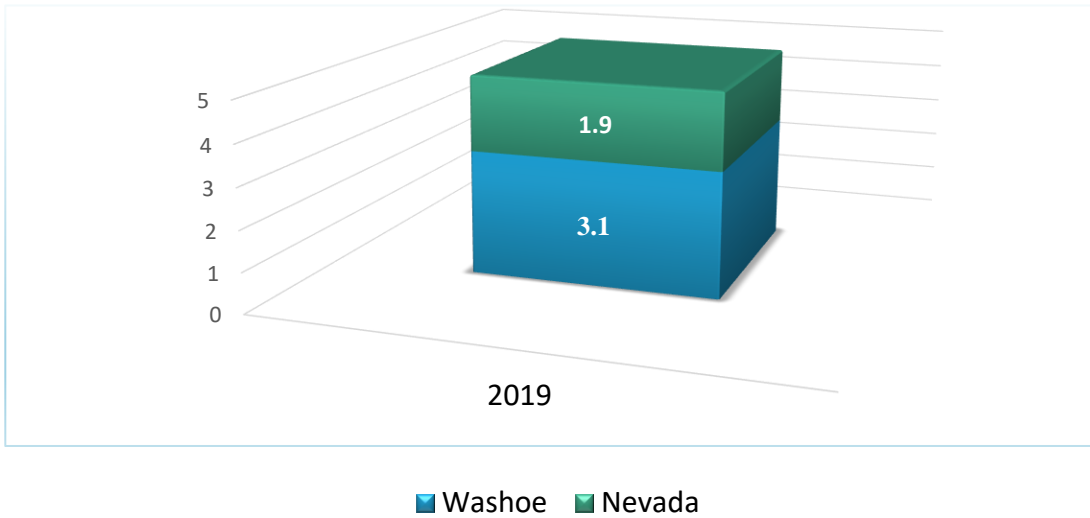
\*Binge drinking is defined in men as having five or more alcoholic beverages and women having four or more alcoholic beverages on the same occasion.

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

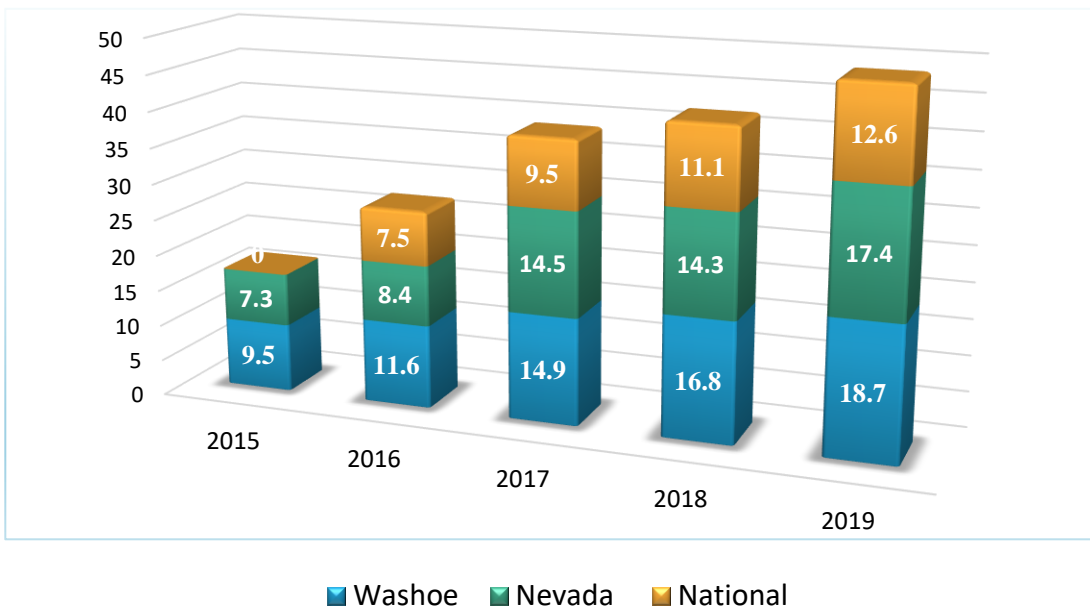


\*Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day.

**Figure 19: Adults Who Used Illegal Drugs Within the Past Month Before Survey**



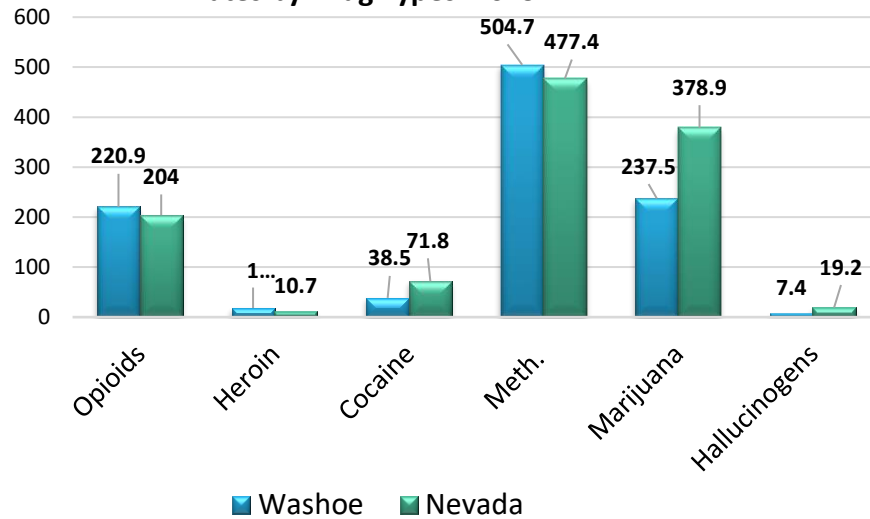
**Figure 20: Adults Who Used Marijuana/Hashish in the Past Month Before Survey**



## ADDITIONAL SUBSTANCE MISUSE STATISTICS

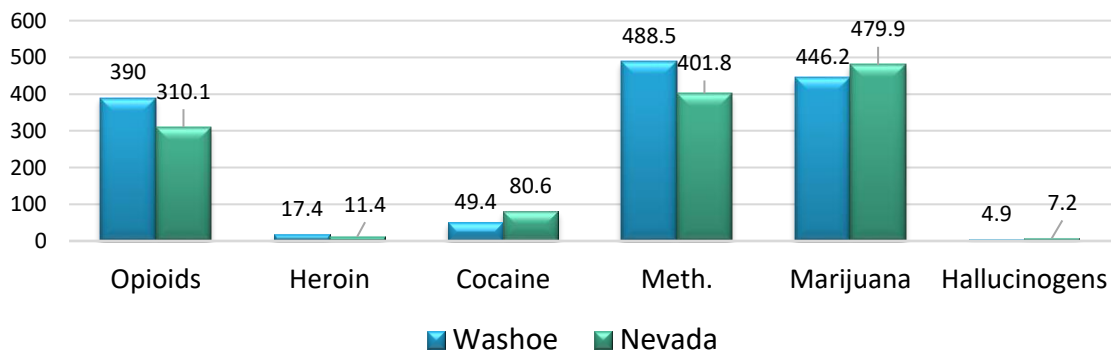
**ANALYSIS:** Methamphetamines and Marijuana are responsible for the greatest number of drug related ER encounters, for both Nevada and Washoe County (both for crude rates and age adjusted). This remains true for drug related inpatient admissions (Figure 22) with Opioids showing a significant increase.

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



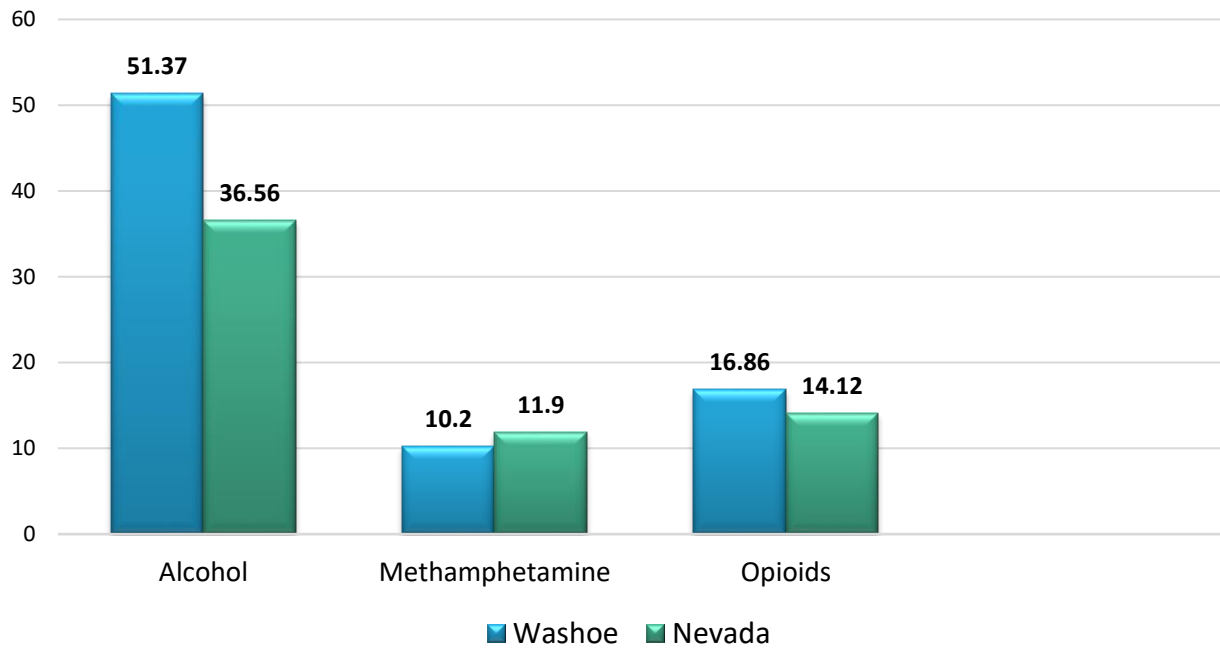
\* Rates are per 100,000 population

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



\* Rates are per 100,000 population

**Figure 23: Percentage of Overdose Death Rates\***



\* Rates per 100,000 population

**ANALYSIS**

Statewide, Washoe County ranked 9<sup>th</sup> out of 17 counties in the number of alcohol overdose deaths, 15<sup>th</sup> for methamphetamine and 12<sup>th</sup> for opioid deaths, occurring between 2017 and 2019. Alcohol overdose fatalities were 41% higher in Washoe County than in Nevada as a whole.

**Table 2: Drug- and Alcohol-Related Age-Adjusted Death Rates by Race/Ethnicity and Region, Nevada Residents, 2019\***

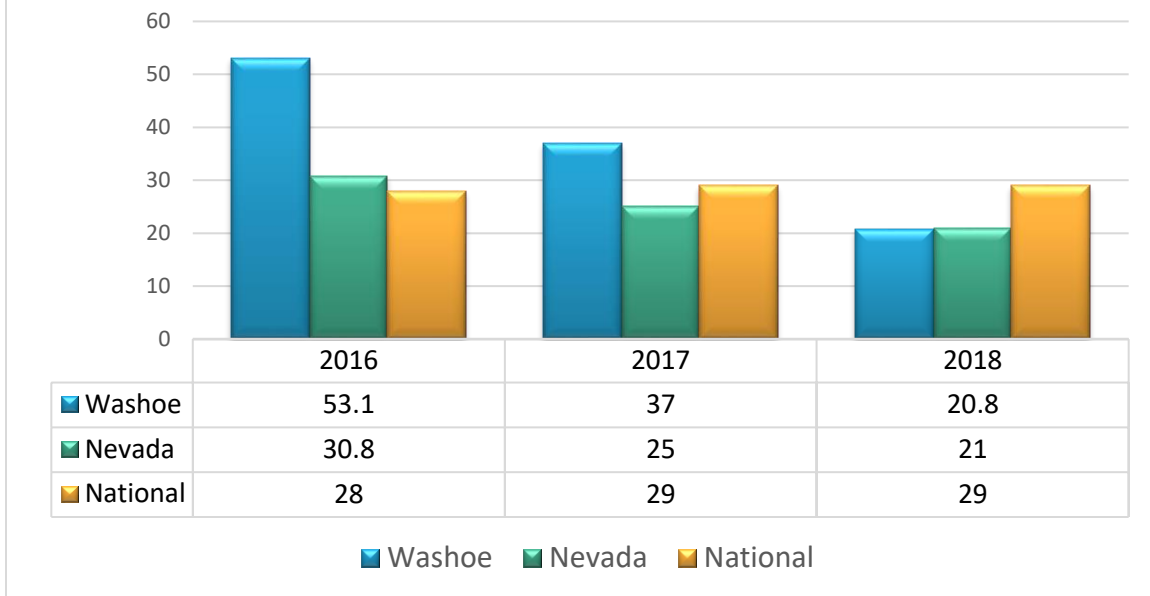
Region	White non-Hispanic	Black non-Hispanic	Native American/Alaskan Native	Asian/Pacific Islander	Hispanic	Total
Clark	57.4 (53.3-61.6)	48.5 (39.9-57.0)	60.2 (22.9-97.5)	16.0 (11.2-20.7)	29.6 (25.2-34.0)	44.5 (41.8-47.1)
Northern	67.8 (56.5-79.1)	81.7 (0.0-195.0)	202.9 (92.6-313.2)	21.9 (0.0-64.8)	26.8 (8.2-45.3)	67.7 (57.3-78.1)
Rural	51.7 (35.7-67.7)	0.0 (0.0-00.0)	52.7 (0.0-112.3)	0.0 (0.0-00.0)	11.6 (0.0-24.7)	43.0 (30.6-55.5)
Southern	56.0 (38.9-73.2)	0.0 (0.0-00.0)	112.5 (0.0-268.4)	0.0 (0.0-00.0)	45.7 (0.0-97.3)	54.1 (38.5-69.8)
Washoe	78.9 (69.7-88.1)	131.9 (65.1-198.6)	90.3 (23.4-157.2)	14.0 (1.7-26.2)	37.6 (24.8-50.5)	67.0 (59.9-74.0)
Nevada	62.7 (59.2-66.2)	52.2 (43.7-60.8)	89.8 (60.1-119.6)	15.8 (11.4-20.2)	30.3 (26.3-34.3)	49.9 (47.5-52.3)

\*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.

**Figure 24: Percentage of Traffic Fatalities Involving BAC .08\***



\*2019 Not Available at time of report

**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:

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

## 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)



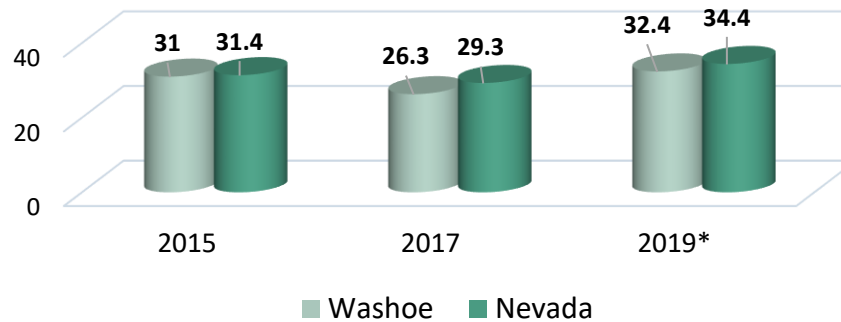
***"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."** - Bill Clinton*





## EMOTIONAL/MENTAL HEALTH: Middle School (Grade 6 - 8)

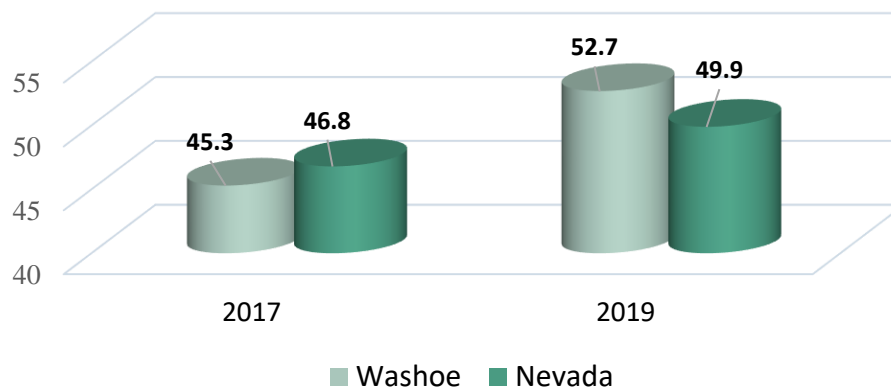
**Figure 25: Percentage of Middle School Students Who Ever Felt Sad/Hopeless Almost Every Day for Two or More Weeks in a Row\*\***



\*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 \*\***

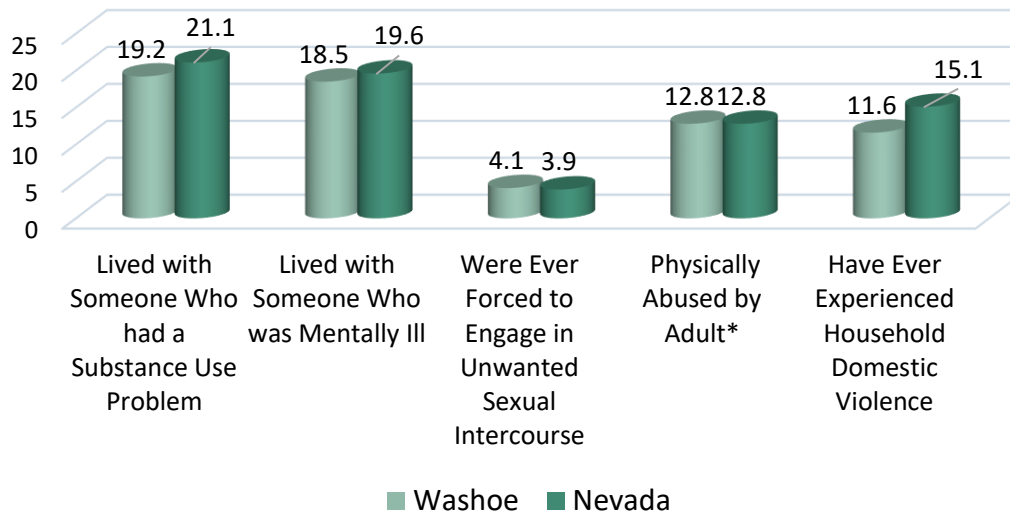


\*\*Among those who feel sad, empty, hopeless, angry, or anxious. 2015 data not collected for 2015.

### ANALYSIS:

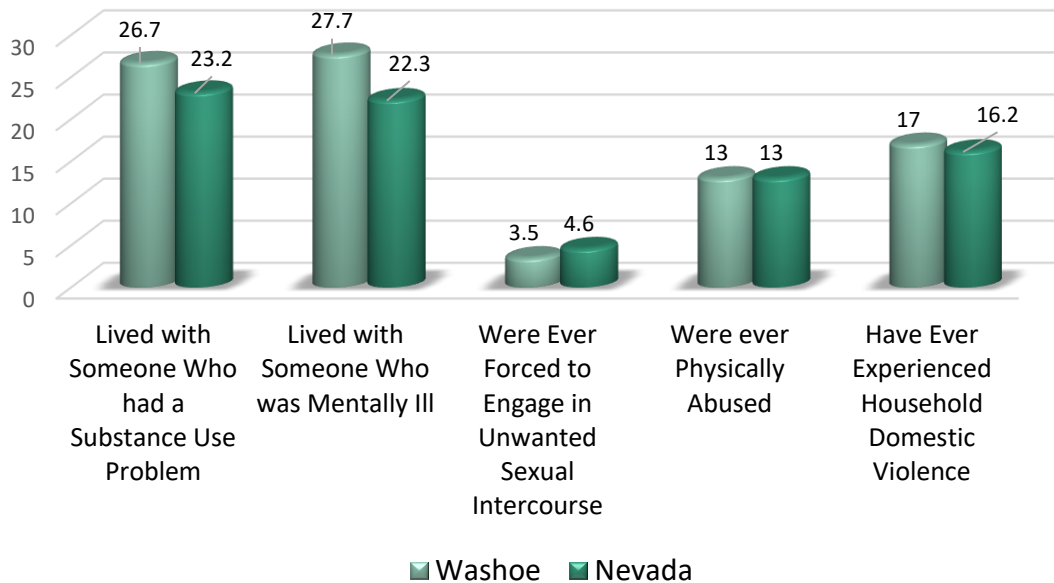
Figure 26 illustrates the percentage of middle school children who felt sad or hopeless enough to interrupt normal activities. This number has increased over the last biennium for both Washoe County and Nevada as has the percentage of students who received the help, they felt they needed when feeling sad/hopeless/anxious.

**Figure 27: Percentage of Middle School Adverse Childhood Experiences (ACEs), Washoe County & Nevada 2017**



\*Other than spanking

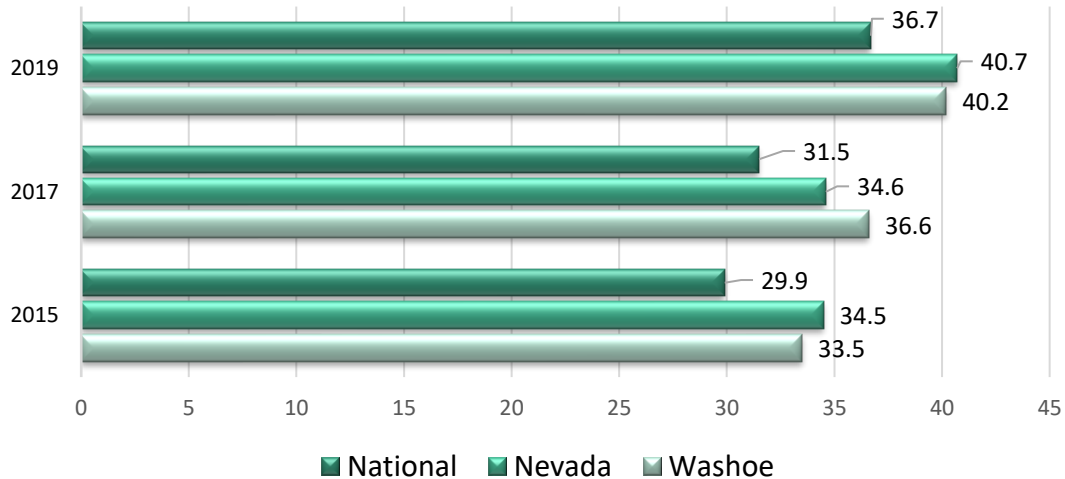
**Figure 28 : Percentage of Middle School Adverse Childhood Experiences (ACEs), Washoe County & Nevada 2019**



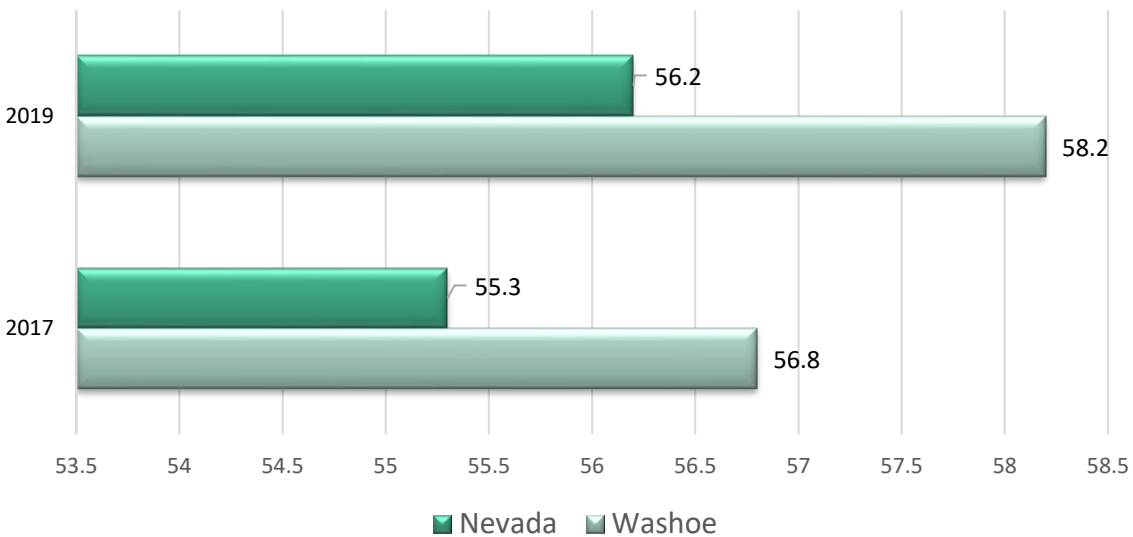
**ANALYSIS:** The unfortunate results of five of the ACEs indicators reveal that in all categories, both Washoe County and the State as a whole, percentages increased over the last two years. Only the middle item showed a slight decrease for the County in 2019. The largest increase were those middle 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**

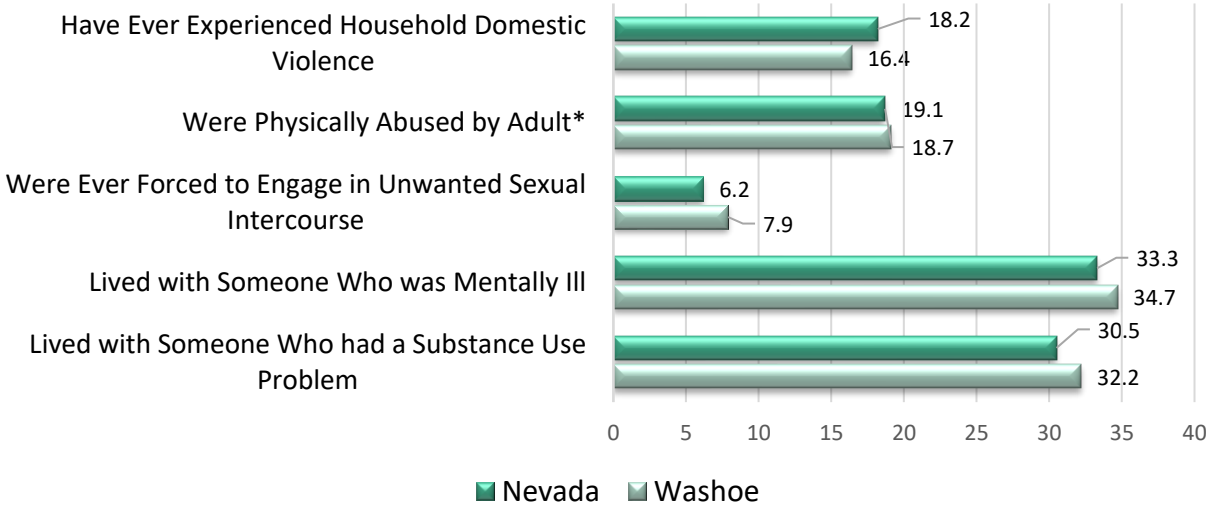


**Figure 30: Percentage of High School Students Who Never/Rarely Received the Help They Needed When Feeling Sad, Hopeless, Anxious**

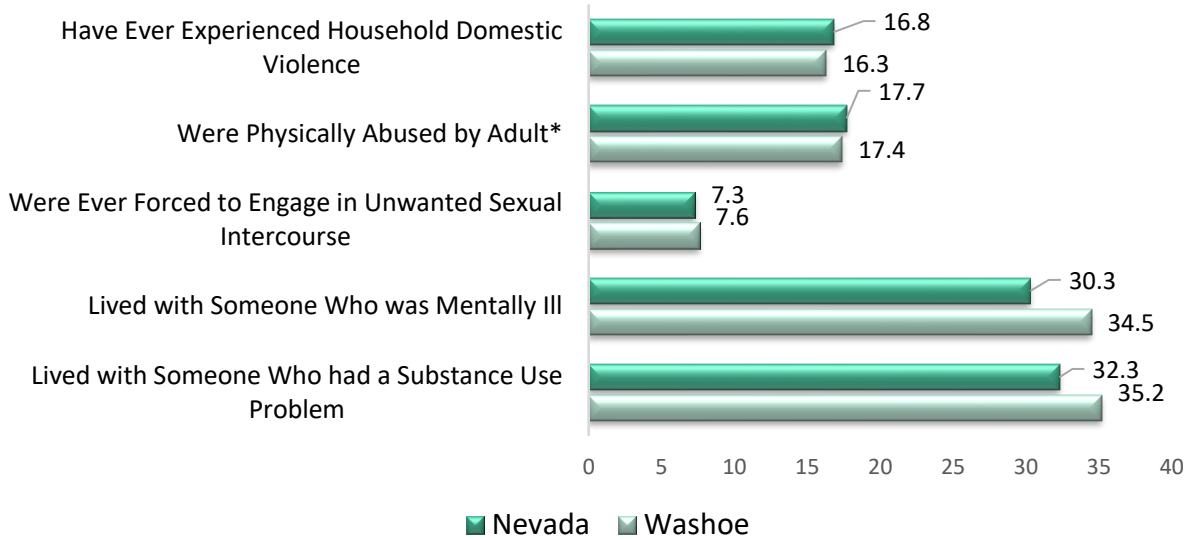


**ANALYSIS:** Figures 29 and 30 illustrate the same disturbing trend for high school students as for middle school students. In these two elements, the numbers trended upwards for 2019, for the Nation, Nevada, and Washoe County.

**Figure 31: Percentage of High School Adverse Childhood Experiences (ACEs), Washoe County & Nevada 2019**



**Figure 32: Percentage of High School Adverse Childhood Experiences (ACEs), Washoe County & Nevada 2017**

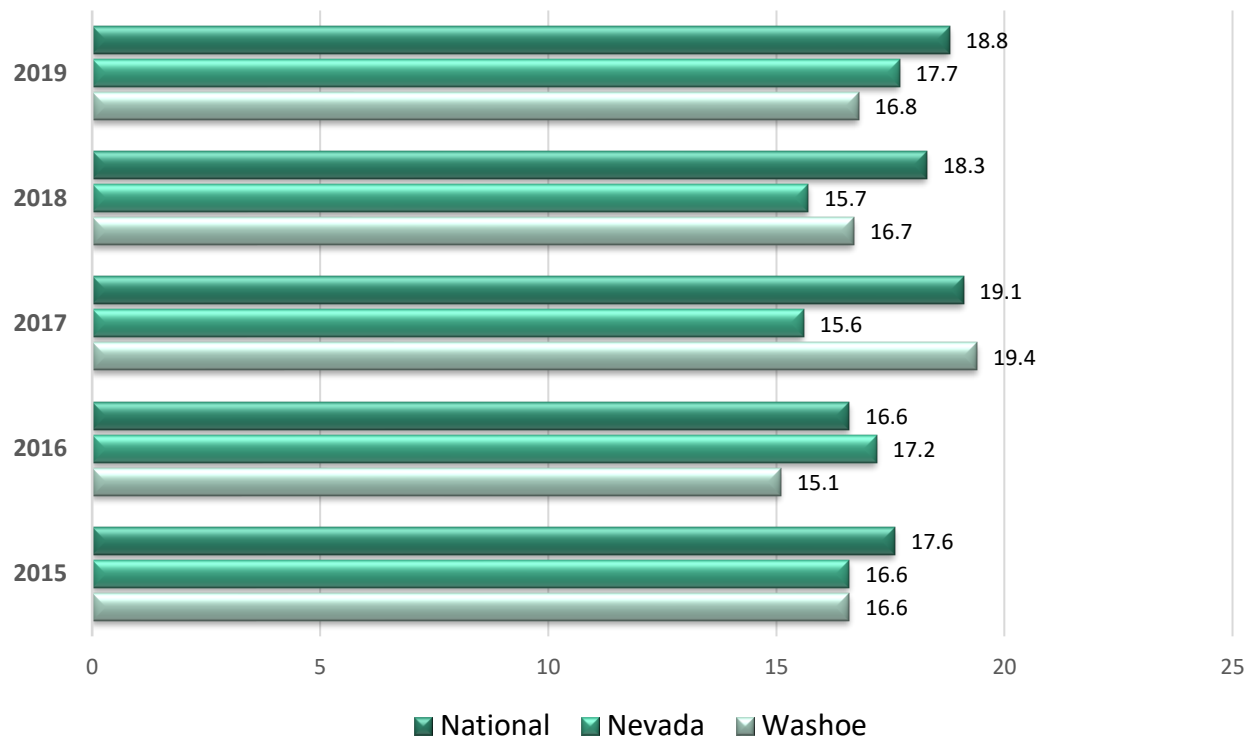


**Analysis:**

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

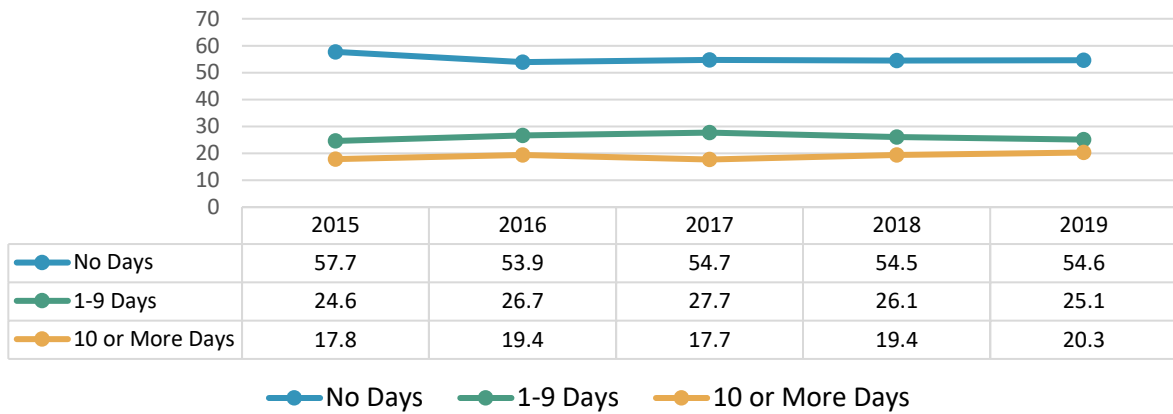
Figure 33: Prevalence Of Adults With Depressive Disorders



**Analysis:**

Roughly 17% of Washoe County residents were told they have a depressive disorder in 2019, similar to the previous year.

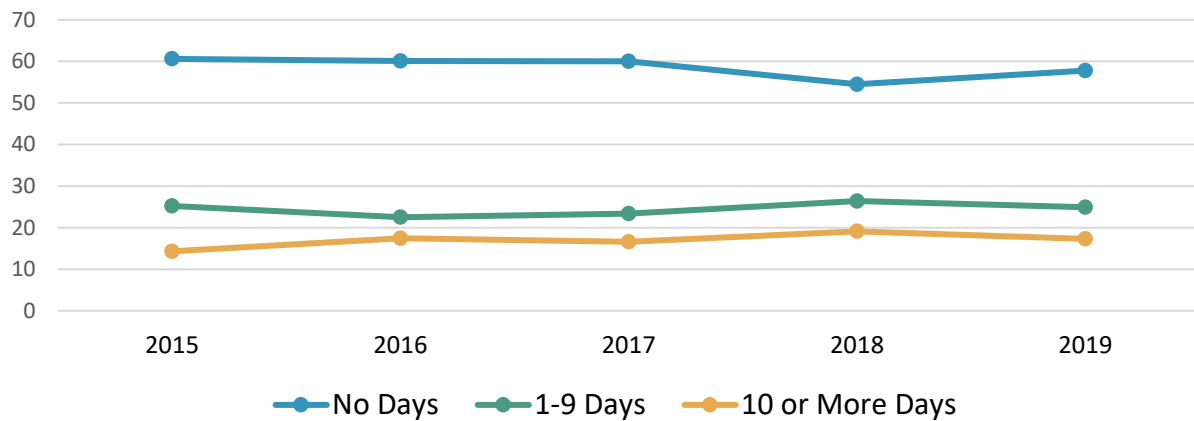
**Figure 34: Percentage of Washoe County Adults Who Experienced Poor Mental or Physical Health That Prevented Them From Doing Usual Activities in Past Month 2015-2019**



**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).

**Figure 35: Percentage of Washoe County Adults in Which Mental Health Days Not Good by Number of Days in Month, 2015-2019**



**Analysis:**

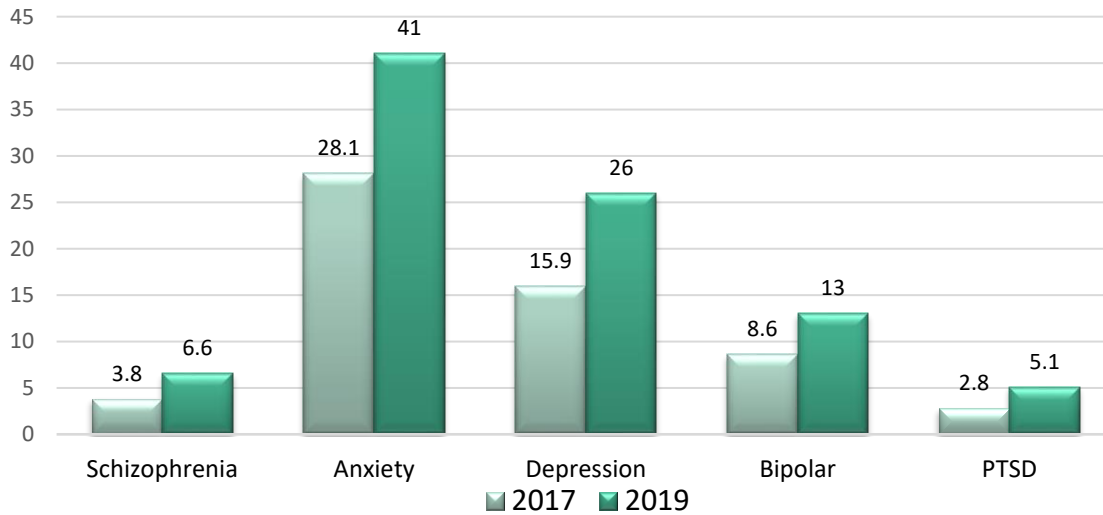
In Washoe County, adults who had zero days where their mental health was not good increased from 54.5% in 2018 to 57.7% in 2019.

**Table 3: Regional Mental Health-Related Emergency Department Encounters 2019\***

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

\*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:**

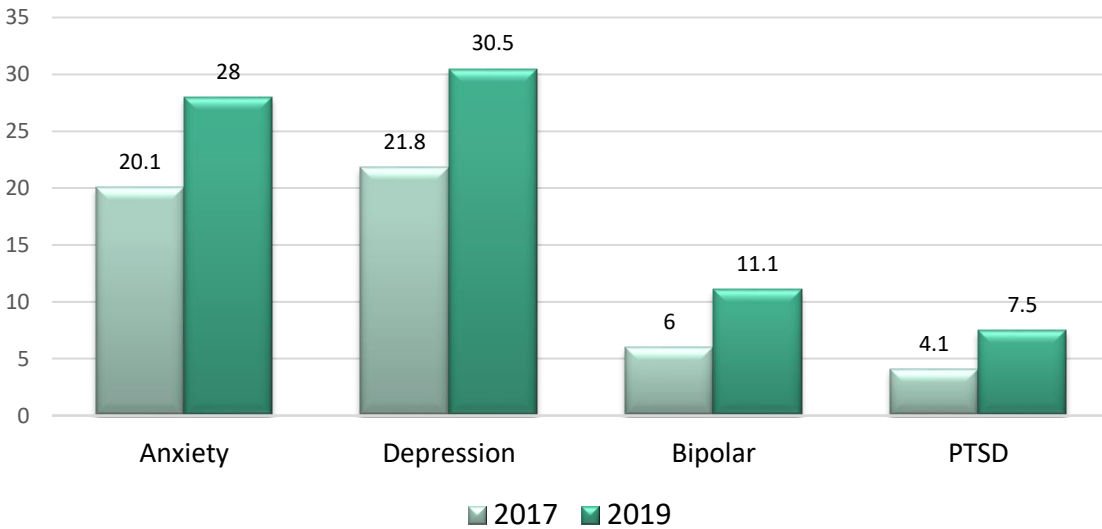
In 2019, all areas of mental health related issues that prompted an emergency room encounter had significantly increased. Table 3 above illustrates anxiety related issues were the number one presenting issue, including statewide. **NOTE:** Suicide is not included as data for one year reflects “suicidal 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\***

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

\* 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.



**Table 5: Mental Health-Related Deaths Age-Adjusted Rates and Region, Nevada Residents, 2019.**

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/Pacific Islander	Hispanic	Total
Clark	45.5 (41.9-49.1)	51.1 (40.1-62.1)	15.3 (0.0-45.3)	27.1 (20.0-34.3)	26.1 (19.3-32.8)	42.0 (39.1-44.9)
Northern	83.1 (72.4-93.9)	0.0 (0.0-00.0)	70.8 (8.7-132.9)	42.7 (0.0-101.8)	12.9 (0.0-30.7)	79.2 (69.1-89.2)
Rural	41.5 (26.4-56.6)	0.0 (0.0-00.0)	0.0 (0.0-00.0)	0.0 (0.0-00.0)	26.5 (0.0-56.5)	36.5 (23.9-49.2)
Southern	36.0 (24.5-47.4)	115.9 (0.0-276.5)	0.0 (0.0-00.0)	90.5 (0.0-215.8)	32.4 (0.0-77.4)	39.5 (28.0-51.1)
Washoe	77.1 (68.0-86.1)	55.6 (0.0-118.6)	60.8 (1.2-120.3)	42.0 (16.0-68.1)	35.1 (15.2-54.9)	71.7 (63.7-79.7)
Nevada	55.1 (51.9-58.2)	52.3 (41.4-63.1)	33.1 (12.6-53.6)	29.5 (22.5-36.4)	26.5 (20.6-32.5)	50.1 (47.5-52.7)


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

**Table 6: Prevalence Estimates of Health Risk Behaviors by Region, Nevada Adults, 2019.**

Indicator	Clark	Northern	Rural	Southern	Washoe	Nevada
Ever seriously considered attempting suicide during the past 12 months	4.9% (3.2 - 6.6)	5.4% (2.7-8.1)	6.1% (1.6-10.6)	5.2% (0.0-11.9)	4.1% (2.6-5.5)	4.8% (3.6-6)
Heavy Drinkers	6.2% (4.6 - 7.8)	7.9% (4.9-10.9)	7.4% (3.1-11.6)	2.2% (0.0 - 6.6)	6.8% (4.8-8.8)	6.4% (5.1-7.7)
Binge Drinkers	16.4% (13.8 - 19.0)	15.9% (11.7-20.1)	22.0% (15-29)	11.3% (0.2 - 22.5)	18.3% (15.2-21.4)	15.0% (13.2-16.9)
General Health Poor or Fair	21.4% (18.7 - 24.4)	18.7% (14.4-23.1)	16.1% (10.2-22)	22.4% (5.3 - 36.5)	19.6% (16.3-22.8)	20.9% (18.7-23.1)
Depressive Disorder Diagnosis	18.0% (15.5 - 20.7)	21.9% (18-25.8)	15.2% (9.5-20.9)	16.9% (1.2 - 32.9)	16.8% (13.8-19.9)	17.7% (15.7-19.7)
Ten or more days of poor mental health	17.4% (15.0 - 20.3)	22.4% (17.4-27.2)	19.5% (12.9-26)	17.3% (1.3 - 25.5)	17.3% (14.4-20.2)	17.6% (15.5-19.6)
Ten or more days of poor mental or physical health kept from usual activities	23.3% (19.7 - 27.6)	20.5% (14.8-26.2)	24.4% (14-34.9)	29.1% (12.8 - 45.3)	20.3% (16.1-24.5)	22.9% (19.8-25.9)
Used marijuana/hashish in the last 30 days	16.4% (13.8 - 19.3)	20.3% (15.6-25.1)	21.5% (14-29)	11.0% (1.9 - 11.5)	18.7% (15.4-21.9)	17.4% (15.3-19.4)
Used other illegal drugs in the last 30 days	1.7% (0.8 - 2.6)	1.6% (0.1-3.1)	0.0% 0	2.3% (0.0 - 4.5)	3.1% (1.6-4.6)	1.9% (1.2-2.6)
Used prescription drugs/pain killer to get high in last 30 days	0.6% (0.5 - 1.1)	1.0% (0-2.2)	0.9% (0-2.2)	0.0% (~ - 2.9)	0.9% (0.4-1.5)	1.0% (0.2-1.1)
Current tobacco cigarette smokers	14.9% (12.7 - 17.5)	17.4% (13-21.8)	23.1% (15.7-30.4)	17.0% (3.9 - 26.5)	15.7% (12.7-18.8)	15.7% (13.8-17.5)
Difficulty doing errands alone because of physical, mental, or emotional condition	8.7% (6.8 - 10.9)	10.6% (6.9-14.3)	7.2% (3.3-11.1)	10.8% (0.0 - 25.2)	7.5% (5.5-9.5)	8.6% (7.1-10.2)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	13.0% (10.8 - 15.4)	13.9% (9.8-18)	14.4% (8.2-20.7)	9.4% (1.5 - 16.9)	11.1% (8.5-13.7)	12.8% (11-14.6)



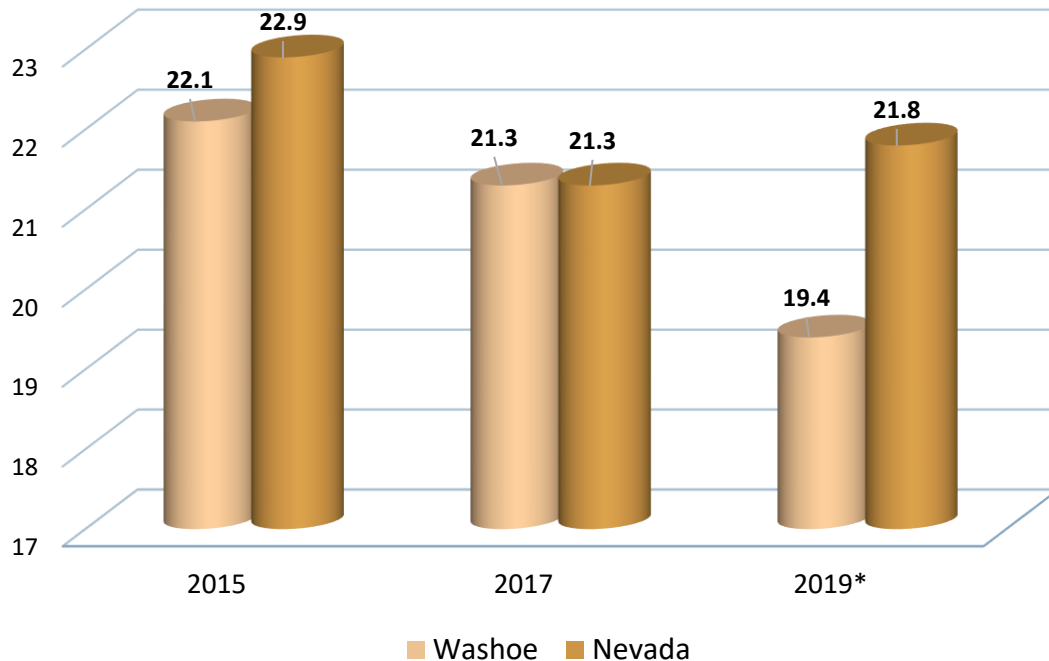
## SUICIDE



*“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**

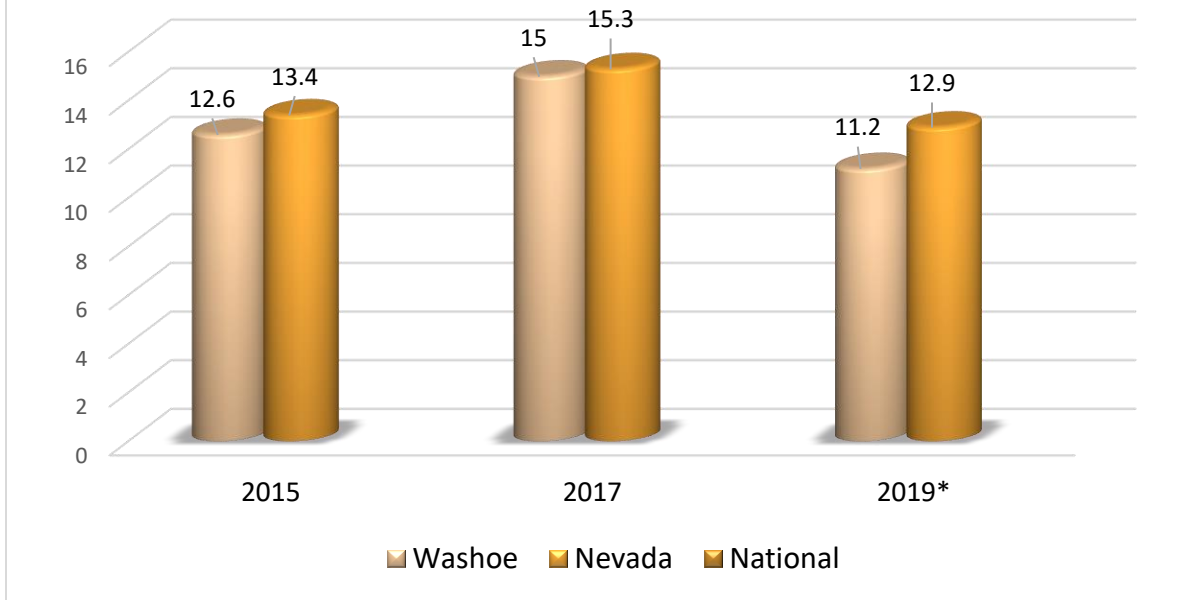


\*Time period for this question changed from lifetime to last 12 months.

### **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.

**Figure 39: Percentage of Middle School Students Who Made a Plan About How They Would Attempt Suicide**

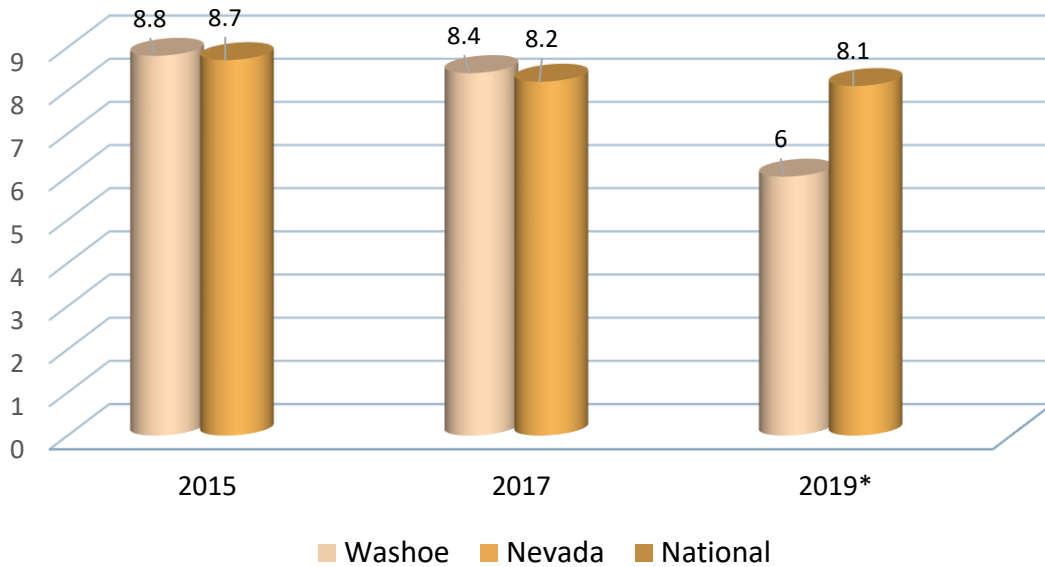


\*2019 The time period for this question changed from lifetime to past 12 months. (6)

**ANALYSIS:**

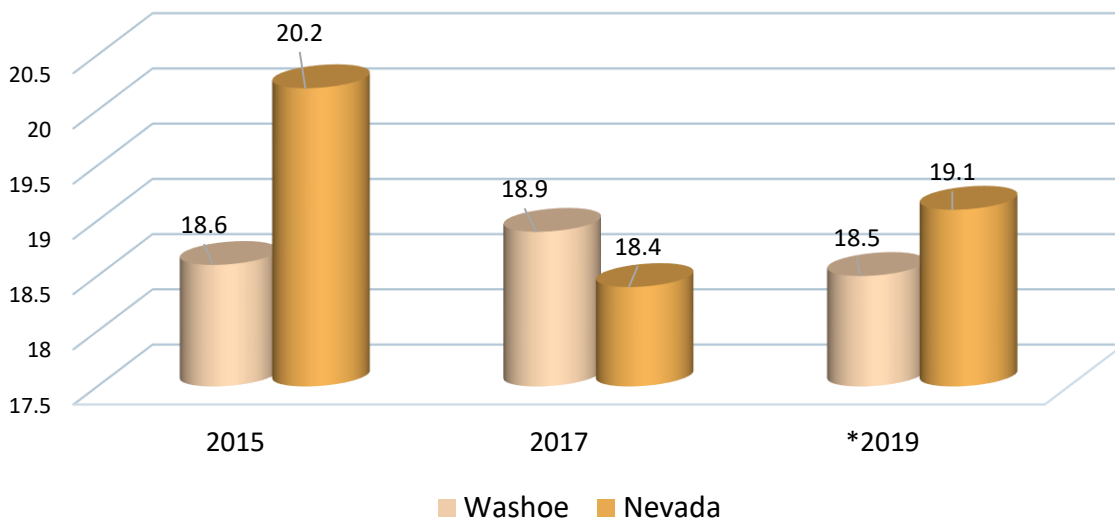
Washoe County middle school student data trends lower than Nevada numbers.

**Figure 40: Percentage of Middle School Students Who Attempted Suicide**



\*The time period for this question changed from lifetime to past 12 months.

**Figure 41: Percentage of Middle School Students Who Did Something to Purposely Hurt Themselves Without Wanting to Die**



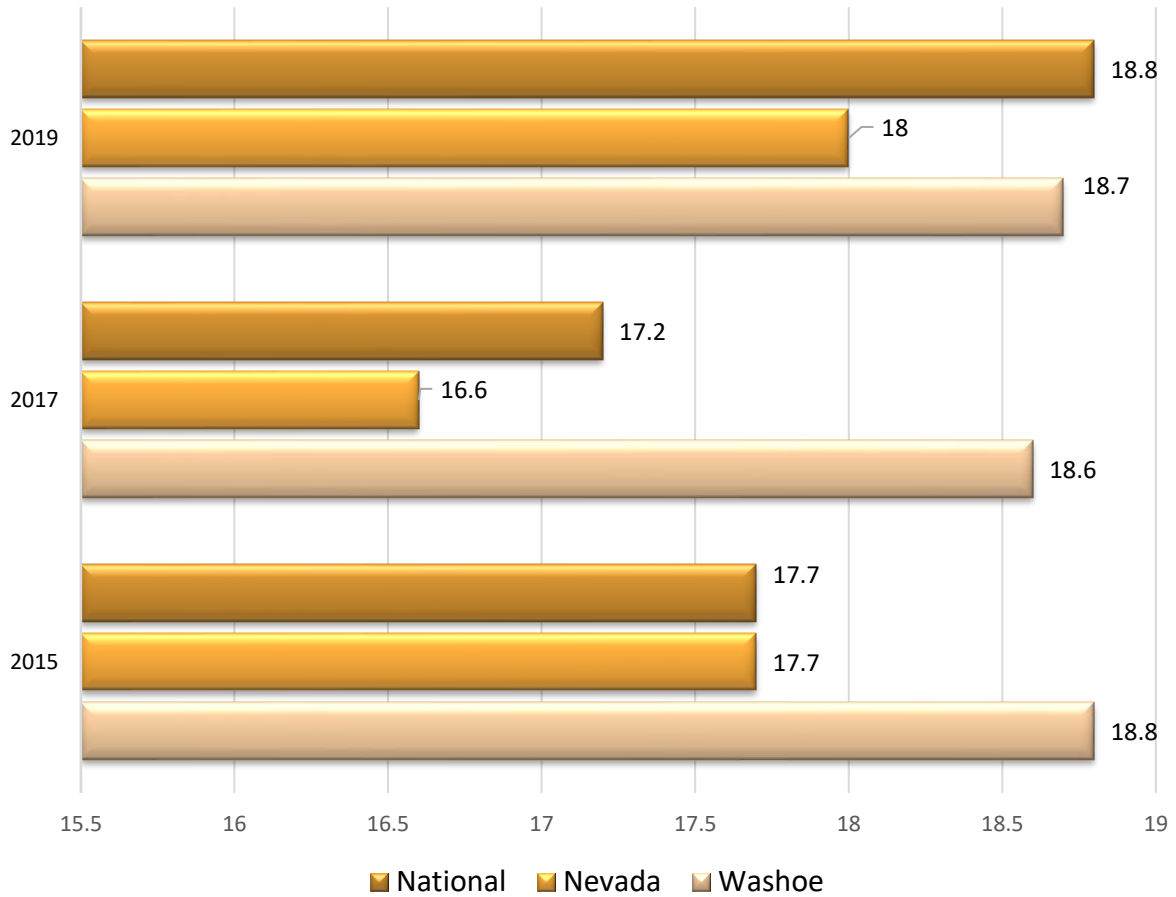
\*Time period for this question changed from lifetime to last 12 months. (6)

**ANALYSIS:**

The percentage of Washoe County middle school students who attempted suicide decreased by 29% between 2017 and 2019 and remains less than Nevada numbers.

## SUICIDE: High School (Grade 9 - 12)

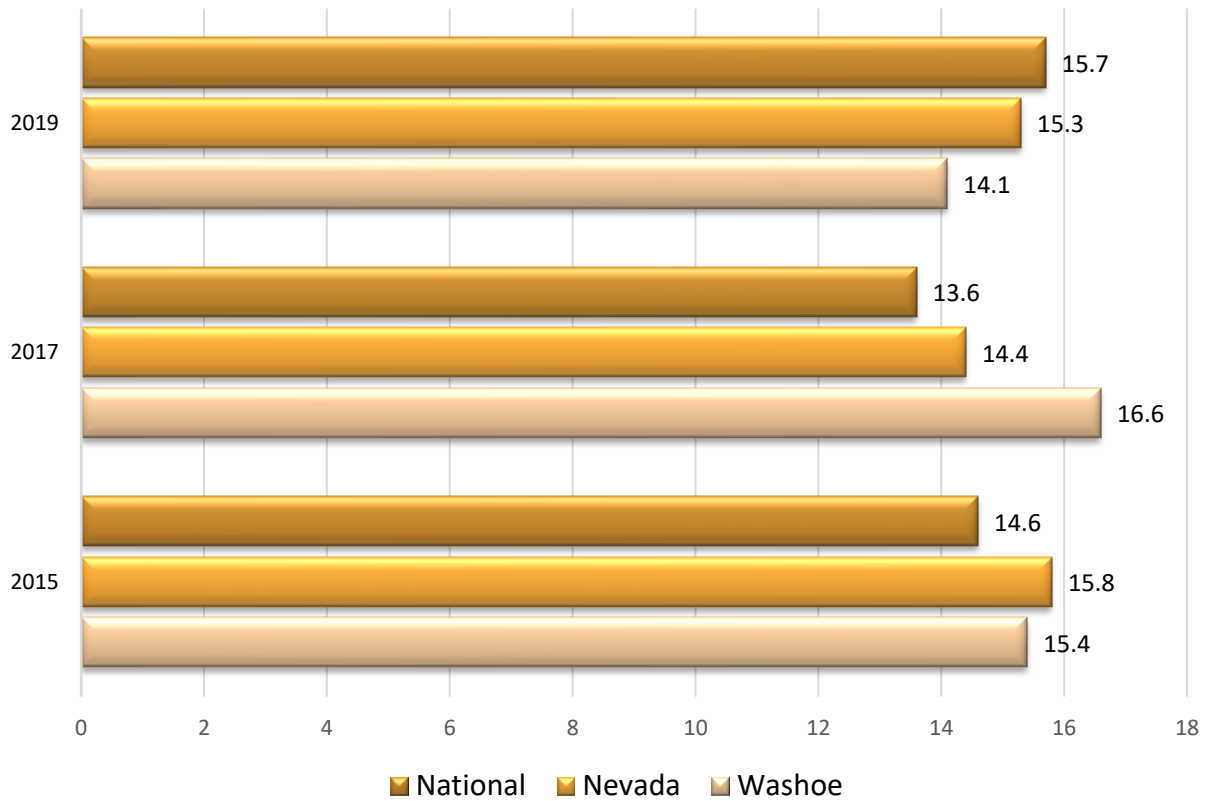
Figure 42: Percentage of High School Students Who Seriously Considered Attempting Suicide During 12 Months Before Survey



### 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.

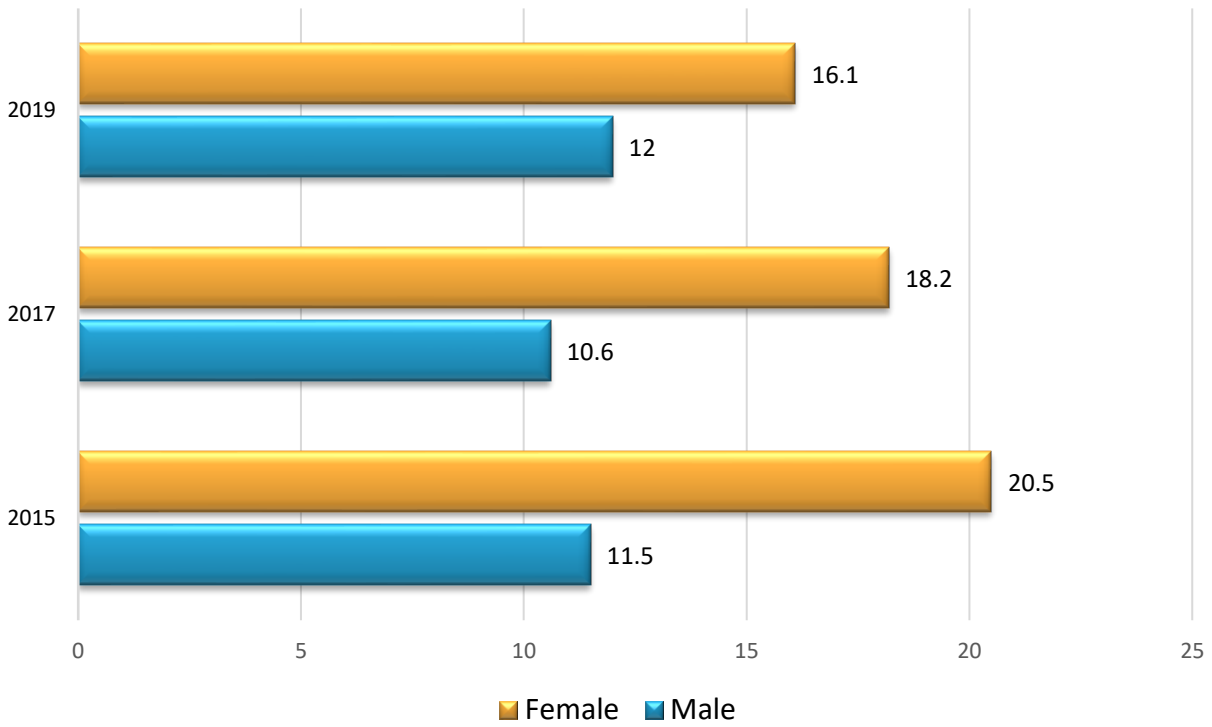
**Figure 43: Percentage of High School Students Who Ever Made a Plan About How They Would Attempt Suicide During 12 Months Before Survey**



**ANALYSIS:**

The percentage of Washoe County high school students who ever made a plan about how they would attempt suicide decreased by 15%.

**Figure 44: Washoe County High School Students who Made Plan -Gender**

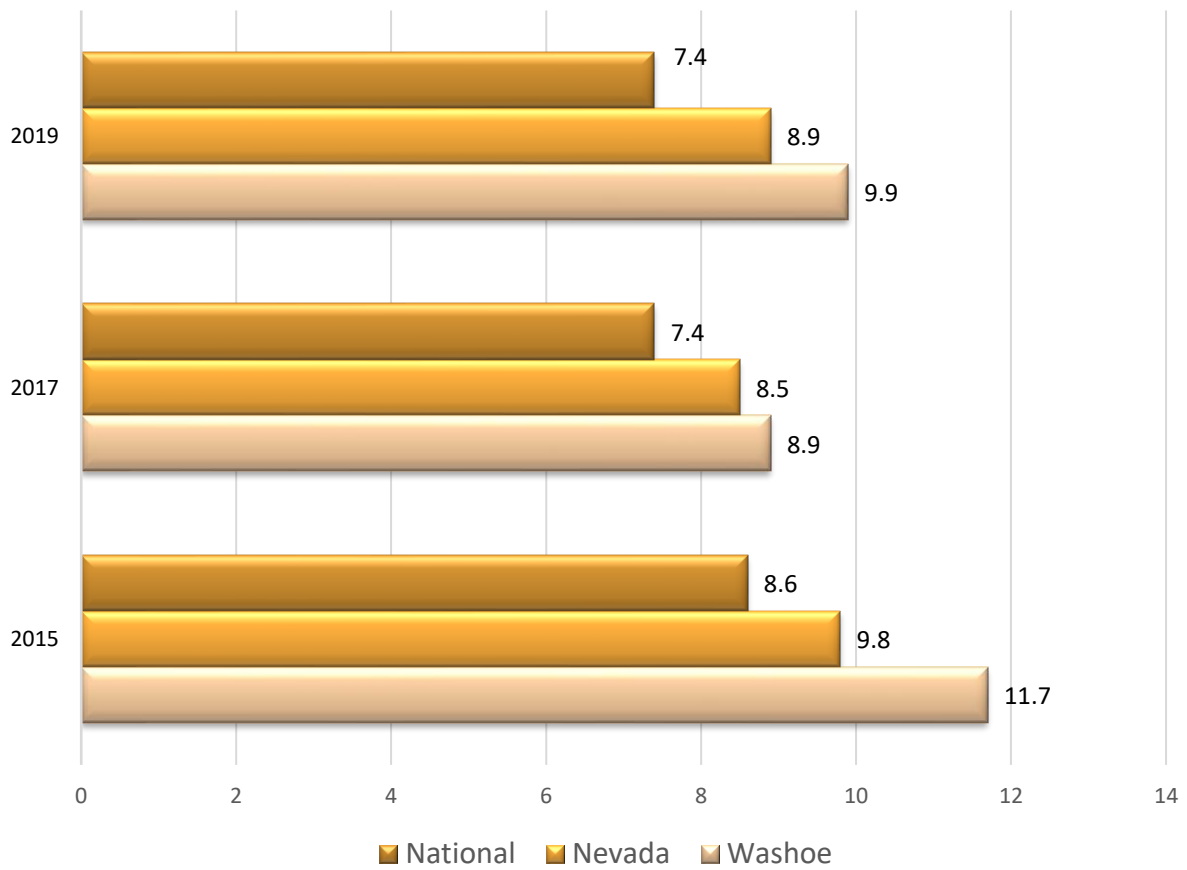


**Analysis:**

In Washoe County, females who made a plan to attempt suicide far exceed males; in 2019, by 34%.



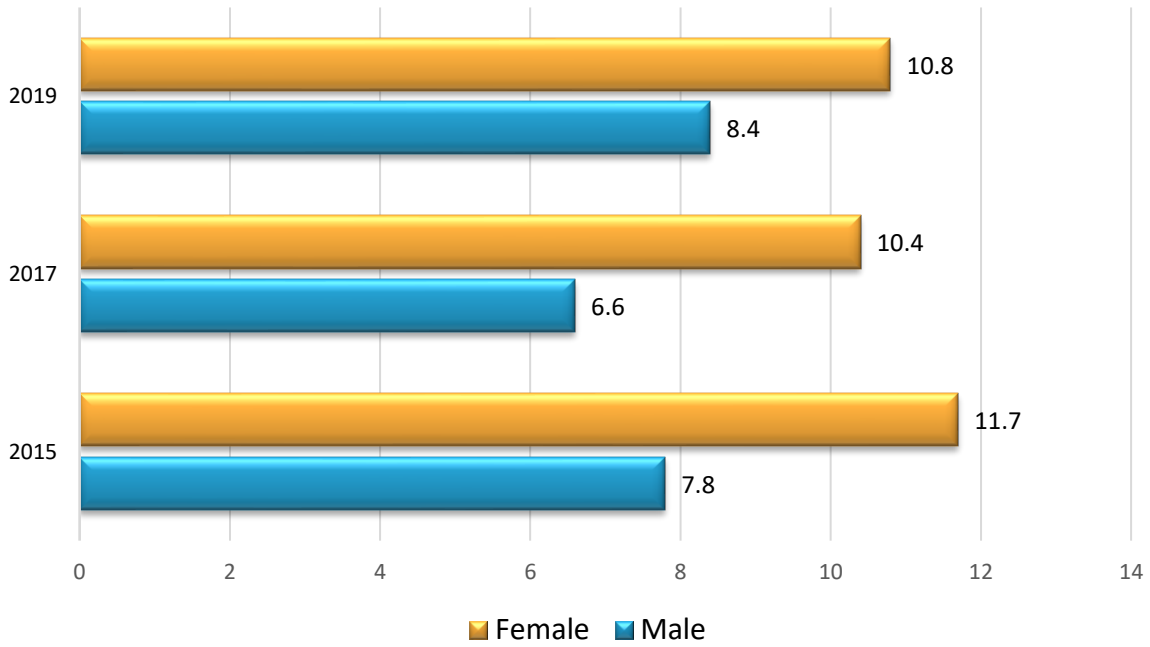
**Figure 45: Percentage of High School Students Who Attempted Suicide During 12 Months Before Survey**



**ANALYSIS:**

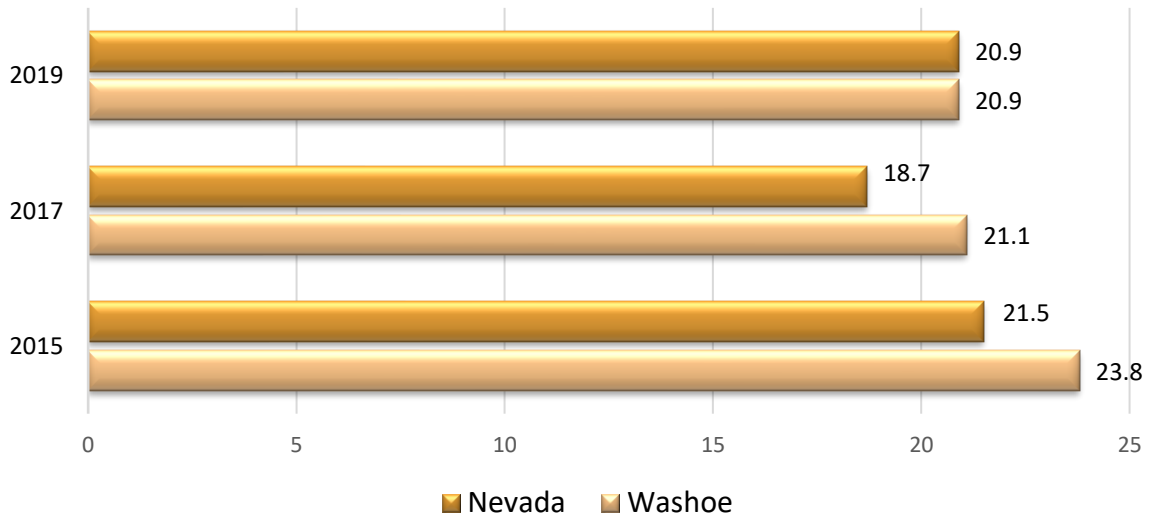
The percent of Washoe County high students who attempted suicide has continued to exceed those numbers for the State as well as nationally. 2019 reflects a slight uptick for state and county numbers.

**Figure 46: High School Students Who Attempted Suicide Past Year By Gender**



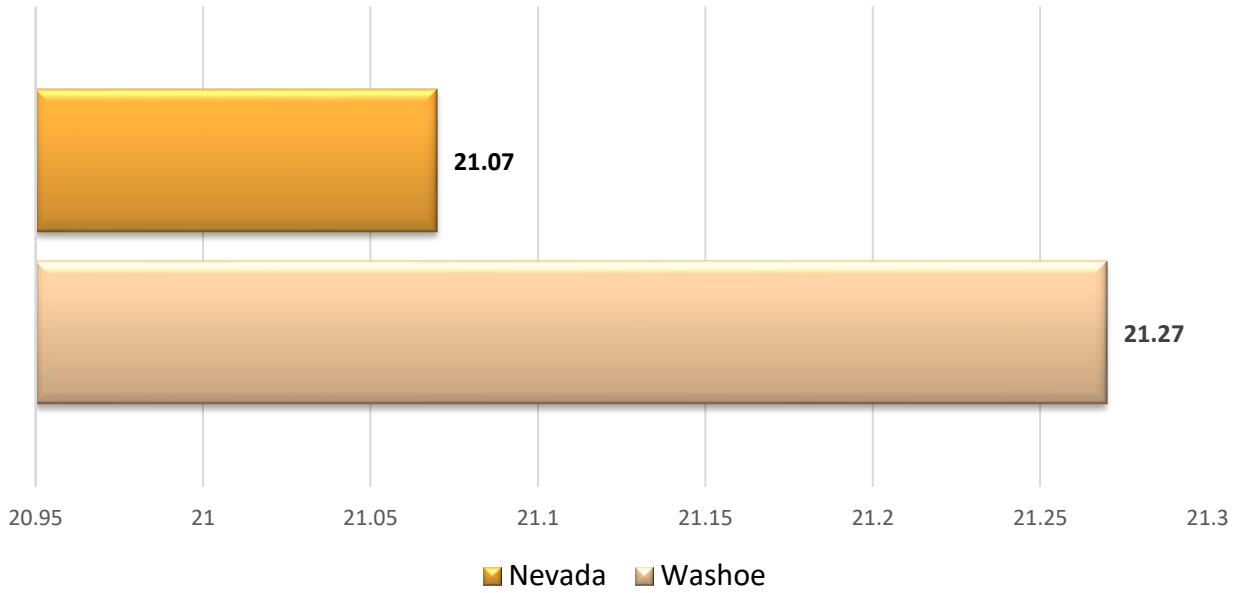
**ANALYSIS:** As demonstrated in Figure 44, females far exceeded males in number of those who attempted suicide. In 2019, the different was 29%.

**Figure 47: Percentage of High School Students Who Did Something to Purposely Hurt Themselves Without Wanting To Die**



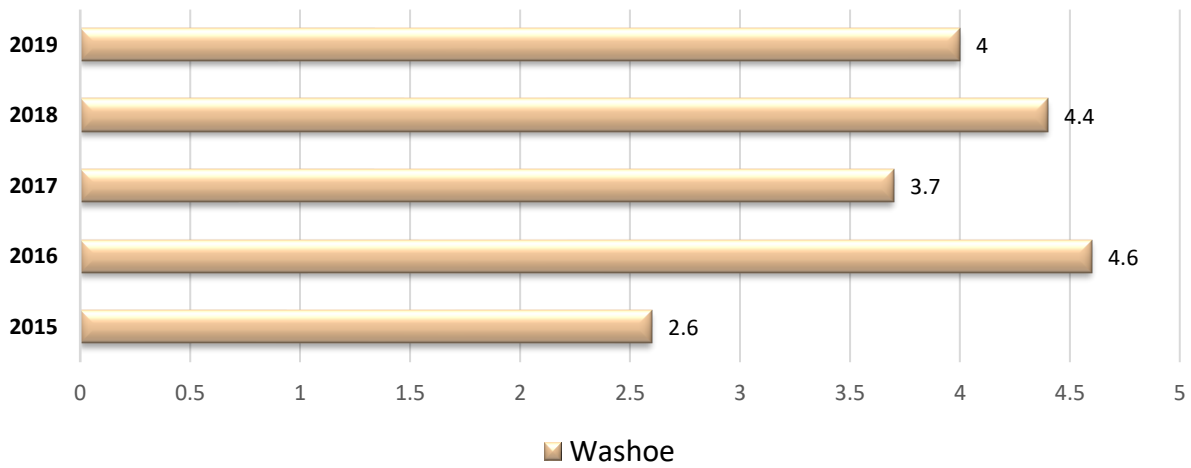
# SUICIDE: Adults

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

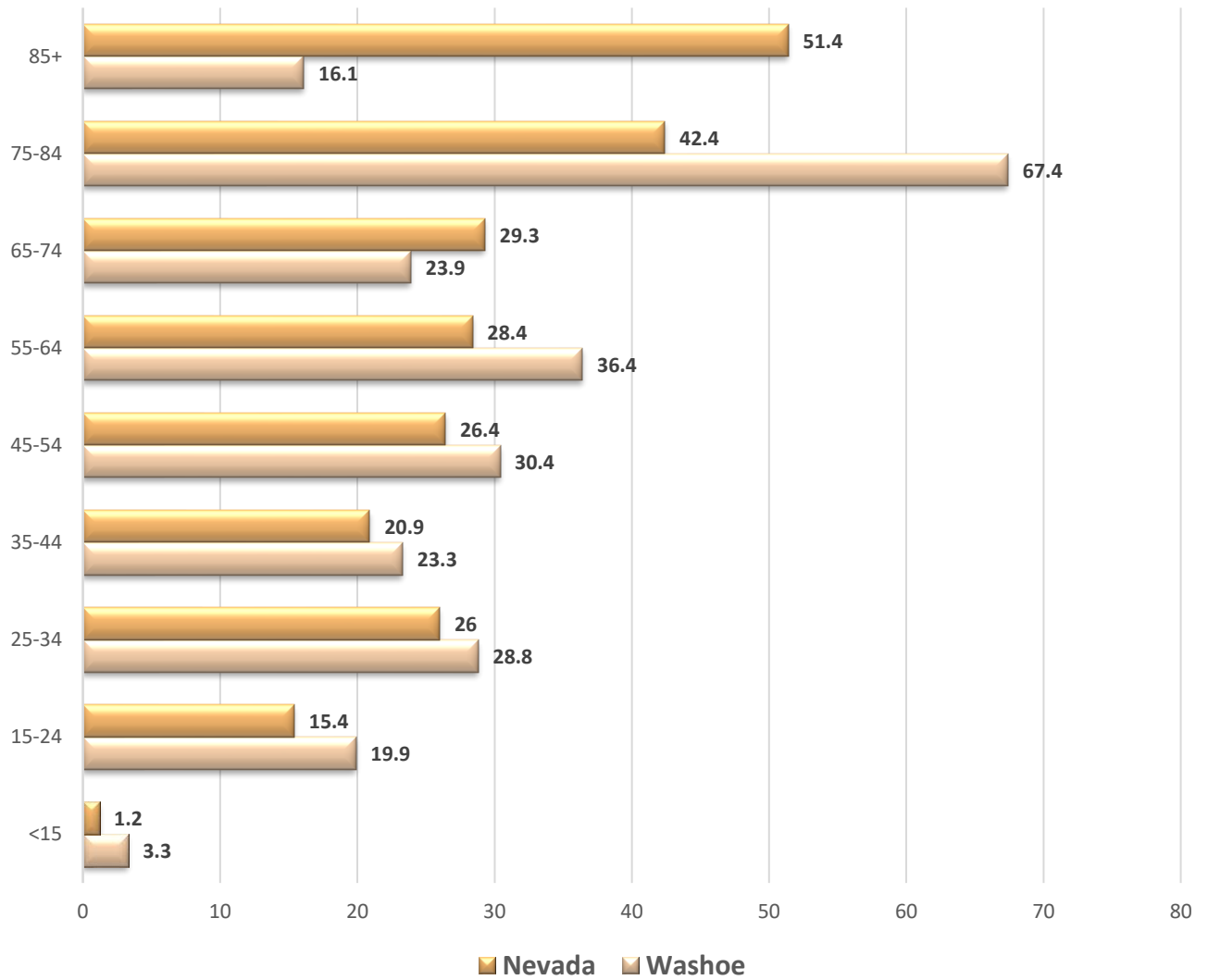


\*Data per 100,000 population

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



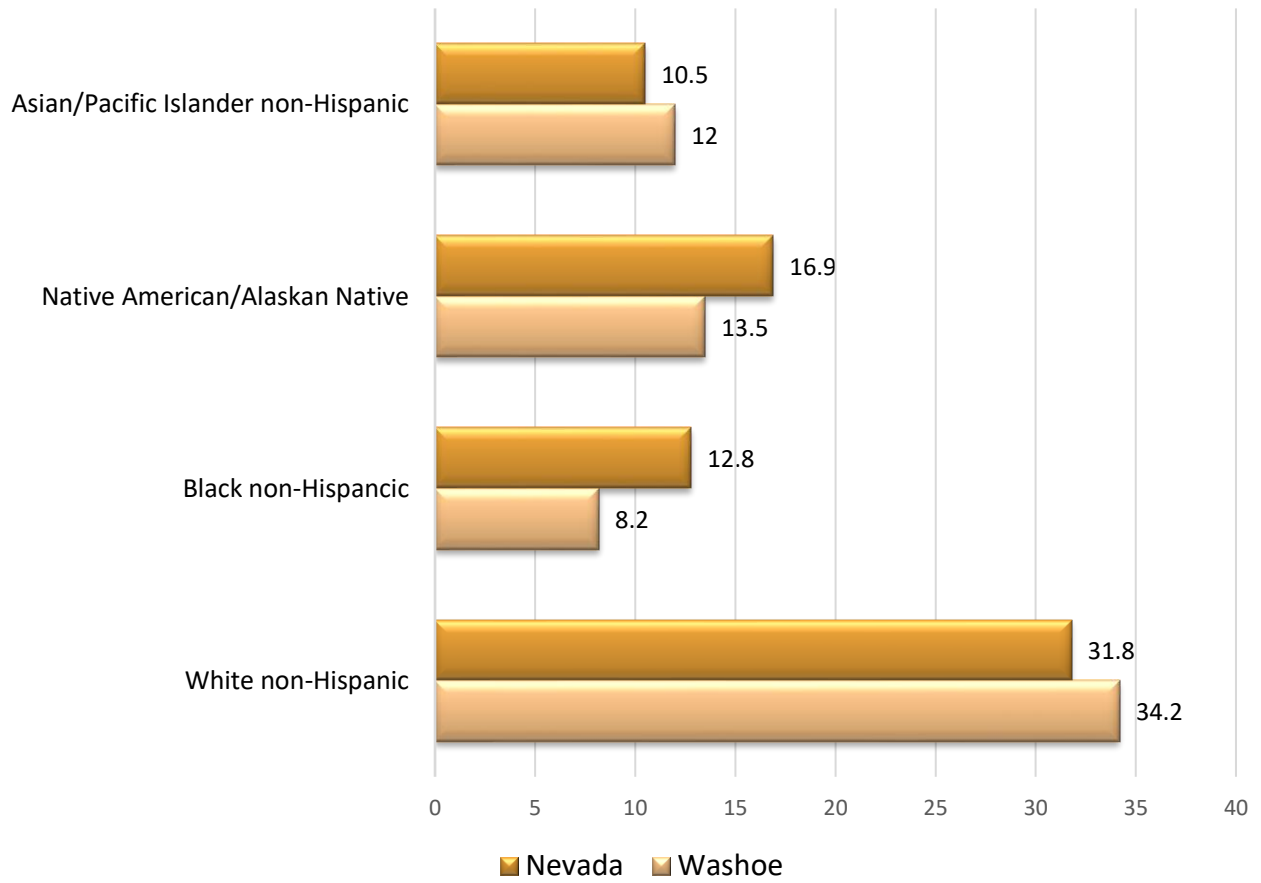
**Figure 50: Suicide By Age 2019**



**Analysis:**

In 2019, those individuals age 55 and over continue to lead in suicide.

**Figure 51: Suicide by Race/Ethnicity 2019**



**Table 7. Suicide Attempts and Suicides by Leading Method and Region, Nevada Residents, 2019.**

Region	Suicide Attempts				Suicides		
	Emergency Department Encounters		Inpatient Admissions		Substance	Hanging/ Suffocation	Firearms/ Explosives
	Substance	Cutting	Substance	Cutting			
Clark	49.8 (46.9-52.7)	8.2 (7.1-9.4)	54.4 (51.4-57.4)	27.0 (24.9-29.1)	3.2 (2.4-03.9)	3.9 (3.1-04.7)	9.6 (8.4-10.9)
Northern	83.5 (70.6-96.4)	18.7 (12.6-24.8)	42.0 (32.9-51.2)	22.8 (16.1-29.6)	3.1 (0.6-05.6)	9.9 (5.4-14.3)	17.1 (11.3-23.0)
Rural	78.1 (60.6-95.7)	46.3 (32.8-59.8)	35.0 (23.2-46.7)	9.3 (3.2-15.3)	0.0 -	4.1 (0.1-08.1)	25.7 (15.6-35.8)
Southern	79.4 (56.7-102.1)	62.5 (42.4-82.6)	49.0 (31.2-66.8)	11.8 (3.1-20.6)	5.1 (0.0-10.8)	5.1 (0.0-10.8)	23.6 (11.3-36.0)
Washoe	51.7 (45.2-58.2)	11.3 (8.2-14.3)	87.9 (79.4-96.4)	12.1 (9.0-15.3)	3.8 (2.1-05.6)	6.4 (4.1-08.7)	13.0 (9.7-16.2)
Nevada	54.4 (51.8-57.0)	25.6 (23.9-27.4)	56.7 (54.0-59.3)	9.5 (8.5-10.6)	3.2 (2.6-03.8)	4.7 (3.9-05.4)	11.4 (10.2-12.6)

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**

Age Group	Nevada Veteran Suicide Rate	Western Region Veteran Suicide Rate	National Veteran Suicide Rate
18-34	77.3	47.2	45.9
35-54	35.1	35.8	33.4
55-74	39.6	34.	30.4
75+	34.8	32.9	27.4
Total	41.6	36.0	32.0

### Analysis:

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

**Table 9: Percentage Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2015-2019.**

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

### ANALYSIS:

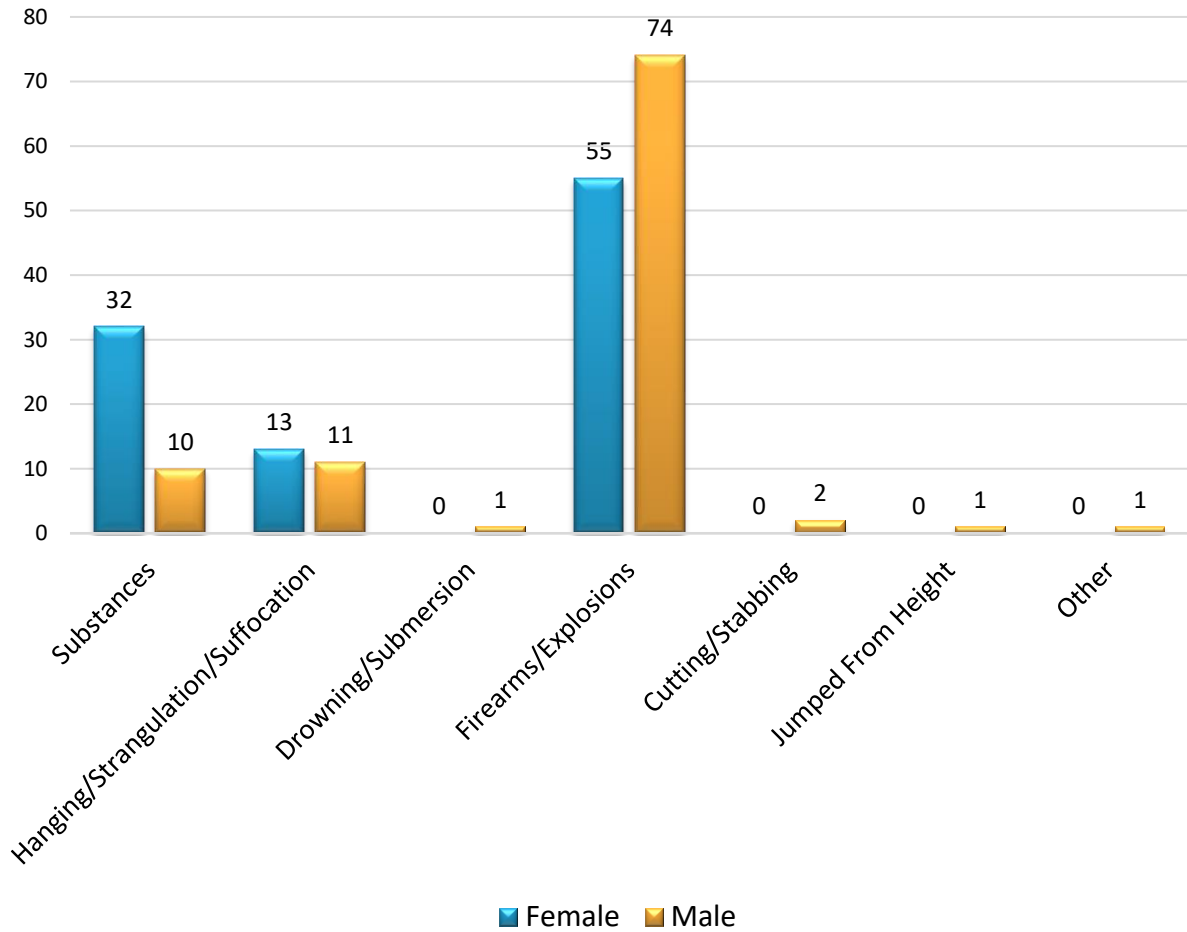
Among the veteran population from 2015 to 2019, the highest percentage of suicides occurred in the 65-74 age group, accounting for 23% of the 603 suicide-related deaths, compared to 10% of the non-veteran suicide deaths. The highest percentage of suicides among the non-veteran population occurred in 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**

Year of Death	Veteran Status	Method of Suicide							Total
		Poison/ Substance	Hanging/ Strangulation/ Suffocation	Drowning/ Submersion	Firearm/ Explosive	Cutting/ Piercing Instrument	Jumping from Height	Other	
2015	Veteran	9	13	1	81	1	-	2	107
	Non-Veteran	88	101	-	191	5	15	7	407
2016	Veteran	17	10	1	101	1	1	-	131
	Non-Veteran	112	102	5	207	12	16	10	464
2017	Veteran	19	18	-	84	3	1	1	126
	Non-Veteran	96	94	-	217	8	22	8	445
2018	Veteran	12	10	1	83	3	4	2	115
	Non-Veteran	86	110	2	253	10	15	5	481
2019	Veteran	13	14	2	90	2	2	1	124
	Non-Veteran	80	115	1	243	5	16	10	470
<b>Total</b>	<b>Veteran</b>	<b>70</b>	<b>65</b>	<b>5</b>	<b>439</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>603</b>
	<b>Non-Veteran</b>	<b>462</b>	<b>522</b>	<b>8</b>	<b>1,111</b>	<b>40</b>	<b>84</b>	<b>40</b>	<b>2,267</b>



**Figure 52: Percent of Veteran Suicide-Related Deaths by Method and Gender. Nevada Residents Ages 20+, 2015-2019 Combined.**



**ANALYSIS:**

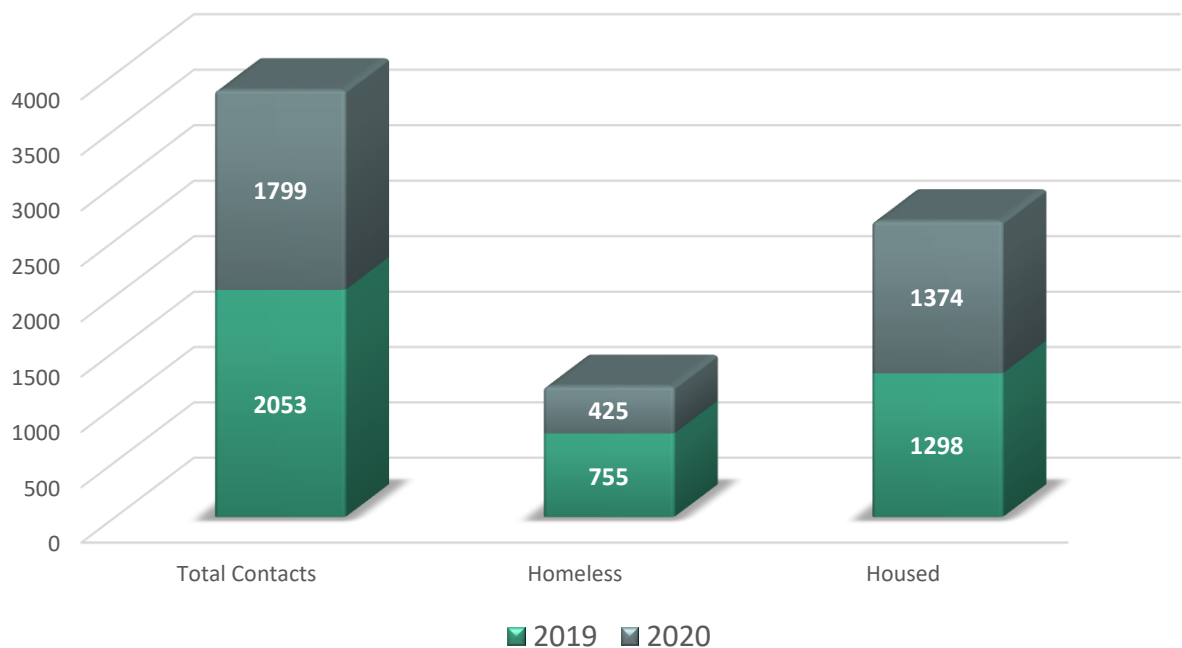
Among the male population, 74% of the veteran suicides committed were by firearm/explosive, compared to approximately half of non-veteran suicides (55%). Among the female population, the greatest difference in method was firearms/explosives, which accounted for 55% of veteran suicide deaths and 34% of non-veteran suicide death

## MOBILE OUTREACH SAFETY TEAM (MOST)

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:

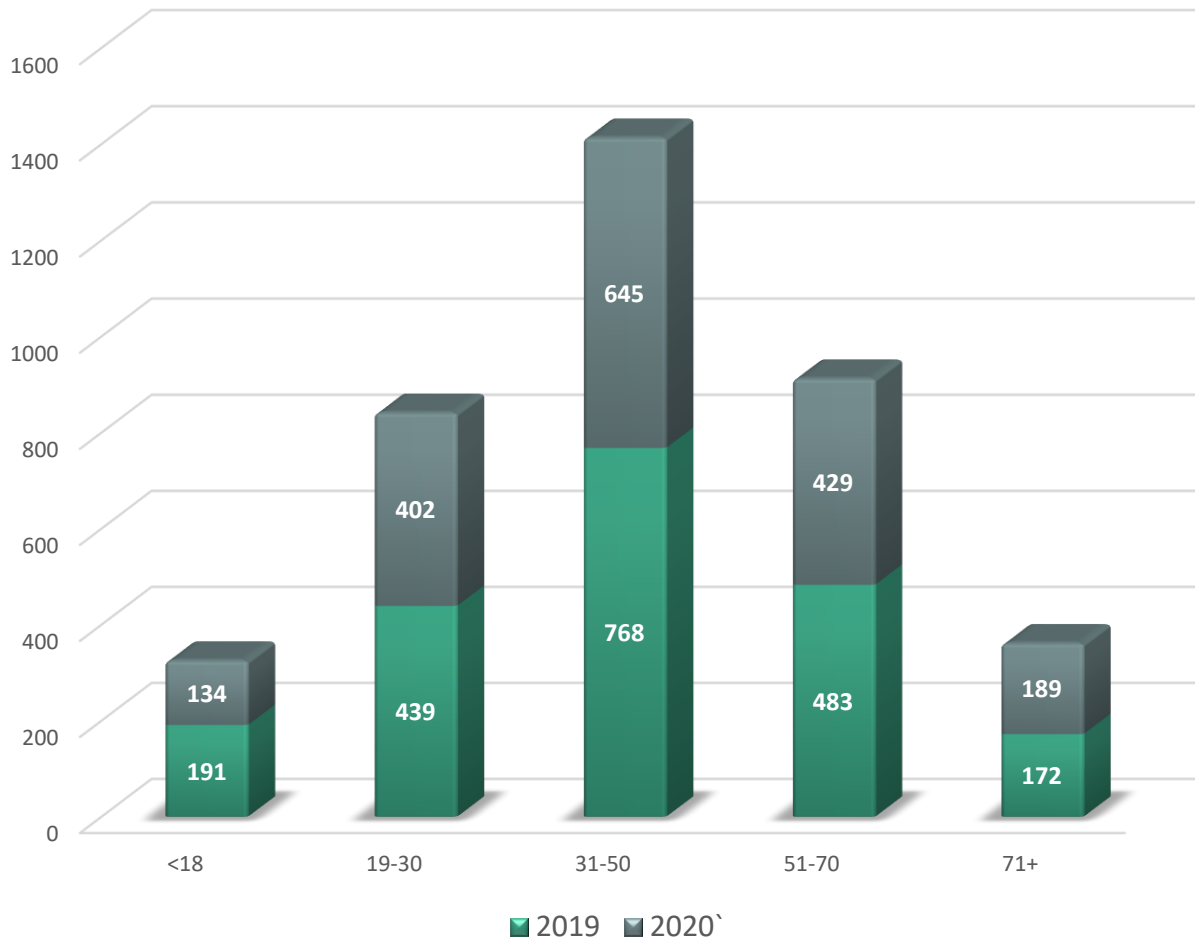
- ✓ Early and voluntary intervention to avoid costly emergency room visits and hospitalization
- ✓ Provision of clinical stabilization and intervention
- ✓ Reduce law enforcement calls for service and diversion from jail when appropriate
- ✓ Connect individuals in crisis to local resources to provide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

**Figure 53: Total Contacts/Homeless and Housed**



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.

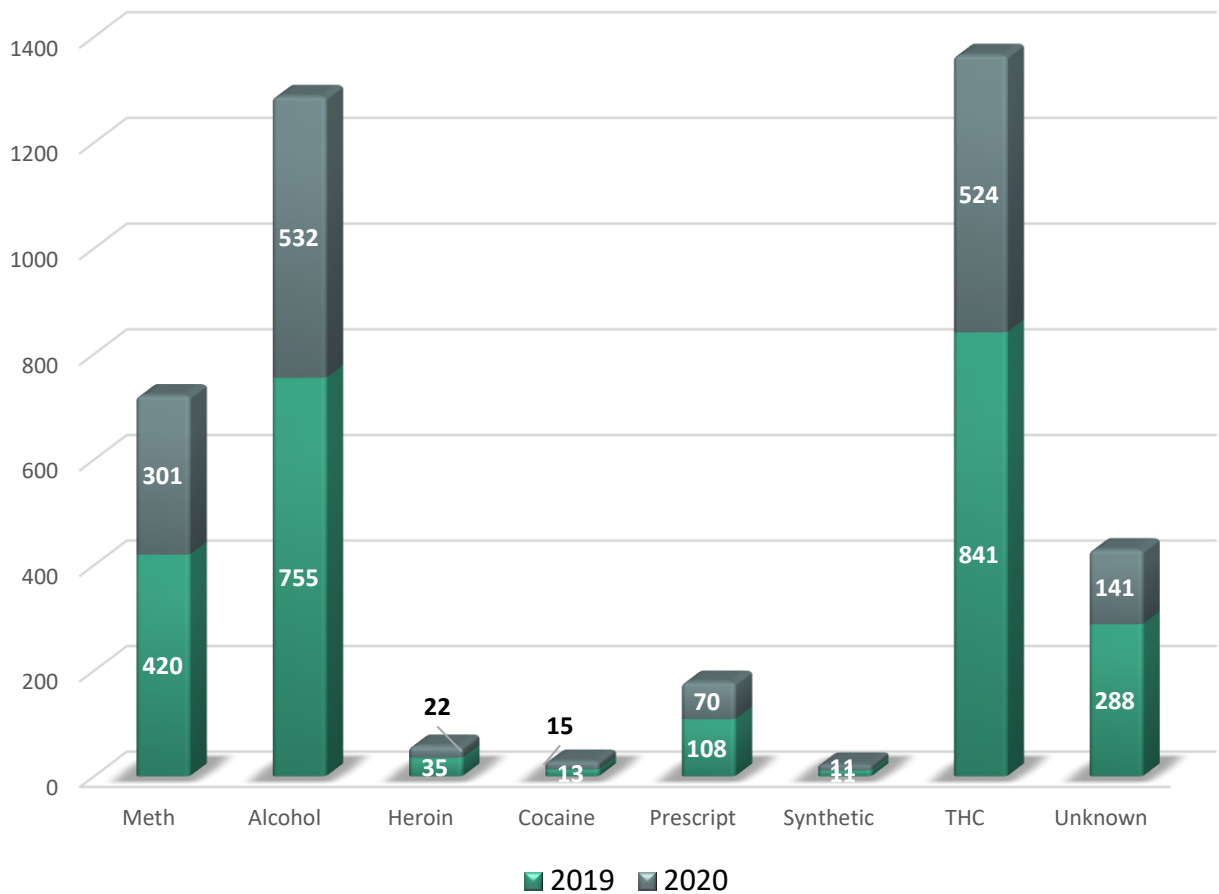
**Figure 54: MOST Contacts by Age**



**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.

**Figure 55: MOST Contacts: Substance Related**



**ANALYSIS:**

The substances most often encountered by the team are alcohol and marijuana, followed by methamphetamine.

# MENTAL HEALTH AMERICA NATIONAL AND STATE REPORT SUMMARY

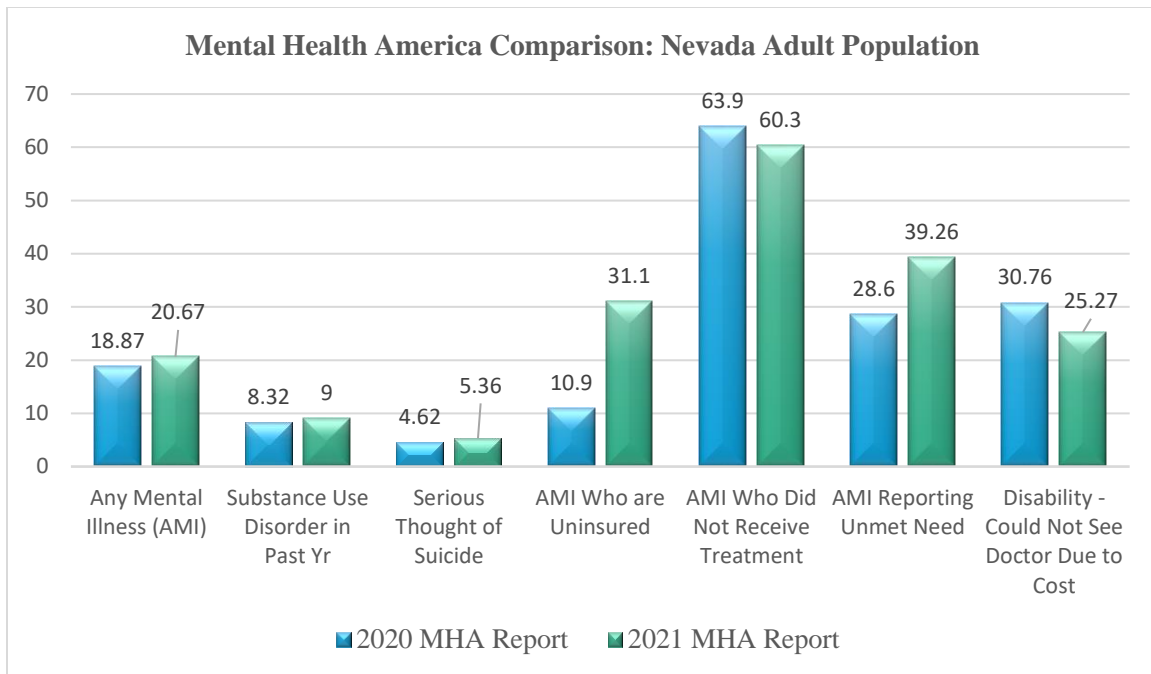
While this profile emphasizes Washoe County data, it is important to include State and National data to provide comparisons and identify trends. The Mental Health America annual report identifies a set of common data indicators for mental health that gives a complete picture of mental health status in 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 42<sup>nd</sup>.**

- 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 36<sup>th</sup> 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 40<sup>th</sup> with 9% (For comparison, Nebraska ranks 1<sup>st</sup> with 8%)

- Adults with Serious Thoughts of Suicide
  - 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.**
  - Nevada: Ranks 26<sup>th</sup> with 4.65%
- Adults with AMI who are Uninsured
  - 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.
  - Nevada: Ranks 31<sup>st</sup> with 10.5%
- Adults with AMI who Did Not Receive Treatment
  - United States: 7% of adults with a mental illness receive no treatment. Over 26 million individuals experiencing a mental illness are going untreated.
  - Nevada: Ranks 44<sup>th</sup> with 60.3%
- Adults with AMI Reporting Unmet Need
  - 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.**
  - Nevada: Ranks 39<sup>th</sup> with 26.1%
- Adults with Disability Who Could Not See a Doctor Due to Costs
  - 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%.
  - Nevada: **Ranks 18<sup>th</sup> with 25.27%**



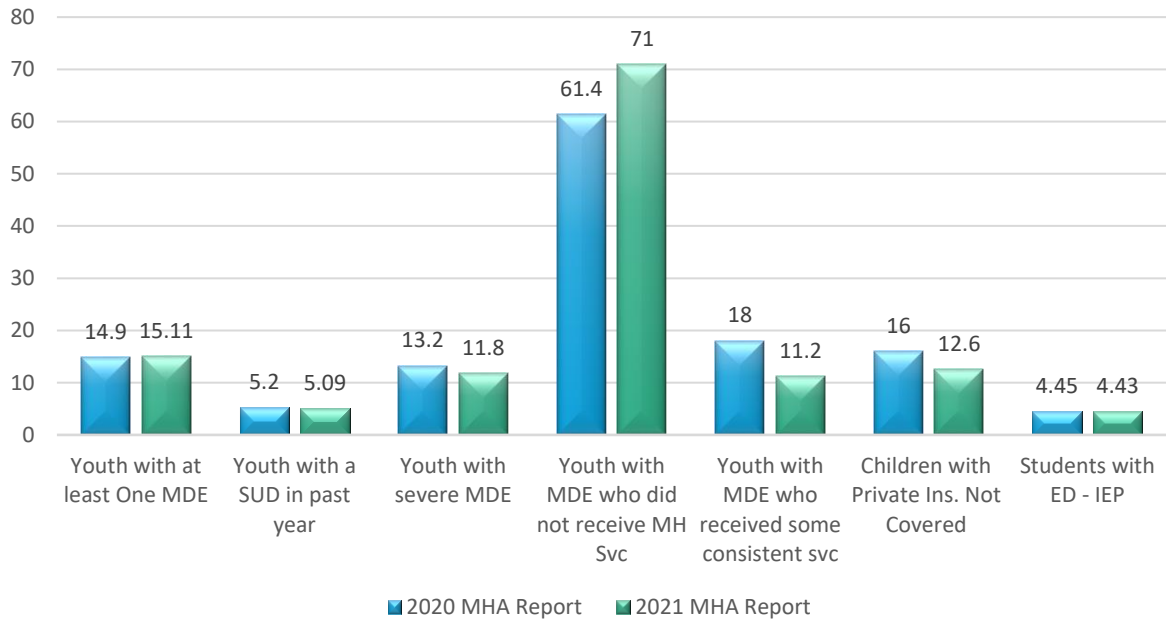
**Youth:** States with rankings 1-10 have lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care. [Nevada's ranking overall is 51st.](#)

- 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 39<sup>th</sup> 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 47<sup>th</sup> 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 39<sup>th</sup> 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 51<sup>st</sup> 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 51<sup>st</sup> 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 45<sup>th</sup> 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 43<sup>rd</sup> with 4.43%



### Mental Health America Comparison: Nevada Youth Population



# 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 \(nv.gov\)](#)

## DEMOGRAPHICS

Table 1: Population Distribution Washoe County, 2010-2019.

Nevada 2020 SAPTA EPI Profile. Washoe County Data Tables. Available unknown date at: [OFFICE OF ANALYTICS - DATA & REPORTS \(nv.gov\)](#)

## 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.*

Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada Middle School Youth Risk Behavior Survey (YRBS) 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.*

Diedrick, M., Lensch, T., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2019 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report.* Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno.

*2019 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.*

JTNN CCPP 2020. Retrieved from: [Community Assessment - Join Together Northern Nevada - JTNN](#)

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

Washoe County 2015: Lensch, T., Gay, C., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. (n.d.). *2015 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Analysis. Reno, Nevada.*

Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2017 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.* United States 2017: Centers for Disease Control and Prevention. (2018). Youth Risk Behavior Surveillance-United States, 2017. MMWR, 67(8). Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report.* 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2019 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.*

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

JTNN CCPP 2020. Retrieved from: [Community Assessment - Join Together Northern Nevada - JTNN](#)

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

Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. 2018 Nevada BRFSS Data. Retrieved from: [Microsoft Power BI \(powerbigov.us\)](#)

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

Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology; 2020 Epi Report. [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2021 \(nv.gov\)](#).

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\*

Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada Middle School Youth Risk Behavior Survey (YRBS) 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*.

Diedrick, M., Lensch, T., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2019 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report*. Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2019 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

Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2017 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report*. United States 2017: Centers for Disease Control and Prevention. (2018). Youth Risk Behavior Surveillance-United States, 2017. MMWR, 67(8). Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report*. *2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report*. Lensch, T., Martin, H., Zhang, F.,

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

Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. Nevada BRFSS Data. Retrieved from: [Microsoft Power BI \(powerbigov.us\)](https://powerbigov.us)

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 \(nv.gov\)](https://www.nv.gov/bureau-of-behavioral-health-wellness-and-prevention/epidemiologic-profile-2020)

Figure 34 - 35 Percentage of Adults – poor mental health days

[Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 \(nv.gov\)](https://www.nv.gov/bureau-of-behavioral-health-wellness-and-prevention/epidemiologic-profile-2020) Washoe County

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 \(nv.gov\)](https://www.nv.gov/bureau-of-behavioral-health-wellness-and-prevention/epidemiologic-profile-2020)

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 \(nv.gov\)](https://www.nv.gov/bureau-of-behavioral-health-wellness-and-prevention/epidemiologic-profile-2020)

Figure 37: Percentage of WC Mental Health Related Admissions\*

Hospital Emergency Department Billing. as posted in [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 \(nv.gov\)](https://www.nv.gov/bureau-of-behavioral-health-wellness-and-prevention/epidemiologic-profile-2020)

Table 5: Mental Health Related Deaths 2019

Nevada Electronic Death Registry System

Table 6: Prevalence Estimates of Health Risk Behaviors by Region, Nevada Adults, 2019.

[Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2020 \(nv.gov\)](https://www.nv.gov/bureau-of-behavioral-health-wellness-and-prevention/epidemiologic-profile-2020)

## 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.*

Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada Middle School Youth Risk Behavior Survey (YRBS) 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.*

Diedrick, M., Lensch, T., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2019 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report*. Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2019 Nevada Middle School Youth Risk Behavior Survey (YRBS): Washoe County Special Report*.

JTNN CCPP 2020. Retrieved from: [Community Assessment - Join Together Northern Nevada - JTNN](#)

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

Washoe County 2015: Lensch, T., Gay, C., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. (n.d.). *2015 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Analysis. Reno, Nevada*.

Washoe County 2017: Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. *2017 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report*. United States 2017: Centers for Disease Control and Prevention. (2018). Youth Risk Behavior Surveillance-United States, 2017. *MMWR*, 67(8). Nevada 2017: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. *2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report*. 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report.

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

U.S. Veterans. [https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp).

Figure 52: Veteran Suicide

U.S. Veterans. [https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp).

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 \(Washoecounty.us\)](#)

