



2015 New Mexico Regional Mental Health Report

SOUTHWEST HEALTH REGION

Epidemiology & Response Division

CONTENTS

Contents.....	i
Preface: The Importance of Mental Health	ii
Mental Health Data in New Mexico.....	iii
1 Mental Health in the General Population.....	1
1.1 Youth Sadness or Hopelessness in the Past Year.....	1
1.2 Adult Frequent Mental Distress.....	4
1.3 Adult Depression.....	7
2 Youth Non-Suicidal Self Harm.....	10
3 Acute Mental Illness.....	13
3.1 Hospital Discharges for Mood Disorders	13
3.2 Hospital Discharges for Alcohol-Related Mental Disorders.....	17
3.3 Hospital Discharges for Schizophrenic Disorders.....	21
3.4 Hospital Discharges for Drug-Related Mental Disorders	25
4 Youth Suicidal Behavior	29
4.1 Youth Who Seriously Considered Suicide	29
4.2 Youth Who Made a Suicide Plan.....	32
4.3 Youth Who Attempted Suicide	35
4.4 Youth Injured in a Suicide Attempt.....	38
4.5 Youth Suicide	41
5 Suicidal Behavior	44
5.1 Adult Suicidal Ideation	44
5.2 Adult Suicide Attempts	47
5.3 Emergency Department Encounters for Self Injury	50
5.4 Suicide	54
6 Public Resources for Mental Health Promotion	58
7 Acknowledgements.....	59

PREFACE: THE IMPORTANCE OF MENTAL HEALTH

According to the World Health Organization (WHO) there is "no health without mental health."¹ Mental health is part of the WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease. It is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.² "Mental health [promotion] refers to a broad array of activities directly or indirectly related to the mental well-being component."

Mental health is an integral aspect of well-being and is essential for maintaining healthy family and interpersonal relationships, and helps enable an individual to live a full and productive life. Globally and in the U.S. mental health has the highest burden of all diseases.³ Mental disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer. They have long-lasting effects that not only include high psychosocial and economic costs for people living with the disorder, but also for their families, schools, workplaces, and communities.⁴

Mental health disorders are a concern for people of all ages (children to older adults) and are associated with age, gender, education, income level, race and ethnicity, geographical location and sexual orientation.⁵ The clearest evidence for risk of mental illness has been shown with indicators of poverty and low levels of education.⁶

The purpose of this report is to describe the regional and statewide burden of mental illness and related outcomes in New Mexico. For questions about the information presented, please contact:

Jessica Reno, MPH
Mental Health Epidemiologist
New Mexico Department of Health, Epidemiology & Response Division, Injury & Behavioral
Epidemiology Bureau
jessica.reno@state.nm.us

1. WHO. Mental health: facing the challenges, building solutions. Report from the WHO European Ministerial Conference. Copenhagen, Denmark: WHO Regional Office for Europe, 2005.

2. Healthy People 2020, accessed on 8/11/2014 from <http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>.

3. Healthy People 2020, accessed on 8/11/2014 from <http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>.

4. Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A. Global Mental Health 1 - No health without mental health. *Lancet*. 2007 September 4. DOI:10.1016/S0140-6736(07)61238-0.

5. Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A. Global Mental Health 1 - No health without mental health. *Lancet*. 2007 September 4. DOI:10.1016/S0140-6736(07)61238-0.

6. Healthy People 2020, accessed on 8/11/2014 from <http://www.healthypeople.gov/2020/LHI/mentalHealth.aspx>.

MENTAL HEALTH DATA IN NEW MEXICO

Data Sources

Mental health data can be obtained from survey, morbidity, and mortality data sources. The following datasets were used to obtain the information presented in this report, and are available on New Mexico's Indicator-Based Information System (NM-IBIS):

<https://ibis.health.state.nm.us/home/Welcome.html>

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an ongoing random-digit-dialed telephone survey of adults 18 years and older regarding their health related risk behaviors, chronic health conditions, and use of preventive services. Data are collected in all 50 states, the District of Columbia and U.S. territories. It is conducted annually by the NM Department of Health Survey Section in collaboration with the Centers for Disease Control and Prevention (CDC). Responses are weighted to reflect the general NM adult population by age, sex, ethnicity, geographic region, marital status, education level, home ownership and type of phone. These data exclude institutionalized NM residents, such as those living in nursing homes or prisons. The survey was conducted using only landline phone numbers from 1986 through 2010, and expanded to cellular phone numbers in 2011. For this reason, measurements prior to 2011 should not be directly compared to measurements during and after 2011. The denominator for all of these indicators are all adults who answered the question.

Bureau of Vital Records and Health Statistics (BVRHS) Data

The BVRHS dataset contains information from death certificates for all deaths occurring in NM. Death certificates are usually filed by funeral directors who obtain demographic information from an informant, such as a close family member of the decedent. The denominator is the NM population estimate generated by the University of New Mexico Geospatial and Population Studies (GPS) Program.

Emergency Department (ED) Visit Data

The ED dataset is derived from data provided by individual non-federal EDs in NM. Data are available for 2010 through 2013. Only NM residents are included in this report. The denominator is the NM population estimate generated by the University of New Mexico GPS Program.

Hospital Inpatient Discharge Dataset (HIDD)

The HIDD includes inpatient discharges from non-federal hospitals located in NM. Inpatient discharges are defined as departures from a hospital after overnight stay, regardless of the destination after departure. Only NM residents are included in this report. The denominator is the NM population estimate generated by the University of New Mexico GPS Program.

Youth Risk and Resiliency Survey (YRRS)

The NM YRRS is administered in odd years and is part of the national Youth Risk Behavior Surveillance System (YRBSS) coordinated and designed by CDC. Each state, territorial, tribal, and large urban school district participating in YRBSS employs a two-stage, cluster sample design to produce a representative sample of students in grades 9–12 in its jurisdiction. In the first sampling stage schools are selected with probability proportional to school enrollment size. In the second sampling stage, intact classes of a required subject or intact classes during a required period (e.g., second period) are selected randomly. All students in sampled classes are eligible to participate. A weight is applied to each student record to adjust for student nonresponse and the distribution of students by grade, sex, and race/ethnicity in each jurisdiction. The denominator for each of these indicators is all students who answered the question.

Statistical Stability

The statistical stability of each percentage or rate is indicated in the tables that accompany each measure of mental health status. Statistical stability is based on a statistic called "Relative Standard Error," which is calculated as the standard error of the estimate divided by the estimate. A hyphen (-) indicates that the estimate is stable. "Unstable" is displayed when the RSE=0.30 to 0.50. An unstable count or rate may fluctuate widely across time periods due to random variation (chance). "Very Unstable" is displayed when the RSE is greater than 0.50. A very unstable count or rate should not be used to inform decisions. To achieve a more stable count or rate, the population size may be increased by combining years, for example. "No Variance" is displayed when the rate is zero and the RSE cannot be calculated.

1 MENTAL HEALTH IN THE GENERAL POPULATION

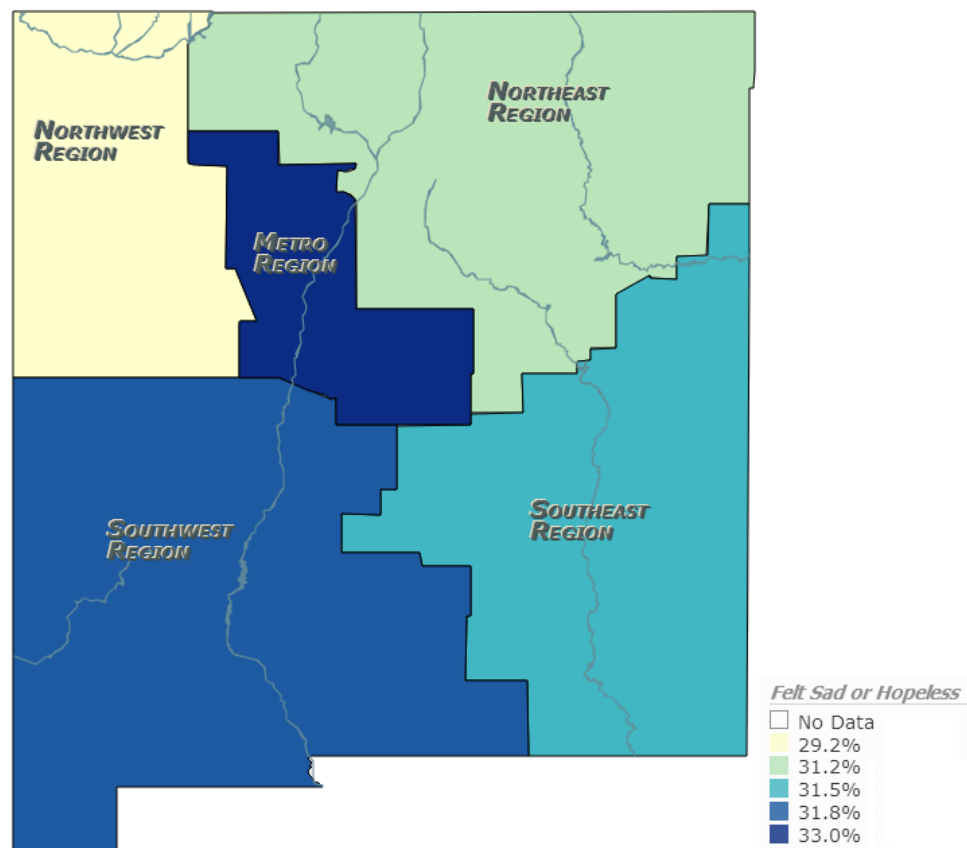
1.1 YOUTH SADNESS OR HOPELESSNESS IN THE PAST YEAR

Persistent feelings of sadness or hopelessness are a risk factor for depression. Students who report persistent feelings of sadness or hopelessness are more likely than other students to report suicide attempts, cigarette smoking, binge drinking and illicit drug use. According to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's Division for Adolescent and School Health (DASH), the prevalence of persistent feelings of sadness or hopelessness among youth in NM and the US have remained relatively stable since 2001. In 2013, the NM rate (30.5%) was similar to the US rate (29.9%). In the same year, NM had the fourth highest prevalence of persistent feelings of sadness or hopelessness among youth out of the 42 states that asked this question in the YRBSS. NM has ranked among the top ten states for this indicator since beginning the survey.

Students with persistent feelings of sadness or hopelessness were identified by answering "Yes", to the question, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" More information:

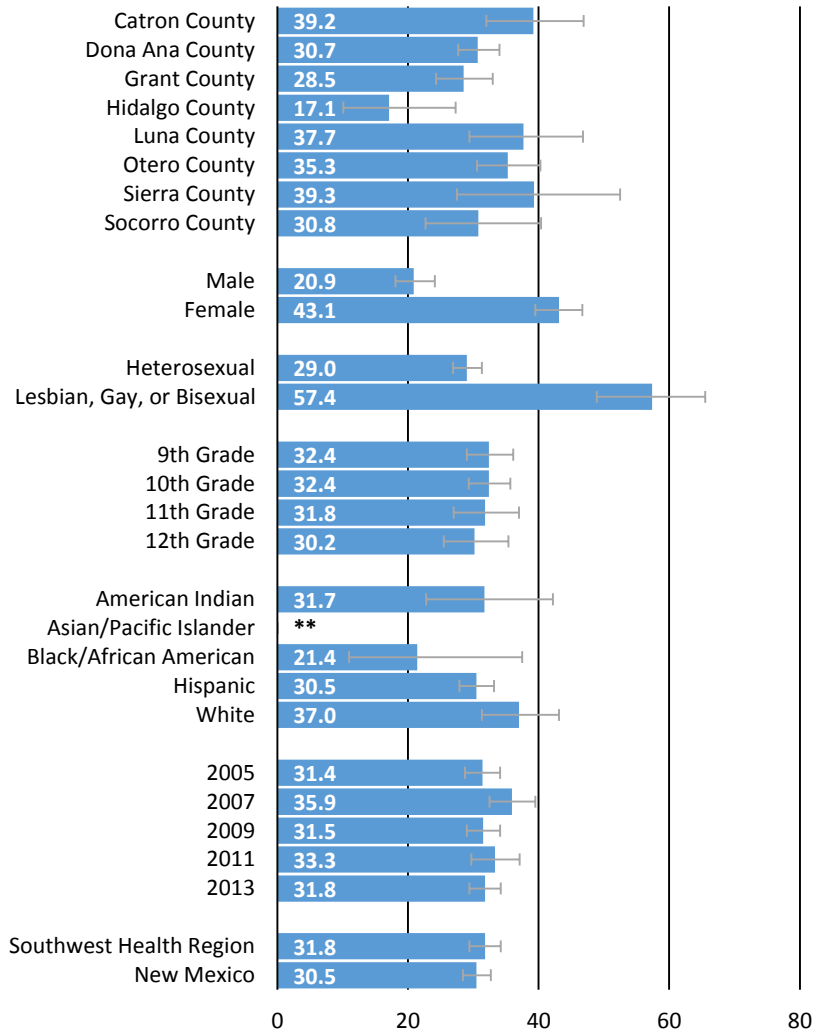
https://ibis.health.state.nm.us/indicator/view/MentHlthYouth.Year.NM_US.html.

Percentage of Students Who Felt Sad or Hopeless by Health Region, New Mexico, 2013



Percentage of Students Who Felt Sad or Hopeless During the Past 12 Months

Southwest Health Region
2013



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

[Back to Table of Contents](#)

Southwest Health Region**Percentage of Students Who Felt Sad or Hopeless During the Past 12 Months****2013**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	23	59	39.2	32.0	46.9	-
Dona Ana County	353	1,119	30.7	27.7	34.0	-
Grant County	161	529	28.5	24.3	33.0	-
Hidalgo County	29	167	17.1	10.1	27.3	Unstable
Luna County	85	211	37.7	29.4	46.8	-
Otero County	193	595	35.3	30.6	40.3	-
Sierra County	54	149	39.3	27.5	52.5	-
Socorro County	80	264	30.8	22.7	40.4	-
Male	339	1,533	20.9	18.1	24.1	-
Female	635	1,551	43.1	39.5	46.7	-
Heterosexual	765	2640	29.0	26.9	31.3	-
Lesbian, Gay, or Bisexual	139	248	57.4	48.9	65.5	-
9th Grade	292	918	32.4	29.0	36.1	-
10th Grade	283	850	32.4	29.3	35.7	-
11th Grade	193	655	31.8	27.0	37.0	-
12th Grade	205	652	30.2	25.5	35.4	-
American Indian	48	154	31.7	22.8	42.2	-
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	13	51	21.4	11.0	37.5	Unstable
Hispanic	669	2,096	30.5	27.9	33.2	-
White	226	725	37.0	31.3	43.1	-
2005	685	2,283	31.4	28.7	34.1	-
2007	701	2,184	35.9	32.5	39.5	-
2009	896	2,963	31.5	29.0	34.1	-
2011	744	2,422	33.3	29.7	37.1	-
2013	978	3,093	31.8	29.4	34.2	-
Southwest Health Region	978	3,093	31.8	29.4	34.2	-
New Mexico	1,655	5,432	30.5	28.4	32.7	-
United States		13,495	29.9	28.3	31.6	-

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months

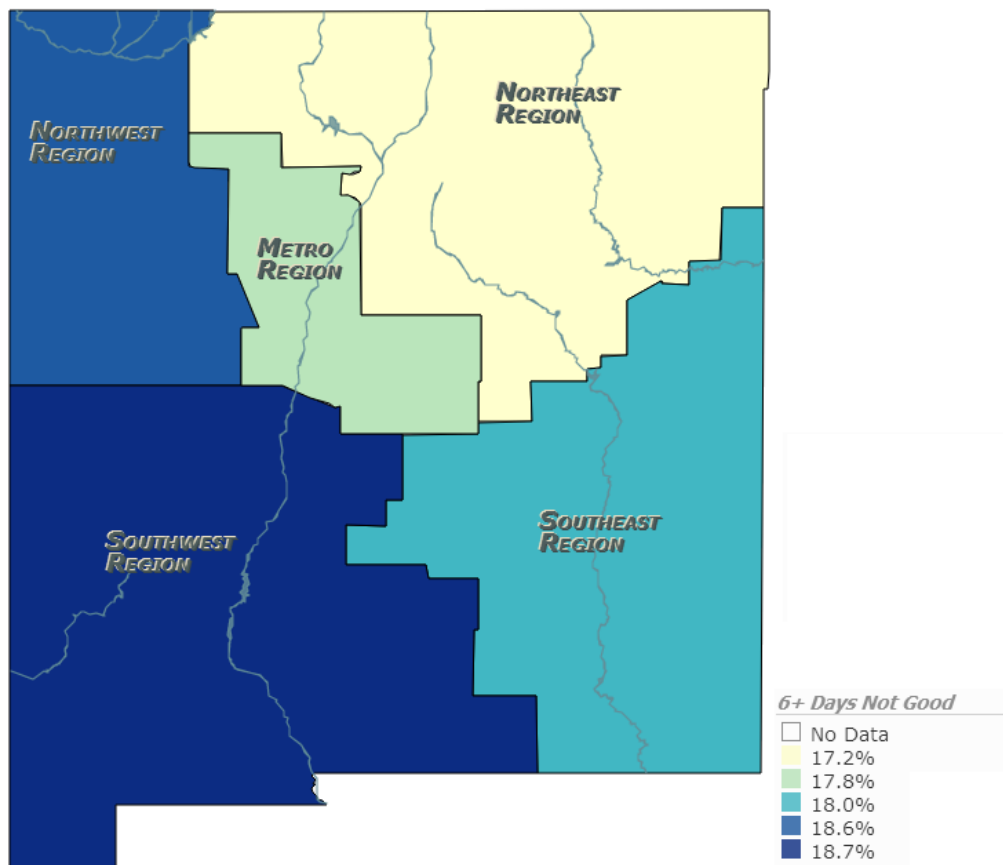
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

1.2 ADULT FREQUENT MENTAL DISTRESS

Mental health and mental disorders can be influenced by numerous factors including biologic and genetic vulnerabilities, acute or chronic physical dysfunction, and environmental conditions and stresses. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 1 in 5 people in the US population is affected by mental illness in any given year. The BRFSS frequent mental distress question is an attempt to obtain a global measure of recent mental and emotional distress. According to the National Center for Chronic Disease Prevention and Health Promotion’s Division of Population Health, the prevalence of frequent mental distress in NM has consistently been similar to the overall US prevalence from 2011 through 2013. Over this time period, the prevalence in NM has remained relatively stable. In 2013, 17.9% of NM adults reported frequented mental distress, compared to 16.9% of US adults.

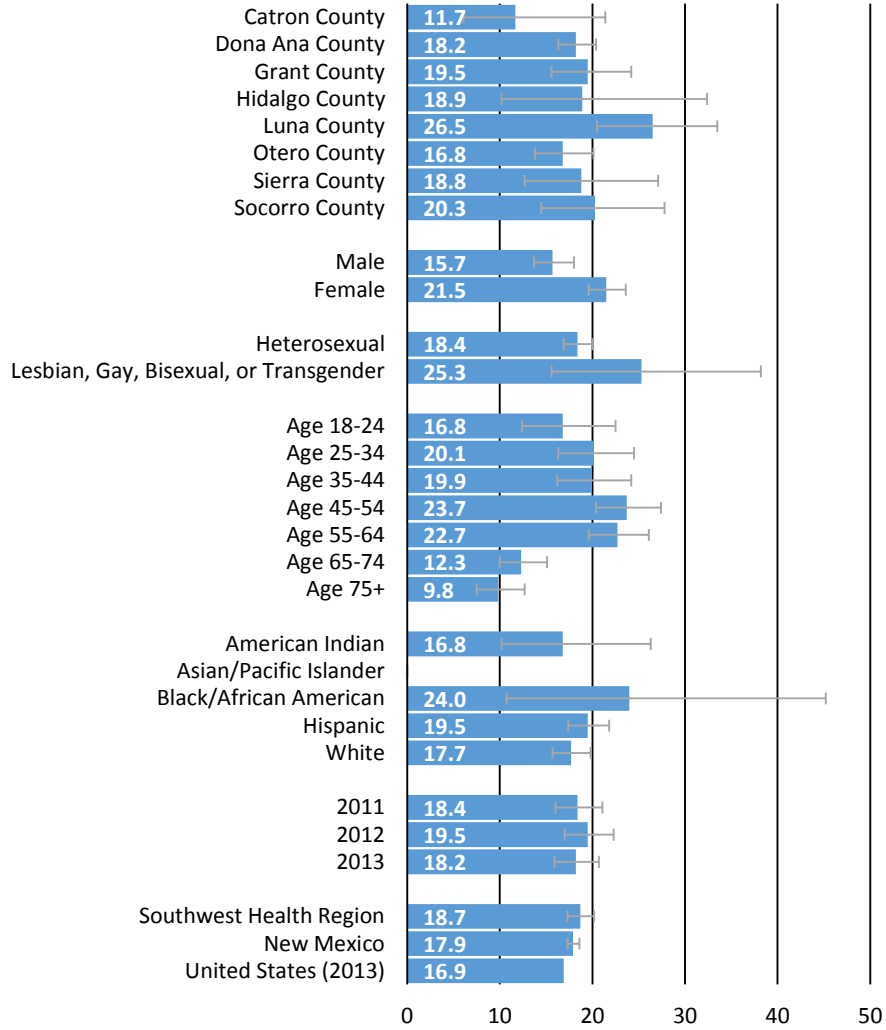
Frequent mental distress was identified by answering six or more to the question “Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Percentage of Adults with Mental Health "Not Good" 6 or More of the Past 30 Days by Health Region, New Mexico, 2011-2013



Percentage of Respondents with Mental Health "Not Good" 6 or More of the Past 30 Days

Southwest Health Region
2011-2013



Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

[Back to Table of Contents](#)

Southwest Health Region**Percentage of Respondents with Mental Health "Not Good" 6 or More of the Past 30 Days****2011-2013**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	13	100	11.7	6.1	21.4	-
Dona Ana County	411	2,339	18.2	16.3	20.4	-
Grant County	97	514	19.5	15.6	24.2	-
Hidalgo County	16	69	18.9	10.2	32.4	-
Luna County	72	308	26.5	20.5	33.5	-
Otero County	141	831	16.8	13.8	20.1	-
Sierra County	36	232	18.8	12.7	27.1	-
Socorro County	47	247	20.3	14.5	27.8	-
Male	275	1,892	15.7	13.7	18.0	-
Female	558	2,748	21.5	19.6	23.6	-
Heterosexual	775	4378	18.4	16.9	20.0	-
Lesbian, Gay, Bisexual, or Transgender	23	96	25.3	15.6	38.2	-
Age 18-24	49	274	16.8	12.4	22.5	-
Age 25-34	97	480	20.1	16.3	24.5	-
Age 35-44	110	537	19.9	16.2	24.2	-
Age 45-54	181	755	23.7	20.4	27.4	-
Age 55-64	220	1,043	22.7	19.6	26.1	-
Age 65-74	112	909	12.3	10.0	15.1	-
Age 75+	62	613	9.8	7.5	12.7	-
American Indian	24	143	16.8	10.2	26.3	-
Asian/Pacific Islander	**	45	**	**	**	n/a
Black/African American	9	55	24.0	10.7	45.2	-
Hispanic	388	1,916	19.5	17.4	21.8	-
White	389	2,404	17.7	15.7	19.8	-
2011	277	1,483	18.4	16.0	21.1	-
2012	241	1,301	19.5	17.0	22.3	-
2013	315	1,856	18.2	15.9	20.7	-
Southwest Health Region	833	4,640	18.7	17.3	20.2	-
New Mexico	4,625	26,734	17.9	17.3	18.6	-
United States (2013)	73,024	483,138	16.9	16.7	17.1	-

Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

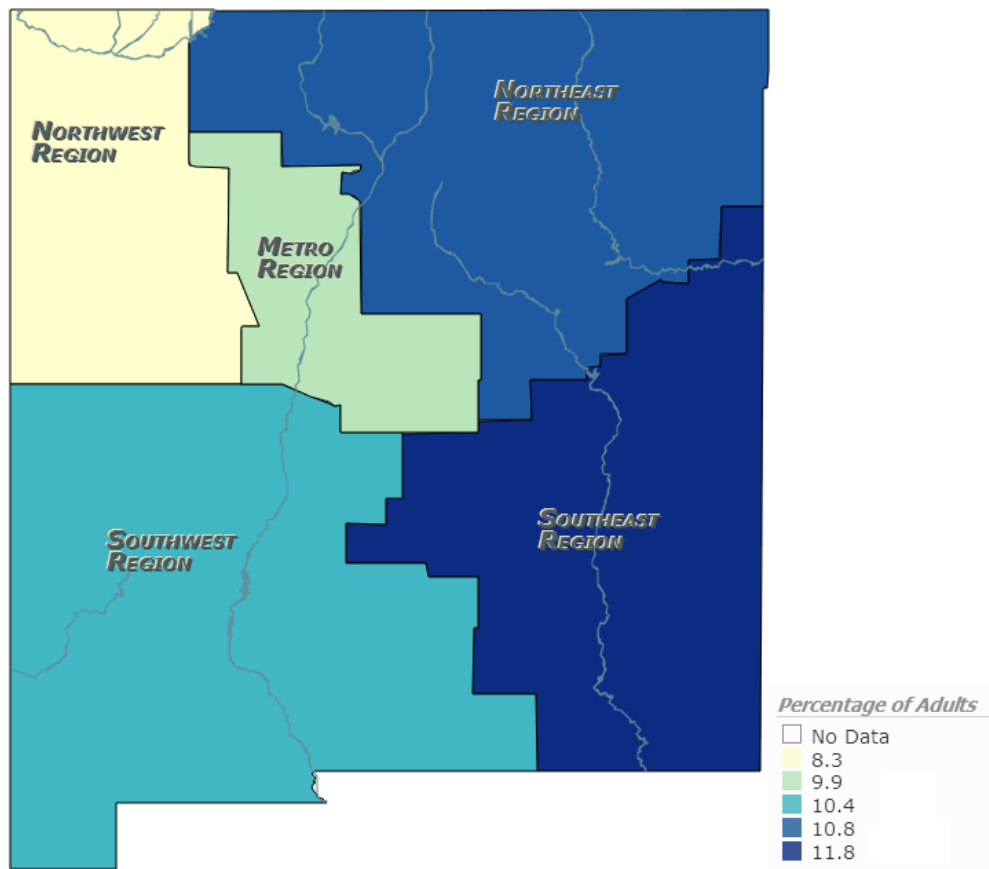
1.3 ADULT DEPRESSION

Depression is one of the most prevalent and treatable mental disorders. Major depression is usually associated with co-morbid mental disorders, such as anxiety and substance use disorders, and impairment of a person's ability to function in work, home, relationships, and social roles. Depression is also a risk factor for suicide and attempted suicide. In addition, depressive disorders have been associated with an increased risk of chronic medical conditions, such as heart disease, stroke, asthma, arthritis, cancer, diabetes, and obesity. In 2011, 10.2% of NM adults reported symptoms of current depression.

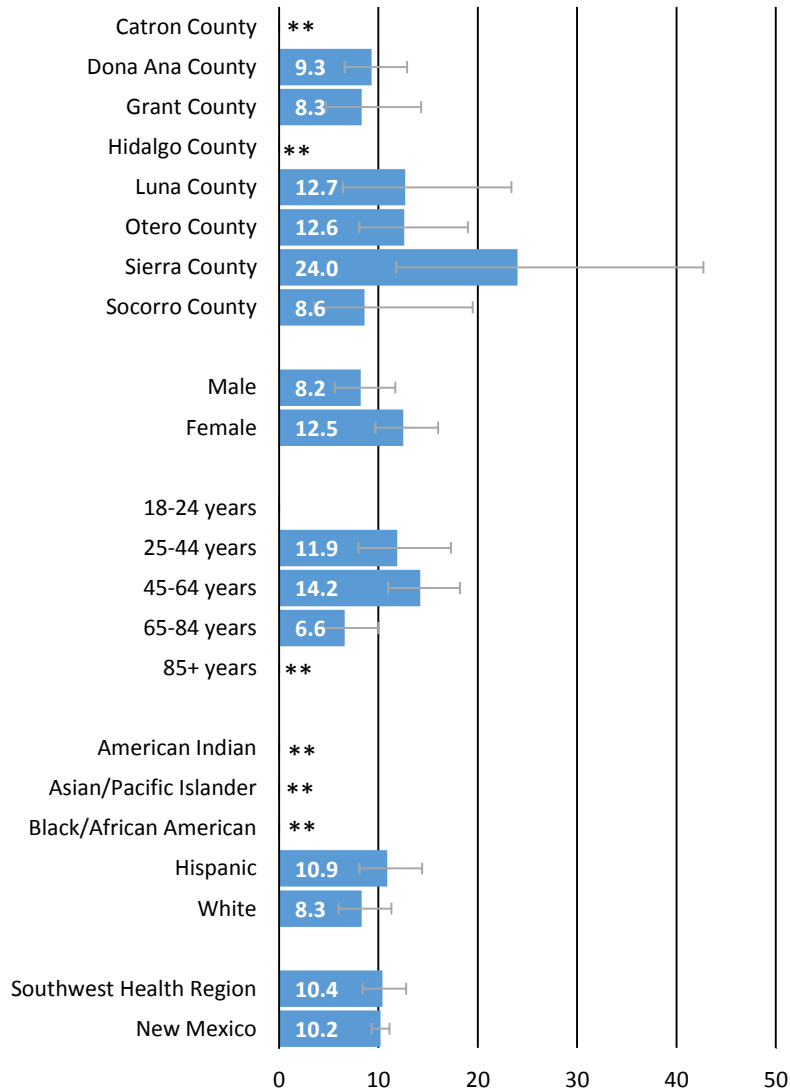
The Anxiety and Depression Module in the 2011 NM BRFSS included the first eight questions from the Patient Health Questionnaire, an instrument that can establish a provisional depressive disorder diagnosis using Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria. Patients were asked about symptoms occurring within the two weeks prior to the survey. For some regions, sexual orientation data are not available due to the low number of respondents. US data are not available because this was an optional module. More Information:

<https://ibis.health.state.nm.us/indicator/view/MentHlthAdultDepression.Age.SexRacEth.html>.

Percentage of Adults with Current Depression by Health Region, New Mexico, 2011



Percentage of Adults with Current Depression
Southwest Health Region
2011



Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

[Back to Table of Contents](#)

**Southwest Health Region
Percentage of Adults with Current Depression
2011**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	**	**	**	**	**	n/a
Dona Ana County	55	625	9.3	6.6	12.9	-
Grant County	19	150	8.3	4.7	14.3	Unstable
Hidalgo County	**	**	**	**	**	n/a
Luna County	10	80	12.7	6.4	23.4	Unstable
Otero County	27	242	12.6	8.1	19.0	-
Sierra County	9	54	24.0	11.8	42.7	Unstable
Socorro County	7	81	8.6	3.5	19.5	Very Unstable
Male	40	526	8.2	5.6	11.7	-
Female	91	761	12.5	9.7	16.0	-
18-24 years	**	**	**	**	**	n/a
25-44 years	31	265	11.9	8.0	17.3	-
45-64 years	71	544	14.2	11.0	18.2	-
65-84 years	26	392	6.6	4.4	10.0	-
85+ years	**	**	**	**	**	n/a
American Indian	**	**	**	**	**	n/a
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	**	**	**	**	**	n/a
Hispanic	64	510	10.9	8.1	14.4	-
White	55	684	8.3	6.0	11.3	-
Southwest Health Region	131	1,287	10.4	8.4	12.8	-
New Mexico	753	7,923	10.2	9.3	11.1	-

Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

Adult depression was assessed using the Patient Health Questionnaire, which establishes a provisional depressive disorder diagnosis using Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria.

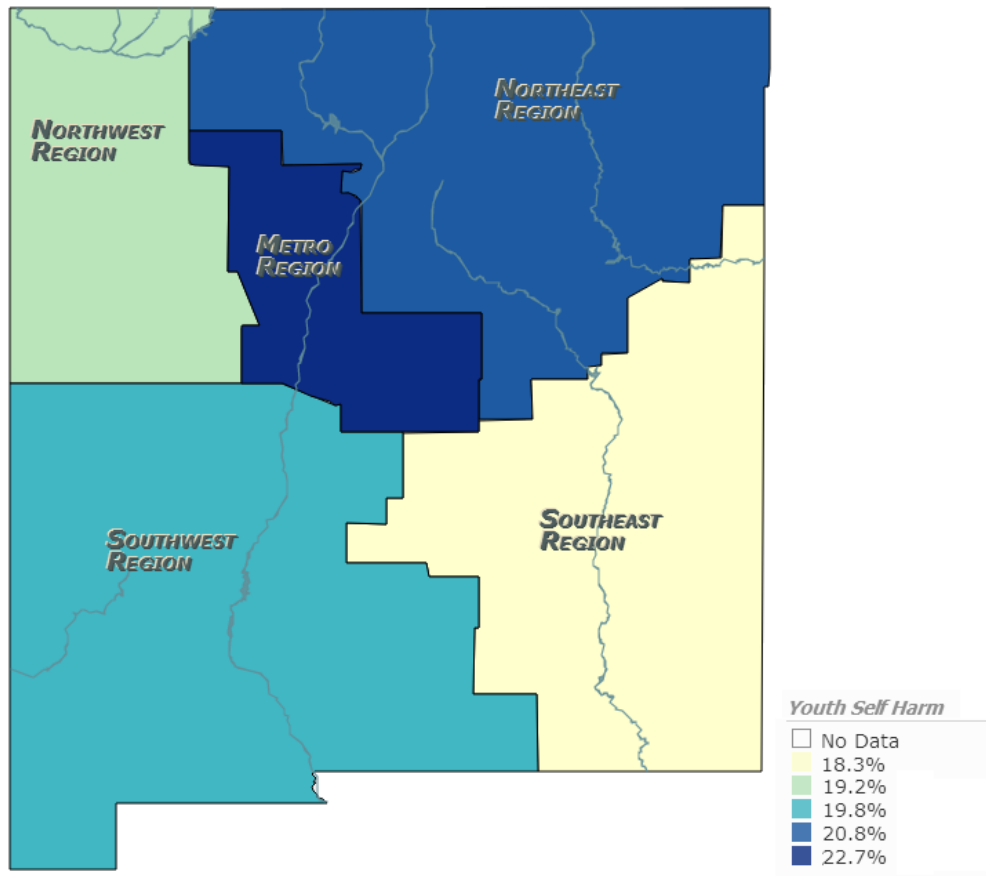
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

2 YOUTH NON-SUICIDAL SELF HARM

Anxiety and depression, as well as a range of stressful life events, are correlated with non-suicidal self harm. Self harm is a strong predictor of suicide and attempted suicide. In 2013, 20.2% of NM high school students reported non-suicidal self harm in the past year.

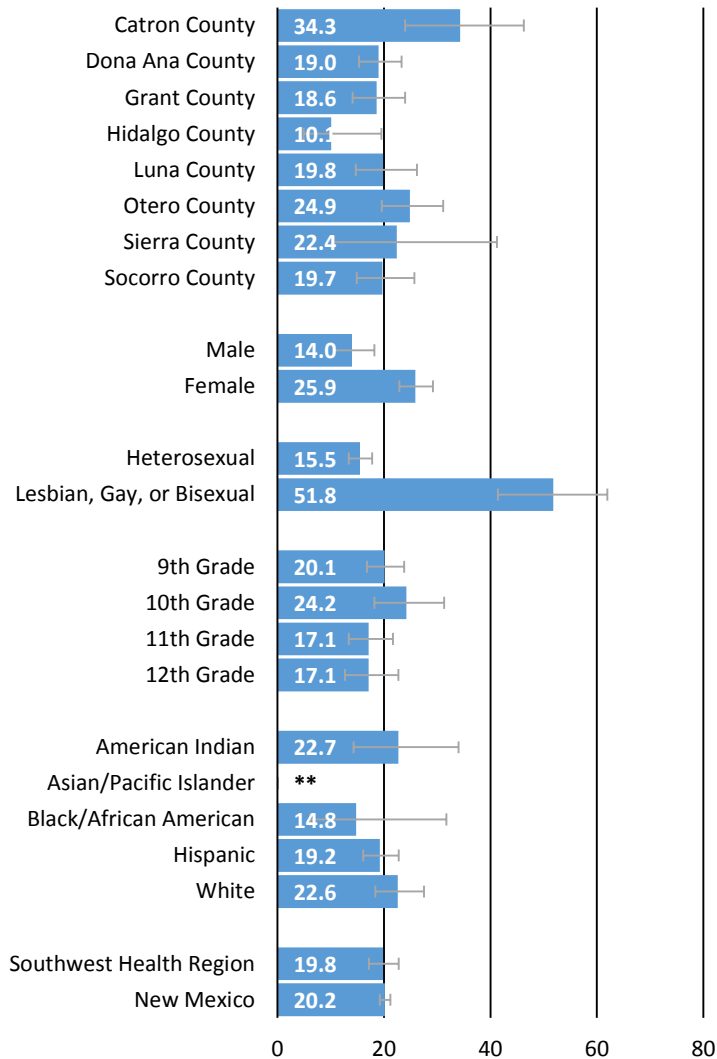
Non-suicidal self harm was identified by answering one or more to the question “During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?” Only one year of data is available because this question was added in 2013. US data are not available because this question was not asked by all participating states.

Percentage of Students Who Intentionally Hurt Themselves in the Past 12 Months by Health Region, New Mexico, 2013



Percentage of Students Who Intentionally Hurt Themselves in the Past 12 Months

Southwest Health Region
2013



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department.

[Back to Table of Contents](#)

**Southwest Health Region
Percentage of Students Who Intentionally Hurt Themselves in the Past 12 Months
2013**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	21	59	34.3	24.0	46.3	-
Dona Ana County	234	1,117	19.0	15.3	23.3	-
Grant County	106	530	18.6	14.1	24.0	-
Hidalgo County	15	166	10.1	4.9	19.5	Unstable
Luna County	42	212	19.8	14.7	26.2	-
Otero County	133	596	24.9	19.6	31.1	-
Sierra County	33	150	22.4	10.6	41.2	Unstable
Socorro County	53	265	19.7	14.9	25.7	-
Male	221	1,535	14.0	10.7	18.2	-
Female	413	1,550	25.9	22.9	29.2	-
Heterosexual	430	2639	15.5	13.4	17.8	-
Lesbian, Gay, or Bisexual	130	248	51.8	41.4	62.0	-
9th Grade	196	919	20.1	16.8	23.8	-
10th Grade	203	849	24.2	18.2	31.3	-
11th Grade	117	655	17.1	13.4	21.7	-
12th Grade	116	654	17.1	12.7	22.7	-
American Indian	38	156	22.7	14.3	34.0	-
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	10	50	14.8	6.1	31.7	Very Unstable
Hispanic	417	2,094	19.2	16.1	22.8	-
White	162	728	22.6	18.4	27.5	-
Southwest Health Region	637	3,095	19.8	17.2	22.8	-
New Mexico	1,123	5,434	20.2	19.2	21.2	-

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department.

Percentage of students who actually attempted suicide one or more times during the past 12 months.

** The values in these cells have been suppressed because there were fewer than 50 survey responses.

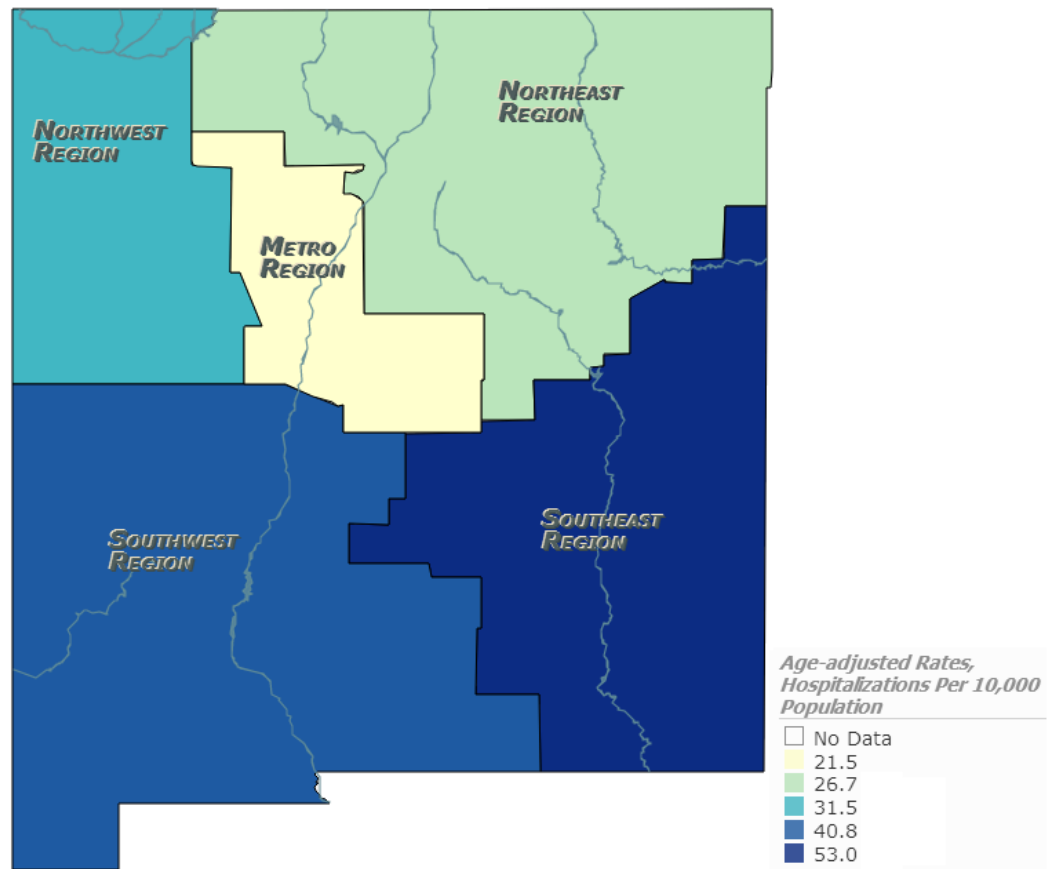
3 ACUTE MENTAL ILLNESS

3.1 HOSPITAL DISCHARGES FOR MOOD DISORDERS

Mental disorders cause changes in thinking, mood, and behavior and can affect decision-making and quality of life. Acute episodes of mental illness often result in hospitalizations. In 2013, mood disorders were the most common reason for psychiatric hospital admission in NM. Approximately 126,000 NM residents 12 years or older have a major depressive disorder each year (SAMHSA). In a 2012-2013 survey of all fifty states and the District of Columbia, NM ranked 23rd for prevalence of major depressive disorder among adults, and 9th for prevalence among adolescents 12-17 years. From 2009-2013, there were 30.1 hospital discharges for mood disorders per 10,000 NM residents.

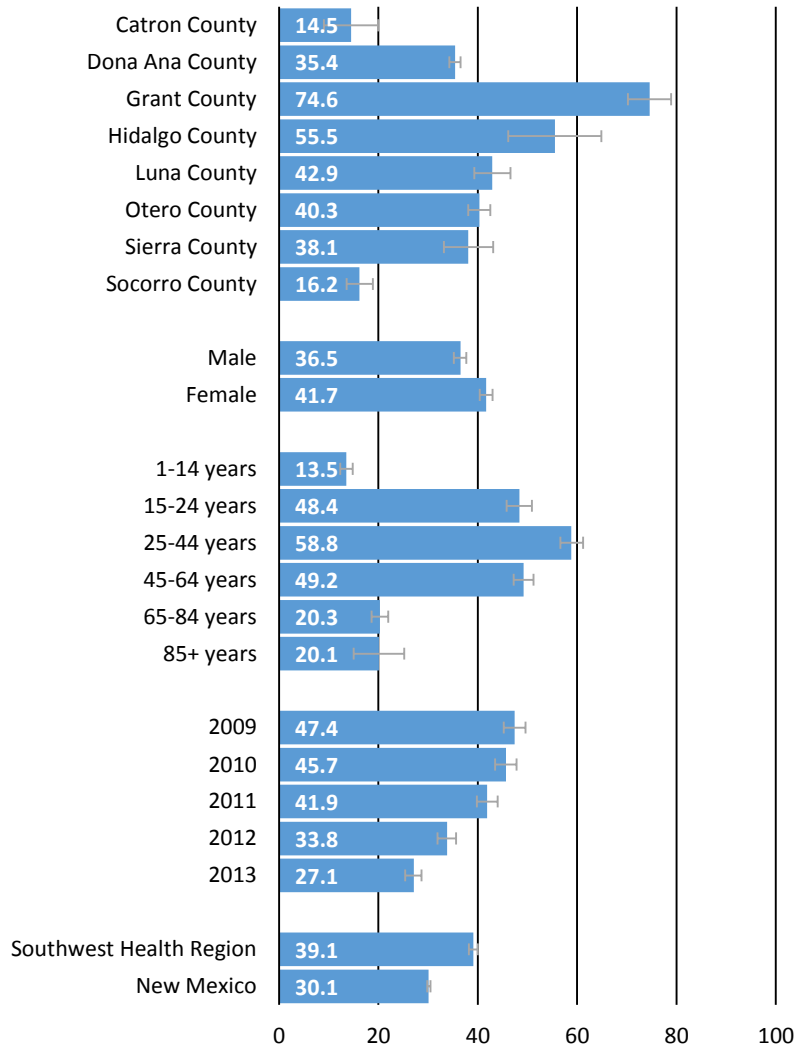
Hospital discharges for mood disorders include inpatient hospital records with a primary diagnosis of ICD-9 codes 296 (episodic mood disorders) or 311 (depressive disorder). Sexual orientation data are not submitted to the HIDD dataset. Race/ethnicity data are not reported due to the high prevalence of missing entries. US hospital data are not available for this timeframe.

Hospital Discharges for Episodic Mood and Depressive Disorders per 10,000 Population by Health Region, New Mexico, 2009-2013



Hospital Discharges for Episodic Mood and Depressive Disorders per 10,000 Population

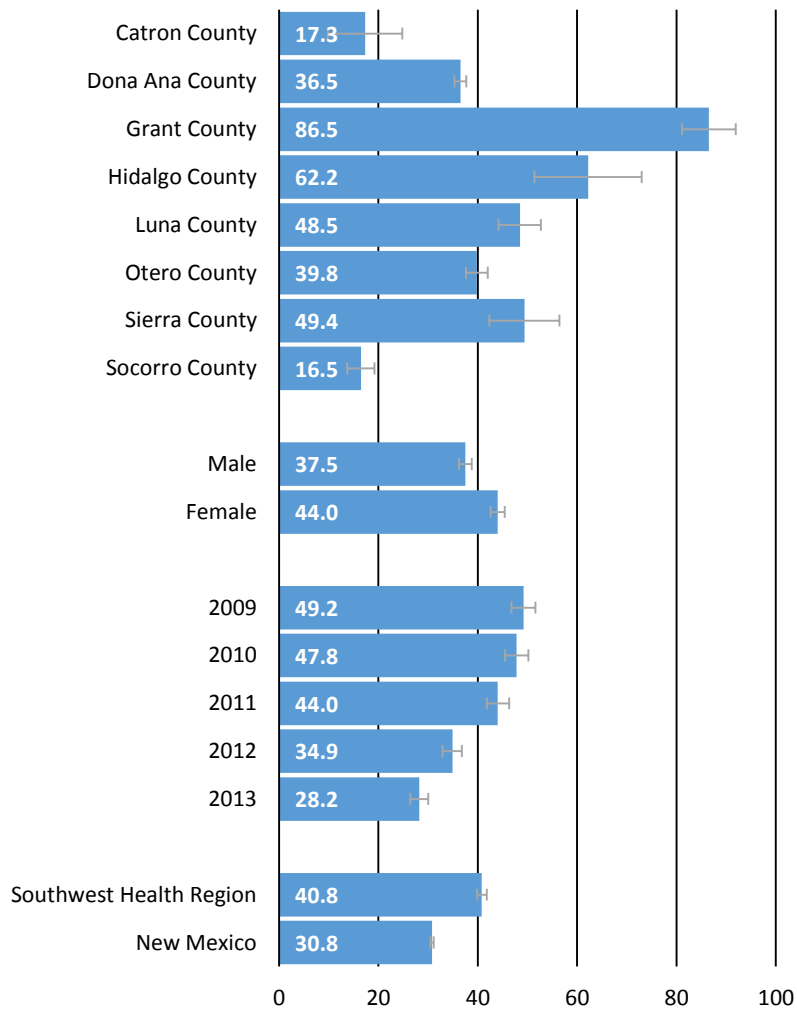
Southwest Health Region
2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

Hospital Discharges for Episodic Mood and Depressive Disorders per 10,000 Population*

Southwest Health Region
2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

* Age-adjusted to the U.S. 2000 standard population.

[Back to Table of Contents](#)

Southwest Health Region

**Hospital Discharges for Episodic Mood and Depressive Disorders per 10,000 Population
2009-2013**

	Number of Discharges	Person-Years	Crude Rate	LCL	UCL	Statistical Stability	AA Rate*	LCL	UCL	Statistical Stability
Catron County	27	18,676	14.5	9.0	19.9	-	17.3	9.8	24.8	-
Dona Ana County	3,750	1,059,495	35.4	34.3	36.5	-	36.5	35.3	37.7	-
Grant County	1,098	147,284	74.6	70.2	78.9	-	86.5	81.1	91.9	-
Hidalgo County	134	24,148	55.5	46.1	64.9	-	62.2	51.4	73.0	-
Luna County	538	125,319	42.9	39.3	46.6	-	48.5	44.2	52.7	-
Otero County	1,299	322,393	40.3	38.1	42.5	-	39.8	37.6	42.0	-
Sierra County	227	59,540	38.1	33.2	43.1	-	49.4	42.3	56.4	-
Socorro County	145	89,208	16.2	13.6	18.9	-	16.5	13.7	19.2	-
Male	3,330	912,979	36.5	35.2	37.7	-	37.5	36.2	38.8	-
Female	3,888	933,084	41.7	40.4	43.0	-	44.0	42.6	45.4	-
1-14 years	482	356,015	13.5	12.3	14.8	-				
15-24 years	1,390	287,291	48.4	45.8	50.9	-				
25-44 years	2,493	423,619	58.8	56.6	61.2	-				
45-64 years	2,255	458,533	49.2	47.2	51.2	-				
65-84 years	539	265,221	20.3	18.6	22.0	-				
85+ years	59	29,400	20.1	15.0	25.2	-				
2009	1,721	363,062	47.4	45.2	49.6	-	49.2	46.8	51.6	-
2010	1,675	366,855	45.7	43.5	47.8	-	47.8	45.5	50.2	-
2011	1,555	370,916	41.9	39.8	44.0	-	44.0	41.8	46.3	-
2012	1,258	372,398	33.8	31.9	35.6	-	34.9	32.9	36.8	-
2013	1,009	372,831	27.1	25.4	28.7	-	28.2	26.4	30.0	-
Southwest Health Region	7,218	1,846,063	39.1	38.2	40.0	-	40.8	39.9	41.8	-
New Mexico	31,242	10,371,635	30.1	29.8	30.5	-	30.8	30.5	31.1	-

Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program
ICD-9 Codes 296 & 311

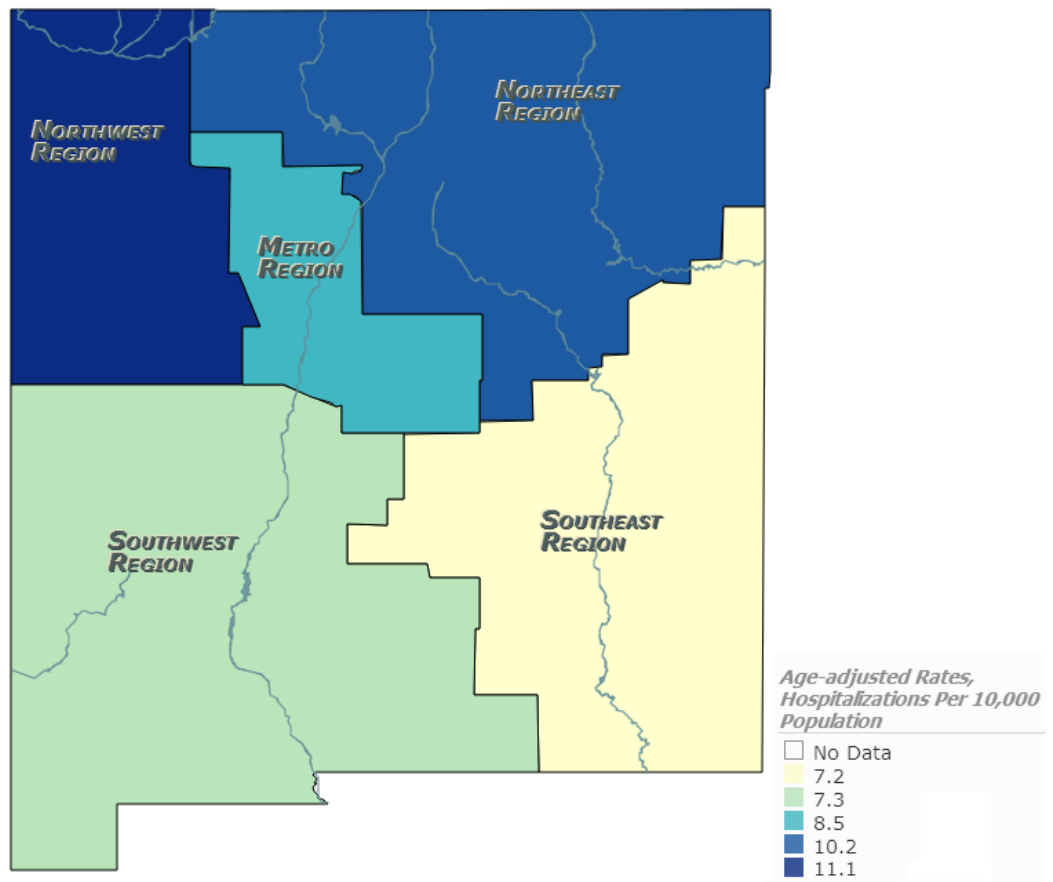
* Age-adjusted to the U.S. 2000 standard population.

3.2 HOSPITAL DISCHARGES FOR ALCOHOL-RELATED MENTAL DISORDERS

Alcohol-related mental disorders include alcohol-induced mental disorders and alcohol dependence. Acute episodes of alcohol-related mental disorders often result in hospitalizations. In 2013, alcohol-related mental disorders were the second most common reason for psychiatric hospital admission in NM. Approximately 133,000 NM residents 12 years or older experience alcohol abuse or dependence each year (Source: SAMHSA). In a 2012-2013 survey of all fifty states and the District of Columbia, NM ranked 15th for prevalence of alcohol abuse or dependence among adults, and 6th for prevalence among adolescents 12-17 years. From 2009-2013, there were 8.3 hospital discharges for alcohol-related mental disorders per 10,000 NM residents.

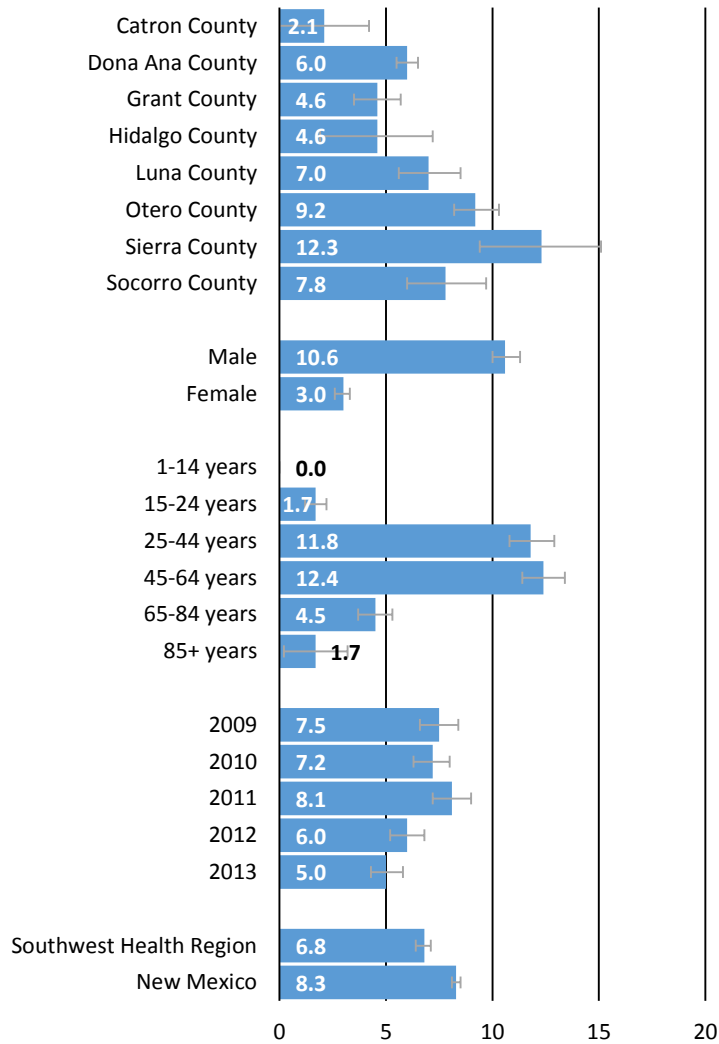
Hospital discharges for alcohol-related mental disorders include inpatient hospital records with a primary diagnosis of ICD-9 codes 291 (alcohol-induced mental disorder) or 303 (alcohol dependence). Sexual orientation data are not submitted to the HIDD dataset. Race/ethnicity data are not reported due to the high prevalence of missing entries. US hospital data are not available for this timeframe.

Hospital Discharges for Alcohol-Related Mental Disorders per 10,000 Population by Health Region, New Mexico, 2009-2013



Hospital Discharges for Alcohol-Related Mental Disorders per 10,000 Population

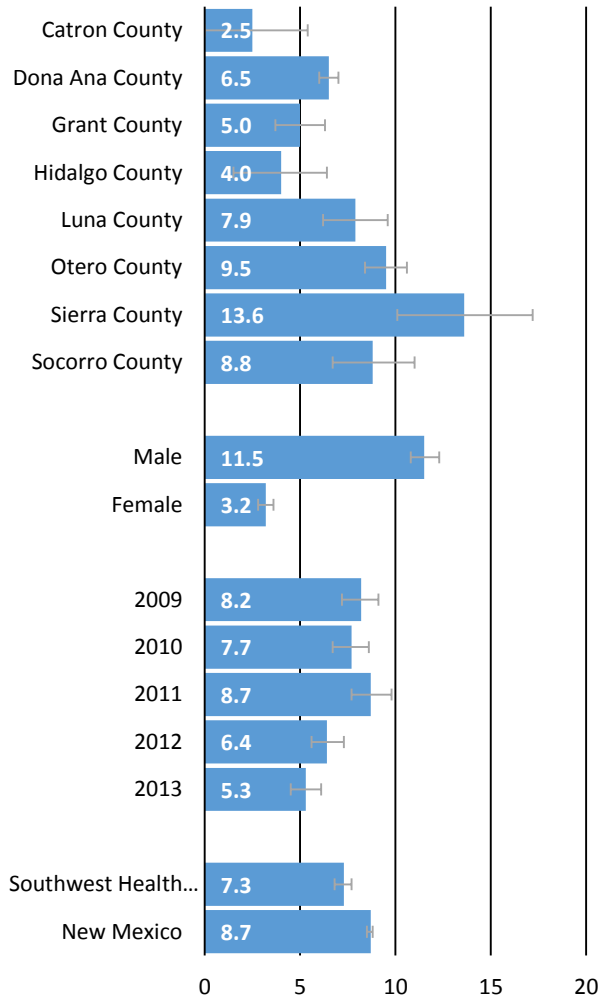
Southwest Health Region
2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

Hospital Discharges for Alcohol-Related Mental Disorders per 10,000 Population *

Southwest Health Region
2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

* Age-adjusted to the U.S. 2000 standard population.

[Back to Table of Contents](#)

**Southwest Health Region
Hospital Discharges for Alcohol-Related Mental Disorders per 10,000 Population
2009-2013**

	Number of Discharges	Person-Years	Crude Rate	LCL	UCL	Statistical Stability	AA Rate	LCL	UCL	Statistical Stability
Catron County	4	18,676	2.1	0.0	4.2	Very Unstable	2.5	0.0	5.4	Very Unstable
Dona Ana County	635	1,059,495	6.0	5.5	6.5	-	6.5	6.0	7.0	-
Grant County	68	147,284	4.6	3.5	5.7	-	5.0	3.7	6.3	-
Hidalgo County	11	24,148	4.6	1.9	7.2	-	4.0	1.5	6.4	Unstable
Luna County	88	125,319	7.0	5.6	8.5	-	7.9	6.2	9.6	-
Otero County	297	322,393	9.2	8.2	10.3	-	9.5	8.4	10.6	-
Sierra County	73	59,540	12.3	9.4	15.1	-	13.6	10.1	17.2	-
Socorro County	70	89,208	7.8	6.0	9.7	-	8.8	6.7	11.0	-
Male	969	912,979	10.6	10.0	11.3	-	11.5	10.8	12.3	-
Female	277	933,084	3.0	2.6	3.3	-	3.2	2.8	3.6	-
1-14 years	0	356,015	0.0	-	-	No Variance				
15-24 years	49	287,291	1.7	1.2	2.2	-				
25-44 years	502	423,619	11.8	10.8	12.9	-				
45-64 years	570	458,533	12.4	11.4	13.4	-				
65-84 years	120	265,221	4.5	3.7	5.3	-				
85+ years	5	29,400	1.7	0.2	3.2	Unstable				
2009	273	363,062	7.5	6.6	8.4	-	8.2	7.2	9.1	-
2010	263	366,855	7.2	6.3	8.0	-	7.7	6.7	8.6	-
2011	300	370,916	8.1	7.2	9.0	-	8.7	7.7	9.8	-
2012	222	372,398	6.0	5.2	6.8	-	6.4	5.6	7.3	-
2013	188	372,831	5.0	4.3	5.8	-	5.3	4.5	6.1	-
Southwest Health Region	1,246	1,846,063	6.8	6.4	7.1	-	7.3	6.8	7.7	-
New Mexico	8,614	10,371,635	8.3	8.1	8.5	-	8.7	8.5	8.8	-

Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program
ICD-9 Codes 291 & 303

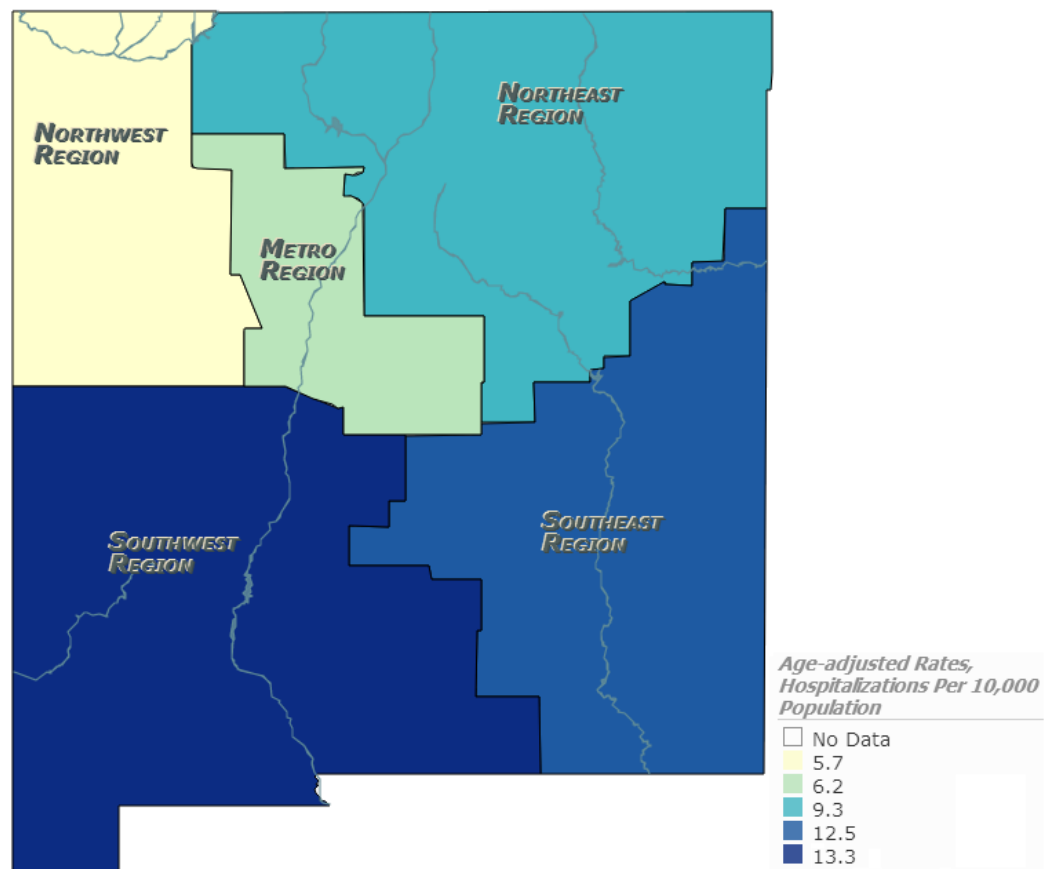
* Age-adjusted to the U.S. 2000 standard population.

3.3 HOSPITAL DISCHARGES FOR SCHIZOPHRENIC DISORDERS

Schizophrenic disorders are a group of disorders that cause a person to have trouble telling the difference between real and unreal experiences, thinking logically, having normal emotional responses, and behaving normally in social situations. Acute episodes of schizophrenia often result in hospitalizations. In 2013, schizophrenic disorders were the third most common reason for psychiatric hospital admission in NM. From 2009-2013, there were 8.4 hospital discharges for schizophrenic disorder per 10,000 NM residents.

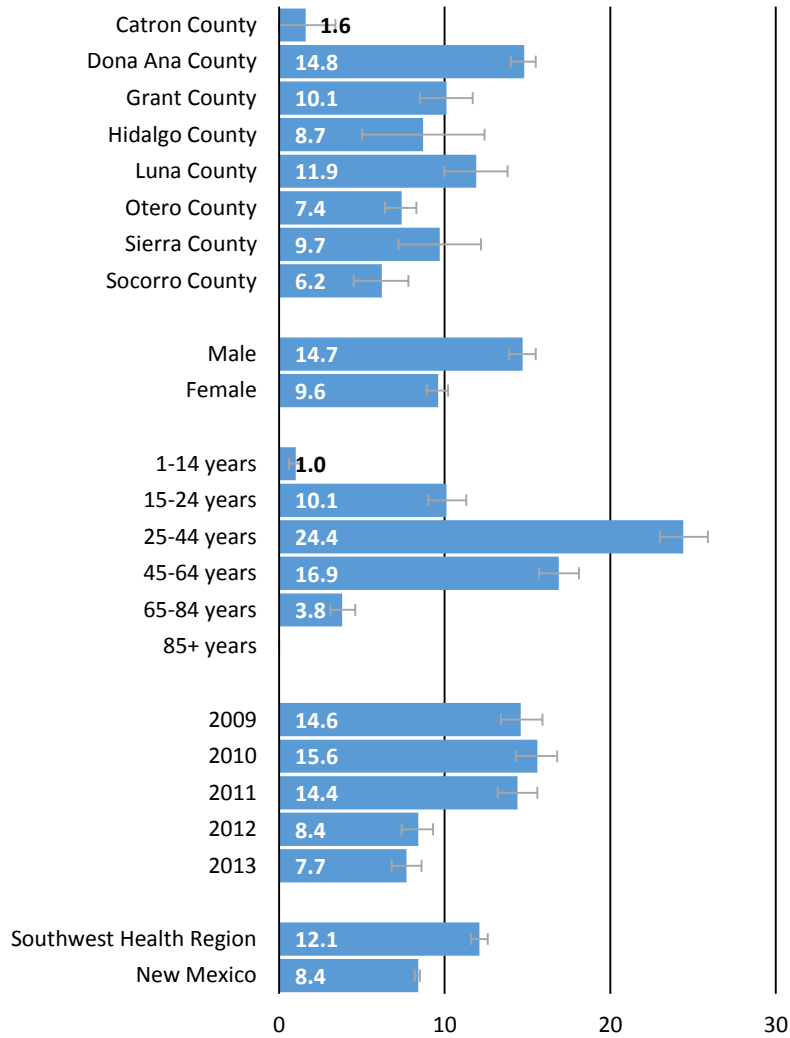
Hospital discharges for schizophrenic disorders include inpatient hospital records with a primary diagnosis of ICD-9 code 295. Sexual orientation data are not submitted to the HIDD dataset. Race/ethnicity data are not reported due to the high prevalence of missing entries. US hospital data are not available for this timeframe.

Hospital Discharges for Schizophrenic Disorders per 10,000 Population by Health Region, New Mexico, 2009-2013



Hospital Discharges for Schizophrenic Disorders per 10,000 Population

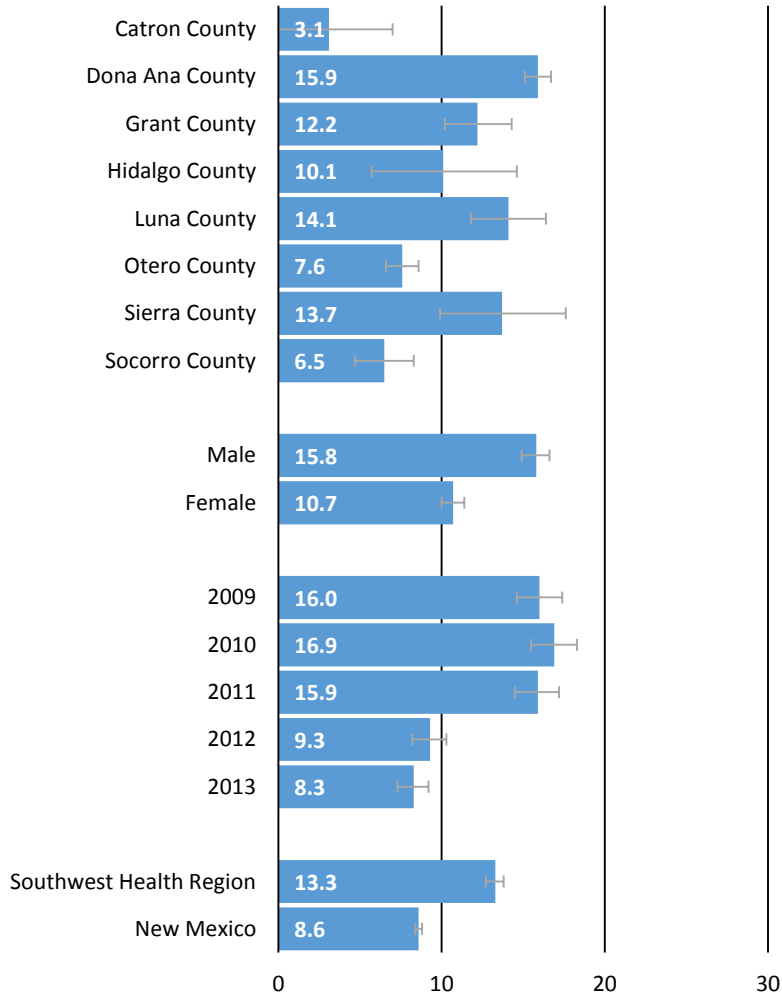
Southwest Health Region 2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

Hospital Discharges for Schizophrenic Disorders
per 10,000 Population*

Southwest Health Region
2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

* Age-adjusted to the U.S. 2000 standard population.

[Back to Table of Contents](#)

Southwest Health Region
Hospital Discharges for Schizophrenic Disorders per 10,000 Population
2009-2013

	Number of Discharges	Person-Years	Crude Rate	LCL	UCL	Statistical Stability	AA Rate	LCL	UCL	Statistical Stability
Catron County	3	18,676	1.6	0.0	3.4	Very Unstable	3.1	0.0	7.0	Very Unstable
Dona Ana County	1,563	1,059,495	14.8	14.0	15.5	-	15.9	15.1	16.7	-
Grant County	149	147,284	10.1	8.5	11.7	-	12.2	10.2	14.3	-
Hidalgo County	21	24,148	8.7	5.0	12.4	-	10.1	5.7	14.6	-
Luna County	149	125,319	11.9	10.0	13.8	-	14.1	11.8	16.4	-
Otero County	238	322,393	7.4	6.4	8.3	-	7.6	6.6	8.6	-
Sierra County	58	59,540	9.7	7.2	12.2	-	13.7	9.9	17.6	-
Socorro County	55	89,208	6.2	4.5	7.8	-	6.5	4.7	8.3	-
Male	1,344	912,979	14.7	13.9	15.5	-	15.8	14.9	16.6	-
Female	892	933,084	9.6	8.9	10.2	-	10.7	10.0	11.4	-
1-14 years	34	356,015	1.0	0.6	1.3	-				
15-24 years	291	287,291	10.1	9.0	11.3	-				
25-44 years	1,035	423,619	24.4	23.0	25.9	-				
45-64 years	774	458,533	16.9	15.7	18.1	-				
65-84 years	102	265,221	3.8	3.1	4.6	-				
85+ years	0	29,400	0.0	-	-	No Variance				
2009	531	363,062	14.6	13.4	15.9	-	16.0	14.6	17.4	-
2010	571	366,855	15.6	14.3	16.8	-	16.9	15.5	18.3	-
2011	534	370,916	14.4	13.2	15.6	-	15.9	14.5	17.2	-
2012	312	372,398	8.4	7.4	9.3	-	9.3	8.2	10.3	-
2013	288	372,831	7.7	6.8	8.6	-	8.3	7.3	9.2	-
Southwest Health Region	2,236	1,846,063	12.1	11.6	12.6	-	13.3	12.7	13.8	-
New Mexico	8,677	10,371,635	8.4	8.2	8.5	-	8.6	8.4	8.8	-

Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program
 ICD-9 Code 295

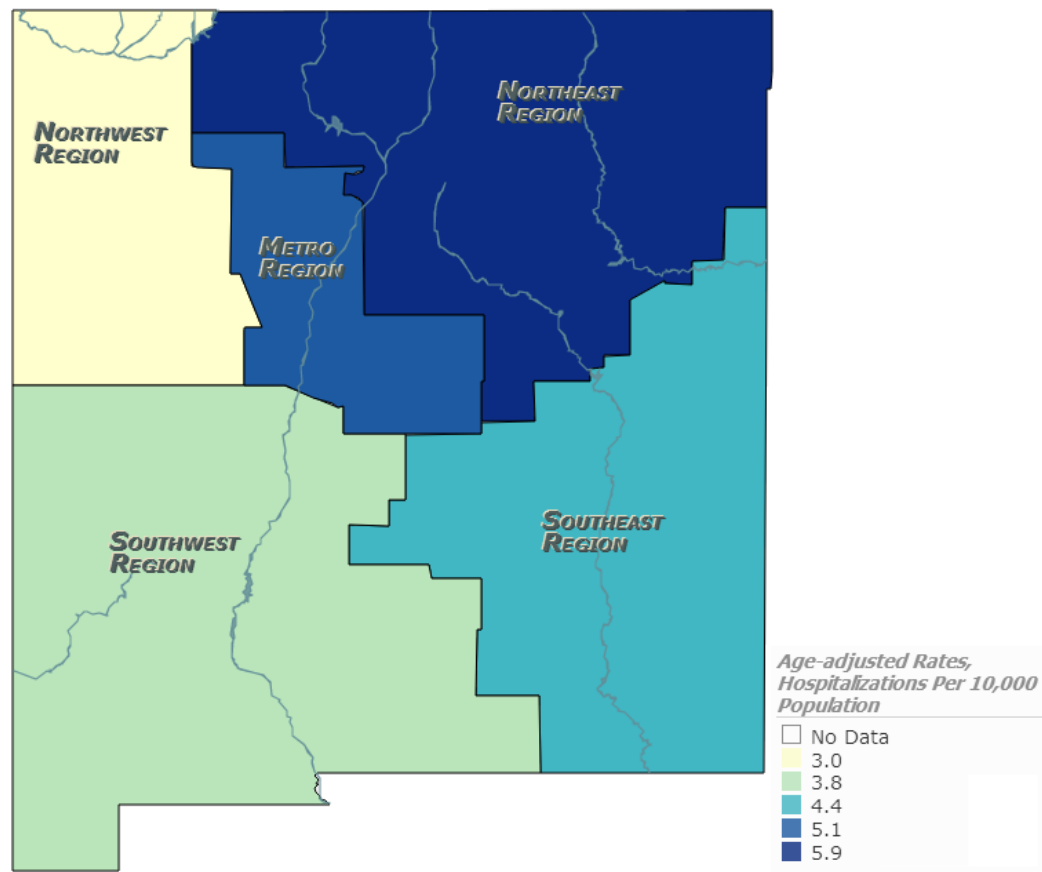
* Age-adjusted to the U.S. 2000 standard population.

3.4 HOSPITAL DISCHARGES FOR DRUG-RELATED MENTAL DISORDERS

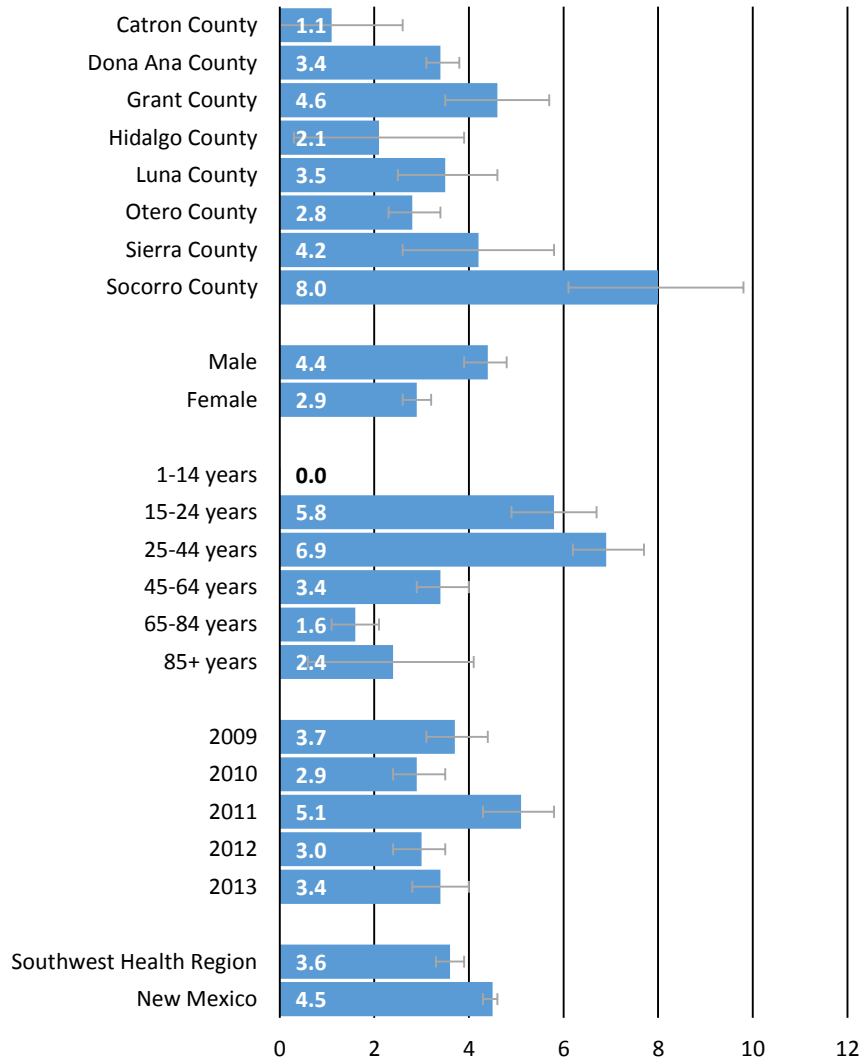
Mental disorders cause changes in thinking, mood, and behavior and can affect decision-making and quality of life. Acute episodes of mental illness often result in hospitalizations. In 2013, drug-related mental disorders were the fourth most common reason for psychiatric hospital admission in NM. From 2009-2013, there were 4.5 hospital discharges for drug-related mental disorders per 10,000 NM residents.

Hospital discharges for drug-related mental disorders include inpatient hospital records with a primary diagnosis of ICD-9 codes 292 (drug-induced mental disorder) or 304 (drug dependence). Sexual orientation data are not submitted to the HIDD dataset. Race/ethnicity data are not reported due to the high prevalence of missing entries. US hospital data are not available for this timeframe.

Hospital Discharges for Drug-Related Mental Disorders per 10,000 Population by Health Region, New Mexico, 2009-2013

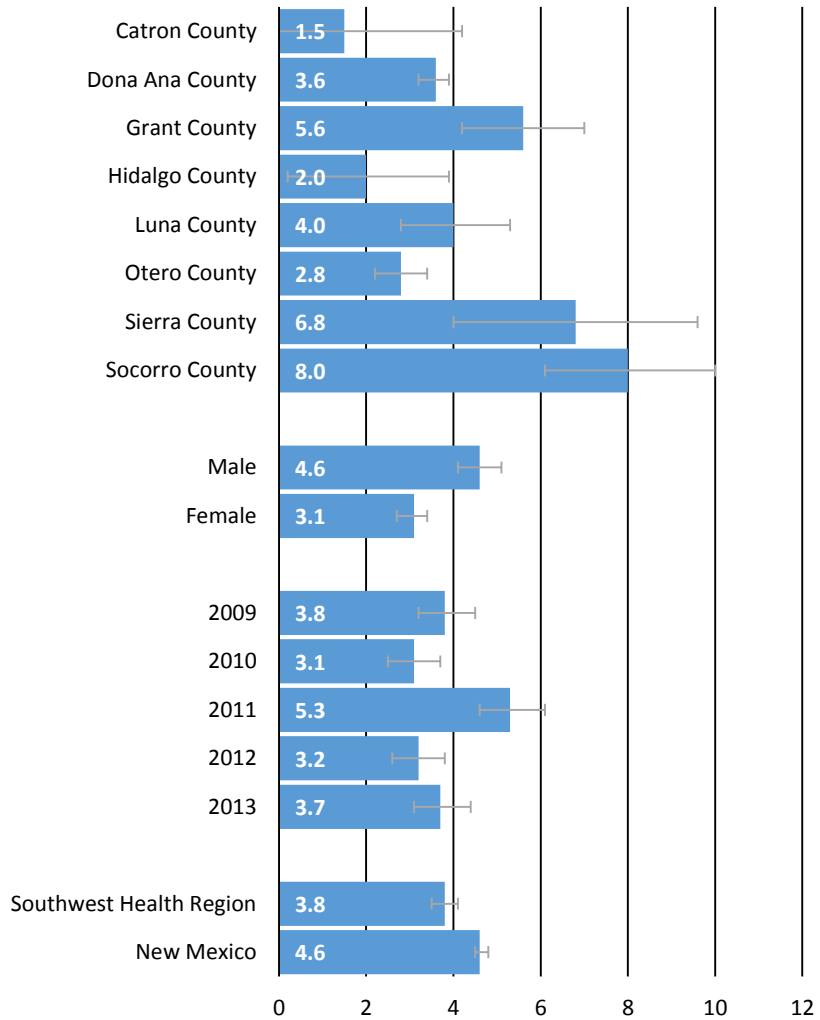


Hospital Discharges for Drug-Related Mental Disorders per 10,000 Population
 Southwest Health Region
 2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

Hospital Discharges for Drug-Related Mental Disorders
per 10,000 Population*
Southwest Health Region
2009-2013



Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program

* Age-adjusted to the U.S. 2000 standard population.

[Back to Table of Contents](#)

**Southwest Health Region
Hospital Discharges for Drug-Related Mental Disorders per 10,000 Population
2009-2013**

	Number of Discharges	Person-Years	Crude Rate	LCL	UCL	Statistical Stability	AA Rate*	LCL	UCL	Statistical Stability
Catron County	2	18,676	1.1	0.0	2.6	Very Unstable	1.5	0.0	4.2	Very Unstable
Dona Ana County	361	1,059,495	3.4	3.1	3.8	-	3.6	3.2	3.9	-
Grant County	68	147,284	4.6	3.5	5.7	-	5.6	4.2	7.0	-
Hidalgo County	5	24,148	2.1	0.3	3.9	Unstable	2.0	0.2	3.9	Unstable
Luna County	44	125,319	3.5	2.5	4.6	-	4.0	2.8	5.3	-
Otero County	92	322,393	2.8	2.3	3.4	-	2.8	2.2	3.4	-
Sierra County	25	59,540	4.2	2.6	5.8	-	6.8	4.0	9.6	-
Socorro County	71	89,208	8.0	6.1	9.8	-	8.0	6.1	10.0	-
Male	398	912,979	4.4	3.9	4.8	-	4.6	4.1	5.1	-
Female	270	933,084	2.9	2.6	3.2	-	3.1	2.7	3.4	-
1-14 years	1	356,015	0.0	-	-	No Variance				
15-24 years	167	287,291	5.8	4.9	6.7	-				
25-44 years	294	423,619	6.9	6.2	7.7	-				
45-64 years	157	458,533	3.4	2.9	4.0	-				
65-84 years	42	265,221	1.6	1.1	2.1	-				
85+ years	7	29,400	2.4	0.6	4.1	Unstable				
2009	135	363,062	3.7	3.1	4.4	-	3.8	3.2	4.5	-
2010	107	366,855	2.9	2.4	3.5	-	3.1	2.5	3.7	-
2011	188	370,916	5.1	4.3	5.8	-	5.3	4.6	6.1	-
2012	111	372,398	3.0	2.4	3.5	-	3.2	2.6	3.8	-
2013	127	372,831	3.4	2.8	4.0	-	3.7	3.1	4.4	-
Southwest Health Region	668	1,846,063	3.6	3.3	3.9	-	3.8	3.5	4.1	-
New Mexico	4,626	10,371,635	4.5	4.3	4.6	-	4.6	4.5	4.8	-

Source: Hospital Inpatient Discharge Data, New Mexico Department of Health, Health Systems Epidemiology Program
ICD-9 Codes 292 & 304

* Age-adjusted to the U.S. 2000 standard population.

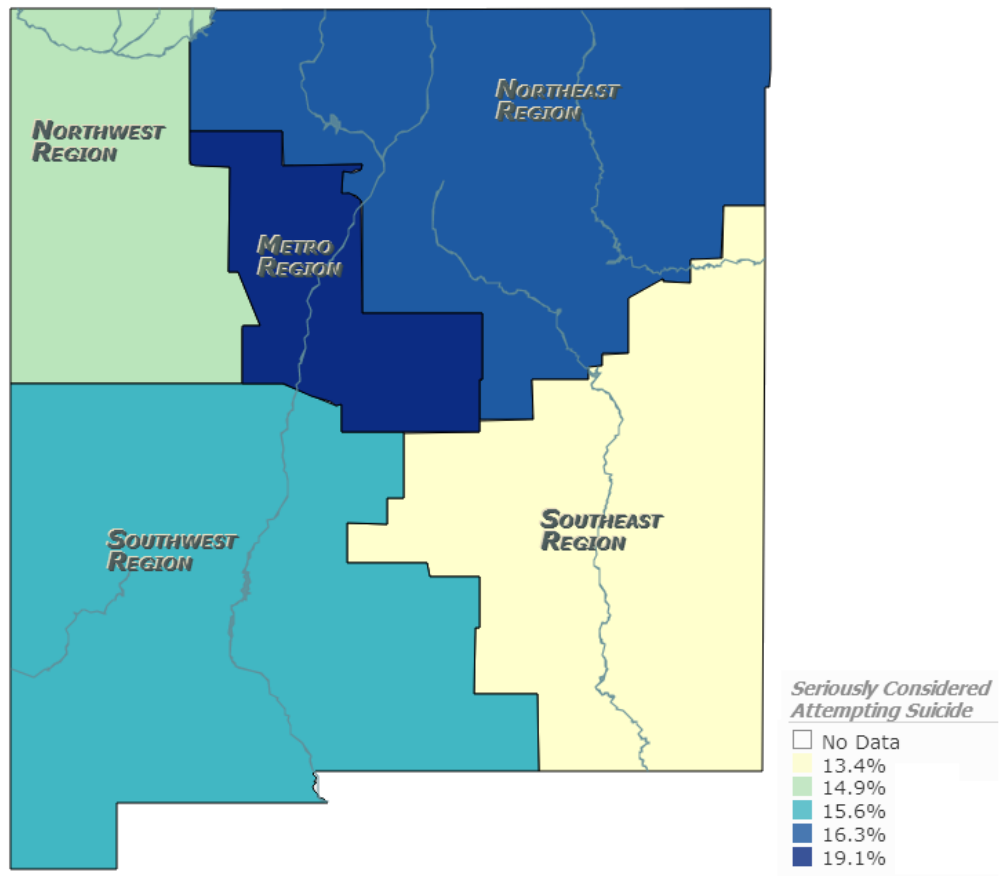
4 YOUTH SUICIDAL BEHAVIOR

4.1 YOUTH WHO SERIOUSLY CONSIDERED SUICIDE

Suicidal ideation refers to thoughts of suicide or wanting to take one's own life, and is a risk factor for suicide or attempted suicide. Seriously considering suicide is a form of suicidal ideation. The percentage of NM high school students seriously considering suicide decreased from 22.0% in 2001 to 15.6% in 2013. 2013 was the first year since the beginning of the YRRS that the NM percentage fell below the US percentage, although the NM rate (15.6%) is statistically similar to the US rate (17.0%) (DASH). In 2013, NM ranked 21st of the 41 states that asked this question in 2013.

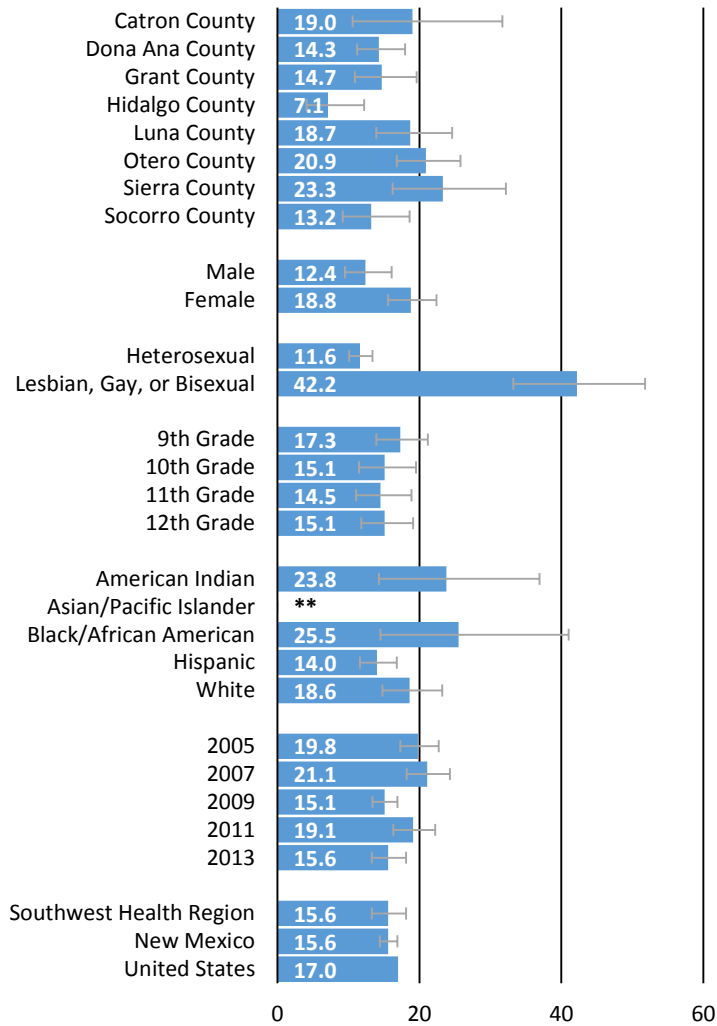
Students who had seriously considered suicide were identified by answering "Yes", to the question, "During the past 12 months, did you ever seriously consider attempting suicide?" More information: https://ibis.health.state.nm.us/indicator/view/MentHlthYouthSuicConsider.Year.NM_US.html.

Percentage of Students Who Considered Suicide in the Past 12 Months by Health Region, New Mexico, 2013



Percentage of Students Who Considered Suicide in the Past 12 Months

Southwest Health Region
2013



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

[Back to Table of Contents](#)

Southwest Health Region**Percentage of Students Who Considered Suicide in the Past 12 Months****2013**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	11	59	19.0	10.6	31.7	Unstable
Dona Ana County	166	1,118	14.3	11.2	18.0	-
Grant County	88	529	14.7	10.9	19.6	-
Hidalgo County	12	164	7.1	4.1	12.2	Unstable
Luna County	41	212	18.7	13.9	24.6	-
Otero County	123	596	20.9	16.8	25.8	-
Sierra County	30	148	23.3	16.2	32.2	-
Socorro County	36	264	13.2	9.2	18.6	-
Male	178	1,532	12.4	9.5	16.1	-
Female	328	1,548	18.8	15.6	22.4	-
Heterosexual	344	2637	11.6	10.1	13.4	-
Lesbian, Gay, or Bisexual	101	248	42.2	33.2	51.8	-
9th Grade	160	917	17.3	13.9	21.2	-
10th Grade	143	848	15.1	11.5	19.5	-
11th Grade	100	654	14.5	11.1	18.9	-
12th Grade	102	654	15.1	11.8	19.1	-
American Indian	33	155	23.8	14.3	36.9	-
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	13	51	25.5	14.5	41.0	Unstable
Hispanic	322	2,091	14.0	11.6	16.8	-
White	123	726	18.6	14.8	23.2	-
2005	418	2,278	19.8	17.3	22.7	-
2007	422	2,198	21.1	18.2	24.3	-
2009	461	2,965	15.1	13.4	16.9	-
2011	403	2,418	19.1	16.3	22.2	-
2013	507	3,090	15.6	13.3	18.1	-
Southwest Health Region	507	3,090	15.6	13.3	18.1	-
New Mexico	858	5,430	15.6	14.4	16.9	-
United States		13,491	17.0	15.8	18.2	-

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

Percentage of students who seriously considered attempting suicide during the past 12 months.

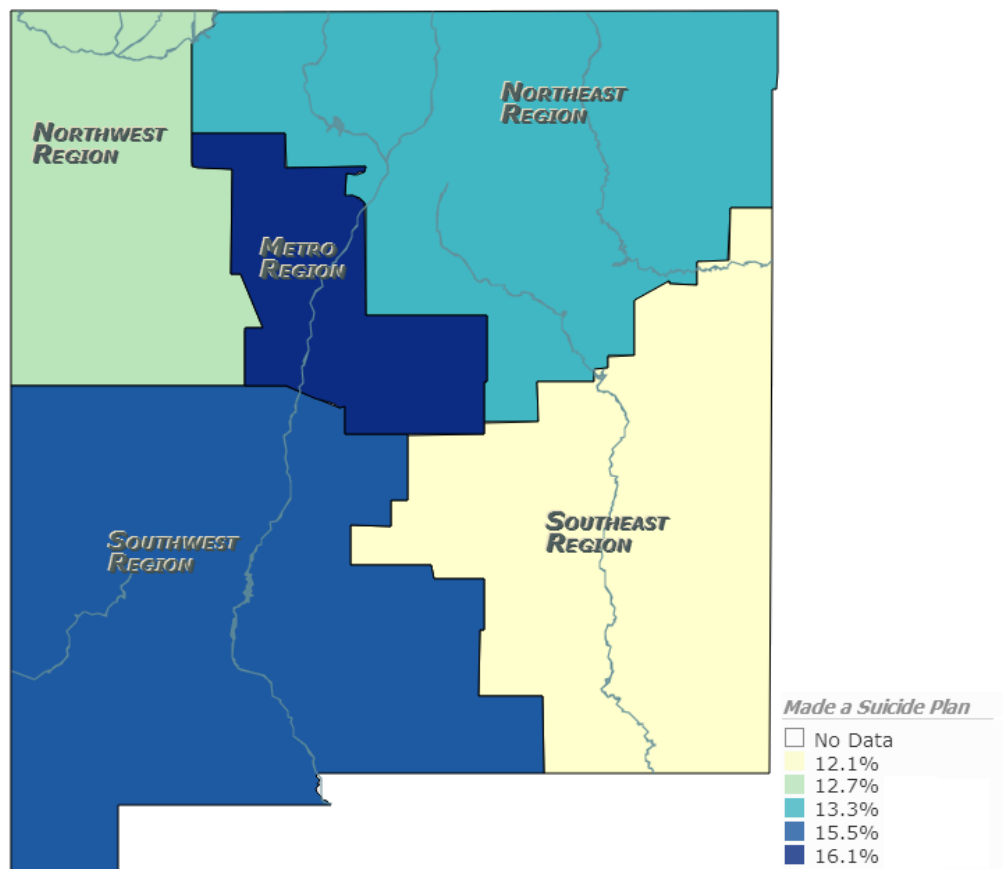
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

4.2 YOUTH WHO MADE A SUICIDE PLAN

Suicidal ideation refers to thoughts of suicide or wanting to take one's own life, and is a risk factor for suicide or attempted suicide. Making a suicide plan is a form of suicidal ideation. In 2013, 13.7% of high school students in NM made a suicide plan, similar to the US prevalence (13.6%) (DASH). NM ranked 14th of 39 states that asked this question in 2013.

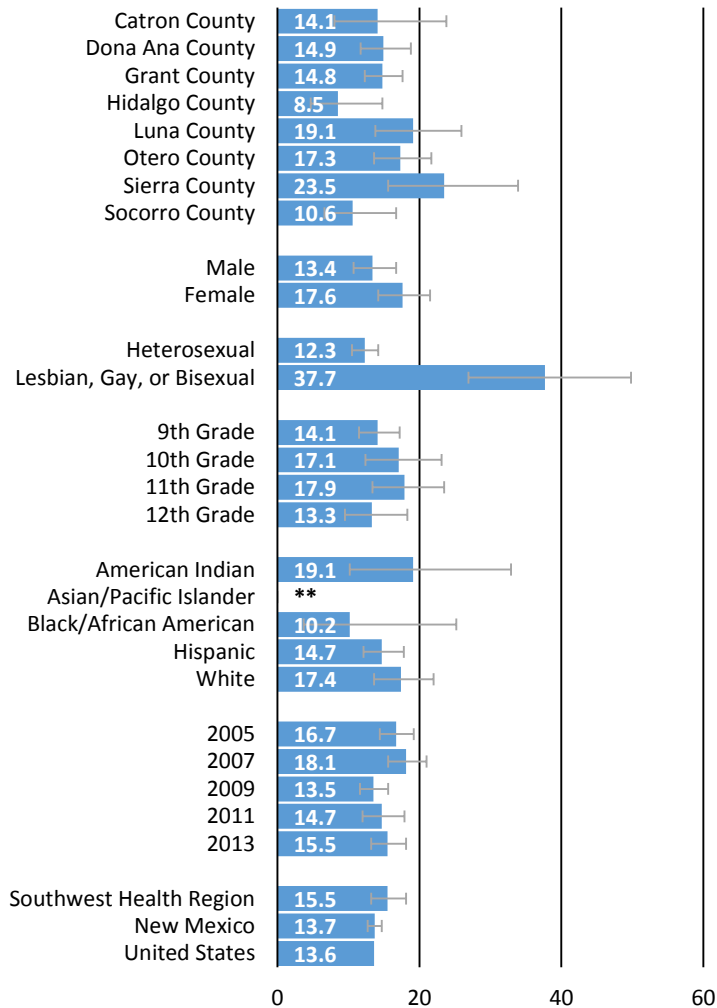
Students who had made plans to attempt suicide were identified by answering “Yes” to the question “During the past 12 months, did you make a plan about how you would attempt suicide?”

Percentage of Students Who Made a Suicide Plan in the Past 12 Months by Health Region, New Mexico, 2013



Percentage of Students Who Made a Suicide Plan in the Past 12 Months

Southwest Health Region
2013



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

[Back to Table of Contents](#)

Southwest Health Region**Percentage of Students Who Made a Suicide Plan in the Past 12 Months****2013**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	9	59	14.1	8.0	23.8	Unstable
Dona Ana County	155	1,117	14.9	11.7	18.8	-
Grant County	85	528	14.8	12.3	17.6	-
Hidalgo County	14	165	8.5	4.7	14.8	Unstable
Luna County	41	211	19.1	13.8	25.9	-
Otero County	99	591	17.3	13.6	21.7	-
Sierra County	29	148	23.5	15.6	33.9	-
Socorro County	28	263	10.6	6.6	16.7	-
Male	186	1,528	13.4	10.7	16.7	-
Female	272	1,544	17.6	14.2	21.5	-
Heterosexual	325	2631	12.3	10.5	14.2	-
Lesbian, Gay, or Bisexual	85	247	37.7	26.9	49.8	-
9th Grade	131	915	14.1	11.5	17.2	-
10th Grade	135	846	17.1	12.4	23.1	-
11th Grade	105	653	17.9	13.4	23.5	-
12th Grade	87	650	13.3	9.5	18.3	-
American Indian	27	154	19.1	10.2	32.9	Unstable
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	7	50	10.2	3.7	25.2	Very Unstable
Hispanic	301	2,090	14.7	12.1	17.8	-
White	111	722	17.4	13.6	22.0	-
2005	349	2,278	16.7	14.4	19.2	-
2007	348	2,196	18.1	15.6	21.0	-
2009	376	2,965	13.5	11.6	15.6	-
2011	335	2,418	14.7	12.0	17.9	-
2013	460	3,082	15.5	13.2	18.1	-
Southwest Health Region	460	3,082	15.5	13.2	18.1	-
New Mexico	766	5,433	13.7	12.7	14.7	-
United States		13,485	13.6	12.3	15.0	-

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

Percentage of students who made a plan about how they would attempt suicide during the past 12 months.

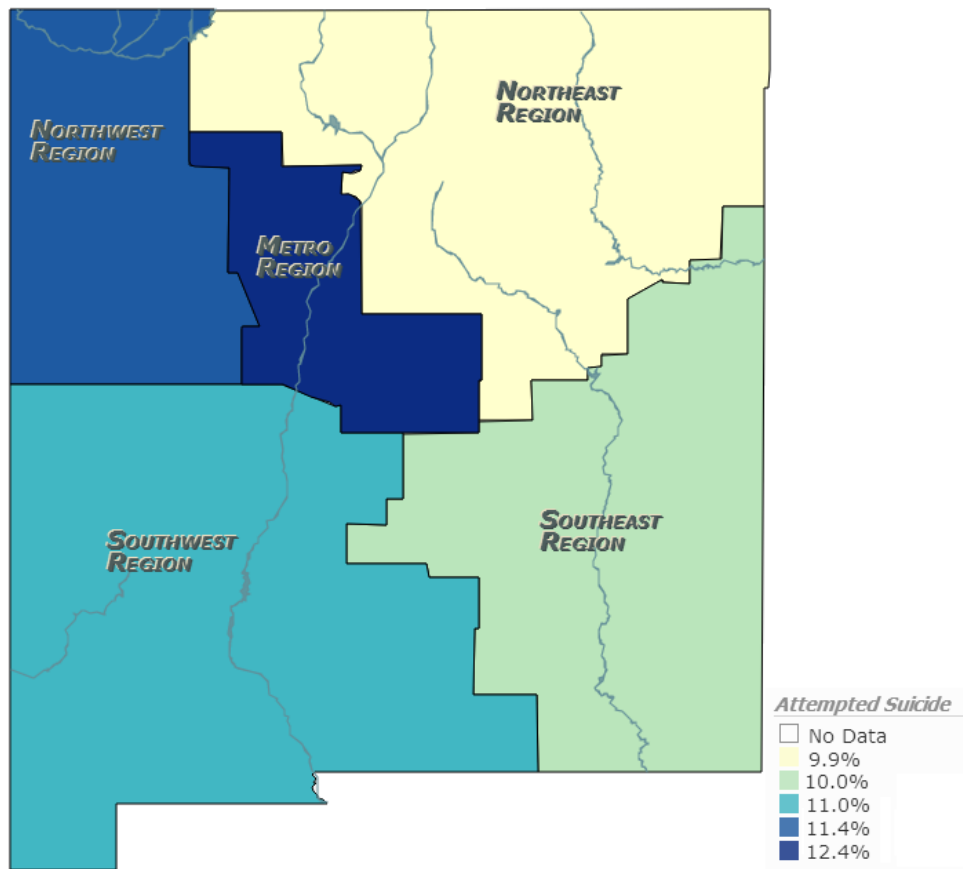
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

4.3 YOUTH WHO ATTEMPTED SUICIDE

According to the National Center for Health Statistics (NCHS), suicide was the second leading cause of death in NM and in the US for youth between the ages of 10 and 24 in 2013. While girls are more likely than boys to attempt suicide, boys are more likely than girls to die of suicide. A previous suicide attempt is among the strongest risk factors for completed suicide. The percentage of US high school students who attempted suicide has remained relatively stable, while the NM rate has decreased from 12.9% in 2001 to 9.4% in 2013 (DASH). In 2013, the NM rate (9.4%) was similar to the US rate (8.0%), and NM ranked 14th of the 40 states that asked this question in the YRBSS.

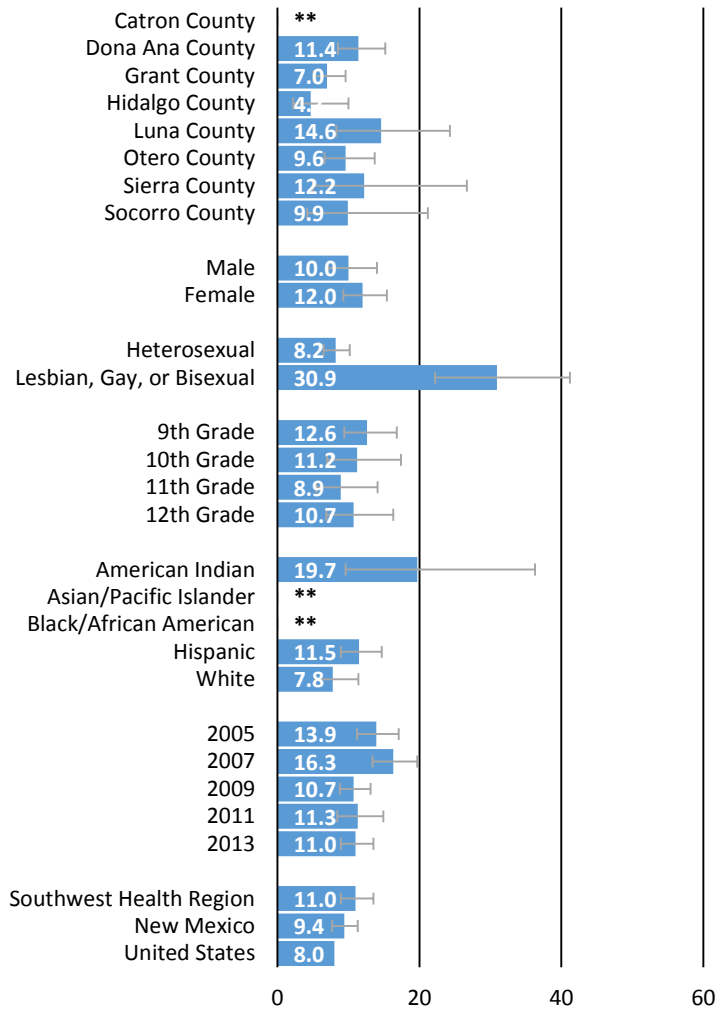
Students who attempted suicide were identified by answering one or more to the question, “During the past 12 months, how many times did you actually attempt suicide?” More information: https://ibis.health.state.nm.us/indicator/view/MentHlthYouthSuicAtt.Year.NM_US.html.

Percentage of Students Who Attempted Suicide in the Past 12 Months by Health Region, New Mexico, 2013



Percentage of Students Who Attempted Suicide in the Past 12 Months

Southwest Health Region
2013



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

[Back to Table of Contents](#)

Southwest Health Region
Percentage of Students Who Attempted Suicide in the Past 12 Months
2013

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	**	**	**	**	**	n/a
Dona Ana County	110	918	11.4	8.5	15.2	-
Grant County	38	462	7.0	5.1	9.6	-
Hidalgo County	6	143	4.7	2.2	10.0	Very Unstable
Luna County	24	175	14.6	8.3	24.3	Unstable
Otero County	50	507	9.6	6.6	13.7	-
Sierra County	13	122	12.2	5.0	26.7	Very Unstable
Socorro County	22	216	9.9	4.2	21.2	Very Unstable
Male	102	1,257	10.0	7.1	14.0	-
Female	164	1,327	12.0	9.3	15.4	-
Heterosexual	174	2241	8.2	6.5	10.2	-
Lesbian, Gay, or Bisexual	61	205	30.9	22.2	41.2	-
9th Grade	85	780	12.6	9.4	16.8	-
10th Grade	77	692	11.2	7.0	17.4	-
11th Grade	50	561	8.9	5.5	14.1	-
12th Grade	52	546	10.7	6.9	16.3	-
American Indian	18	118	19.7	9.6	36.3	Unstable
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	**	**	**	**	**	n/a
Hispanic	186	1,724	11.5	8.9	14.7	-
White	49	653	7.8	5.3	11.4	-
2005	230	1,847	13.9	11.2	17.1	-
2007	258	1,837	16.3	13.4	19.7	-
2009	257	2,531	10.7	8.8	13.1	-
2011	185	2,083	11.3	8.4	14.9	-
2013	267	2,590	11.0	8.9	13.5	-
Southwest Health Region	267	2,590	11.0	8.9	13.5	-
New Mexico	447	4,750	9.4	7.7	11.3	-
United States		11,982	8.0	7.2	8.9	-

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health. Percentage of students who actually attempted suicide one or more times during the past 12 months.

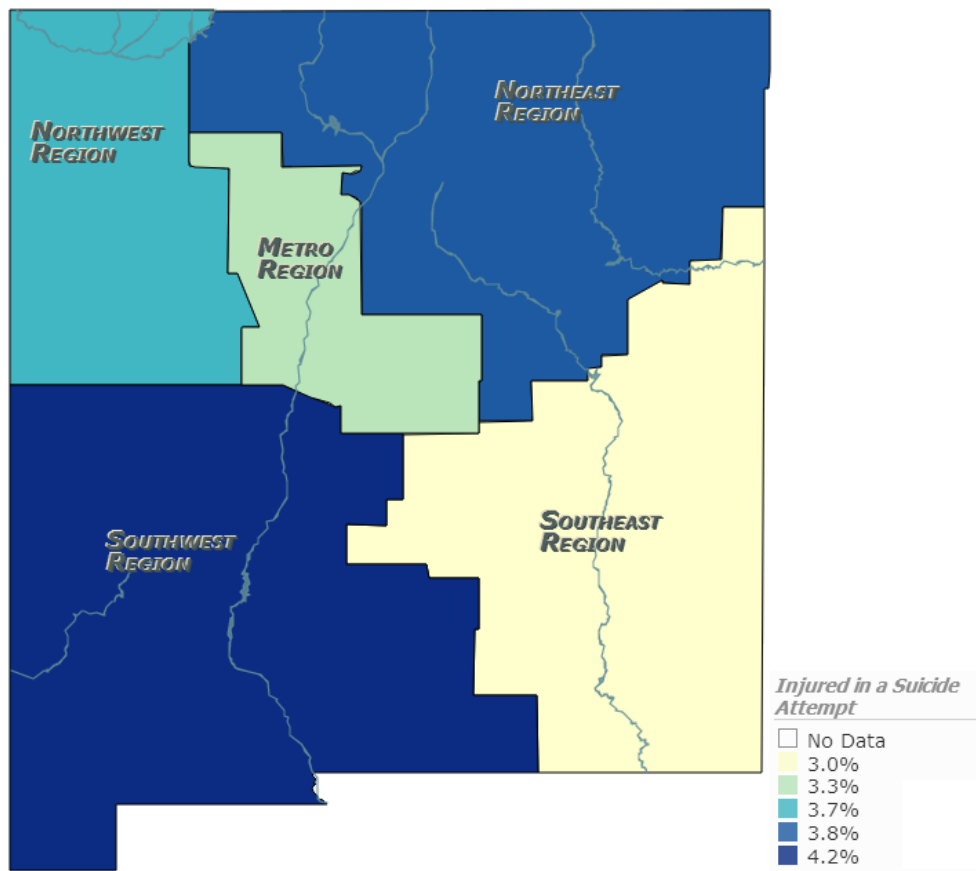
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

4.4 YOUTH INJURED IN A SUICIDE ATTEMPT

The prevalence of high school students who were injured during a suicide attempt is a Healthy People 2020 Mental Health indicator. In 2013, 3.1% of NM high school students reported being injured in a suicide attempt. This is similar to the 2013 US prevalence of injuries in suicide attempts (2.7%) (DASH). NM ranked 17th of 34 states that asked this question in 2013.

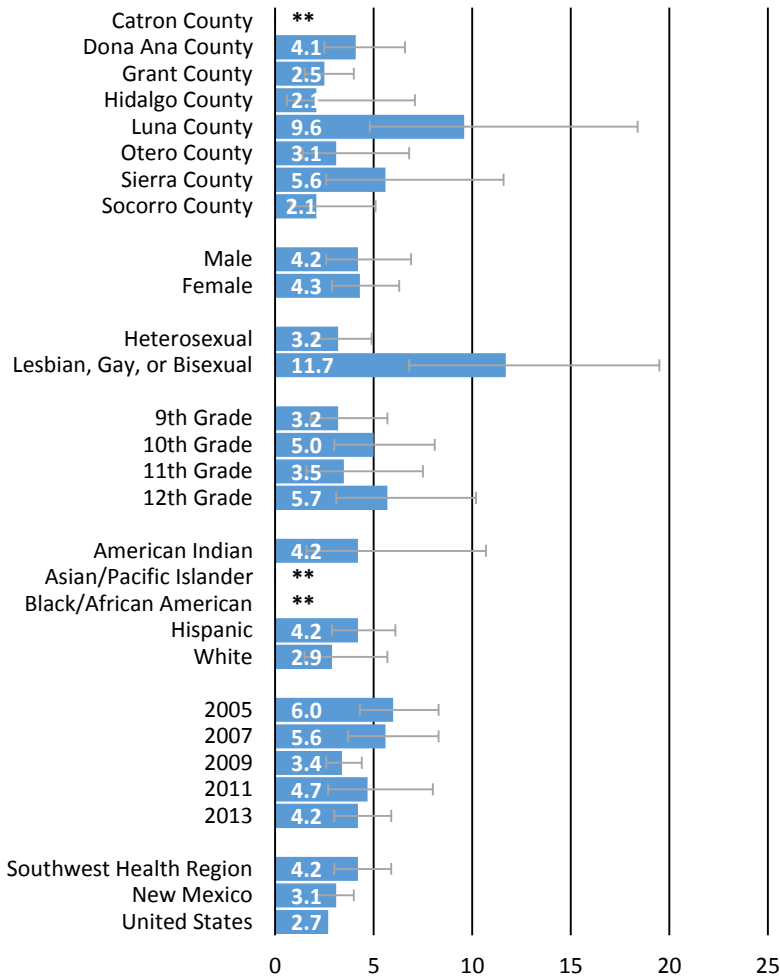
Students who were injured in a suicide attempt were identified by answering “Yes” to the question “If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?”

Percentage of Students Injured in a Suicide Attempt in the Past 12 Months by Health Region, New Mexico, 2013



Percentage of Students Injured in a Suicide Attempt
in the Past 12 Months

Southwest Health Region
2013



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

[Back to Table of Contents](#)

**Southwest Health Region
Percentage of Students Injured in a Suicide Attempt in the Past 12 Months
2013**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	**	**	**	**	**	n/a
Dona Ana County	40	908	4.1	2.5	6.6	Unstable
Grant County	13	459	2.5	1.5	4.0	Unstable
Hidalgo County	3	143	2.1	0.6	7.1	Very Unstable
Luna County	12	173	9.6	4.8	18.4	Unstable
Otero County	18	509	3.1	1.4	6.8	Very Unstable
Sierra County	5	122	5.6	2.6	11.6	Very Unstable
Socorro County	6	216	2.1	0.8	5.1	Very Unstable
Male	45	1,249	4.2	2.6	6.9	Unstable
Female	52	1,322	4.3	2.9	6.3	-
Heterosexual	67	2234	3.2	2.0	4.9	-
Lesbian, Gay, or Bisexual	19	204	11.7	6.8	19.5	Unstable
9th Grade	22	779	3.2	1.8	5.7	Unstable
10th Grade	31	682	5.0	3.0	8.1	Unstable
11th Grade	23	559	3.5	1.6	7.5	Very Unstable
12th Grade	20	546	5.7	3.1	10.2	Unstable
American Indian	7	118	4.2	1.6	10.7	Very Unstable
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	**	**	**	**	**	n/a
Hispanic	67	1,715	4.2	2.9	6.1	-
White	16	650	2.9	1.5	5.7	Unstable
2005	90	1,837	6.0	4.3	8.3	-
2007	87	1,836	5.6	3.7	8.3	-
2009	89	2,525	3.4	2.6	4.4	-
2011	74	2,073	4.7	2.7	8.0	Unstable
2013	98	2,577	4.2	3.0	5.9	-
Southwest Health Region	98	2,577	4.2	3.0	5.9	-
New Mexico	151	4,727	3.1	2.1	4.0	-
United States		11,750	2.7	2.3	3.1	-

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health.

Percentage of students who actually attempted suicide one or more times during the past 12 months.

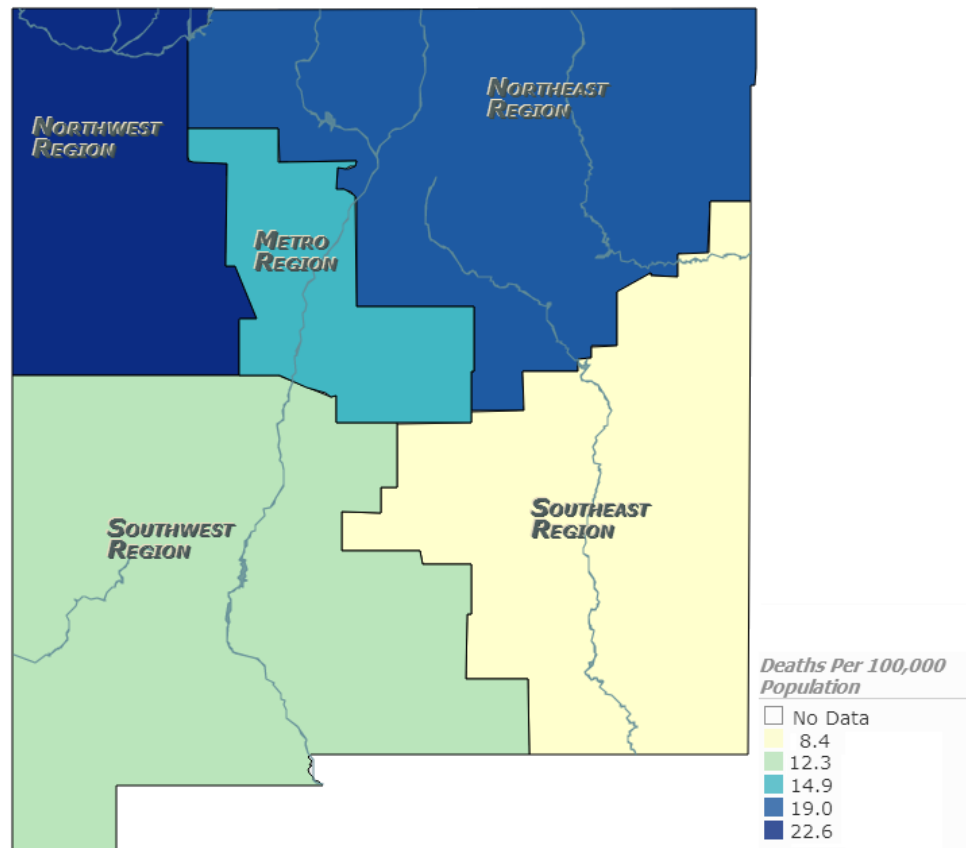
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

4.5 YOUTH SUICIDE

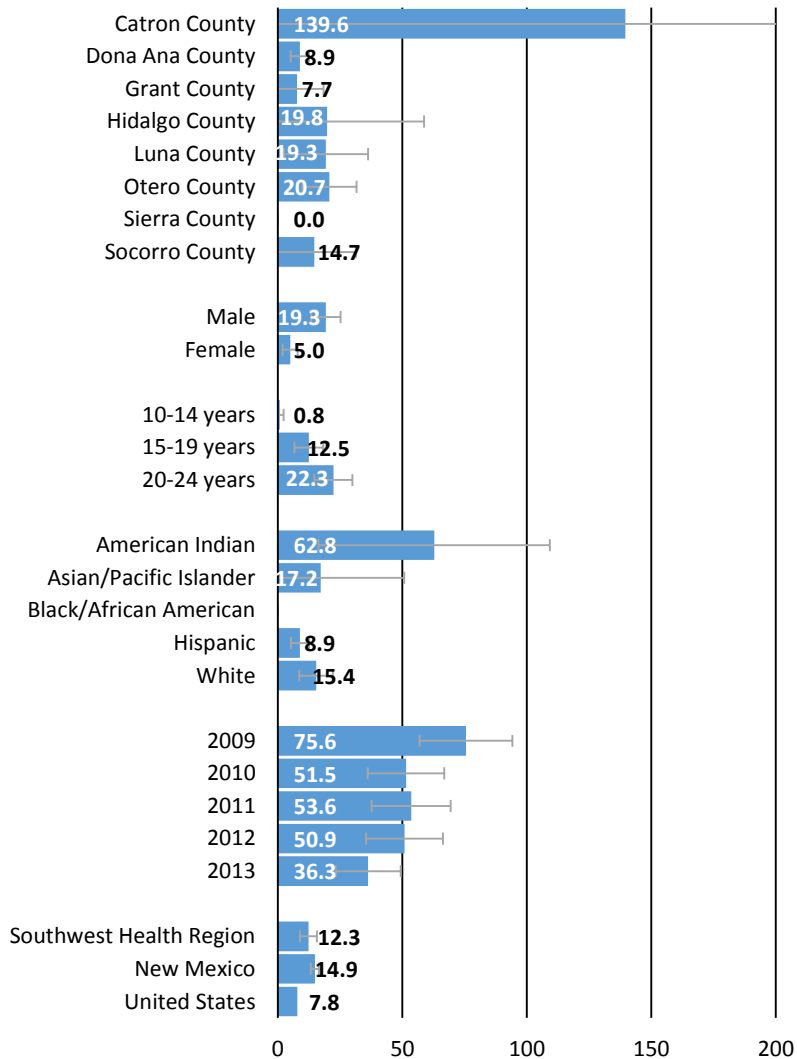
Adolescent suicide is a public health problem of considerable magnitude in New Mexico. Suicide was the second leading cause of death in NM youth 10-24 years of age in 2013, with 62 deaths reported that year (NCHS). Mental disorders increase the risk for both attempted and completed suicide. American Indian/Alaskan Native youth have higher rates of suicide-related fatalities than Hispanic or White youth in NM. Other risk factors for completed suicide among youth include substance abuse, a family history of suicidal behavior, parental psychiatric disorders, stressful life events, and access to firearms. From 1999 to 2013, the youth suicide rate in NM has remained stable while the US rate has increased slightly (NCHS). From 2009 to 2013, the youth suicide rate in NM (14.9 per 100,000) was 91% higher than the US rate (7.8 per 100,000). In 2013, NM ranked sixth among the 50 states for suicides among adolescents (10-24 years), and has ranked among the top 10 states since 1995.

Suicides are recorded in the BVRHS dataset with the International Classification of Diseases, version 10 (ICD-10) codes X60-X84, Y87.0, and *U03. Suicides between the ages of 10 and 24 years were included in the youth suicide indicator. Sexual orientation data are not reported on death certificates. More information: https://ibis.health.state.nm.us/indicator/view/SuicDeathYouth.Year.NM_US.html.

**Suicides per 100,000 Population, Youth Age 10-24 Years
by Health Region, New Mexico, 2013**



Suicides per 100,000 Population,
Youth Age 10-24 Years
Southwest Health Region
2009-2013



Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics.

[Back to Table of Contents](#)

Southwest Health Region
Suicides per 100,000 Population, Youth Age 10-24 Years
2009-2013

	Number of Deaths	Person-Years	Crude Rate	LCL	UCL	Statistical Stability
Catron County	3	2,149	139.6	0.0	297.4	Very Unstable
Dona Ana County	23	259,675	8.9	5.2	12.5	-
Grant County	2	25,881	7.7	0.0	18.4	Very Unstable
Hidalgo County	1	5,039	19.8	0.0	58.7	Very Unstable
Luna County	5	25,909	19.3	2.4	36.2	Unstable
Otero County	14	67,501	20.7	9.9	31.6	-
Sierra County	0	7,632	0.0	-	-	No Variance
Socorro County	3	20,394	14.7	0.0	31.4	Very Unstable
Male	41	212,476	19.3	13.4	25.2	-
Female	10	201,704	5.0	1.9	8.0	Unstable
10-14 years	1	126,889	0.8	0.0	2.3	Very Unstable
15-19 years	18	143,835	12.5	6.7	18.3	-
20-24 years	32	143,456	22.3	14.6	30.0	-
American Indian	7	11,151	62.8	16.3	109.3	Unstable
Asian/Pacific Islander	1	5,832	17.2	0.0	50.8	Very Unstable
Black/African American	0	9,486	0.0	-	-	No Variance
Hispanic	23	257,447	8.9	5.3	12.6	-
White	20	130,264	15.4	8.6	22.1	-
2009	63	83,384	75.6	56.9	94.2	-
2010	43	83,560	51.5	36.1	66.8	-
2011	44	82,162	53.6	37.7	69.4	-
2012	42	82,506	50.9	35.5	66.3	-
2013	30	82,568	36.3	23.3	49.3	-
Southwest Health Region	51	414,180	12.3	8.9	15.7	-
New Mexico	324	2,172,323	14.9	13.3	16.5	-
United States	25,043	322,261,738	7.8	7.7	7.9	-

Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics and Centers for Disease Control and Prevention, National Center for Health Statistics.

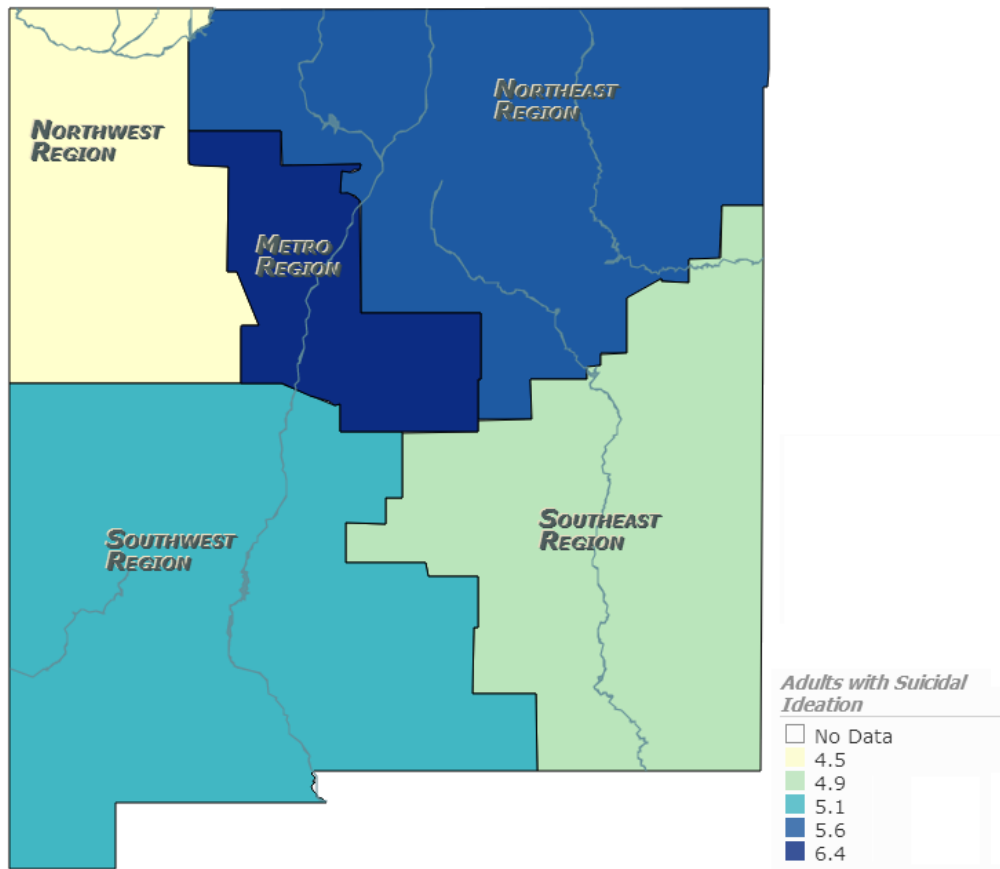
5 SUICIDAL BEHAVIOR

5.1 ADULT SUICIDAL IDEATION

Suicidal ideation refers to thoughts of suicide or wanting to take one's own life, and is a risk factor for suicide or attempted suicide. Thinking about committing suicide is a form of suicidal ideation. Each year, approximately 58,000 adults in NM (3.8%) and 9,196,000 adults in the US (3.9%) seriously consider suicide (SAMHSA). New Mexico was one of the ten states with the lowest prevalence for serious suicide consideration among adults 2012-2013. According to the 2011 BRFSS, the prevalence of thinking about suicide among adults was 5.7% in 2011.

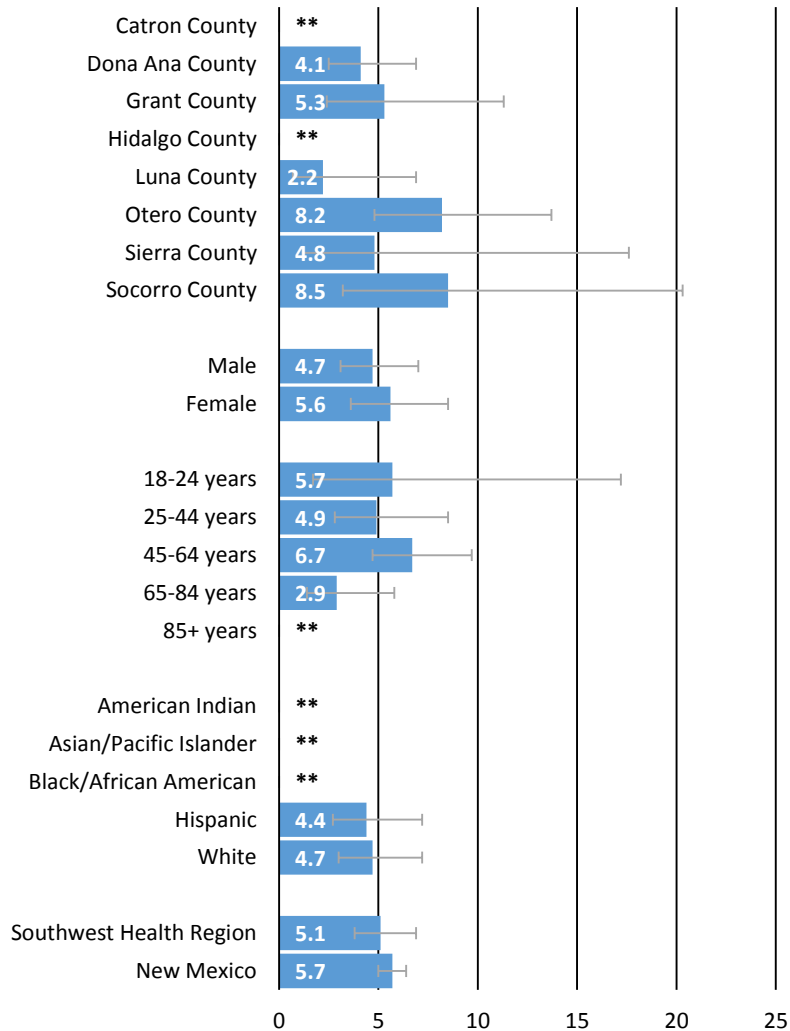
The suicidal behavior module was added to the 2011 BRFSS. Adults with suicidal ideation were identified by answering “Yes” to the question “In the past year, have you felt so low at times that you thought about committing suicide?” US data are not available because this BRFSS module was optional. For some regions, sexual orientation data are not available due to the low number of respondents.

Percentage of Adults with Suicidal Ideation in Last 12 Months by Health Region, New Mexico, 2011



Percentage of Adults with Suicidal Ideation in Last 12 Months

Southwest Health Region
2011



Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

[Back to Table of Contents](#)

Southwest Health Region
Percentage of Adults with Suicidal Ideation in Last 12 Months
2011

	Number of Deaths	Sample Size	Crude Rate	LCL	UCL	Statistical Stability
Catron County	**	**	**	**	**	n/a
Dona Ana County	27	657	4.1	2.5	6.9	Unstable
Grant County	9	162	5.3	2.4	11.3	Very Unstable
Hidalgo County	**	**	**	**	**	n/a
Luna County	3	86	2.2	0.7	6.9	Very Unstable
Otero County	17	264	8.2	4.8	13.7	Unstable
Sierra County	2	59	4.8	1.2	17.6	Very Unstable
Socorro County	6	88	8.5	3.2	20.3	Very Unstable
Male	28	559	4.7	3.1	7.0	-
Female	38	814	5.6	3.6	8.5	-
18-24 years	4	53	5.7	1.7	17.2	Very Unstable
25-44 years	15	272	4.9	2.8	8.5	Unstable
45-64 years	36	574	6.7	4.7	9.7	-
65-84 years	11	433	2.9	1.4	5.8	Very Unstable
85+ years	**	**	**	**	**	n/a
American Indian	**	**	**	**	**	n/a
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	**	**	**	**	**	n/a
Hispanic	27	551	4.4	2.7	7.2	Unstable
White	30	723	4.7	3.0	7.2	-
Southwest Health Region	66	1,373	5.1	3.8	6.9	-
New Mexico	413	8,422	5.7	5.0	6.4	-

Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

Has there been a time in the past 12 months when you thought of taking your own life?

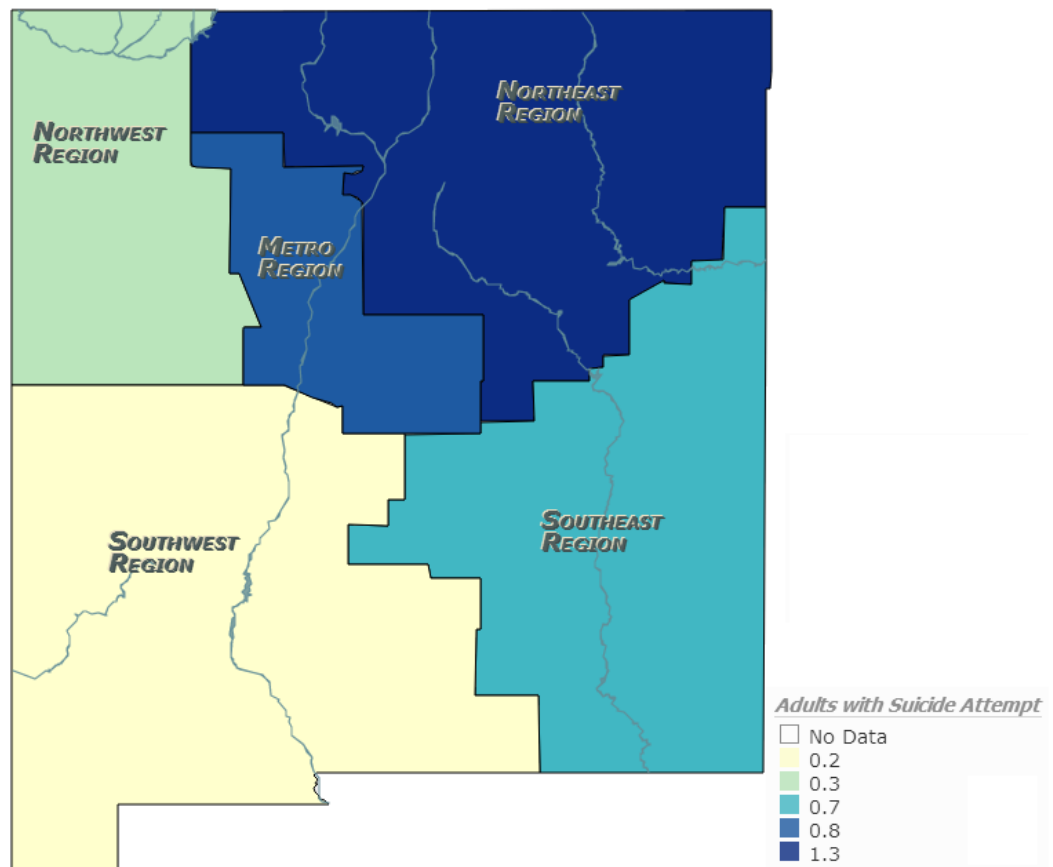
** The values in these cells have been suppressed because there were fewer than 50 survey responses.

5.2 ADULT SUICIDE ATTEMPTS

A previous suicide attempt is among the strongest risk factors for completed suicide. In 2011, 0.7% of NM adults reported that they had attempted suicide in the past 12 months.

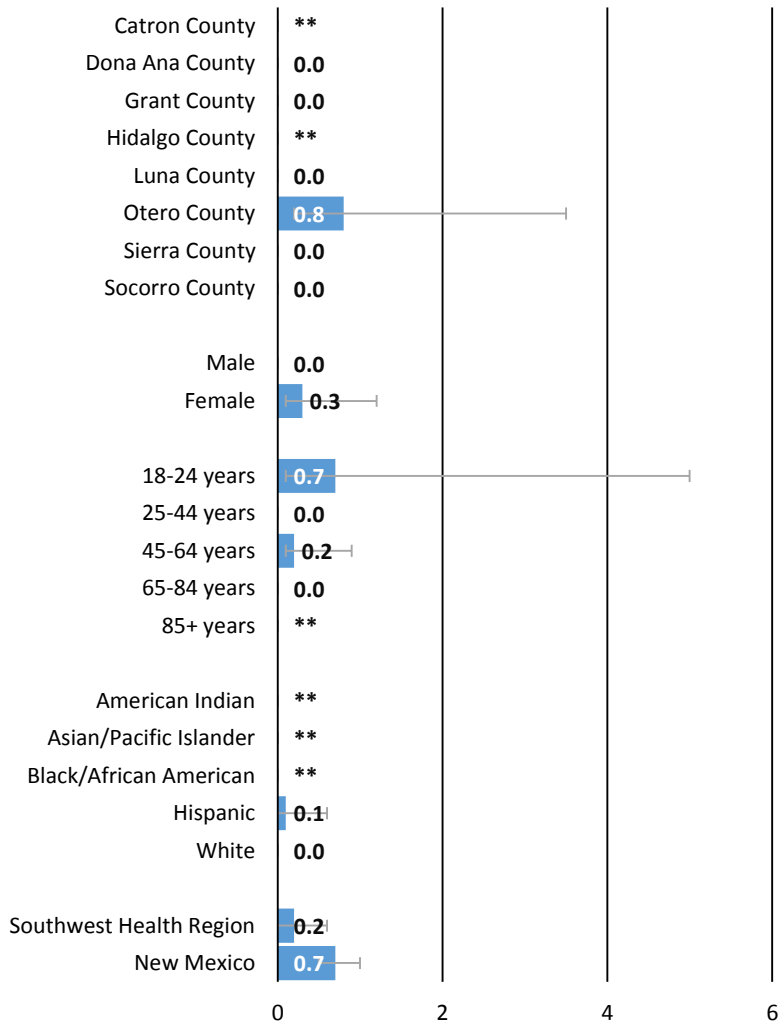
The suicidal behavior module was added to the 2011 BRFSS. Adults with a history of suicide attempt were identified by answering “Yes” to the question “In the past year, have you attempted suicide?” US data are not available because this BRFSS module was optional. For some regions, sexual orientation data are not available due to the low number of respondents.

Percentage of Adults with a Suicide Attempt in Past 12 Months by Health Region, New Mexico, 2011



Percentage of Adults with a Suicide Attempt in Past 12 Months

Southwest Health Region
2011



Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

[Back to Table of Contents](#)

**Southwest Health Region
Percentage of Adults with a Suicide Attempt in Past 12 Months
2011**

	Count	Sample Size	Percentage	LCL	UCL	Statistical Stability
Catron County	**	**	**	**	**	n/a
Dona Ana County	1	656	0.0	-	-	No Variance
Grant County	0	162	0.0	-	-	No Variance
Hidalgo County	**	**	**	**	**	n/a
Luna County	0	86	0.0	-	-	No Variance
Otero County	2	265	0.8	0.2	3.5	Very Unstable
Sierra County	0	59	0.0	-	-	No Variance
Socorro County	0	88	0.0	-	-	No Variance
Male	0	561	0.0	-	-	No Variance
Female	3	812	0.3	0.1	1.2	Very Unstable
18-24 years	1	53	0.7	0.1	5.0	Very Unstable
25-44 years	0	273	0.0	-	-	No Variance
45-64 years	2	574	0.2	0.1	0.9	Very Unstable
65-84 years	0	432	0.0	-	-	No Variance
85+ years	**	**	**	**	**	n/a
American Indian	**	**	**	**	**	n/a
Asian/Pacific Islander	**	**	**	**	**	n/a
Black/African American	**	**	**	**	**	n/a
Hispanic	2	550	0.1	0.0	0.6	Very Unstable
White	0	723	0.0	-	-	No Variance
Southwest Health Region	3	1,373	0.2	0.0	0.6	Very Unstable
New Mexico	40	8,423	0.7	0.5	1.0	-

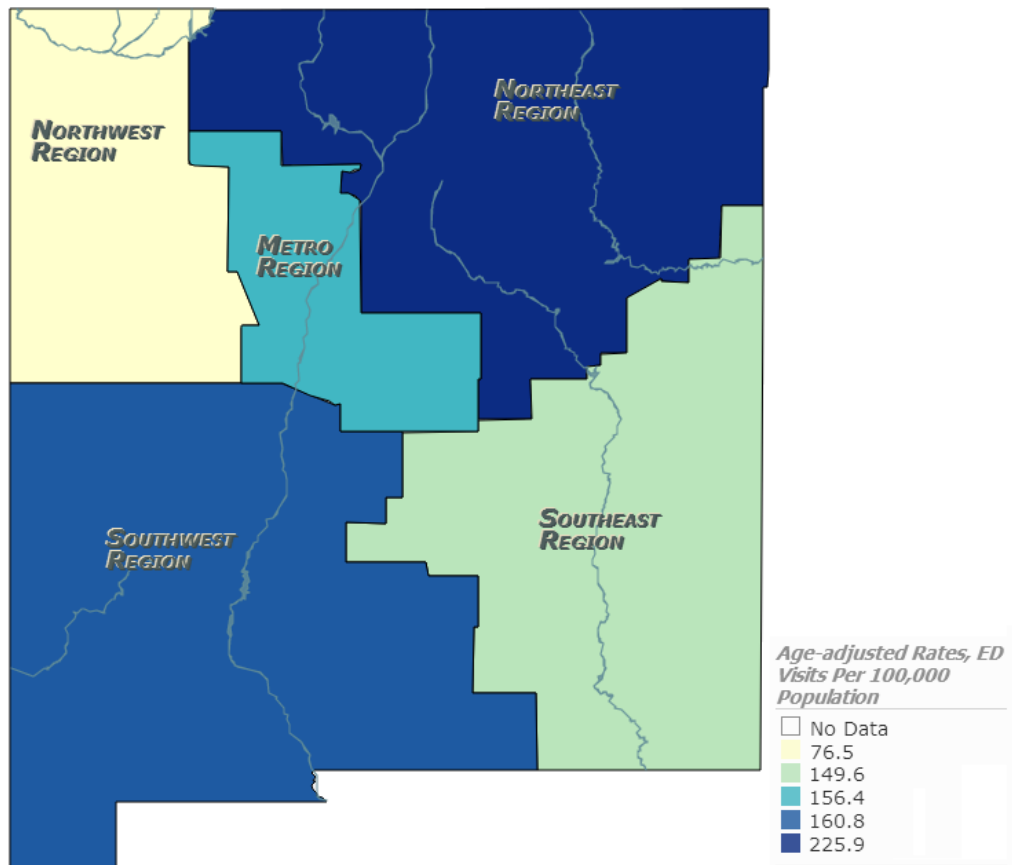
Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)
 During the past 12 months, did you attempt to commit suicide?
 ** The values in these cells have been suppressed because there were fewer than 50 survey responses.

5.3 EMERGENCY DEPARTMENT ENCOUNTERS FOR SELF INJURY

In New Mexico, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. In 2013, suicide was the eighth leading cause of all death in New Mexico, and the second leading cause of death among youth and adults 15-44 years (NCHS). In 2013 suicide accounted for 9.8% of the total Years of Potential Life Lost (YPLL) in NM among those under 65 years of age. In a survey of the fifty states and the District of Columbia 2012-2013, NM ranked fifth of 51 for suicide deaths, and has ranked among the top 10 since 1997. The age-adjusted rate of suicide attempts resulting in emergency room visits has remained relatively stable from 2010 to 2013. From 2010 to 2013, there were 150 visits to the emergency room following self injury for every 100,000 New Mexico residents.

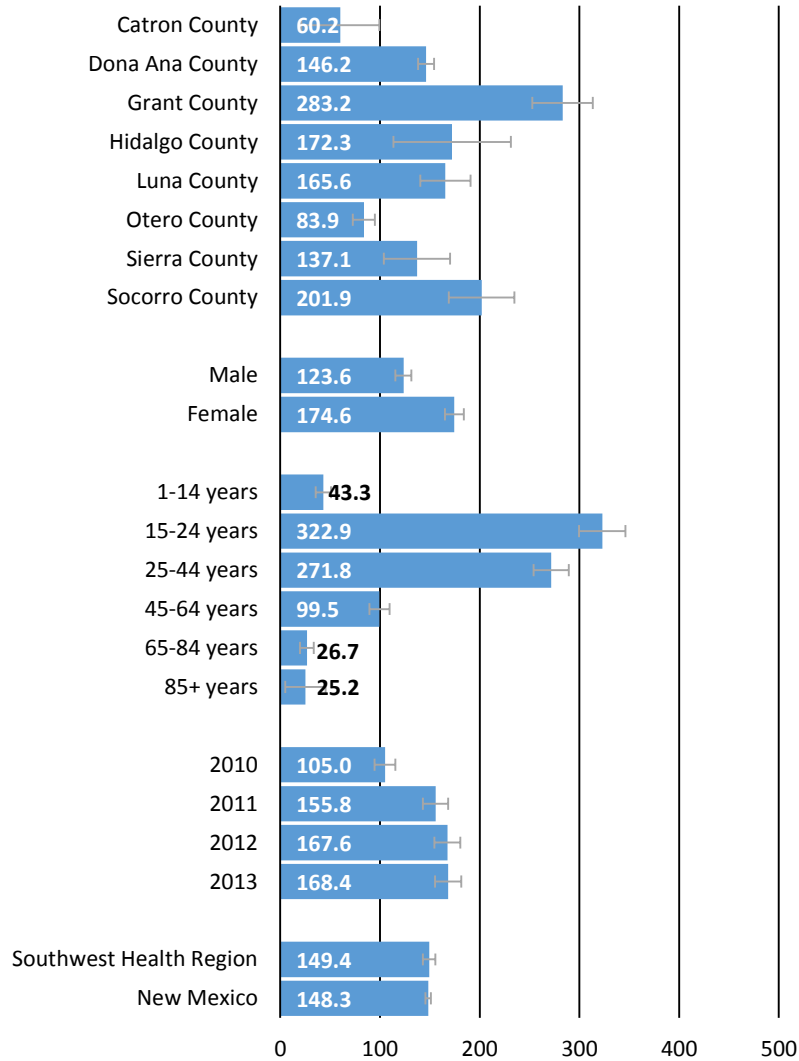
Emergency department visits for intentional self injury include primary diagnoses of ICD-9 codes E950-E959. Hospital discharges for mood disorders include inpatient hospital records with a primary diagnosis of Sexual orientation data are not submitted to the ED dataset. Race/ethnicity data are not reported due to the high prevalence of missing entries. Comparable US ED data are not available for this timeframe.

Emergency Department Encounters for Intentional Self Harm per 100,000 Population by Health Region, New Mexico, 2010-2013



Emergency Department Encounters for Intentional Self Harm per 100,000 Population

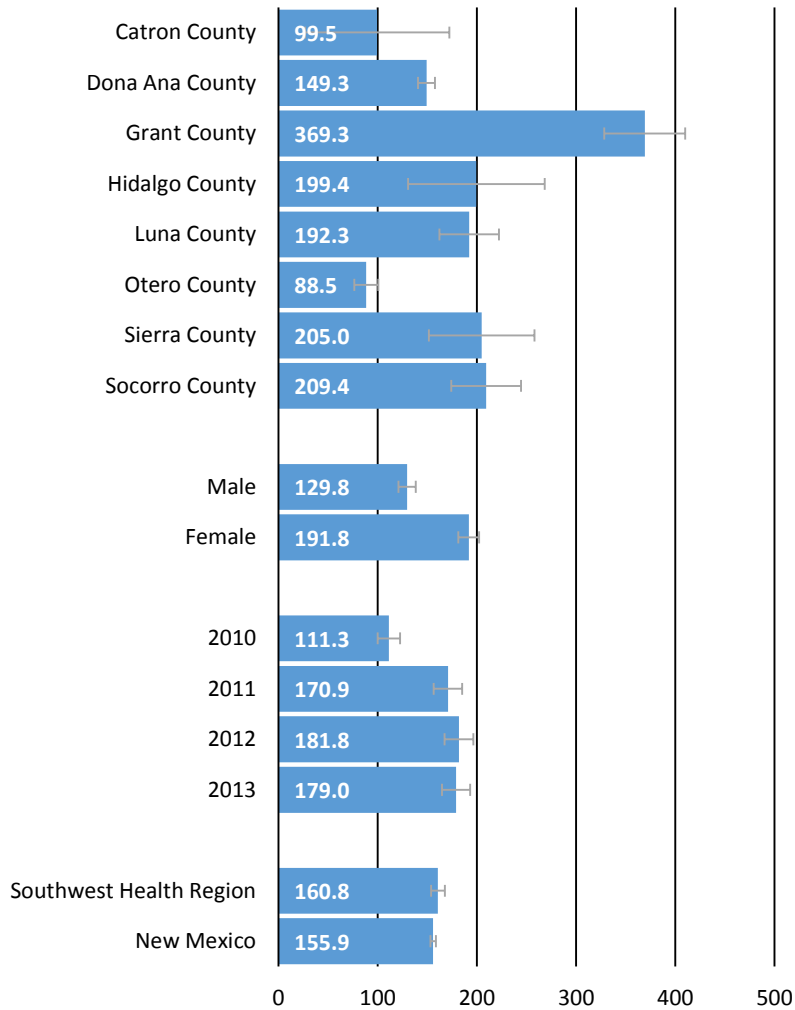
Southwest Health Region 2010-2013



Source: Emergency Department Data, New Mexico Department of Health, Health Systems Epidemiology Program

Emergency Department Encounters for Intentional Self Harm per 100,000 Population *

Southwest Health Region
2010-2013



Source: Emergency Department Data, New Mexico Department of Health, Health Systems Epidemiology Program

* Age-adjusted to the U.S. 2000 standard population.

[Back to Table of Contents](#)

**Southwest Health Region
Emergency Department Encounters for Intentional Self Harm per 100,000 Population
2010-2013**

	Number of Encounters	Person-Years	Crude Rate	LCL	UCL	Statistical Stability	AA Rate*	LCL	UCL	Statistical Stability
Catron County	9	14,959	60.2	20.9	99.5	Unstable	99.5	26.8	172.3	Unstable
Dona Ana County	1,248	853,617	146.2	138.1	154.3	-	149.3	140.8	157.8	-
Grant County	333	117,603	283.2	252.8	313.5	-	369.3	328.4	410.1	-
Hidalgo County	33	19,150	172.3	113.6	231.1	-	199.4	130.5	268.3	-
Luna County	166	100,212	165.6	140.5	190.8	-	192.3	162.3	222.3	-
Otero County	217	258,727	83.9	72.7	95.0	-	88.5	76.6	100.5	-
Sierra County	65	47,420	137.1	103.8	170.4	-	205.0	151.7	258.2	-
Socorro County	144	71,312	201.9	169.0	234.9	-	209.4	174.3	244.4	-
Male	906	733,146	123.6	115.5	131.6	-	129.8	121.1	138.5	-
Female	1,309	749,854	174.6	165.1	184.0	-	191.8	181.2	202.4	-
1-14 years	123	284,169	43.3	35.6	50.9	-				
15-24 years	741	229,488	322.9	299.7	346.1	-				
25-44 years	920	338,522	271.8	254.2	289.3	-				
45-64 years	367	368,941	99.5	89.3	109.6	-				
65-84 years	58	217,272	26.7	19.8	33.6	-				
85+ years	6	23,838	25.2	5.0	45.3	Unstable				
2010	385	366,855	105.0	94.5	115.4	-	111.3	99.9	122.7	-
2011	578	370,916	155.8	143.1	168.5	-	170.9	156.6	185.1	-
2012	624	372,398	167.6	154.4	180.7	-	181.8	167.3	196.4	-
2013	628	372,831	168.4	155.3	181.6	-	179.0	164.7	193.3	-
Southwest Health Region	2,215	1,483,000	149.4	143.1	155.6	-	160.8	153.9	167.6	-
New Mexico	12,359	8,335,512	148.3	145.7	150.9	-	155.9	153.1	158.6	-

Source: Emergency Department Data, New Mexico Department of Health, Health Systems Epidemiology Program

ICD-9 Codes E950-E959

* Age-adjusted to the U.S. 2000 standard population.

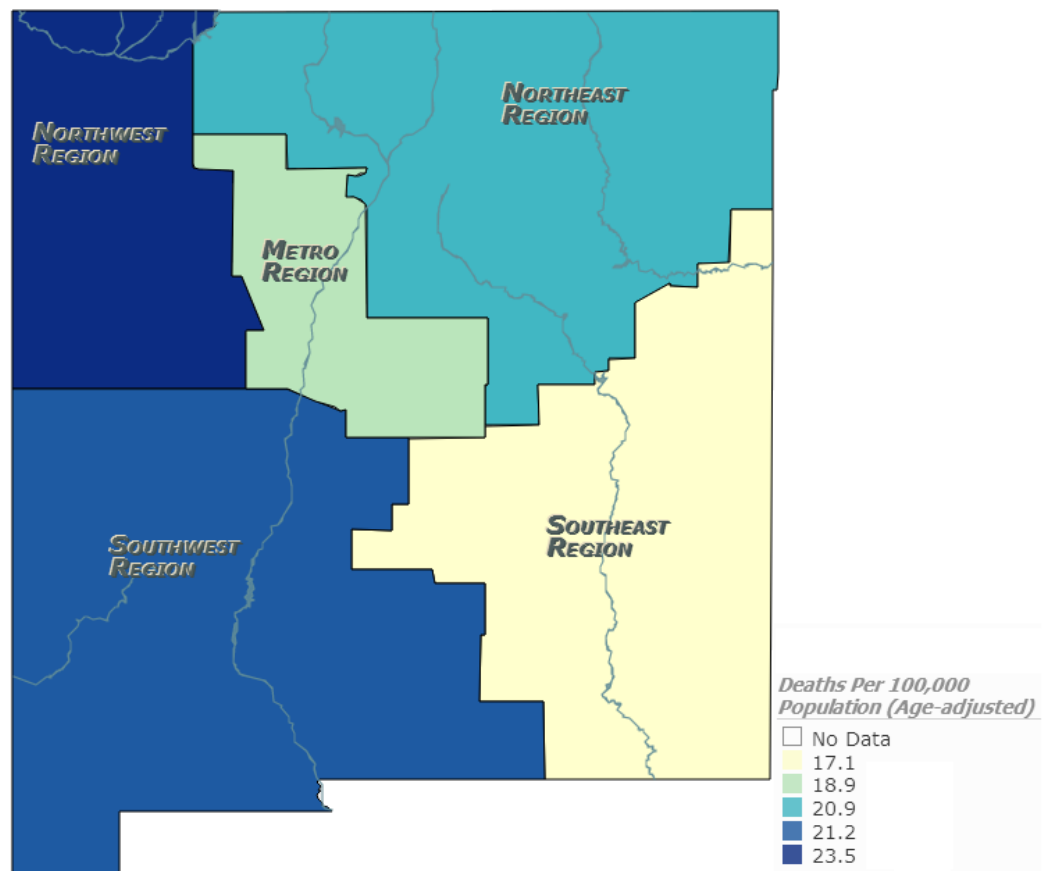
5.4 SUICIDE

In NM, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. In 2013, suicide was the eighth leading cause of all death in NM, and the second leading cause of death for all age groups 15-44 years (NCHS). From 2009 to 2013, suicide accounted for an average of 8,898 YPLL per year in NM. Over the last 15 years, suicide rates have increased slightly in NM and the US (NCHS). The suicide rate in NM has consistently been 1.5-2 times the US rate. In 2013, the age-adjusted suicide rate in NM was 59% higher than the US age-adjusted rate. In a 2012-2013 survey of the fifty states and the District of Columbia, NM ranked fifth for suicides, and has ranked among the top 10 states since 1997.

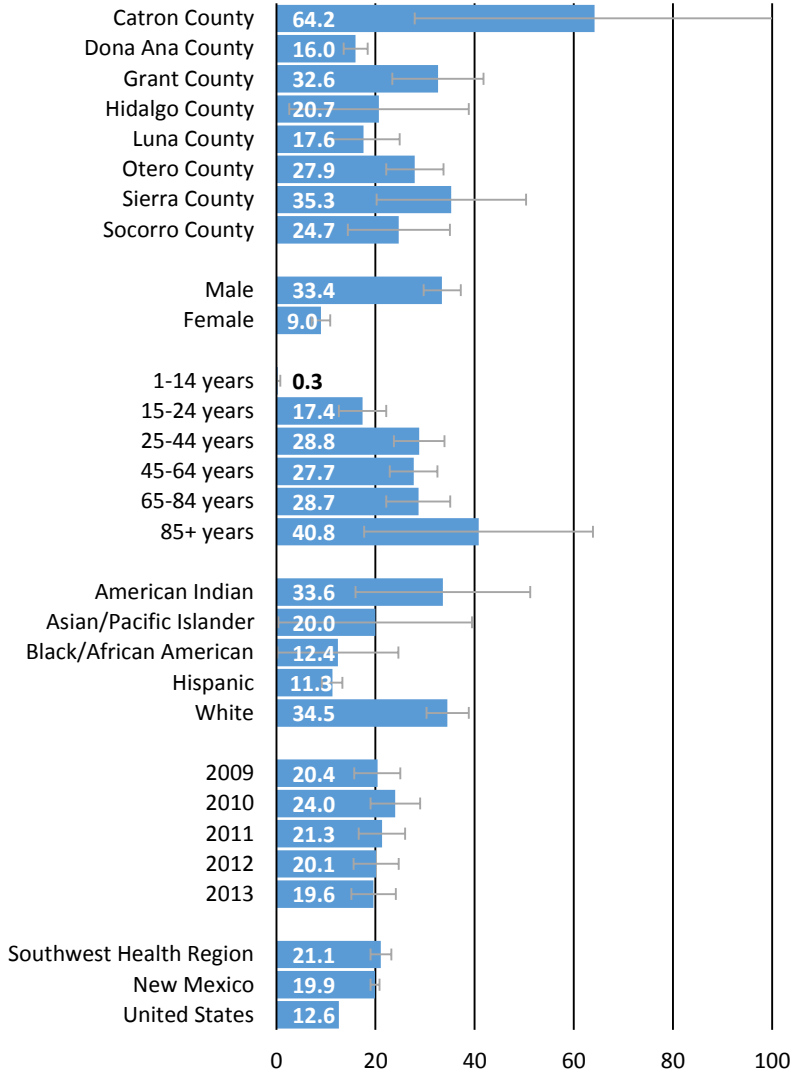
Suicides are recorded in the BVRHS dataset with the International Classification of Diseases, version 10 (ICD-10) codes X60-X84, Y87.0, and *U03. Sexual orientation data are not reported on death certificates. More information:

https://ibis.health.state.nm.us/indicator/view/SuicDeath.Year.NM_US.html.

Suicides per 100,000 Population by Health Region, New Mexico, 2009-2013

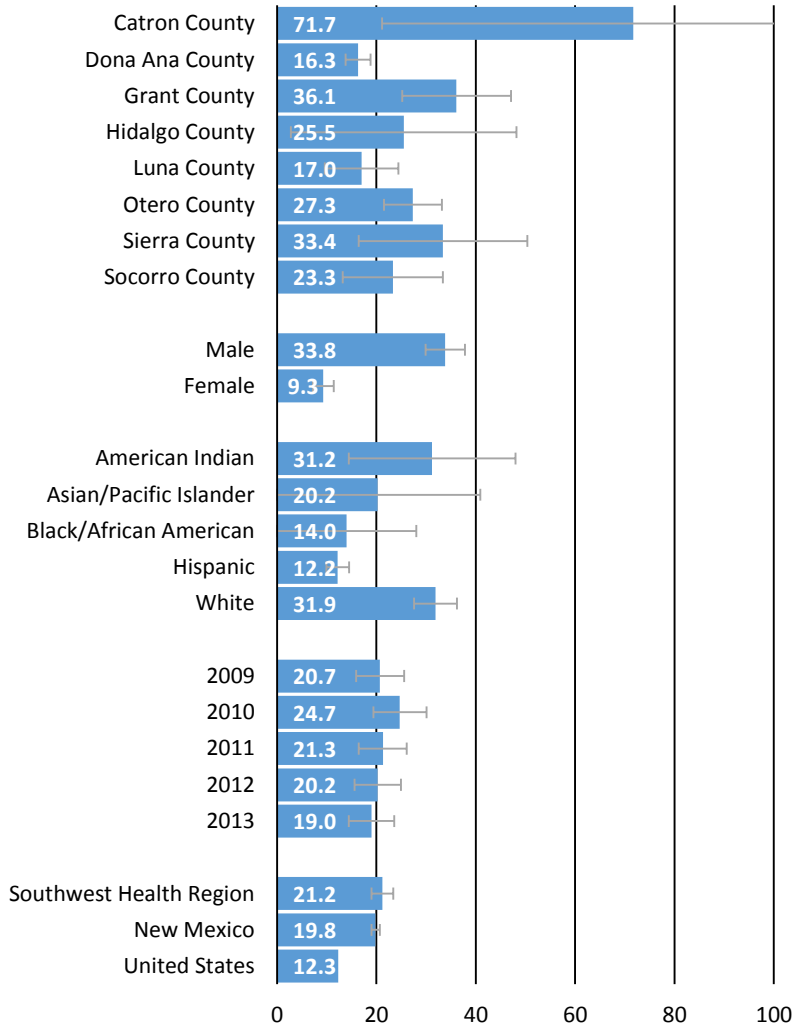


Suicides per 100,000 Population Southwest Health Region 2009-2013



Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics.

Suicides per 100,000 Population Southwest Health Region * 2009-2013



Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics.

* Age-adjusted to the U.S. 2000 standard population.

[Back to Table of Contents](#)

**Southwest Health Region
Suicides per 100,000 Population
2009-2013**

	Number of Deaths	Person-Years	Crude Rate	LCL	UCL	Statistical Stability	AA Rate*	LCL	UCL	Statistical Stability
Catron County	12	18,676	64.2	27.9	100.6	-	71.7	21.1	122.3	Unstable
Dona Ana County	169	1,059,495	16.0	13.6	18.4	-	16.3	13.8	18.8	-
Grant County	48	147,284	32.6	23.4	41.8	-	36.1	25.2	47.1	-
Hidalgo County	5	24,148	20.7	2.6	38.8	Unstable	25.5	2.8	48.2	Unstable
Luna County	22	125,319	17.6	10.2	24.9	-	17.0	9.6	24.4	-
Otero County	90	322,393	27.9	22.2	33.7	-	27.3	21.5	33.2	-
Sierra County	21	59,540	35.3	20.2	50.4	-	33.4	16.4	50.4	-
Socorro County	22	89,208	24.7	14.4	35.0	-	23.3	13.2	33.4	-
Male	305	912,979	33.4	29.7	37.2	-	33.8	29.9	37.8	-
Female	84	933,084	9.0	7.1	10.9	-	9.3	7.2	11.4	-
1-14 years	1	356,015	0.3	0.0	0.8	Very Unstable				
15-24 years	50	287,291	17.4	12.6	22.2	-				
25-44 years	122	423,619	28.8	23.7	33.9	-				
45-64 years	127	458,533	27.7	22.9	32.5	-				
65-84 years	76	265,221	28.7	22.2	35.1	-				
85+ years	12	29,400	40.8	17.7	63.9	-				
American Indian	14	41,636	33.6	16.0	51.2	-	31.2	14.4	48.0	-
Asian/Pacific Islander	4	20,044	20.0	0.4	39.5	Unstable	20.2	0.0	40.9	Very Unstable
Black/African American	4	32,160	12.4	0.2	24.6	Unstable	14.0	0.0	28.0	Very Unstable
Hispanic	116	1,028,480	11.3	9.2	13.3	-	12.2	9.9	14.5	-
White	250	723,743	34.5	30.3	38.8	-	31.9	27.6	36.2	-
2009	74	363,062	20.4	15.7	25.0	-	20.7	15.9	25.6	-
2010	88	366,855	24.0	19.0	29.0	-	24.7	19.4	30.1	-
2011	79	370,916	21.3	16.6	26.0	-	21.3	16.4	26.1	-
2012	75	372,398	20.1	15.6	24.7	-	20.2	15.6	24.9	-
2013	73	372,831	19.6	15.1	24.1	-	19.0	14.4	23.6	-
Southwest Health Region	389	1,846,063	21.1	19.0	23.2	-	21.2	19.0	23.4	-
New Mexico	2,063	10,371,635	19.9	19.0	20.8	-	19.8	19.0	20.7	-
United States	196,540	1,557,151,863	12.6	12.6	12.7	-	12.3	12.2	12.3	-

Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics and Centers for Disease Control and Prevention, National Center for Health Statistics.

* Age-adjusted to the U.S. 2000 standard population.

6 PUBLIC RESOURCES FOR MENTAL HEALTH PROMOTION

Crisis and Referral Lines:

- National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org/>): 1-800-273-TALK (8255). En Español: 1-800-SUICIDA (784-2432)
- New Mexico Crisis and Access Line: 1-855-NMCRISIS (662-7474)
- Teen to Teen Peer Counseling Hotline: 1-877-YOUTHLINE (1-877-968-8454)
- Native Youth Crisis Hotline: 1-877-209-1266
- Veterans Peer Support Line: 1-877-Vet2Vet (1-800-877-838-2838)
- University of New Mexico Agora Crisis Line (<http://www.unm.edu/~agora/>): 505-277-3013 or 1-866-HELP-1-NM
- New Mexico State University Crisis Assistance Listening Line: 1-575-646-2255 or 1-866-314-6841
- Graduate Student Hotline: 1-800-GRADHLP (1-800-472-3457)
- Postpartum Depression Hotline: 1-800-PPD-MOMS (1-800-773-6667)

Treatment Referral Services:

- OptumHealth NM (<https://stage.optumhealthnewmexico.com/index.html>) for a complete listing of behavioral health treatment services statewide at 1-866-660-7185
- SAMHSA Treatment Referral Helpline: 1-877-SAMHSA7 (1-877-726-4727)
- The SKY Center (<http://nmsip.org/services/sky-center/>): 1-505-473-6191

Resources for veterans and their families: <http://www.mentalhealth.gov/get-help/veterans/index.html>

Community Suicide Prevention Organizations:

- New Mexico Suicide Intervention Project (<http://nmsip.org/>): 505-820-1066
- New Mexico Suicide Prevention Coalition (<http://www.nmsuicideprevention.org/>): 505-401-9382
- Southern New Mexico Suicide Prevention and Survivors Support Coalition (<http://endsuicide.net>). Free peer-led groups open to any adult survivor of suicide held twice monthly.

References and Resources:

- CDC Suicide Prevention Facts and Resources: <http://www.cdc.gov/ViolencePrevention/suicide/index.html>
- SAMHSA Suicide Prevention Facts and Resources: <http://www.samhsa.gov/suicide-prevention>
- SAMHSA Tribal Training and Technical Assistance Center: <http://www.samhsa.gov/prevention/suicide.aspx>
- World Health Organization Suicide Prevention Facts and Resources: <http://www.who.int/topics/suicide/en/>
- National Strategy for Suicide Prevention: <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html>
- Suicide Prevention Resource Center: <http://www.sprc.org/>

7 ACKNOWLEDGEMENTS

This report was made possible by the expertise and generous contributions of the following people:

Michael Landen, MD, MPH

Director and State Epidemiologist

New Mexico Department of Health, Epidemiology & Response Division

Toby Rosenblatt, MPA,

Bureau Chief

New Mexico Department of Health, Epidemiology & Response Division, Injury & Behavioral
Epidemiology Bureau

Lois M. Haggard, PhD

Community Health Assessment Program Manager

New Mexico Department of Health, Epidemiology & Response Division

Dan Green, MPH

YRRS Coordinator and Survey Epidemiologist

New Mexico Department of Health, Epidemiology & Response Division, Injury & Behavioral
Epidemiology Bureau

Wayne A. Honey, MPH

BRFSS Survey Epidemiologist

New Mexico Department of Health, Epidemiology & Response Division, Injury & Behavioral
Epidemiology Bureau



New Mexico Department of Health

Epidemiology and Response Division

1190 St. Francis Dr.

Santa Fe, NM 87505

www.health.state.nm.us