

APRIL 14, 2022



State of Mental Health in New Mexico

Injury and Behavioral Epidemiology Bureau
Epidemiology and Response Division
New Mexico Department of Health

Acknowledgements

State of Mental Health in New Mexico

March 2022

This publication was produced by the New Mexico Department of Health (NM DOH) Epidemiology and Response Division (ERD) Injury and Behavioral Epidemiology Bureau (IBEB) Survey Section. This report was made possible with funding support from the Office of Substance Abuse Prevention (OSAP), Behavioral Health Services Division, Human Services Department.

New Mexico Department of Health

Dr. David Scrase, MD, Secretary, New Mexico Department of Health

Dr. Laura Parajon, MD, MPH, Deputy Secretary

Dr. Christine Ross, MD, MPH, State Epidemiologist

Heidi Krapfl, MS, Deputy State Epidemiologist

Toby Rosenblatt, MPA, Bureau Chief, Injury and Behavioral Epidemiology Bureau

Authors

Dylan Pell, MPH, LMSW, Mental Health Epidemiologist, Survey Section, Injury and Behavioral Epidemiology Bureau

Dan Green, MPH, YRRS Coordinator and Survey Epidemiologist, Survey Section, Injury and Behavioral Epidemiology Bureau

Bureau



New Mexico Department of Health
Epidemiology and Response Division
1190 S. St Francis Drive, N1320
Santa Fe, NM 87502-6110
(505) 827-0006

Table of Contents

Acknowledgements..... i

Table of Contents 1

Section 1: Introduction..... 3

 Key Facts and Findings 4

 Recommendations 5

Section 2: Youth 6

 Mental Health 7

 Felt Sad or Hopeless..... 7

 Nonsuicidal Self-injury 9

 Eating Disorders 11

 Youth Major Depressive Episode 12

 Hospitalizations with Mental Illness 13

 Suicide and Suicide Related Behaviors..... 14

 Considered Suicide..... 14

 Planned a Suicide Attempt..... 16

 Attempted Suicide..... 18

 Injured in a Suicide Attempt..... 20

 Hospitalizations for Intentional Self-harm or Suicide Ideation 22

 Suicide Deaths..... 23

 Risk Factors and Disparities..... 24

 Bullying on School Property 24

 Electronic Bullying..... 25

 Physical Fights 26

 Unstable Housing/Homeless..... 27

 Physical Dating Violence 28

 Sexual Violence 29

 Marijuana Use..... 30

 Alcohol Use 31

 Tobacco 32

 Gender Identity 33

 Disability Status..... 34

 Protective Factors..... 35

 Sleep..... 35

 Physical Activity..... 36

Family Support 37

Peer Support 38

School Support 39

Community Support 40

Section 3: Adults 41

 Mental Health 42

 Any Mental Illness 42

 Serious Mental Illness 43

 Frequent Mental Distress 44

 History of a Depression Diagnosis 46

 Hospitalizations with a Mental Illness 48

 Suicide and Suicide Related Behaviors 49

 Thought About Attempting Suicide 49

 Hospitalizations for Intentional Self-harm or Suicidal Ideation 51

 Suicide Deaths 52

 Risk Factors and Disparities 53

 Arrests and Detention 53

 Access to Firearms 54

 Adverse Childhood Experiences (ACEs) 55

 Poor Physical Health 56

 Memory Loss or Confusion 57

 Sexual Assault 58

 Chronic Pain 59

 Marijuana Use 60

 Binge Drinking 61

 Disability Status 62

 Protective Factors 63

 Routine Doctor Checkup 63

 Sleep 64

Appendix I: Data Sources 65

 Data Sources 66

Section 1: Introduction

Mental Health in New Mexico

Key Facts and Findings

Mental Health **Defined**

Mental health includes our emotional, psychological, and social well-being. It impacts everyday life, work, and relationships. It determines how we think, feel, and act. Mental Health is important at each stage of life from childhood through adulthood.

New Mexico Mental Health **Facts**

Youth Mental Health

- **Two out of Five** high school students (40%) **felt sad or hopeless** in 2019²
- **One out of Six** youth aged 12-17 (17%) experienced a **major depressive episode** in the past year in 2019-2020⁴



Adult Mental Health

- **18%** of adults had a history of a **depression diagnosis** in 2020³
- **13%** of adults experienced **frequent mental distress** in 2020³
- **7%** of adults had a **serious mental illness** in 2018-2019³



Suicide

- **4th highest rate** of suicide among all U.S. states in 2020¹
- New Mexico's age-adjusted suicide rate (24.2/100,000) was **79% higher** than the United States rate (13.5/100,000) in 2020¹
- The age-adjusted suicide rate **increased 19%** from 2011 to 2020¹
- **57%** of suicides involved a **firearm** in 2020¹

Youth Risk Factors

- **Sleep** – The majority of high school students (72.1%) did not sleep eight or more hours per night in 2019. This was associated with increased risk for suicide attempts as well as feelings of sadness and hopelessness.²
- **Sexual Violence** – Students who experienced sexual violence were at much higher risk for nonsuicidal self-injury, suicide attempts, and feelings of sadness or hopelessness.²

Adult Risk Factors

- **Income** – Adults in a household earning less than \$15,000 a year were at higher risk of experiencing frequent mental distress and having had a depression diagnosis than all other income brackets in 2020.³
- **Adverse Childhood Experiences (ACEs)** – Adults who experienced traumatic experiences as children were much more likely to have thought about attempting suicide or have had frequent mental distress than other adults.³

Data Sources

1. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021.
2. 2019 Youth Risk and Resiliency Survey (NM); NMDOH and NM PED
3. 2019 and 2020 Behavioral Risk Factor Surveillance System (NM); NMDOH
4. 2019-2020 National Survey on Drug Use and Health; SAMHSA

*All rates are age-adjusted when data is available unless reported for specific age categories

Recommendations

Recommended activities can be broken down into five categories:

I. Use a Population Health Approach to Improve Mental Health

Often, the proposed solution to mental health needs in communities has not extended beyond linking persons with mental illnesses to mental health specialists. This approach is important, but it does not represent a comprehensive approach to addressing a major public health concern. In the face of growing mental health concerns, a public health strategy driven by prevention, government leadership, community partnerships, and data driven action is essential to success.

- **Learn about the population health approach to mental health:**
https://www.cdc.gov/pcd/issues/2020/20_0261.htm

II. Address Economic and Social Barriers to Improve Mental Health

Mental health concerns are closely linked to social determinants of health such as income, housing, discrimination, and trauma. Improving not only individual mental health services, but also addressing the underlying factors which contribute to poor mental health, is a promising strategy in improving the well-being of New Mexicans. Supportive housing, income support, and interventions addressing sources of childhood trauma and violence are key services that are effective at addressing mental health concerns.

- **Read the Surgeon General report on protecting youth mental health:**
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

III. Conduct Comprehensive Suicide Prevention Activities

New Mexico has maintained an age-adjusted suicide rate that is at least 50% greater than the national rate for more than a decade. A statewide campaign to address suicide at all levels of the community is critical to reduce and prevent the burden of suicide in New Mexico.

- **Learn about comprehensive suicide prevention:**
<https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

IV. Ensure Access to Essential Mental Health Services

New Mexico faces unique challenges in ensuring access to specialized mental health services. Expanding access to quality services through telemedicine, peer support, and workforce development are critical to ensuring those persons facing the most serious mental health concerns can get help. Developing and expanding availability of specialized outpatient mental health services for persons with the most serious mental illness are important strategies to allow those persons to live and thrive in their communities, and to reduce the burden on hospitals and jails, where they may otherwise end up being placed.

- **Learn about person-centered and rights-based mental health services:**
<https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services>

V. Collect Data and Conduct Research

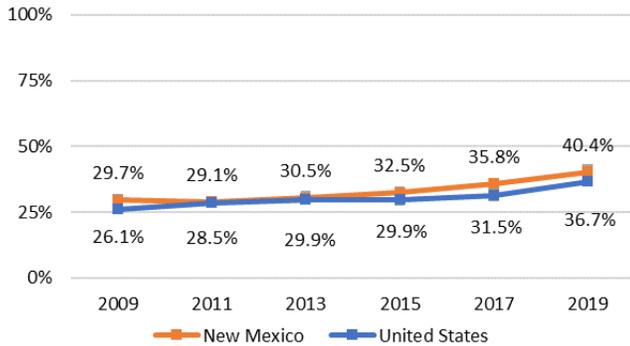
Additional data and research are needed to better understand the gaps between available mental health services and the mental health burden on communities and the State. Data on serious mental illnesses and symptoms like psychosis and mania are presently lacking, which prevents comprehensive assessment. Better data collection and research will allow for more precise measures as well as improved guidance that communities rely on when investing their resources towards mental health concerns.

Section 2: Youth

Mental Health

Felt Sad or Hopeless

**Felt Sad or Hopeless, Grades 9-12
New Mexico and United States
2009-2019**

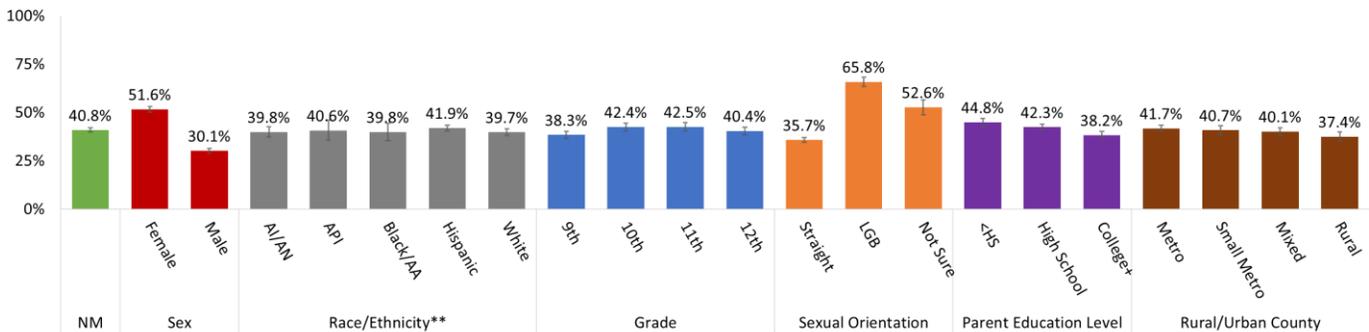


Error bars indicate 95% confidence interval
 *The 2019 rate (40.4%) reflects a subset of the NM dataset that is reported to the CDC. It is used here for comparison purposes. See below chart, for 2019 rate with full NM dataset.
 Source: 2009-2019 NM YRRS and 2009-2019 US YRBS

Persistent feelings of sadness or hopelessness are important symptoms in diagnosing some mental illnesses including depression. Sadness and hopelessness have been associated with increased risk for sexually transmitted diseases, pregnancy, and suicide in adolescents. These feelings can be an indicator for experiences of trauma or other mental health issues.¹

The rate of sad or hopeless feelings in high school students increased substantially in both the United States and in New Mexico since 2009. New Mexico’s 2019 rate of past-year sad or hopeless feelings (40.4%) was not significantly higher than the U.S. rate (36.7%).

**Felt Sad or Hopeless* by Selected Characteristics
Grades 9-12, New Mexico, 2019**



*Felt sad or hopeless in the past 12 months. So sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, in the last 12 months.

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual

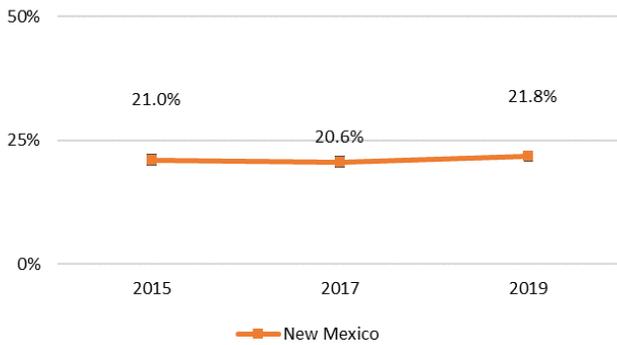
Error bars indicate 95% confidence interval

Source: 2019 NM YRRS

1. Division of Adolescent and School Health. (2018). *Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017*.

Nonsuicidal Self-injury

**Nonsuicidal Self-injury
Grades 9-12, New Mexico, 2015-2019**

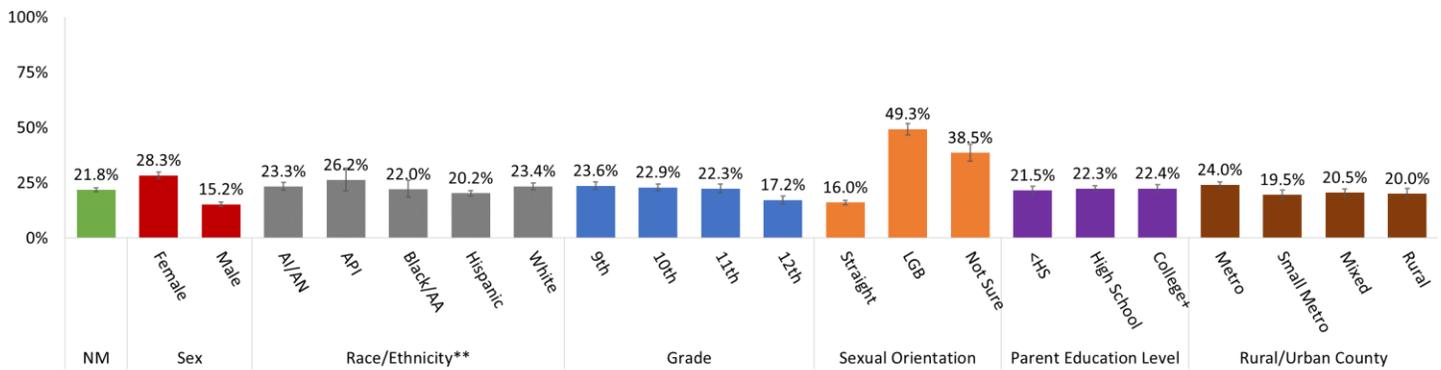


Error bars indicate 95% confidence interval
Source: 2015-2019 YRRS

Nonsuicidal self-injury is a form of self-directed violence where a person engages in self-harm and there is no intention end one’s life. Youth who engaged in nonsuicidal self-injury are at higher risk for suicide and substance use/misuse.¹

The question on nonsuicidal self-injury is not asked in the nationwide YRBS. New Mexico began asking this question in 2015 and there have been no significant changes in the prevalence since then. In 2019, about one in five students (21.8%) engaged in nonsuicidal self-injury in the past 12 months.

**Nonsuicidal Self-injury* by Selected Characteristics
Grades 9-12, New Mexico, 2019**



*Purposely hurt self without wanting to die in the last 12 months.

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual

Error bars indicate 95% confidence interval

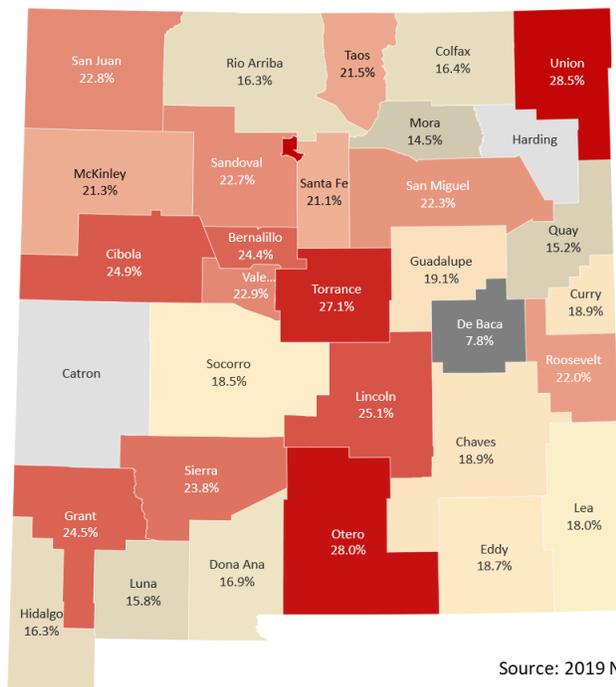
Source: 2019 NM YRRS

1. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. American Psychiatric Association. <https://doi.org/10.1176/appi.books.9780890425596>
 - a. *Note: This document uses the term, “nonsuicidal self-injury (NSSI)”, as defined in the DSM-V as “deliberate, direct, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned”

Data Highlights – Nonsuicidal Self-injury

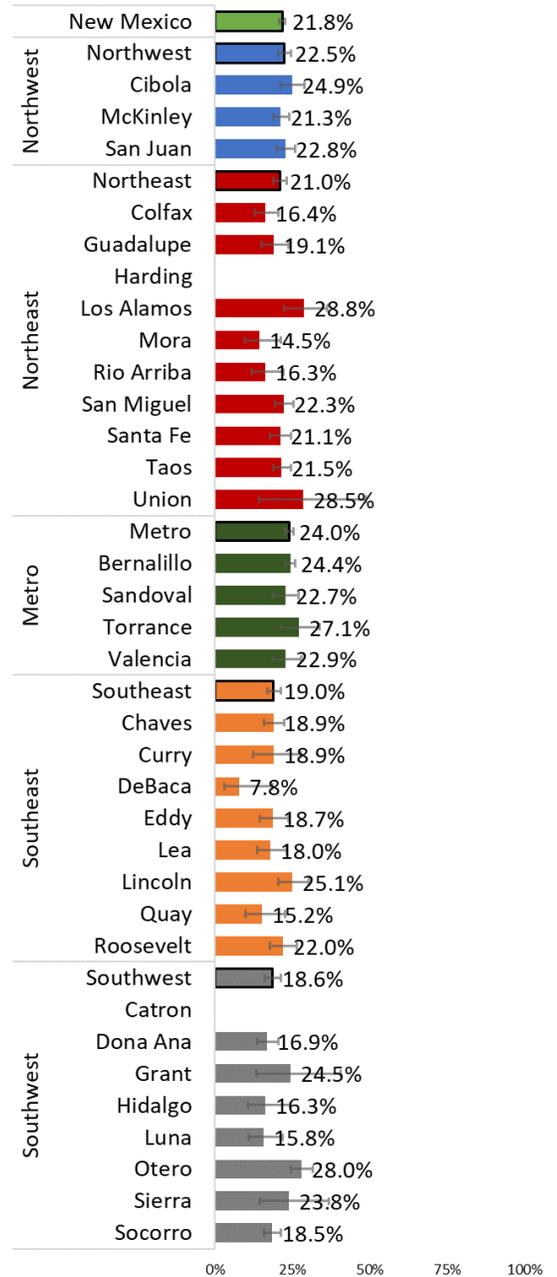
- Female students were almost twice as likely (28.3%) to engage in nonsuicidal self-injury than male students (15.2%)
- Lesbian, gay, or bisexual students were more than three times as likely (49.3%) to engage in nonsuicidal self-injury than straight students (16.0%).
- Students living in a metro area were more likely to engage in nonsuicidal self-injury than all other urban-rural categories.

Nonsuicidal Self-injury by Region and County, Grades 9-12, New Mexico, 2019



Source: 2019 NM YRRS

Nonsuicidal Self-injury by Region and County, Grades 9-12, New Mexico, 2019

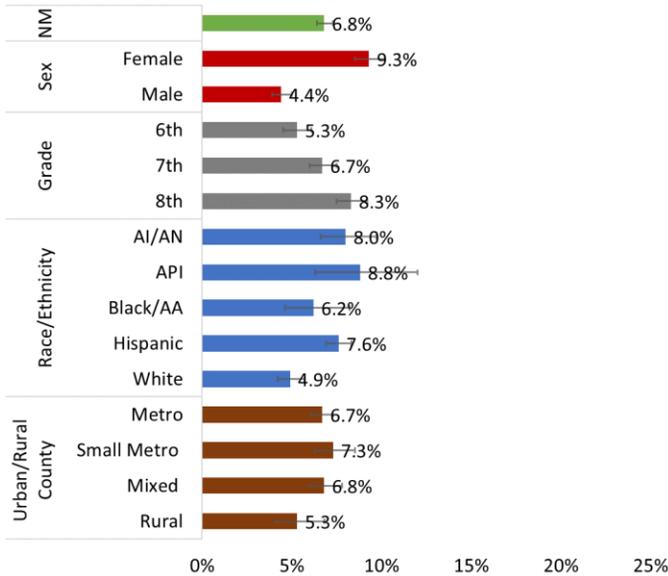


* Empty rows indicate suppressed data due to low sample size

Source: 2019 NM YRRS

Eating Disorders

Ever Used Laxatives or Vomited for Weight Control by Selected Characteristics, Grades 6-8, New Mexico, 2019



Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

Used Laxatives or Vomited for Weight Control

Using laxatives or vomiting as a form of weight control is a risk factor for eating disorders including bulimia and anorexia. Both bulimia and anorexia are associated with negative mental health symptoms as well as physical health issues.¹

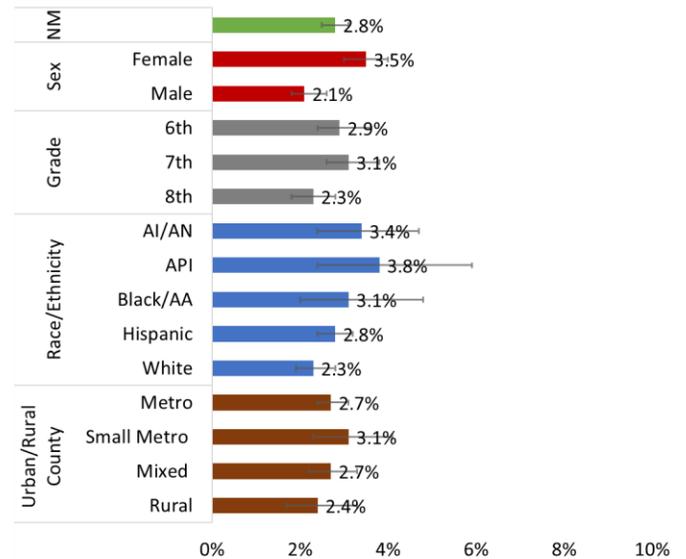
In 2019, female students were more than twice (9.3%) as likely to use laxatives or vomit as weight control than male students (4.4%). American Indian/Alaskan Native students (8%), Asian/Pacific Islander students (8.8%), and Hispanic students (7.6%) were all more likely to use laxatives or vomit for weight control than White students (4.9%). About one in fifteen (6.8%) students used laxatives or vomited for weight control.

At Risk for Anorexia

Students who are a little underweight or very underweight and are following a restrictive diet or purging and/or using laxatives or are using weight loss medications are considered at risk for anorexia. Anorexia commonly begins during adolescence, but can have both short-term and lifelong consequences including: increased suicide risk, anxious features, social isolation, and negative health outcomes associated with starvation.¹

In 2019, female students were more likely to be at risk for anorexia than male students. About one in thirty-six students (2.8%) are at risk for anorexia.

At Risk for Anorexia By Selected Characteristics Grades 6-8, New Mexico, 2019

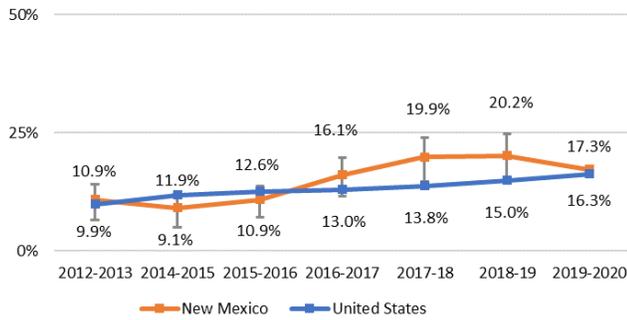


Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association. <https://doi.org/10.1176/appi.books.9780890425596>

Youth Major Depressive Episode

Major Depressive Episode in the Past 12 Months, Ages 12-17, New Mexico and United States, 2012-2020

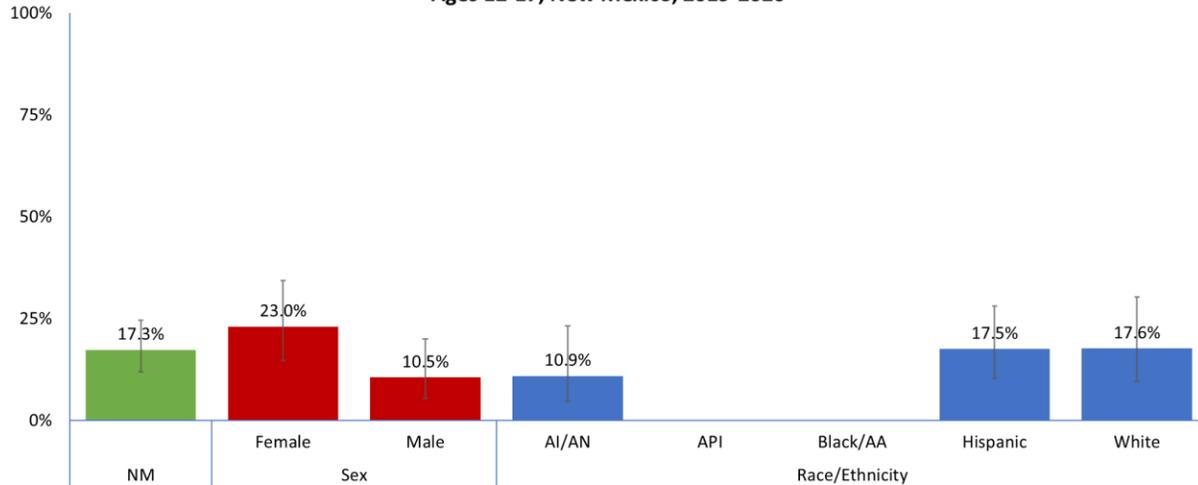


Error bars indicate 95% confidence interval
Source: 2012-2020 NSDUH

Major depressive disorder is one of the most common mental disorders in the United States. Youth are considered to meet criteria for a past year major depressive episode if they experienced depressed mood or loss of interest or pleasure in daily activities and had at least three of the following specified symptoms: problems with sleep, eating, energy, concentration, or self-worth.¹

New Mexico’s youth major depressive rate nearly doubled from 2014-15 (9.1%) to 2019-20 (17.3%). Female adolescents experienced major depressive episodes almost twice as often as male adolescents.

Major Depressive Episode in the Past 12 Months by Sex and Race/Ethnicity Ages 12-17, New Mexico, 2019-2020



* Empty columns indicate suppressed data due to low sample size

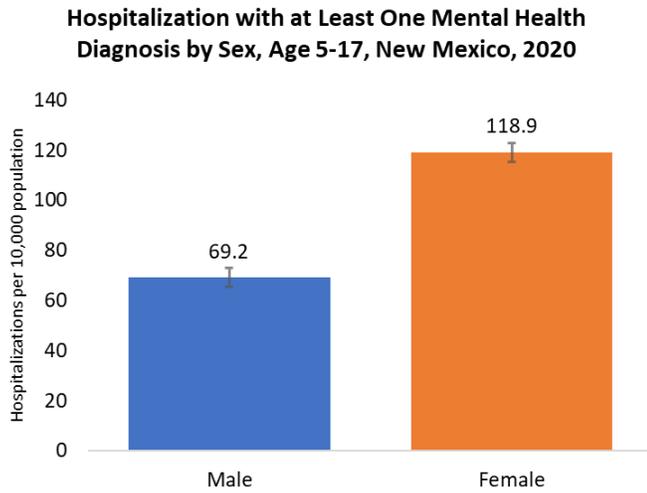
**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American

Error bars indicate 95% confidence interval

Source: 2019-2020 NSDUH

1. Major Depression, (2018). <https://www.nimh.nih.gov/health/statistics/major-depression>

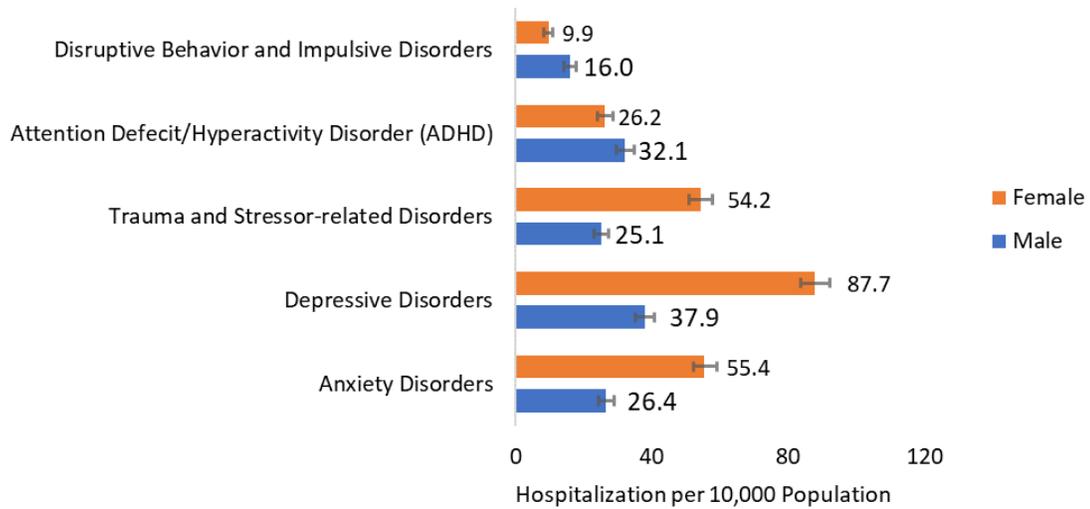
Hospitalizations with Mental Illness



In 2020, there were 93.6 hospitalizations for youth with a mental health diagnosis per 10,000 youth in the state. The most common mental health conditions for female youth were depressive disorders followed by anxiety disorders. For male youth, the most common mental health conditions were depressive disorders followed by attention deficit/hyperactivity disorder. Female youth were more likely to be hospitalized with a mental health diagnosis than male youth.

Error bars indicate 95% confidence interval
Source: 2020 HIDD

Hospitalizations by Diagnosis and Sex, Age 5-17, New Mexico, 2020

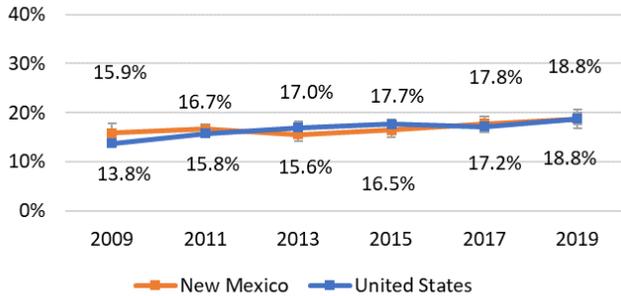


Error bars indicate 95% confidence interval
Source: 2020 HIDD

Suicide and Suicide Related Behaviors

Considered Suicide

**Considered Suicide, Grades 9-12
New Mexico and United States, 2009-2019**

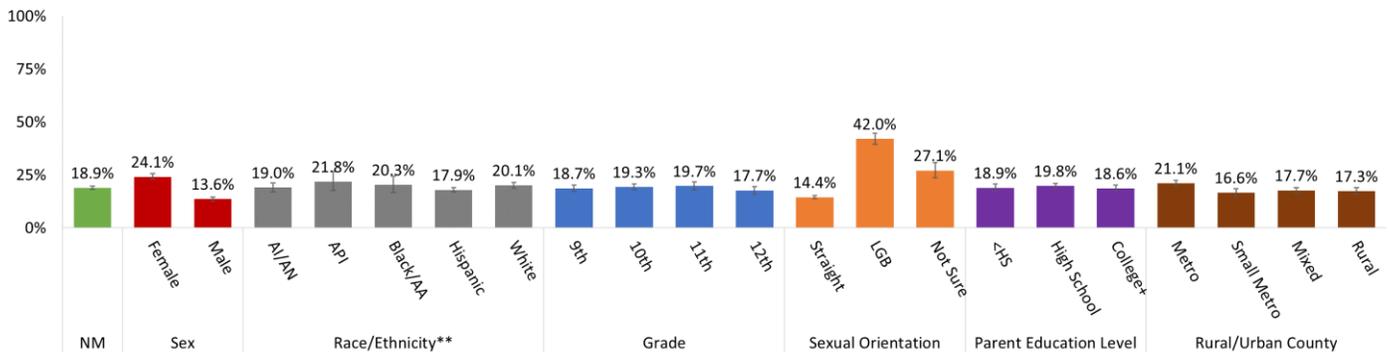


Error bars indicate 95% confidence interval
 *The 2019 NM rate (18.8%) reflects a subset of the NM dataset that is reported to the CDC. It is used here for comparison purposes. See below chart, for 2019 rate with full NM dataset.
 Source: 2009-2019 NM YRRS and 2009-2019 US YRBS

Students who seriously consider suicide are at risk for attempting suicide and death by suicide. These students may benefit from mental health services and suicide prevention activities.¹ The rate of seriously considering suicide in high school students increased in both the United States and in New Mexico since 2013. New Mexico’s 2019 rate of seriously considering suicide (18.8%) is the same as the U.S. rate (18.8%).

The U.S. Surgeon General has recommended that early intervention programs targeting social determinants of health such as poverty, exposure to trauma, and social interaction (i.e. improved parenting skills) should include suicide-related measures (e.g., ideation, plans, attempts) in their outcome measures.²

**Considered Suicide* by Selected Characteristics
Grades 9-12, New Mexico, 2019**



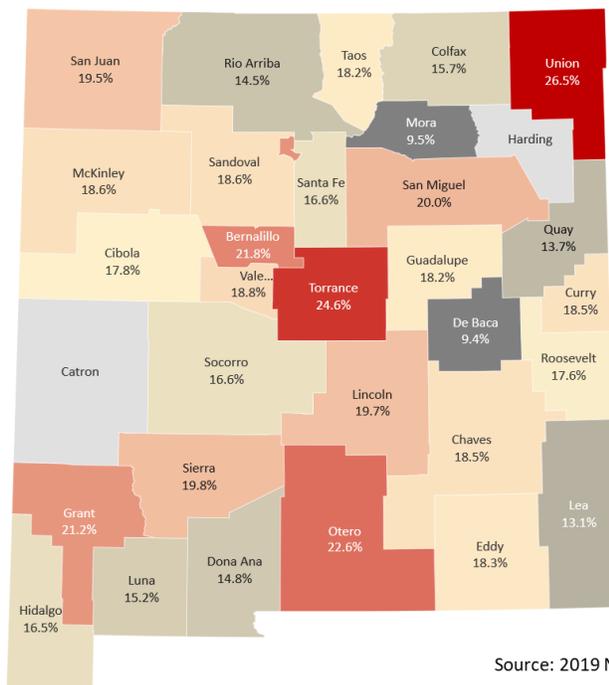
*Seriously considered attempting suicide in the last 12 months.
 **AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual
 Error bars indicate 95% confidence interval
 Source: 2019 NM YRRS

1. Division of Adolescent and School Health. *Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017*.; 2018.
2. U.S. Surgeon General, National Action Alliance for Suicide Prevention. *The Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention*.; 2021.

Data Highlights – Considered Suicide

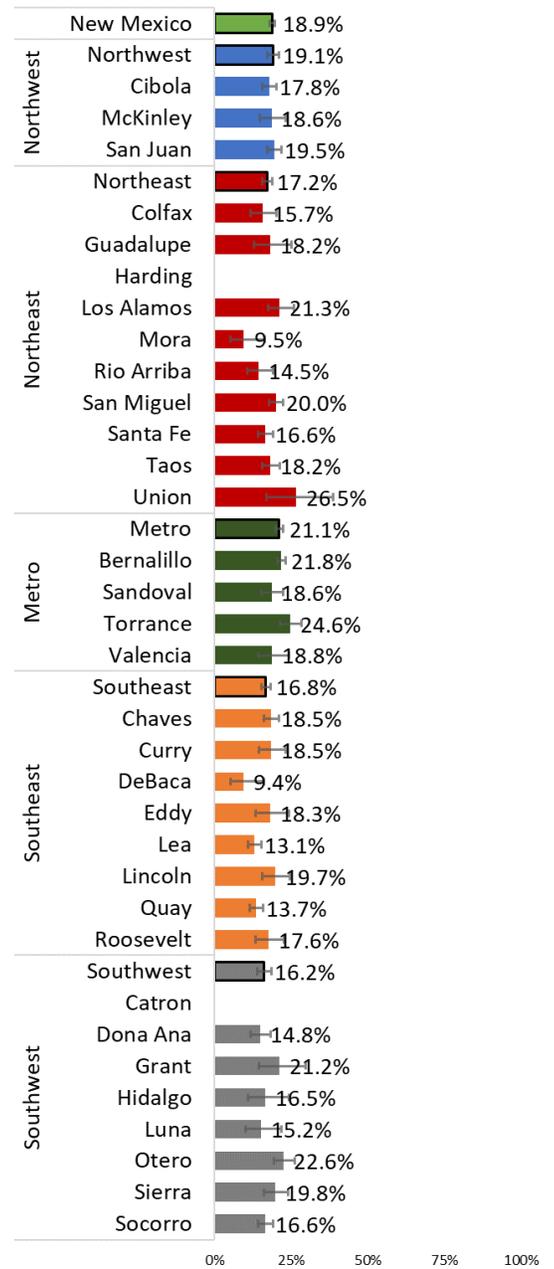
- Almost one in five students (18.9%) seriously considered a suicide attempt in the last 12 months.
- Female students were almost twice as likely (24.1%) to seriously consider suicide than male students (13.6%).
- Gay, lesbian, or bisexual students were almost three times as likely (42.0%) to seriously consider suicide compared to straight students (14.4%).
- There were no significant differences in seriously considering suicide within race/ethnicity, parent education level, grade, or urban/rural county level categories.

Considered Suicide by Region and County
Grades 9-12, New Mexico, 2019



Source: 2019 NM YRRS

Considered Suicide by Region and County
Grades 9-12, New Mexico, 2019

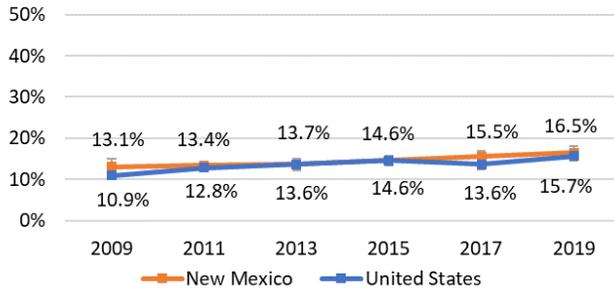


* Empty rows indicate suppressed data due to low sample size

Source: 2019 NM YRRS

Planned a Suicide Attempt

**Planned a Suicide Attempt, Grades 9-12
New Mexico and United States, 2009-2019**

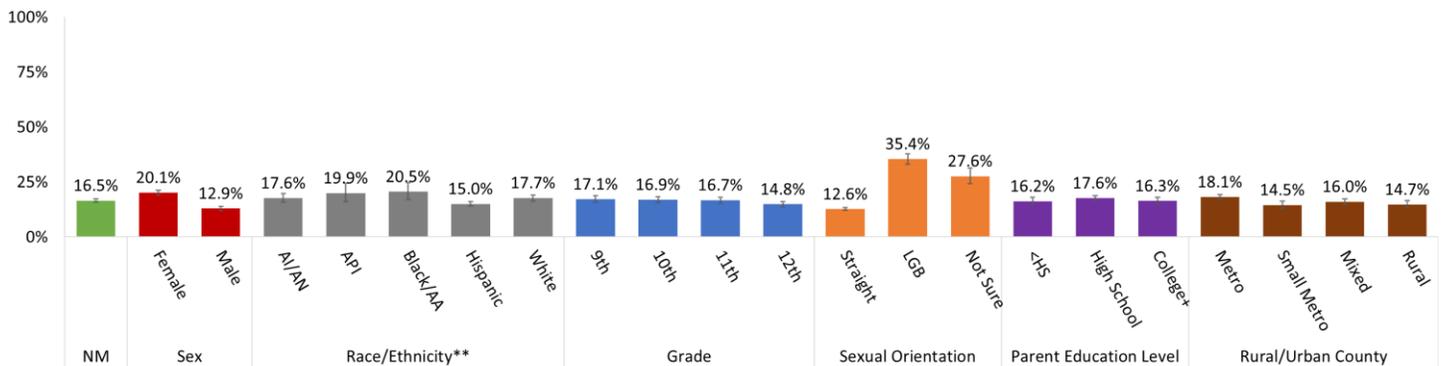


Error bars indicate 95% confidence interval
Source: 2009-2019 NM YRRS and 2009-2019 US YRRS

Students who make plans to attempt suicide are at risk for attempting suicide and death by suicide. These students may benefit from mental health services and suicide prevention activities.¹ The rate of planning a suicide attempt among high school students has increased in both the United States and in New Mexico since 2009. New Mexico’s 2019 rate of planning a suicide attempt (16.5%) is not significantly higher than the U.S. rate (15.7%).

The U.S. Surgeon General has recommended that early intervention programs targeting social determinants of health such as poverty or exposure to trauma as well as social interaction (such as improved parenting skills) programs should include suicide-related measures (e.g., ideation, plans, attempts) in their outcome measures.²

**Planned a Suicide Attempt* by Selected Characteristics
Grades 9-12, New Mexico, 2019**



*Made a plan to attempt suicide in the last 12 months.

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual

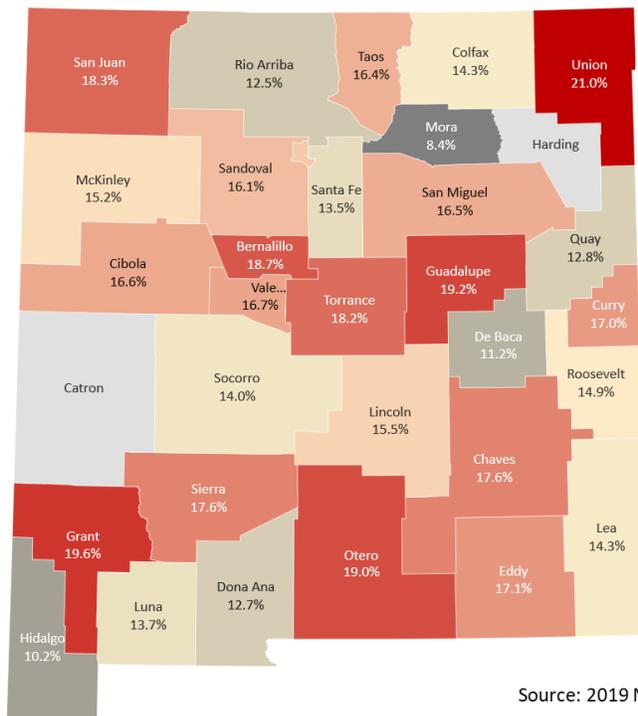
Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Division of Adolescent and School Health. (2018). *Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017*.
2. U.S. Surgeon General, & National Action Alliance for Suicide Prevention. (2021). *The Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention*.

Data Highlights – Planned a Suicide Attempt

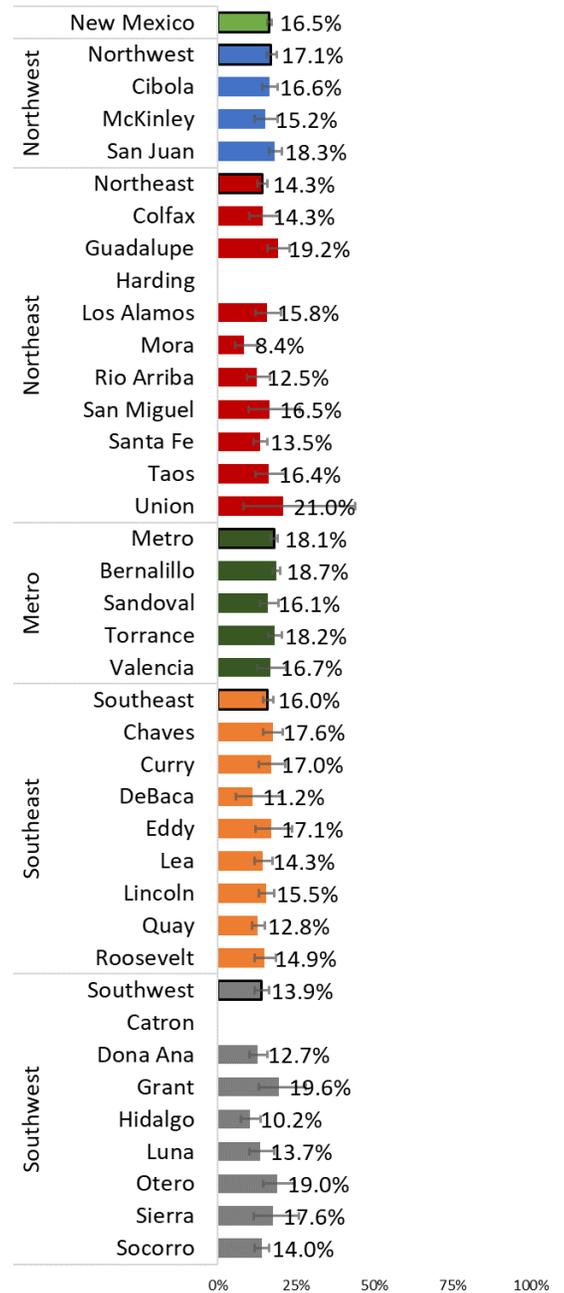
- Female students were more likely (20.1%) to plan a suicide attempt than male students (12.9%).
- Gay, lesbian, or bisexual students were nearly three times as likely (35.4%) to plan a suicide attempt than straight students (12.6%).
- Students living in metro counties were more likely to plan a suicide attempt (18.1%) than those in rural (14.7%) or small metro counties (14.5%).
- Hispanic students had the lowest rate (15.0%) of all race/ethnicities and are less likely to plan a suicide attempt than Black/African American students (20.5%).

**Planned Suicide by Region and County
Grades 9-12, New Mexico, 2019**



Source: 2019 NM YRRS

**Planned Suicide by Region and County
Grades 9-12, New Mexico, 2019**

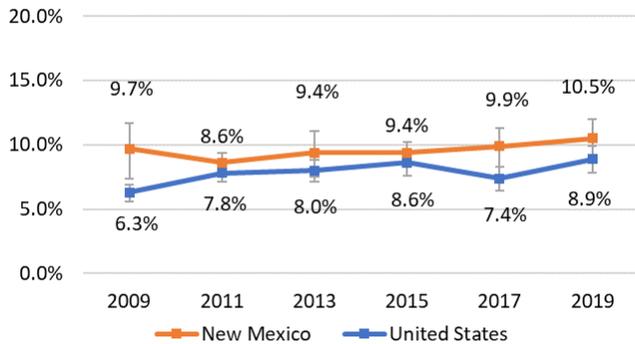


* Empty rows indicate suppressed data due to low sample size

Source: 2019 NM YRRS

Attempted Suicide

**Attempted Suicide, Grades 9-12
New Mexico and United States, 2009-2019**

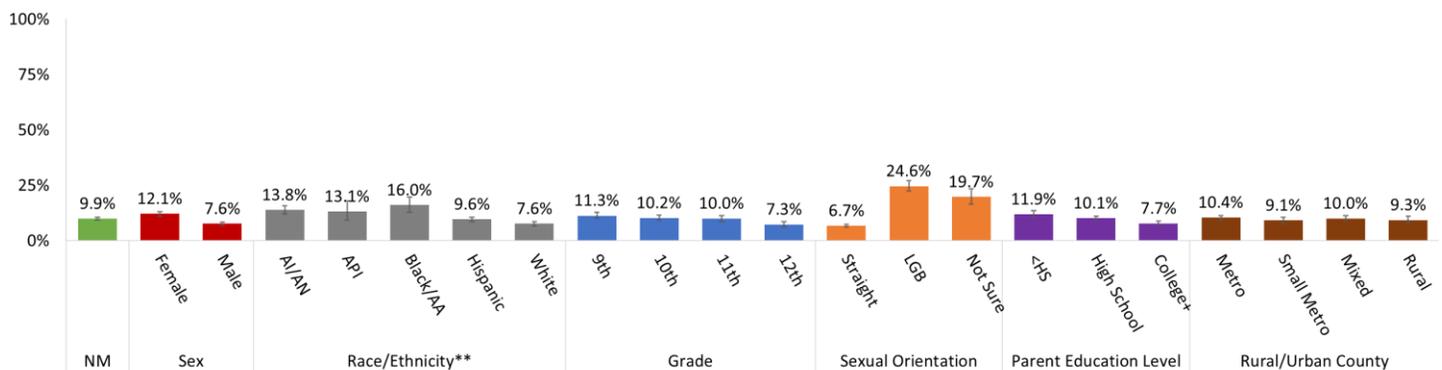


Error bars indicate 95% confidence interval
 *The 2019 rate (10.5%) reflects a subset of the NM dataset that is reported to the CDC. It is used here for comparison purposes. See below chart, for 2019 rate with full NM dataset.
 Source: 2009-2019 NM YRRS and 2009-2019 US YRBS

Prior suicide attempts are a major risk factor for death by suicide and can result in serious injuries. Suicide attempts are associated with depression and other mental health issues.¹ Suicide attempts in high school students increased in both the United States and in New Mexico since 2011. New Mexico’s 2019 suicide attempt rate of 10.5% was higher than the U.S. rate (8.9%). In 2019, suicide was the leading cause of death for youth aged 13-17 in New Mexico.²

Comprehensive suicide prevention including implementation of programs and policies that prevent suicide, providing services to high risk youth, preventing reattempts, and supporting youth who have lost a loved one can reduce prevalence of suicide-related behaviors.³

**Attempted Suicide* by Selected Characteristics
Grades 9-12, New Mexico, 2019**

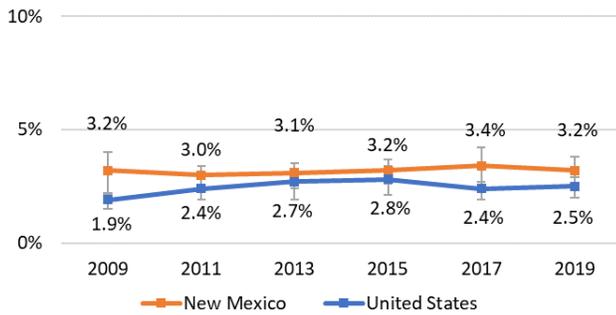


*Attempted suicide at least once in the last 12 months.
 **AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual
 Error bars indicate 95% confidence interval
 Source: 2019 NM YRRS

1. U.S. Surgeon General, & National Action Alliance for Suicide Prevention. (2021). *The Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention*.
2. National Center for Injury Prevention and Control. (n.d.). *10 Leading Causes of Death, New Mexico, Age 13-17, New Mexico, 2019*. Retrieved May 28, 2021, from <https://webappa.cdc.gov/cgi-bin/broker.exe>
3. Ivey-Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal Ideation and Behaviors Among High School Students - Youth Risk Behavior Survey, United States, 2019. *MMWR*

Injured in a Suicide Attempt

**Injured in a Suicide Attempt, Grades 9-12
New Mexico and United States, 2009-2019**

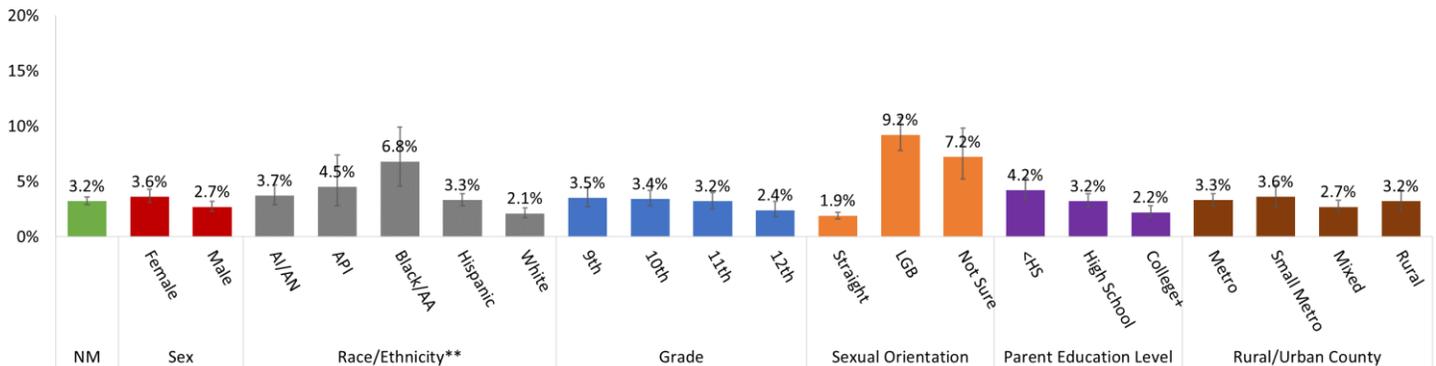


Error bars indicate 95% confidence interval
Source: 2009-2019 NM YRRS and 2009-2019 US YRBS

Injuries requiring medical attention from a suicide attempt are substantially more common than deaths from a suicide attempt. Injuries from suicide can include poisonings, physical trauma from falls, or gunshot wounds. Suicide attempt injuries represent a major public health burden.¹ Suicide attempts in high school students increased in both the United States and in New Mexico since 2011. New Mexico’s 2019 suicide attempt rate of 10.5% is higher than the U.S. rate (8.9%).

About half of all people who die by suicide also had a recent healthcare visit. Additionally, more individuals with suicidality are seen in primary care settings than in specialty behavioral health settings. Considering suicide risk and offering brief or limited suicide prevention activities such as a safety plan intervention in these settings may prevent suicide deaths.²

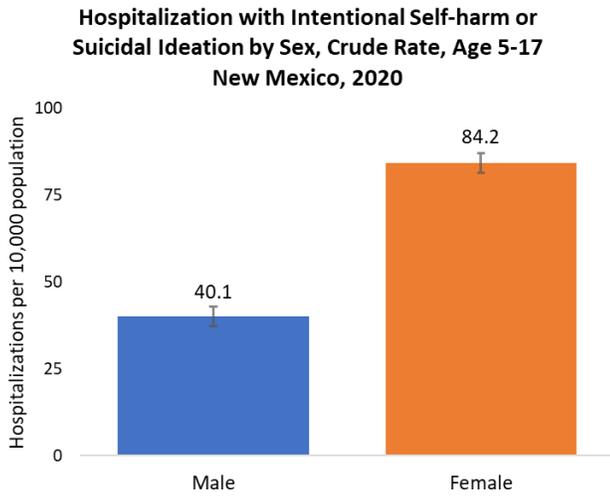
**Injured in a Suicide Attempt* by Selected Characteristics
Grades 9-12, New Mexico, 2019**



*Made a suicide attempt resulting in an injury that had to be treated by a doctor or nurse, in the last 12 months.
**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual
Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Stone, D., Holland, K., Bartholow, B., Crosby, A., Davis, S., & Wilkins, N. (2017). *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*. <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>
2. National Action Alliance for Suicide Prevention. (2018). *Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe*. www.actionallianceforsuicideprevention.org

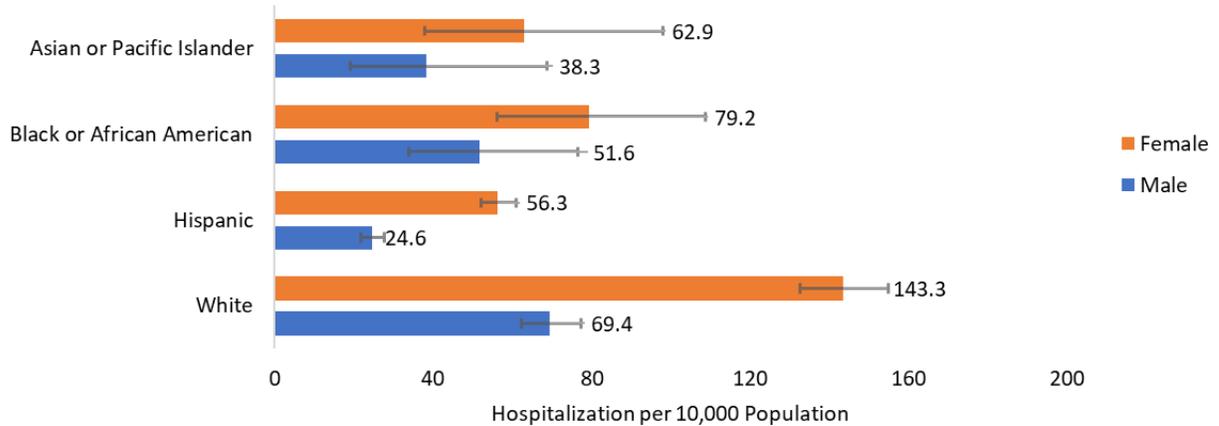
Hospitalizations for Intentional Self-harm or Suicide Ideation



In 2020, there were 61.7 hospitalizations for youth with an intentional self-harm or suicidal ideation diagnosis per 10,000 youth in the state. White and Black youth were more likely to be hospitalized for intentional self-harm or suicidal ideation than Hispanic youth. Female youth were more likely to have an emergency department encounter than male youth.

Error bars indicate 95% confidence interval
Source: 2020 HIDD

Hospitalizations with Intentional Self-harm or Suicidal Ideation by Race/Ethnicity and Sex, Crude Rate, Age 5-17, New Mexico, 2020

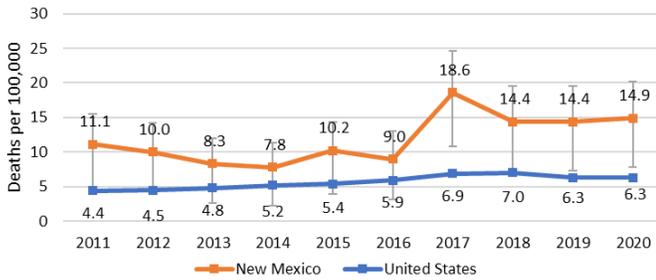


* Hospitalization data is from non-federal hospitals only and does not include Indian Health Services (IHS) facilities. American Indian/Alaskan Native results are excluded for this reason.

Error bars indicate 95% confidence interval
Source: 2020 HIDD

Suicide Deaths

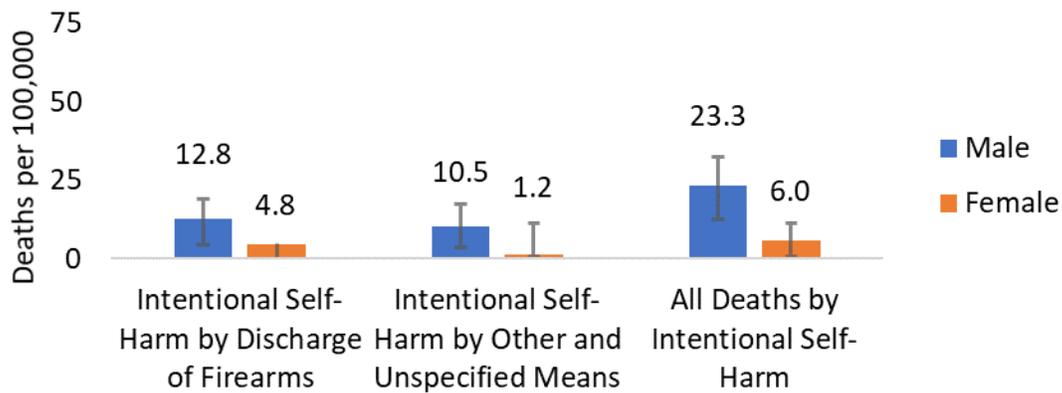
**Suicide Deaths, Ages 12-17
New Mexico and United States, 2011-2020**



Error bars indicate 95% confidence interval
Source: 2020 CDC WONDER

In 2020, suicide was tied with unintentional injuries as the leading cause of death for New Mexico youth (ages 12-17). Male youth were 3.9 times as likely to die by suicide than female youth. Male youth were 2.7 times as likely to die by suicide by discharge of a firearm than female youth. The 2020 New Mexico youth suicide rate was 2.4 times higher than the national rate.

**Suicide Deaths by Sex and Means
Age 12-17, New Mexico, 2020**

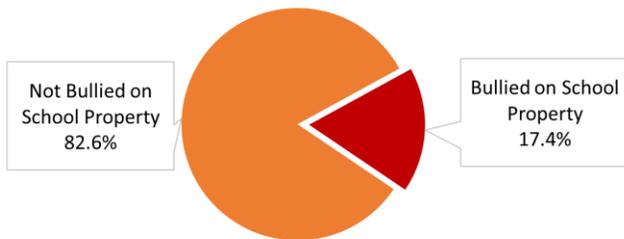


Error bars indicate 95% confidence interval
Source: NM Death Certificate Database 2020

Risk Factors and Disparities

Bullying on School Property

Bullied on School Property*
Grades 9-12, New Mexico, 2019

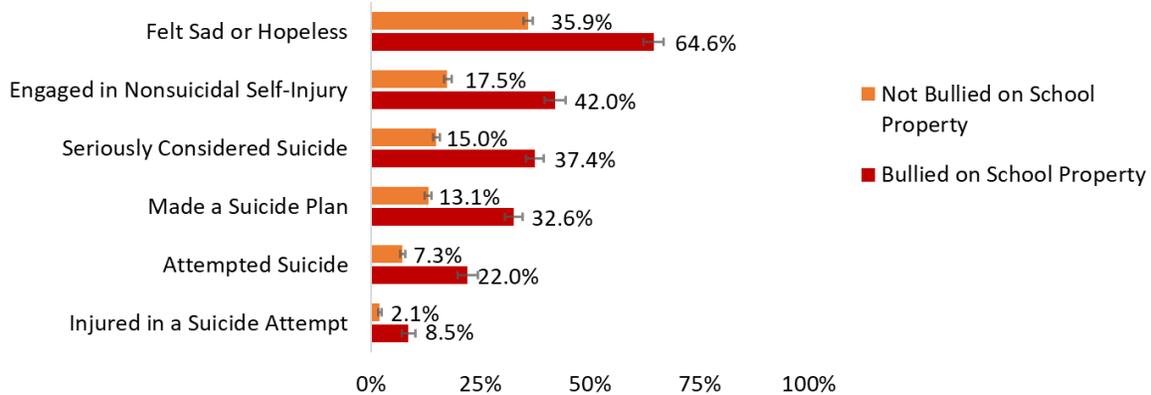


*Bullied on school property in the last 12 months.
 Source: 2019 NM YRRS

Youth who report being bullied are at increased risk for negative mental health outcomes and suicide-related behaviors. Students with disabilities, sexual or gender identity differences, and cultural differences are typically most vulnerable to being bullied.¹ In 2019, 17.4% of New Mexico high school students were bullied in the last 12 months.

Youth who were bullied were at greater risk of experiencing all six of the measured negative mental health outcomes. About two thirds of bullied students reported feeling sad or hopeless. They were more than twice as likely to report nonsuicidal self-injury as students who are not bullied. Bullied students were three times as likely to attempt suicide as students who are not bullied.

Mental Health Indicators Among Those That Were Bullied on School Property*, Grades 9-12, New Mexico, 2019



*Bullied on school property in the last 12 months.

Error bars indicate 95% confidence interval
 Source: 2019 NM YRRS

1. Centers for Disease Control and Prevention (CDC). (2014). *The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools*.

Electronic Bullying

Electronically Bullied*
Grades 9-12, New Mexico, 2019

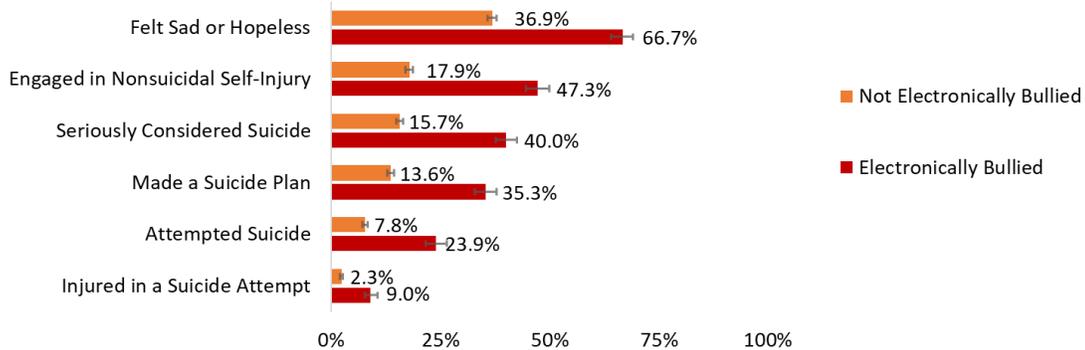


*Electronically bullied in the last 12 months.
 Source: 2019 NM YRRS

Electronic bullying occurs when technology or electronics such as email, chat rooms, instant messaging, text messaging, or online posts are used to send aggressive, threatening, or demeaning messages. Similar to conventional bullying, electronic bullying is associated with feelings of low self-esteem and isolation, poor school performance, and mental health issues.¹ In 2019, 13.3% of high school students were electronically bullied in the past 12 months.

Youth who were electronically bullied were at greater risk of experiencing each of the six mental health indicators measured. Youth who were electronically bullied were more than three times as likely to also attempt suicide. Nearly half of these youth (47.3%) engaged in nonsuicidal self-injury

Mental Health Indicators Among Those That Were Electronically Bullied*
Grades 9-12, New Mexico, 2019



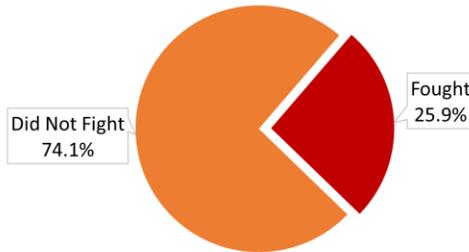
*Electronically bullied in the last 12 months.

Error bars indicate 95% confidence interval
 Source: 2019 NM YRRS

1. Centers for Disease Control and Prevention (CDC). (2014). *Bullying Surveillance Among Youth*.

Physical Fights

Physical Fights*
Grades 9-12, New Mexico, 2019

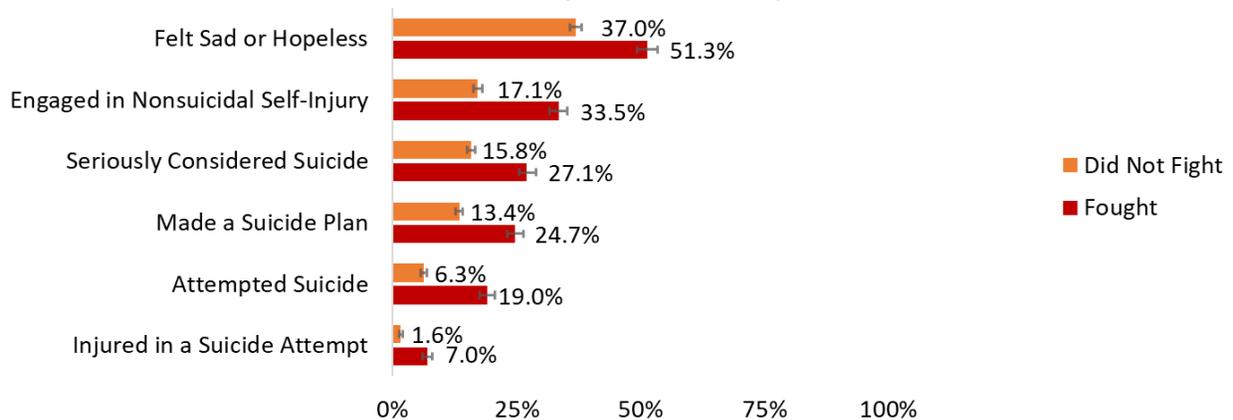


*In a physical fight in the last 12 months.
Source: 2019 NM YRRS

Youth who engage in physical fights are more likely to have experienced child abuse and neglect, to attempt suicide, and to experience mental health issues than youth who do not physically fight.¹ In 2019, more than one in four youth (25.9%) were in a physical fight.

Youth who engaged in a physical fight were more likely to experience each of the six mental health indicators measured. These youth were three times as likely to also have attempted suicide and more than four times as likely to also be injured in a suicide attempt.

Mental Health Indicators Among Those That Were in a Physical Fight*
Grades 9-12, New Mexico, 2019



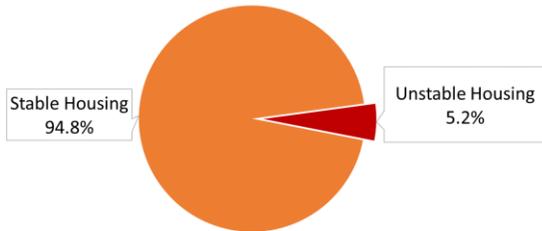
*In a physical fight in the last 12 months.

Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Centers for Disease Control and Prevention (CDC). (2017). *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors*.

Unstable Housing/Homeless

Lived in Unstable Housing*
Grades 9-12, New Mexico, 2019

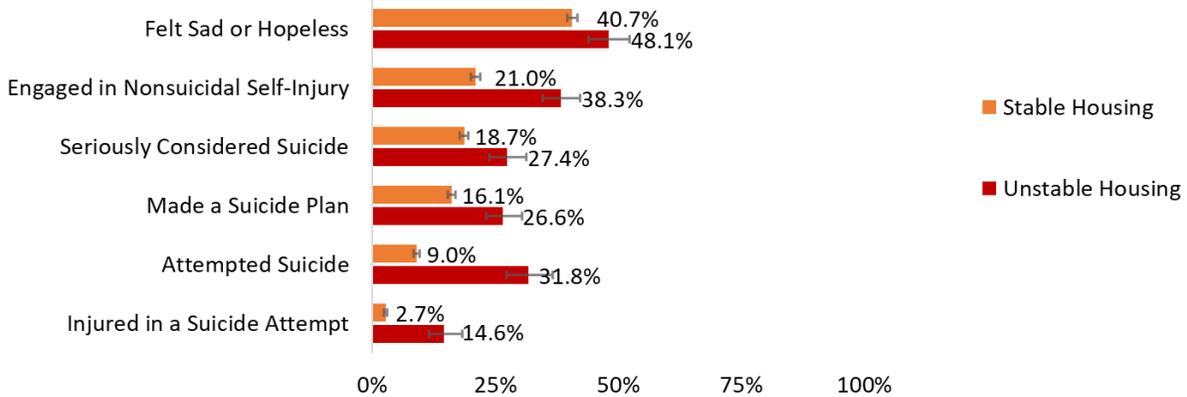


*Did not usually sleep in parent's or guardian's home in the last 30 days.
 Source: 2019 NM YRRS

Youth experiencing homelessness or unstable housing have a greater risk of using heroin, feeling depressed, attempting suicide, or experiencing trauma and violence than their housed peers.¹ In 2019, 5.2% of youth did not usually sleep in a parent's or guardian's home in the last 30 days.

Youth experiencing unstable housing or homelessness were more likely to experience all six mental health indicators. Nearly one in three unstably housed or homeless youth attempted suicide (31.9%). These youth were 5.4 times as likely to also be injured in a suicide attempt than youth who were stably housed.

Mental Health Indicators Among Those That Lived in Unstable Housing*
Grades 9-12, New Mexico, 2019



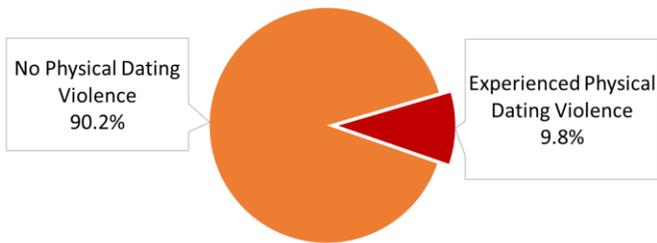
*Did not usually sleep in parent's or guardian's home in the last 30 days.

Error bars indicate 95% confidence interval
 Source: 2019 NM YRRS

1. Substance Abuse and Mental Health Service Administration (SAMHSA). (2019). *Youth Experiencing Homelessness Face Many Challenges*. <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/youth-experiencing-homelessness>

Physical Dating Violence

**Experienced Physical Dating Violence*
Grades 9-12, New Mexico, 2019**

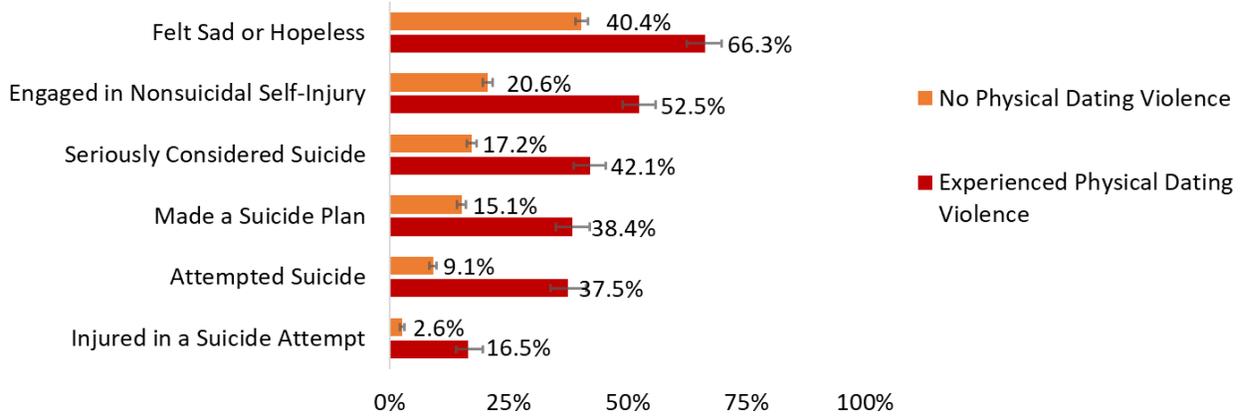


*Among those who dated, physically hurt on purpose by someone they were dating or going out with, in the last 12 months.
Source: 2019 NM YRRS

Physical dating violence occurs when a person is physically hurt on purpose by a person they are dating or going out with. Youth who experience physical dating violence are at increased risk to other forms of violence including homicide, peer violence, and bullying. These youth are also at increased risk for suicide and mental health issues.¹ In 2019, 6.3% of youth experienced physical dating violence.

Youth who experienced physical dating violence were at greater risk of experiencing each of the six mental health indicators measured. More than half of these youth engaged in nonsuicidal self-injury (52.5%). Youth who experienced physical dating violence were more than four times as likely to also have attempted suicide and more than six times to also be injured in a suicide attempt.

Mental Health Indicators Among Those That Experienced Physical Dating Violence*, Grades 9-12, New Mexico, 2019



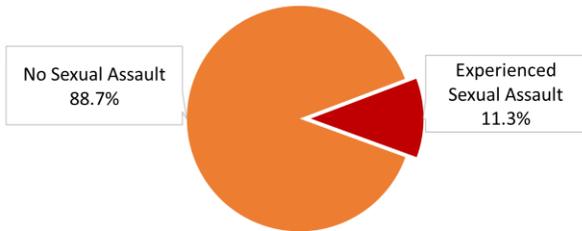
*Among those who dated, physically hurt on purpose by someone they were dating or going out with, in the last 12 months.

Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Centers for Disease Control and Prevention (CDC). (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices.*

Sexual Violence

**Experienced Sexual Assault*
Grades 9-12, New Mexico, 2019**

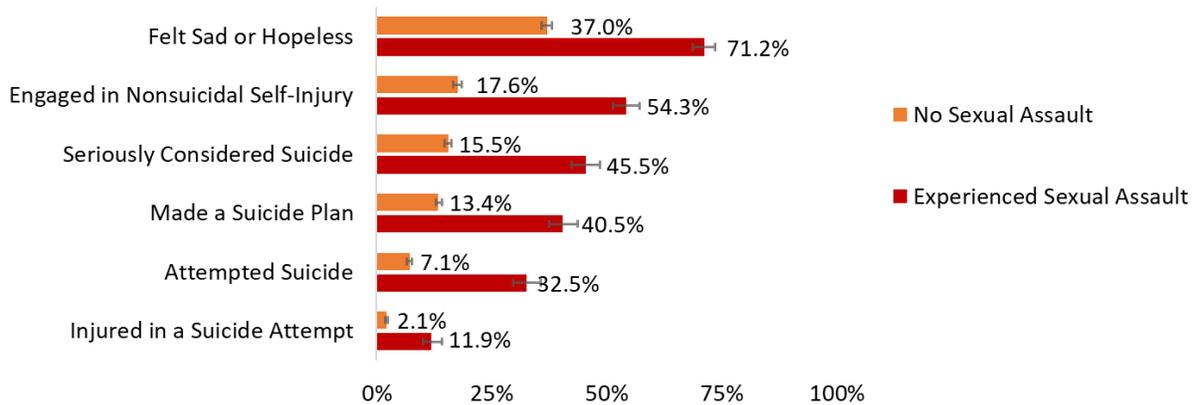


*Forced to do sexual things (kissing, touching, forced to have sexual intercourse) they did not want to do by anyone, in the last 12 months.
Source: 2019 NM YRRS

Sexual violence is defined as being forced to do sexual things (kissing, touching, or forced to have sexual intercourse) that are unwanted. Sexual violence is associated with physical injuries, suicidal ideation, housing instability, and challenges with functioning in school or work environments.¹ In 2019, 11.3% of high school students experienced sexual violence.

Youth who experienced sexual violence were more likely to have experienced each of the six mental health indicators measured. Nearly three quarters of these youth (71.2%) experienced persistent feelings of sadness or hopelessness. More than half of these youth (54.3%) engaged in nonsuicidal self-injury. Nearly half of these youth seriously considered suicide (45.5%) and almost one in three attempted suicide (32.5%).

Mental Health Indicators Among Those That Experienced Sexual Assault*, Grades 9-12, New Mexico, 2019



*Forced to do sexual things (kissing, touching, forced to have sexual intercourse) they did not want to do by anyone, in the last 12 months.

Error bars indicate 95% confidence interval

Source: 2019 NM YRRS

1. Centers for Disease Control and Prevention (CDC). (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices.*

Marijuana Use

Current Marijuana Use*
Grades 9-12, New Mexico, 2019

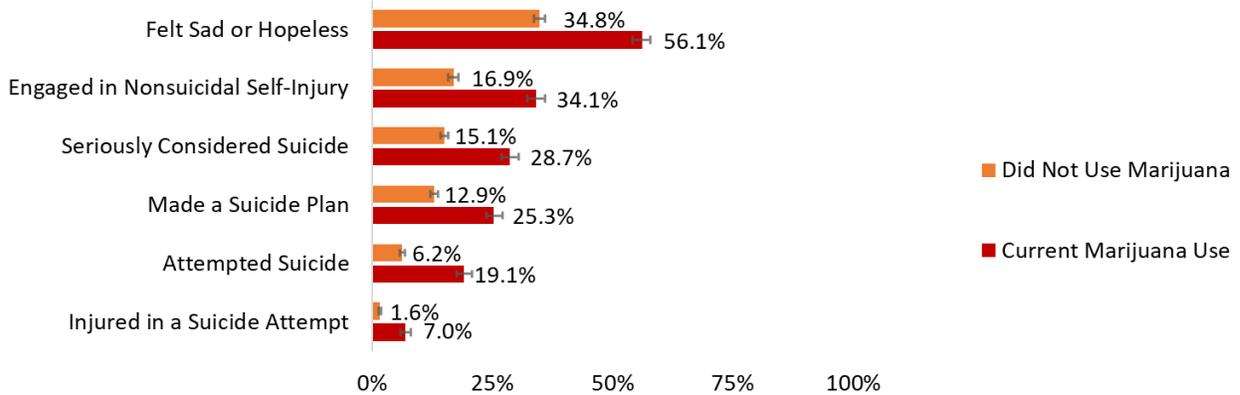


*Used marijuana at least once in the past 30 days.
Source: 2019 NM YRRS

Marijuana use is associated with several adverse consequences including short-term effects (impaired memory and attention; anxiety; and increased heart rate) as well as some long-term effects (potential for addiction; risk of other drug and alcohol use disorders; and risk of schizophrenia in people with genetic vulnerability).¹ In 2019, 28.4% of high school students used marijuana at least once in the last 30 days.

Youth who use marijuana were more likely to have experienced each of the six mental health indicators measured. More than half of these youth (56.1%) experienced persistent feelings of sadness or hopelessness. More than one third of these youth (34.1%) engaged in nonsuicidal self-injury. These youth were more than three times as likely to also have attempted suicide or be injured in a suicide attempt than youth with no marijuana use.

Mental Health Indicators Among Those With Current Marijuana Use*
Grades 9-12, New Mexico, 2019



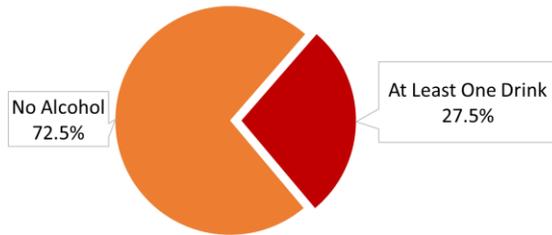
*Used marijuana at least once in the past 30 days.

Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. National Institute on Drug Abuse (NIDA). (2020). *Marijuana Research Report*.

Alcohol Use

Current Alcohol Use*
Grades 9-12, New Mexico, 2019

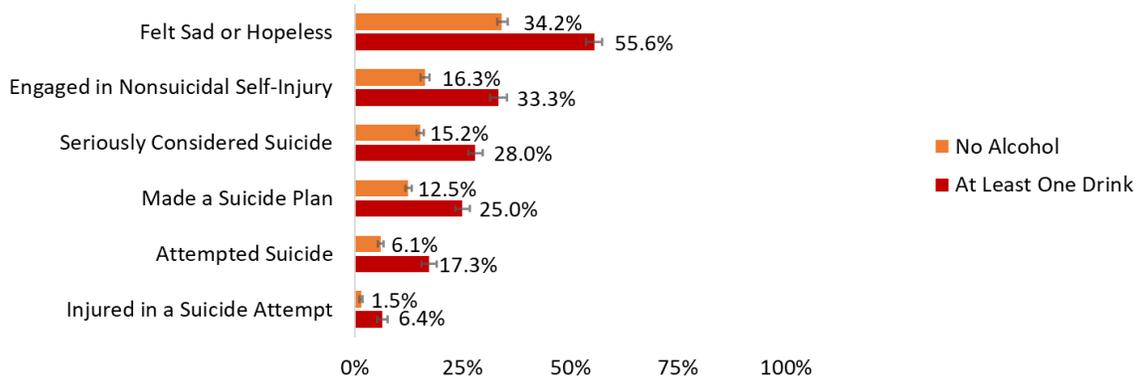


*At Least one drink of alcohol in the past 30 days.
 Source: 2019 NM YRRS

Alcohol use in adolescence is associated with impaired judgement, increased risk for suicide, unsafe sexual behavior, and can interfere with brain development.¹ In 2019, 27.5% of high school students drank alcohol at least once in the last 30 days.

Youth who drank alcohol were more likely to have experienced each of the six mental health indicators measured. More than half of these youth (55.6%) experienced persistent feelings of sadness or hopelessness. One third of these youth (33.3%) engaged in nonsuicidal self-injury. These youth were twice as likely to also have made a suicide plan and nearly three times as likely to also attempted suicide than youth who did not drink alcohol.

Mental Health Indicators Among Those With Current Alcohol Use*
Grades 9-12, New Mexico, 2019



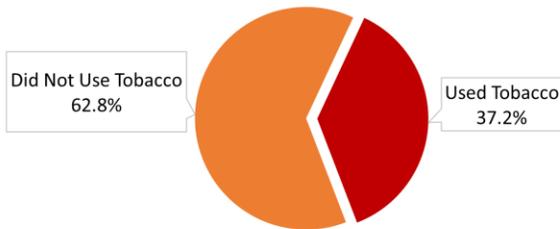
*At Least one drink of alcohol in the past 30 days.

Error bars indicate 95% confidence interval
 Source: 2019 NM YRRS

1. National Institute on Alcohol Abuse (NIAA). (2020). *Underage Drinking*.

Tobacco

Current Tobacco Use*
Grades 9-12, New Mexico, 2019

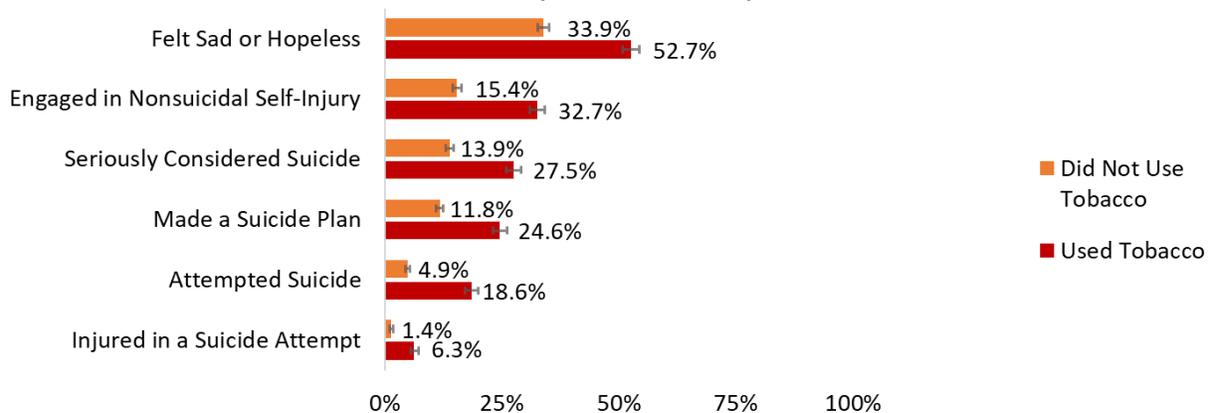


*Used at least one form of tobacco (cigarette, cigar, hookah, vape product, or chewing tobacco) at least once in the past 30 days.
 Source: 2019 NM YRRS

Individuals with mental health conditions are more likely to use tobacco products than those with no mental health conditions. Given the stressors and challenges of these mental health conditions, those people may find it more challenging than those with no mental health conditions to quit tobacco use.¹ In 2019, 37.2% of high school students used a tobacco product at least once in the last 30 days.

Youth who used tobacco were more likely to have experienced each of the six mental health indicators measured. More than half of these youth (52.7%) experienced persistent feelings of sadness or hopelessness. Almost one third of these youth (32.7%) engaged in nonsuicidal self-injury. These youth were more than three times as likely to have attempted suicide and more than four times as likely to be injured in a suicide attempt than youth with no tobacco use.

Mental Health Indicators Among Those With Current Tobacco Use*
Grades 9-12, New Mexico, 2019



*Used at least one form of tobacco (cigarette, cigar, hookah, vape product, or chewing tobacco) at least once in the past 30 days.

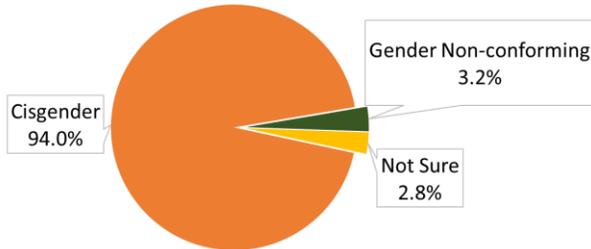
Error bars indicate 95% confidence interval

Source: 2019 NM YRRS

1. Prochaska, J. J. (2021). Smoking and Mental Illness — Breaking the Link. *New England Journal of Medicine*, 365(3), 196–198. <https://doi.org/10.1056/NEJMP1105248>

Gender Identity

Gender Identity*
Grades 9-12, New Mexico, 2019

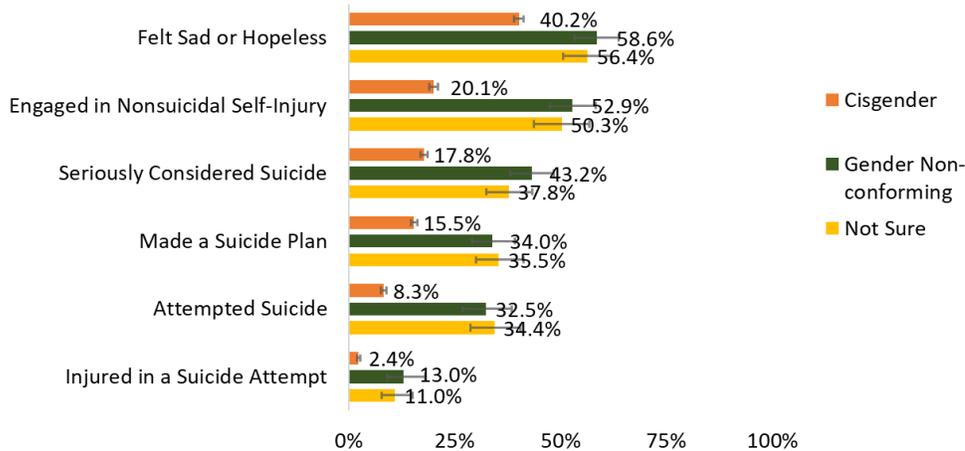


*Gender non-conforming youth identify as transgender, genderqueer, or genderfluid
 Source: 2019 NM YRRS

Transgender and other gender non-conforming youth face substantial stigma and discrimination. These youth often feel isolated and excluded in school environments and experience challenges accessing gender affirming health care.¹ In 2019, 3.2% of New Mexico high school students were gender non-conforming and 2.8% were not sure of their gender identity.

Gender non-conforming youth were more likely to have experienced each of the six mental health indicators measured. More than half of gender non-conforming youth (58.6%) experienced persistent feelings of sadness or hopelessness or engaged in nonsuicidal self-injury (52.9%). These youth were about four times as likely (32.5%) to have attempted suicide than cisgender youth (8.3%).

Mental Health Indicators by Gender Identity*
Grades 9-12, New Mexico, 2019



*Gender non-conforming youth identify as transgender, genderqueer, or genderfluid

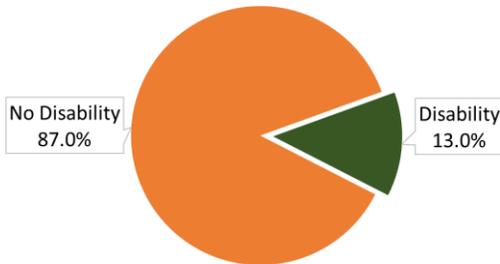
Error bars indicate 95% confidence interval

Source: 2019 NM YRRS

1. Division of Adolescent and School Health (DASH). (2021). *Resilience and Transgender Youth*. <https://www.cdc.gov/healthyyouth/disparities/ryt.htm>

Disability Status

Disability Status*
Grades 9-12, New Mexico, 2019

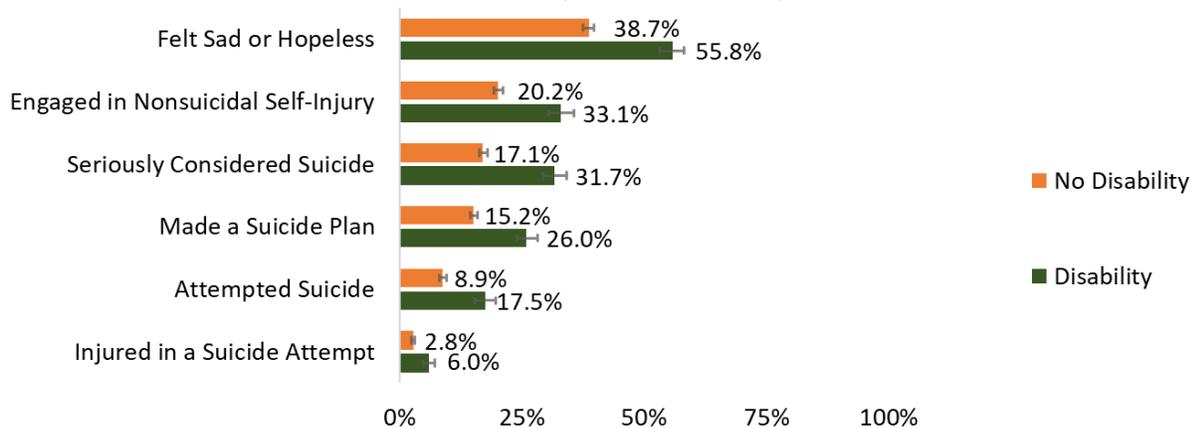


*Disability includes youth with a physical disability or long-term health problem (lasting 6 months or more).
Source: 2019 NM YRRS

Youth with physical disabilities often face barriers in accessing and fully participating in school, work, and home life. The ongoing bias and challenges of these settings can contribute to substantial emotional distress for these youth.¹ In 2019, 13.0% of high school students had a disability.

Youth with a disability were more likely to have experienced each of the six mental health indicators measured. More than half of youth with a disability (55.8%) experienced persistent feelings of sadness or hopelessness. One third of these youth (33.1%) engaged in nonsuicidal self-injury. These youth were about twice as likely to have attempted suicide than youth with no disability.

Mental Health Indicators by Disability Status*
Grades 9-12, New Mexico, 2019

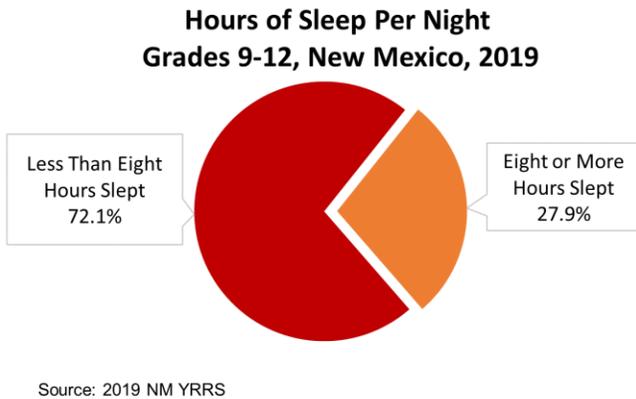


*Disability includes youth with a physical disability or long-term health problem (lasting 6 months or more).
Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Youth.gov. (2020). *Disabilities*. <https://youth.gov/youth-topics/disabilities>

Protective Factors

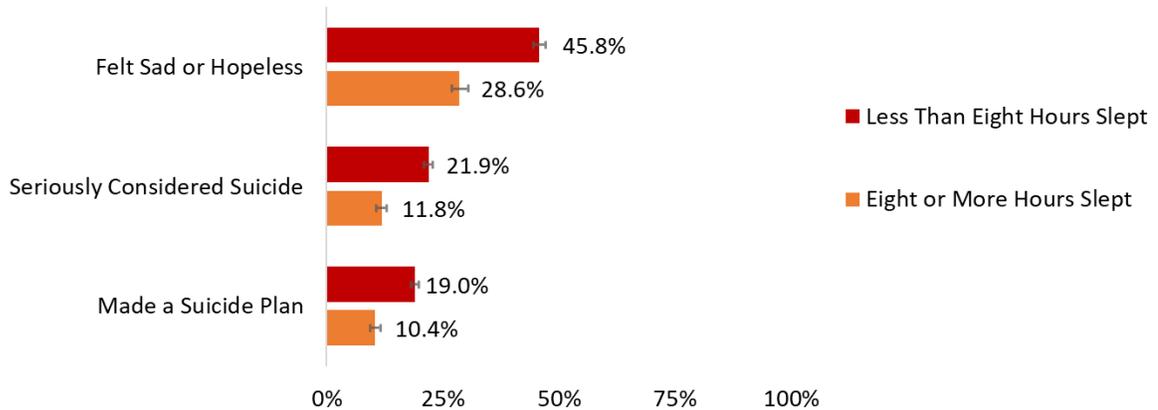
Sleep



It is recommended that youth aged 13-18 sleep 8-10 hours per night. Inadequate sleep is associated with depression, anxiety, and suicidal ideation.¹ In 2019, only 27.9% of high school students slept at least 8 hours per night.

Youth who sleep at least 8 hours per night were less likely to have experienced each of the six mental health indicators measures. Youth who slept at least eight hours per night were half as likely to have considered suicide or made a suicide plan than youth who slept less than eight hours. Youth who slept at least eight hours per night were less likely to have persistent feelings of sadness or hopelessness. These youth were less likely to engage in nonsuicidal self-harm.

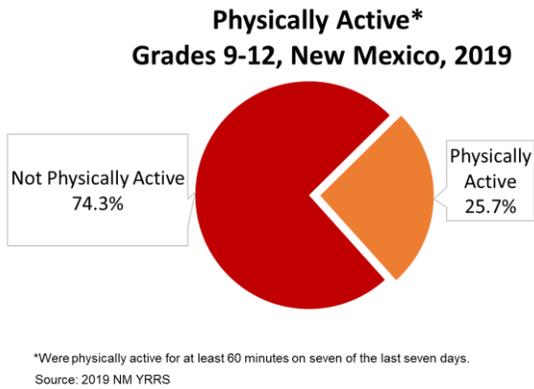
Mental Health Indicators By Hours of Sleep Per Night Grades 9-12, New Mexico, 2019



Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Pell, D., & Green, D. (2021). *Mental Health Indicators and Inadequate Sleep Among New Mexico Youth, 2019*. <https://www.nmhealth.org/data/view/report/2472/>

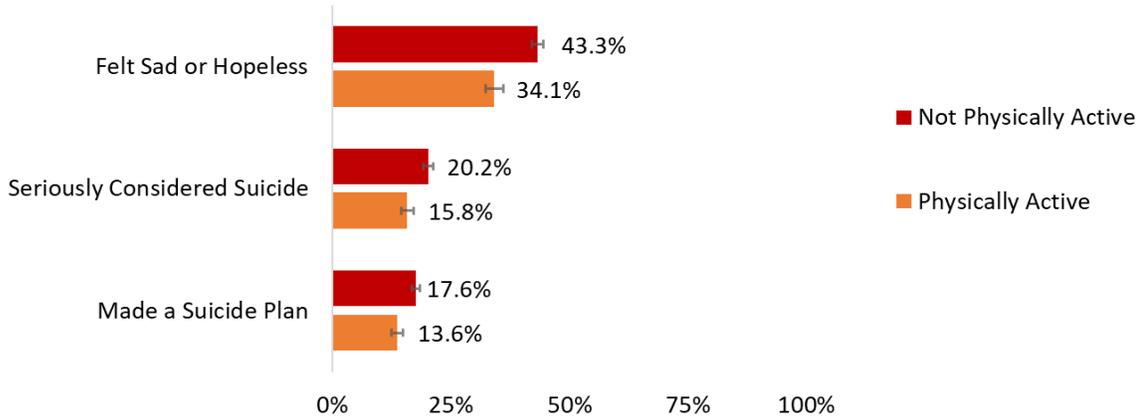
Physical Activity



Some research suggests physical activity can relieve symptoms of depression or anxiety as well as reduce the risk of developing depression.¹ In 2019, 74.3% of high school students were not physically active on seven of the last seven days.

Youth who were physically active were less likely to have experienced each of the six mental health indicators measured. Youth who were physically active attempted suicide less frequently than students who were not physically active. Fewer physically active youth felt persistent sadness or hopelessness than youth who were not physically active.

Mental Health Indicators Among Those That Were Physically Active*, Grades 9-12, New Mexico, 2019

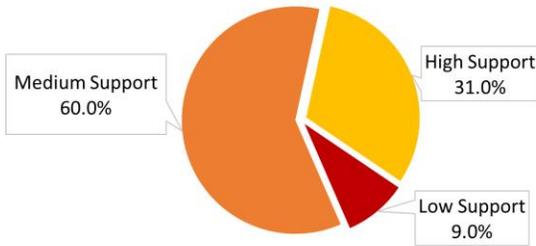


*Were physically active for at least 60 minutes on seven of the last seven days.
Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Centers for Disease Control and Prevention (CDC). (1999). *Physical Activity and Health: A report of the Surgeon General*. <https://www.cdc.gov/nccdphp/sgr/chapcon.htm>

Family Support

Had Family Support*
Grades 9-12, New Mexico, 2019



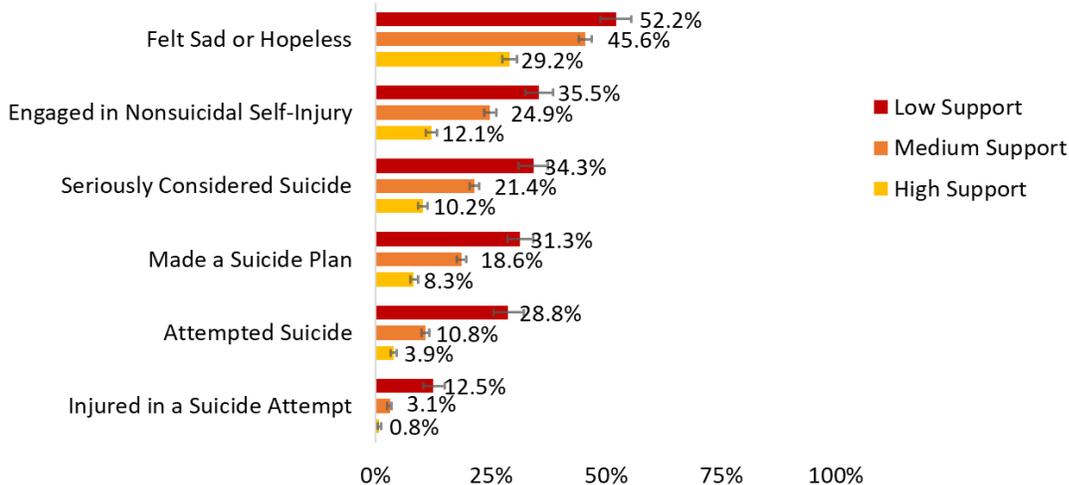
*Composite of Following Responses: 1. A parent or some other adult is interested in my school work; 2. A parent or some other adult believes that I will be a success; and 3. When I am not at home, one of my parents/guardians knows where I am.

Source: 2019 NM YRRS

A child’s healthy development depends on supportive and healthy relationships with parents or caregivers. The mental health and wellbeing of parents is connected to their children in emotional, behavioral, and environmental outcomes.¹ In 2019, 31.0% of high school youth had high levels of family support.

Youth with low support from family were nearly three times as likely to have attempted suicide than youth with medium family support, and attempted suicide more than seven times as frequently as youth with high family support.

Mental Health Indicators Among Those That Had a Family Protective Factor, Grades 9-12, New Mexico, 2019



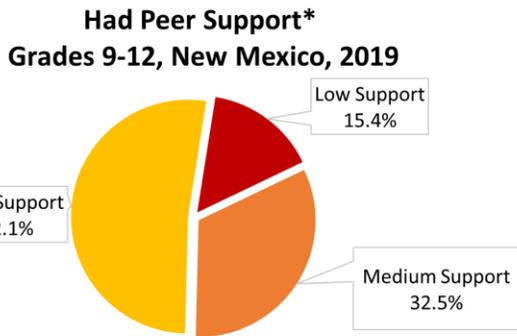
*Composite of Following Responses: 1. A parent or some other adult is interested in my school work; 2. A parent or some other adult believes that I will be a success; and 3. When I am not at home, one of my parents/guardians knows where I am.

Error bars indicate 95% confidence interval

Source: 2019 NM YRRS

1. Wolicki, S. B., Bitsko, R. H., Cree, R. A., Danielson, M. L., Ko, J. Y., Warner, L., & Robinson, L. R. (2021). Mental Health of Parents and Primary Caregivers by Sex and Associated Child Health Indicators. *Adversity and Resilience Science*.

Peer Support

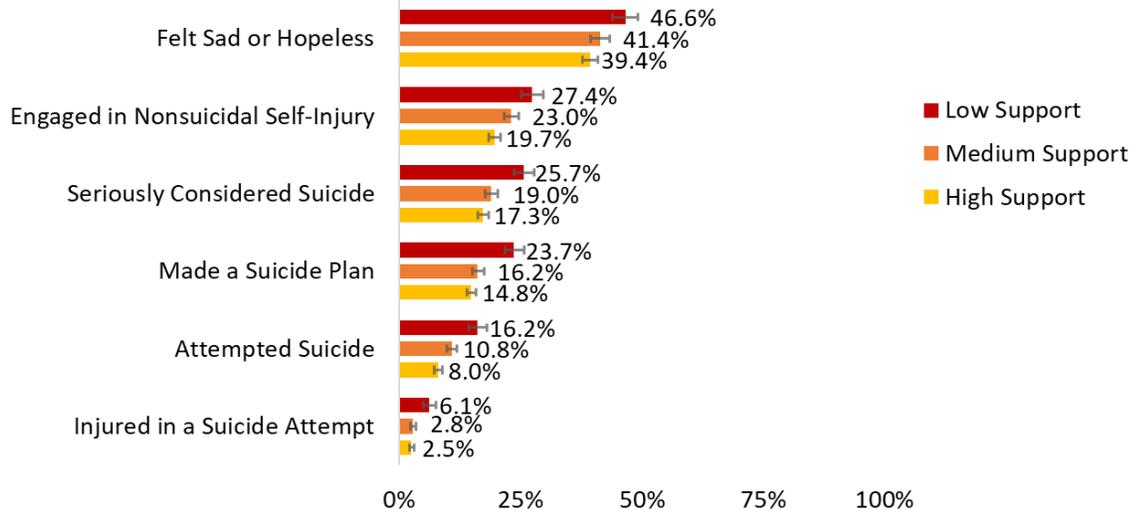


*Composite variable from the following variables: 1. I have a friend about my own age who really cares about me; and 2. I have a friend about my own age who helps me when I'm having a hard time.
Source: 2019 NM YRRS

Connectedness in school and in the home are associated with a variety of positive health outcomes including mental health.¹ 46.6% of high school youth had high support from peers.

High school youth with high peer support were less likely to have experienced each of the six mental health indicators than youth with medium or low support from peers. Youth with high support from peers were nearly half as likely to attempt suicide (8.0%) than youth with low support from peers (16.2%)

Mental Health Indicators Among Those That Had Peer Support Grades 9-12, New Mexico, 2019



*Composite variable from the following variables: 1. I have a friend about my own age who really cares about me; and 2. I have a friend about my own age who helps me when I'm having a hard time.

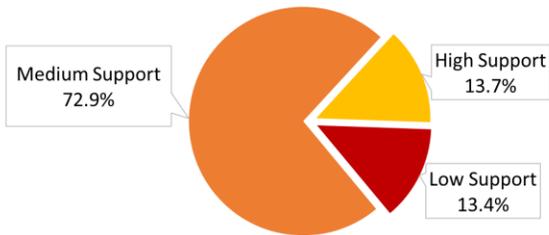
Error bars indicate 95% confidence interval

Source: 2019 NM YRRS

1. Steiner, R. J., Sheremenko, G., Lesesne, C., Dlttus, P. J., Sieving, R. E., & Ethier, K. A. (2019). Adolescent connectedness and adult health outcomes. *Pediatrics*, 144(1). <https://doi.org/10.1542/peds.2018-3766>

School Support

**Had School Support*
Grades 9-12, New Mexico, 2019**

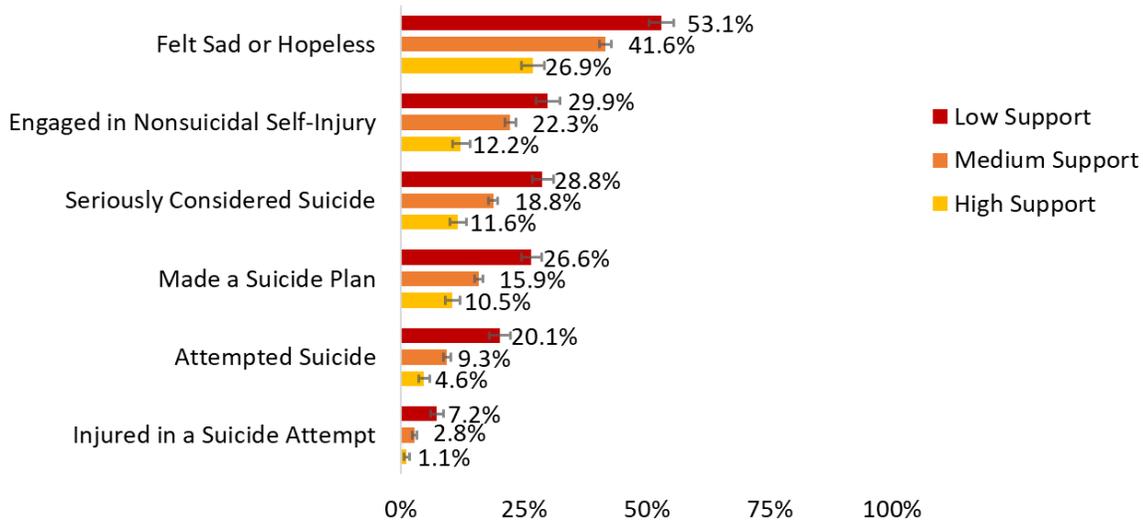


*Composite of Following Responses: 1. At my school, there is a teacher/adult who listens to me when I have something to say; 2. There is a teacher/adult who believes that I will be a success; 3. There are clear rules about what students can and cannot do; and 4. I am involved in sports, clubs, or other extra-curricular activities.
Source: 2019 NM YRRS

Positive school connectedness in youth is associated with reduced emotional distress, reductions in suicidal ideation, reduction in drug misuse, and decreased likelihood of physical violence victimization.¹ Among high school students, 13.7% had high support from schools.

High school youth who had medium or high support from schools were less likely to experience each of the six mental health indicators than youth who had low support. Youth with high support from schools were half as likely to feel persistent sadness or hopelessness than youth with low support.

**Mental Health Indicators Among Those That Had School Support
Grades 9-12, New Mexico, 2019**

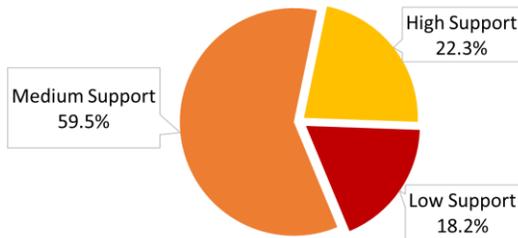


Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

1. Steiner, R. J., Sheremenko, G., Lesesne, C., Dittus, P. J., Sieving, R. E., & Ethier, K. A. (2019). Adolescent connectedness and adult health outcomes. *Pediatrics*, 144(1). <https://doi.org/10.1542/peds.2018-3766>

Community Support

**Had Community Support*
Grades 9-12, New Mexico, 2019**

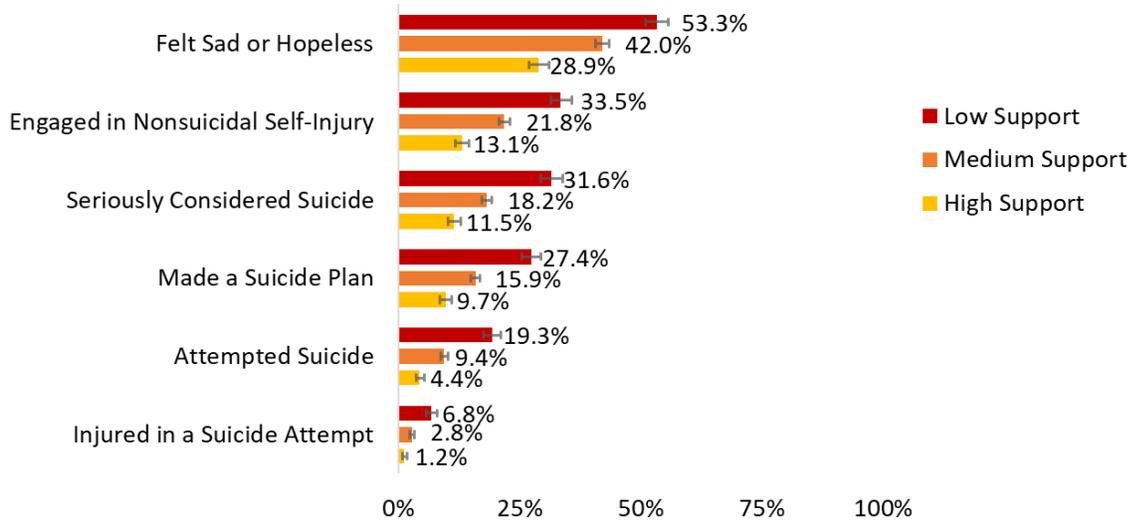


*Composite variable from the following variables: 1. Outside of my home and school, there is an adult who really cares about me; 2. Outside of my home and school, there is an adult who tells me when I do a good job; and 3. Outside of my home and school, I am a part of clubs, sports teams, church/temple, or other group activities.
Source: 2019 NM YRRS

Like families and schools, connectedness to the community is associated with positive emotional and behavioral health outcomes.¹ Among high school youth, 22.3% had high support from the community.

High school youth with medium or high support from the community were less likely to experience each of the six mental health indicators than youth with low support. Youth with high support from the community engaged in nonsuicidal self-injury less frequently than youth with low support.

Mental Health Indicators Among Those That Had Community Support, Grades 9-12, New Mexico, 2019



Error bars indicate 95% confidence interval
Source: 2019 NM YRRS

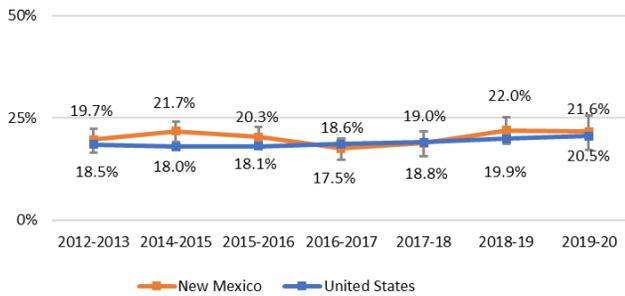
1. Centers for Disease Control and Prevention (CDC). (2020). *Adolescent Connectedness*. <https://www.cdc.gov/healthyyouth/protective/youth-connectedness-important-protective-factor-for-health-well-being.htm>

Section 3: Adults

Mental Health

Any Mental Illness

**Any Mental Illness in the Past 12 Months
Ages 18+, New Mexico and United States
2012-2020**

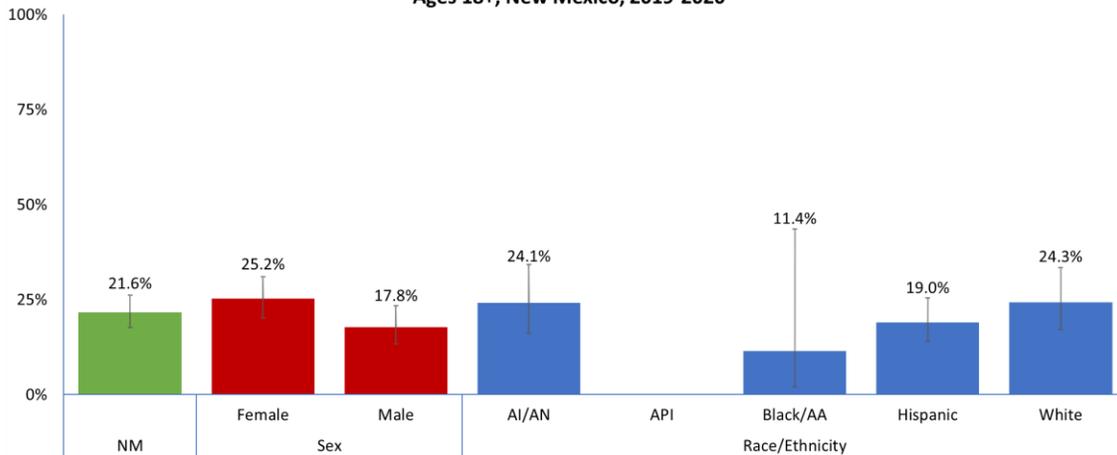


Error bars indicate 95% confidence interval
Source: 2012-2020 NSDUH

“Any mental illness” includes all mental, behavioral, or emotional disorders and can range from no impairment to severe impairment of the individual.¹ The prevalence of any mental illness among New Mexico adults increased from 17.5% in 2016-17 to 21.6% in 2019-20.

Healthy People 2030 has set several objectives on the topic of mental illness including: “Increase the proportion of adults with depression who get treatment; Increase the proportion of homeless adults with mental health problems who get mental health services; and Increase the proportion of primary care visits where adolescents and adults are screened for depression.”²

**Any Mental Illness in the Past 12 Months by Sex and Race/Ethnicity
Ages 18+, New Mexico, 2019-2020**



* Empty columns indicate suppressed data due to low sample size

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American

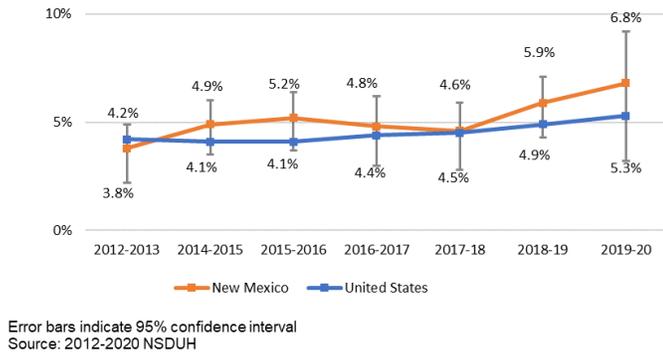
Error bars indicate 95% confidence interval

Source: 2019-2020 NSDUH

1. National Institute of Mental Health (NIMH). (2021, October). Mental Illness. <https://www.nimh.nih.gov/health/statistics/mental-illness>
2. U.S. Department of Health and Human Services. (2020). Mental Health and Mental Disorders - Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders>

Serious Mental Illness

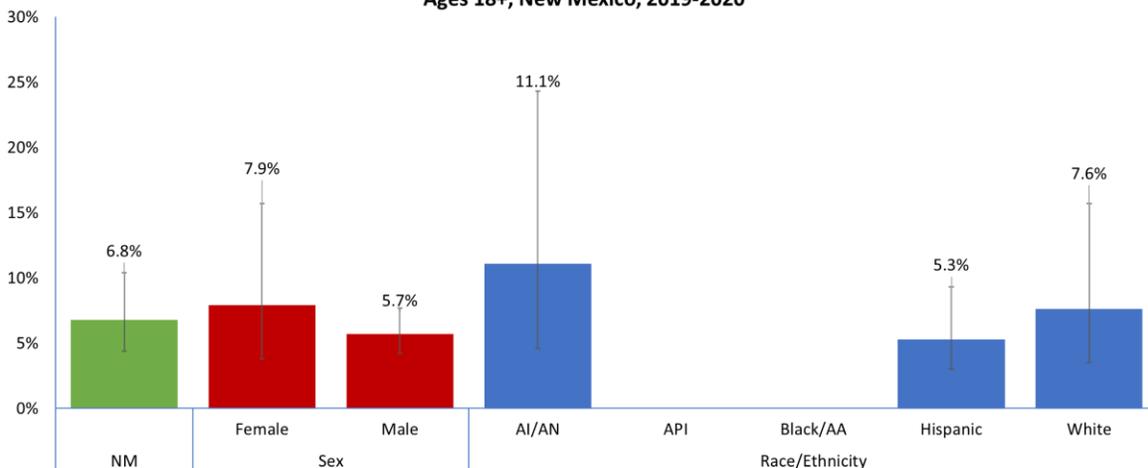
**Serious Mental Illness in the Past 12 Months
Ages 18+, New Mexico and United States
2012-2020**



Serious mental illness is defined as a “mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities”.¹ The prevalence of serious mental illness among New Mexico adults increased from 3.8% in 2012-13 to 6.8% in 2019-20.

Healthy People 2030 has set several objectives on the topic of mental illness including: “Increase the proportion of adults with depression who get treatment; Increase the proportion of homeless adults with mental health problems who get mental health services; and Increase the proportion of primary care visits where adolescents and adults are screened for depression”.²

**Serious Mental Illness in the Past 12 Months by Sex and Race/Ethnicity
Ages 18+, New Mexico, 2019-2020**



* Empty columns indicate suppressed data due to low sample size

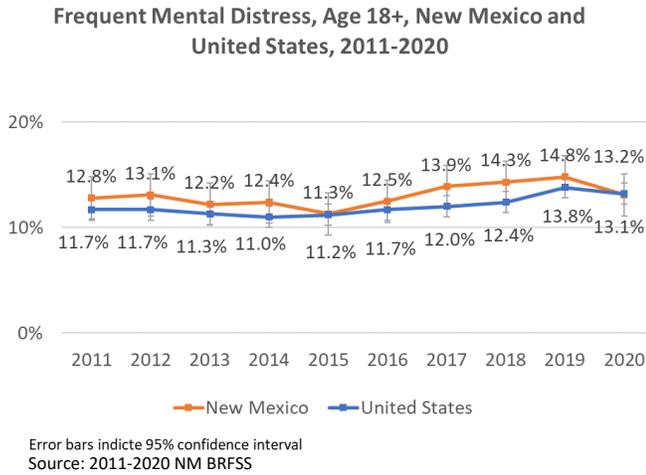
** AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American

Error bars indicate 95% confidence interval

Source: 2019-2020 NSDUH

1. National Institute of Mental Health (NIMH). (2021, October). *Mental Illness*. <https://www.nimh.nih.gov/health/statistics/mental-illness>
2. U.S. Department of Health and Human Services. (2020). *Mental Health and Mental Disorders - Healthy People 2030*. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders>

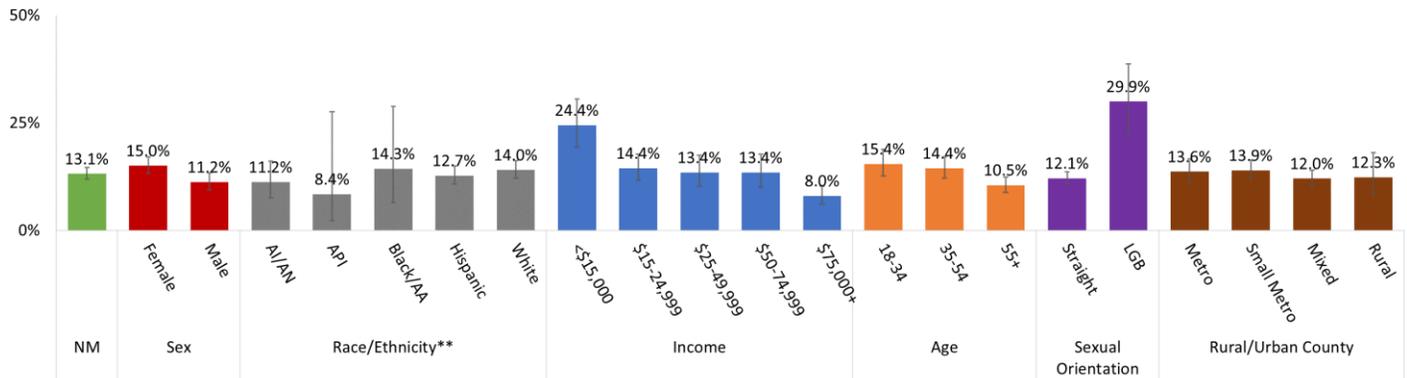
Frequent Mental Distress



Adults with frequent mental distress* is associated with increased rates of mental disorders, chronic diseases, and functional limitations.¹ The prevalence of frequent mental distress among New Mexico adults decreased from 14.8% in 2019 to 13.1% in 2020.

Mental health problems are common and often go untreated. It is estimated that more than half of all adults with a mental illness do not receive mental health services. It is estimated that one in twenty-five Americans live with a serious mental illness including schizophrenia, bipolar disorder, or major depression.²

Frequent Mental Distress* by Selected Characteristics Ages 18+, New Mexico, 2020



*In the last 30 days, at least 14 days included stress, depression, problems with emotions, or other mental health symptoms

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual

Error bars indicate 95% confidence interval

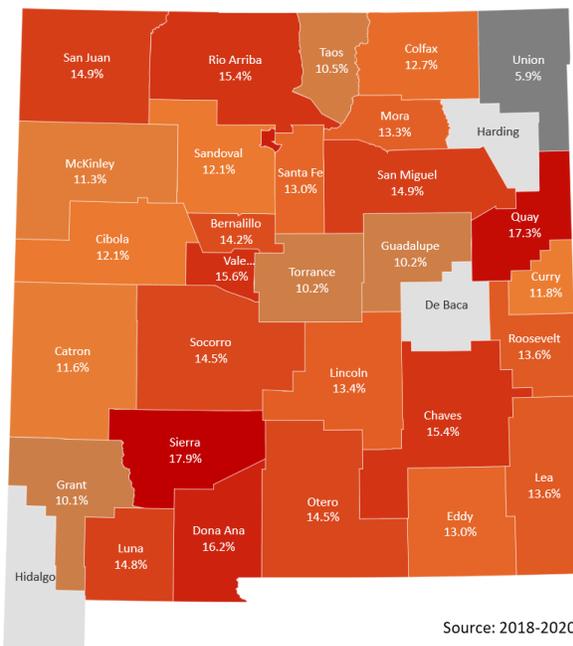
Source: 2020 NM BRFSS

- Centers for Disease Control and Prevention (CDC). (2020). *Frequent Mental Distress Among Adults with Disabilities: An Easy-Read Summary*. <https://www.cdc.gov/ncbddd/disabilityandhealth/easy-read-frequent-mental-distress.html>
- Substance Abuse and Mental Health Service Administration (SAMHSA). (2018). *Mental Health Facts and Resources*. https://www.samhsa.gov/sites/default/files/mental_health_facts_and_resources_fact_sheet.pdf

Data Highlights – Frequent Mental Distress

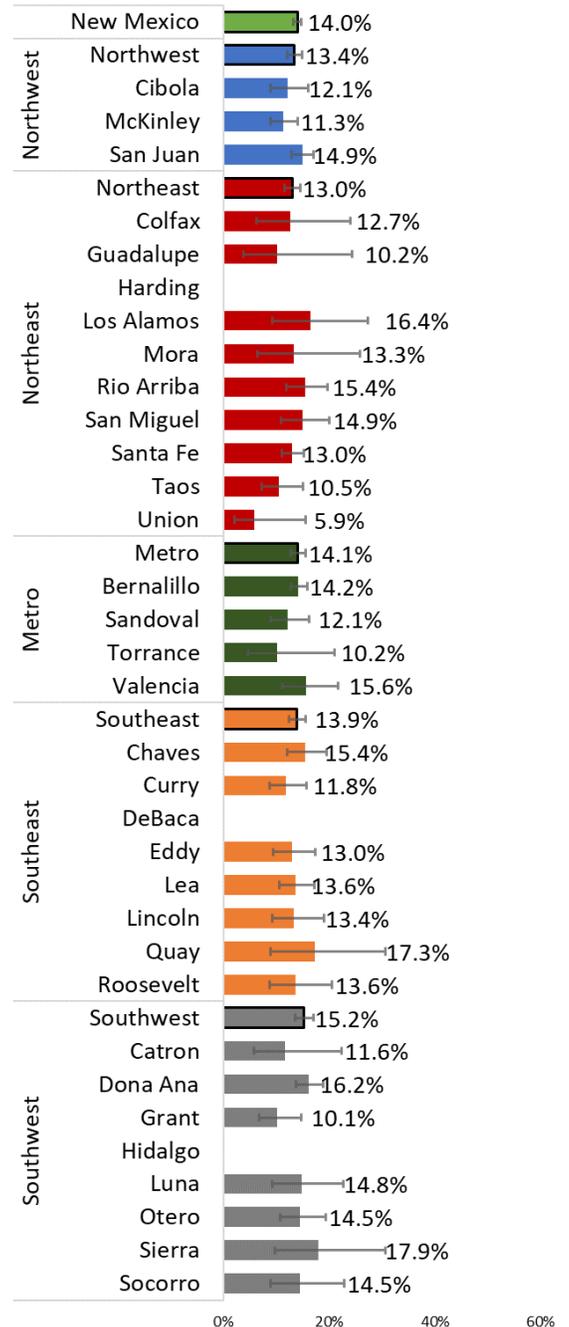
- More than one out of every ten adults experienced frequent mental distress (13.1%)
- Households earning less than \$15,000/year were more than three times as likely to experience frequent mental distress (24.4%) than those earning \$75,000/year or more (8.0%)
- Lesbian, gay, or bisexual individuals were two and half times as likely to experience frequent mental distress (29.9%) than straight individuals (12.1%)

Frequent Mental Distress by Region and County, Age 18+, New Mexico, 2018-2020



Source: 2018-2020 NM BRFS

Frequent Mental Distress by Region and County, Age 18+, New Mexico, 2018-2020



*14+ Days of Mental Health "Not Good".

** Empty rows indicate suppressed data due to low sample size

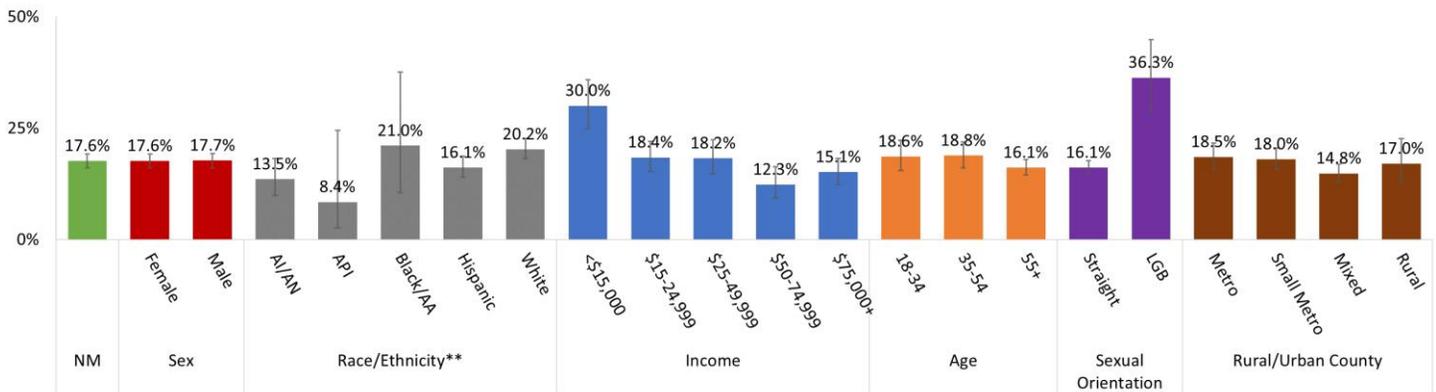
Source: 2018-2020 NM BRFS

History of a Depression Diagnosis

Depression symptoms can include sadness, irritability, fatigue, trouble sleeping or eating, and feeling down or hopeless. Persons with depression may experience these feelings almost every day and may not understand why they are feeling them. There are different forms of depression including major depression, postpartum depression, and seasonal affective disorder. Depression is also experienced by many people with other mental health diagnoses including bipolar disorder and post-traumatic stress disorder.¹ In 2020, more than one in six (17.6%) New Mexican adults had a history of a depression diagnosis.

People with depression are at higher risk of suicidal thoughts and suicide. Depression is treatable with medication and therapy. There are a variety of lifestyle and environmental factors that can improve life with depression including self-care, education, and support from the family and community¹. Evidence-based therapies include mindful-based stress reduction, acceptance and commitment therapy, cognitive behavioral therapy, and dialectical behavior therapy. Healthy People 2030 has recommended universal screenings for depression at primary care clinics.²

**Depressive Disorders* by Selected Characteristics
Ages 18+, New Mexico, 2020**



*(Ever Told) by a doctor, nurse, or other health professional that you had any of the following: a depressive disorder, including depression, major depression, dysthymia, or minor depression.

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual

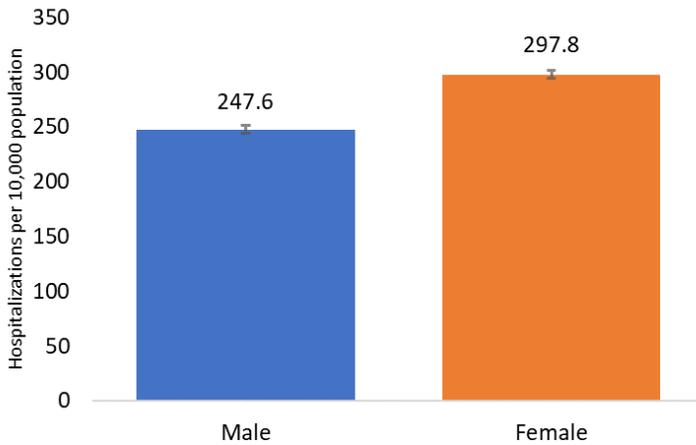
Error bars indicate 95% confidence interval

Source: 2020 NM BRFSS

1. Substance Abuse and Mental Health Service Administration (SAMHSA). (2021). *Living Well with Major Depressive Disorder*. <https://www.samhsa.gov/serious-mental-illness/major-depression>
2. Substance Abuse and Mental Health Service Administration (SAMHSA). (2021). *Prevention and Treatment of Anxiety, Depression, and Suicidal Thoughts and Behaviors Among College Students*. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-05-002.pdf

Hospitalizations with a Mental Illness

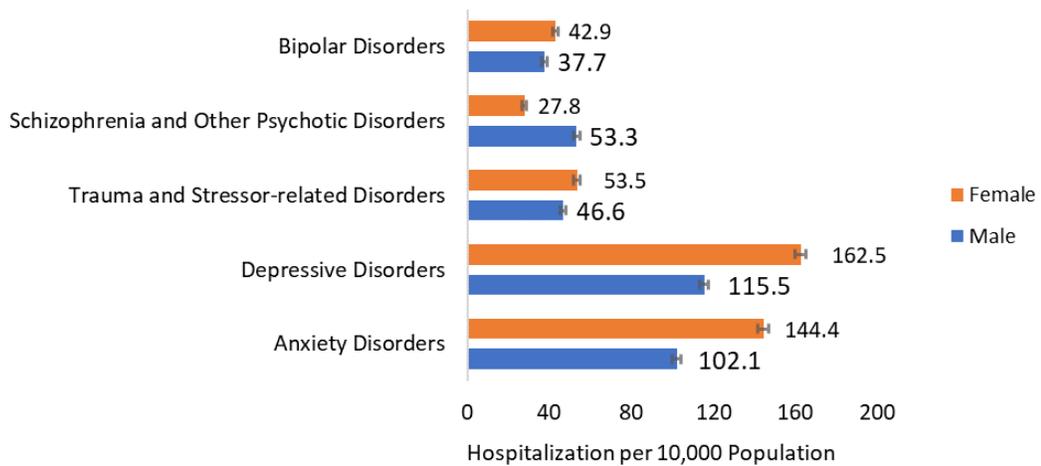
Hospitalization with at Least One Mental Health Diagnosis by Sex, Age 18+, New Mexico, 2020



Error bars indicate 95% confidence interval
Source: 2020 HIDD

Inpatient hospitalization for mental illness is a valuable service that provides crisis intervention and support to the most serious mental health emergencies. Hospitals providing inpatient psychiatric care are typically overburdened and sometimes struggle with meeting the needs of the community. Many persons who experience a mental health hospitalization are at risk for readmission to the hospital, life in the criminal justice system, homelessness, early death, and suicide. Enhancing the inpatient and outpatient behavioral health systems may reduce these negative outcomes.¹

**Hospitalizations by Diagnosis and Sex
Crude Rate, Ages 18+ New Mexico, 2020**

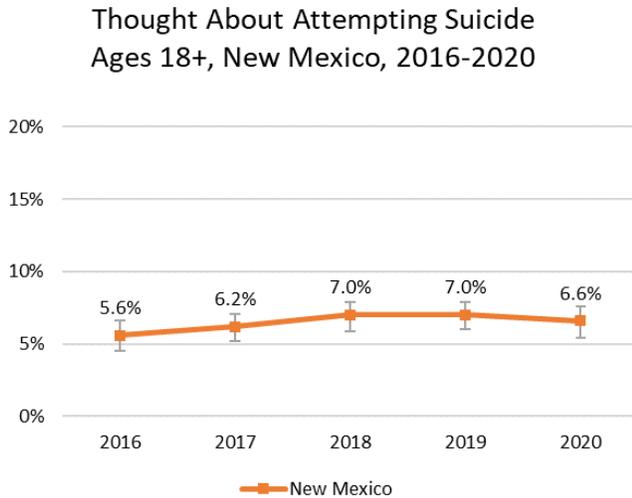


Error bars indicate 95% confidence interval
Source: 2020 HIDD

1. Substance Abuse and Mental Health Service Administration. (2020). *National Guidelines for Behavioral Health Crisis Care*. www.samhsa.gov

Suicide and Suicide Related Behaviors

Thought About Attempting Suicide

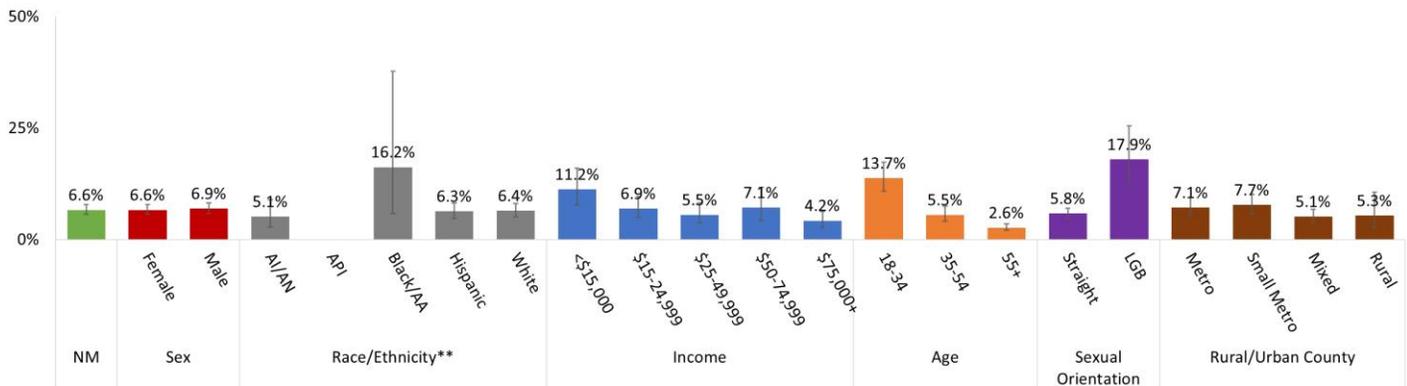


Source: 2020 NM BRFSS

Suicide was the 10th leading cause of death among persons aged 18 years or older in 2020. Nationally, it is estimated that 4.3% of adults had suicidal thoughts in the past year.

Understanding suicide ideation is an important public health matter in both preventing suicide mortality as well as serious mental health needs.¹ In 2020, more than one in twenty New Mexico adults had serious thoughts of suicide in the past 12 months (6.6%).

Thought About Attempting Suicide* by Selected Characteristics Age 18+, New Mexico, 2020



*In the past year, felt so low at times that they thought about committing suicide.

**AI/AN = American Indian/Alaskan Native; API = Asian or Pacific Islander; AA = African American; LGB = Lesbian, Gay, or Bisexual

Error bars indicate 95% confidence interval

*** Empty columns indicate suppressed data due to low sample size

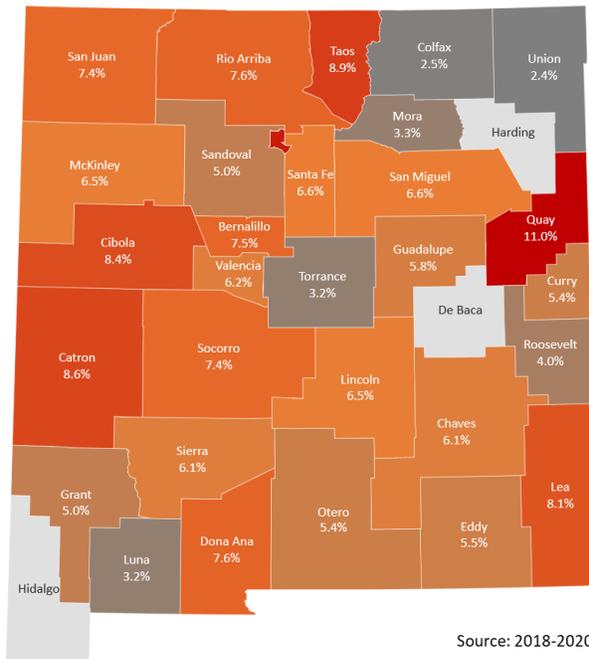
Source: 2020 NM BRFSS

- Ivey-Stephenson, A. Z., Crosby, A. E., Hoenig, J. M., Gyawali, S., Park-Lee, E., & Hedden, S. L. (2022). Suicidal Thoughts and Behaviors Among Adults Aged ≥18 Years — United States, 2015–2019. *MMWR. Surveillance Summaries*, 71(1), 1–19. <https://doi.org/10.15585/MMWR.SS7101A1>

Data Highlights – Thought About Attempting Suicide

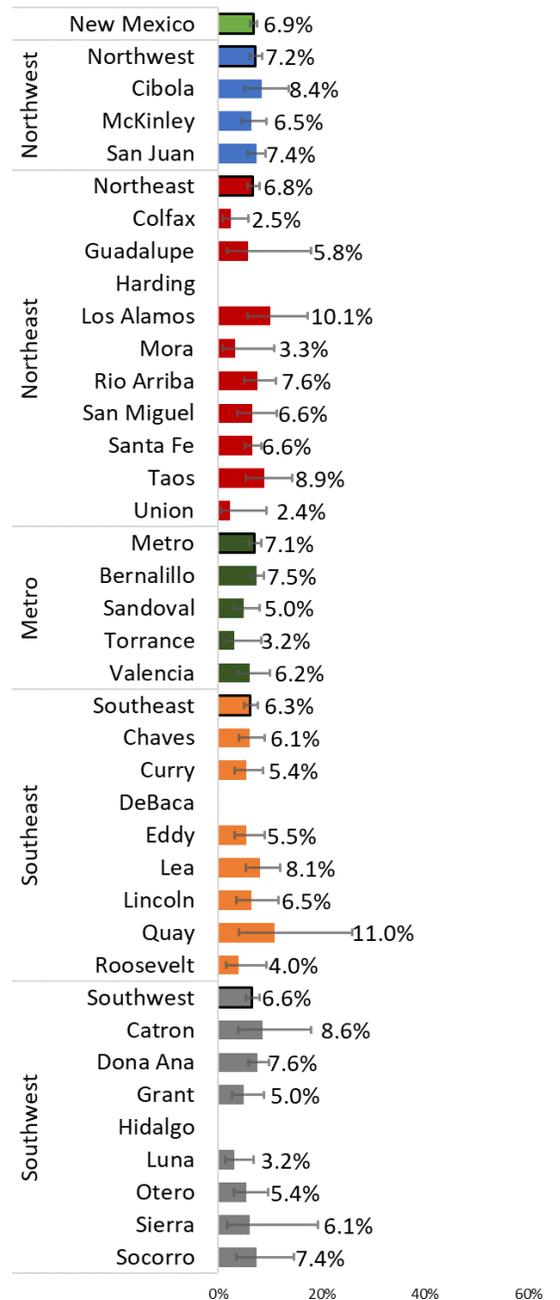
- About one in every fifteen adults seriously thought about suicide in the past year (6.6%)
- Adults ages 18-34 were more than twice as likely to have thoughts of suicide (13.7%) than adults ages 45-54 (5.5%) and more than five times as likely than adults over age 55 (2.6%)
- Lesbian, gay, or bisexual adults were three times as likely to have thoughts of suicide (17.9%) than straight adults (5.8%)

Thought About Attempting Suicide by Region and County, Age 18+, New Mexico, 2018-2020



Source: 2018-2020 NM BRFS

Thought About Attempting Suicide by Region and County, Age 18+, New Mexico, 2018-2020

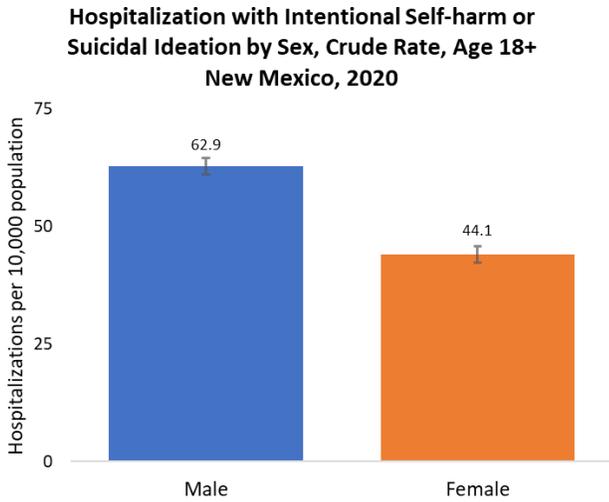


*In the past year, felt so low at times that they thought about committing suicide.

** Empty rows indicate suppressed data due to low sample size

Source: 2018-2020 NM BRFS

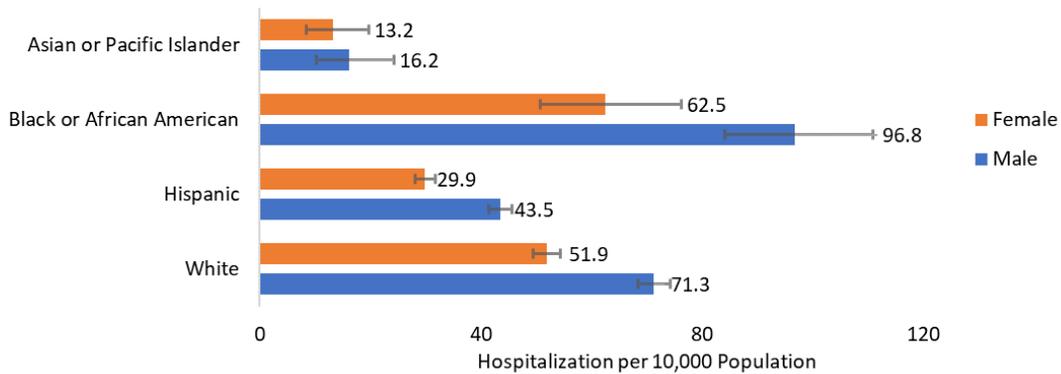
Hospitalizations for Intentional Self-harm or Suicidal Ideation



Error bars indicate 95% confidence interval
Source: 2020 HIDD

Self-directed violence includes a range of behaviors that may be both suicidal and have no suicide intention. Injury from intentional self-harm is a major public health concern due to the close relationship with suicide death, disabling injuries, and the close association with psychological distress. Research indicates that more than 50% of persons who engage in suicidal behavior never seek health services.¹ In 2020, the rate of hospitalizations for self-harm or suicidal ideation among New Mexicans was 53.3 per 10,000 persons.

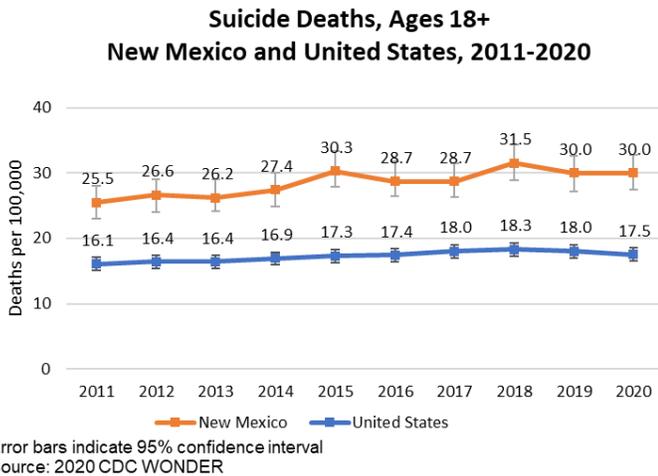
Hospitalizations with Intentional Self-harm or Suicidal Ideation by Race/Ethnicity and Sex, Crude Rate, Age 18+, New Mexico, 2020



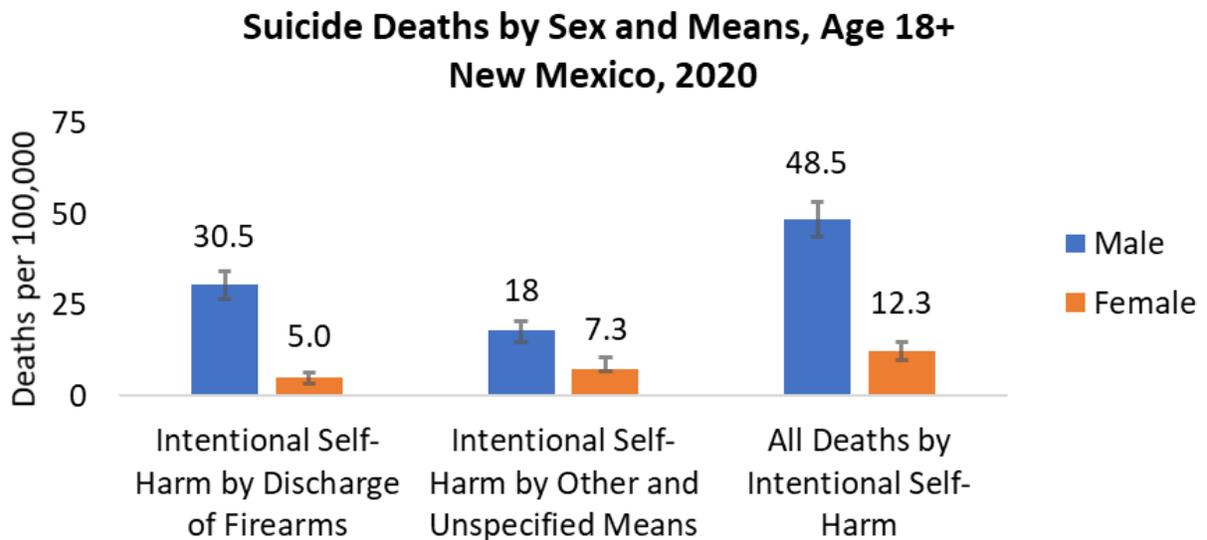
* Hospitalization data is from non-federal hospitals only and does not include Indian Health Services (IHS) facilities. American Indian/Alaskan Native results are excluded for this reason.
Error bars indicate 95% confidence interval
Source: 2020 HIDD

2. Centers for Disease and Control Prevention. (2011). *Self-Directed Violence: Surveillance*.

Suicide Deaths



Suicide deaths among adults represents a major public health concern. Suicide has become an increasing leading cause of death, and New Mexico has continually experienced rates of suicide that are greater than 50% that of the national rate for more than 10 years. More than half of all suicides in New Mexico involved a firearm. Males represent four out of every five suicide deaths in the state. From 2011 to 2020, the age-adjusted rate of adult suicide death in New Mexico has risen 17.6%.

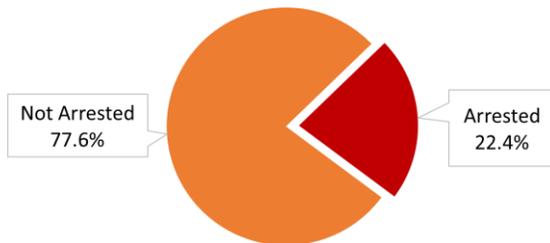


Error bars indicate 95% confidence interval
Source: NM Death Certificate Database 2020

Risk Factors and Disparities

Arrests and Detention

Ever Arrested
Age 18+, New Mexico, 2019-2020

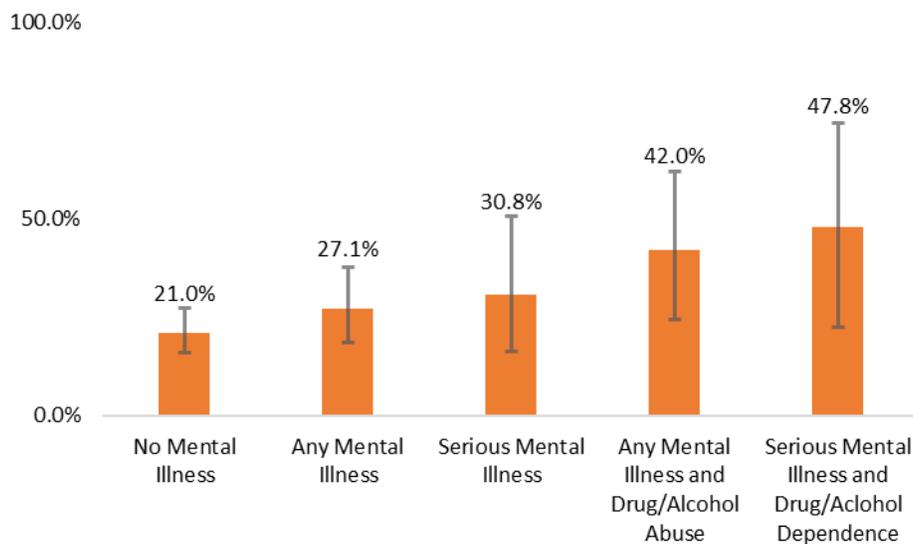


Source: 2019-2020 NSDUH

The prevalence of persons with mental illness in jails and prisons is higher than in the general community. Incarcerated persons with mental illness are at greater risk for longer jail stays, increased time in segregation, and increased likelihood of experiencing victimization or exploitation while incarcerated.¹ During the two-year period of 2019-2020, 20.3% of adults had been arrested at least once in their lifetime.

Adults with any mental illness were arrested more frequently than adults with no mental illness. Serious mental illness and mental illness with drug/alcohol dependence were associated with even higher rates of arrest history.

Ever Arrested by Mental Health Status
Age 18+, New Mexico, 2019-2020

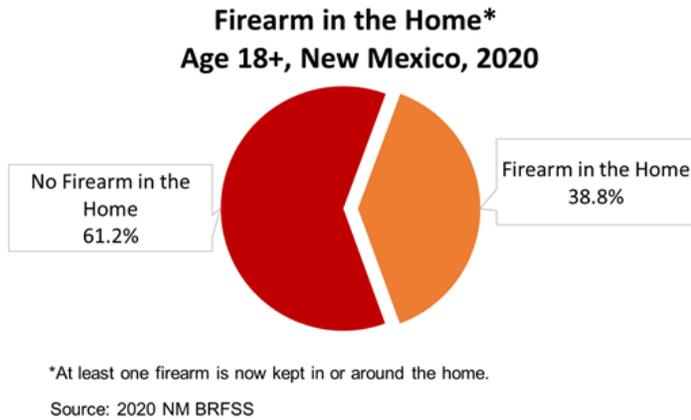


Error bars indicate 95% confidence interval

Source: 2019-2020 NSDUH

1. Substance Abuse and Mental Health Service Administration (SAMHSA). (2017). *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*.

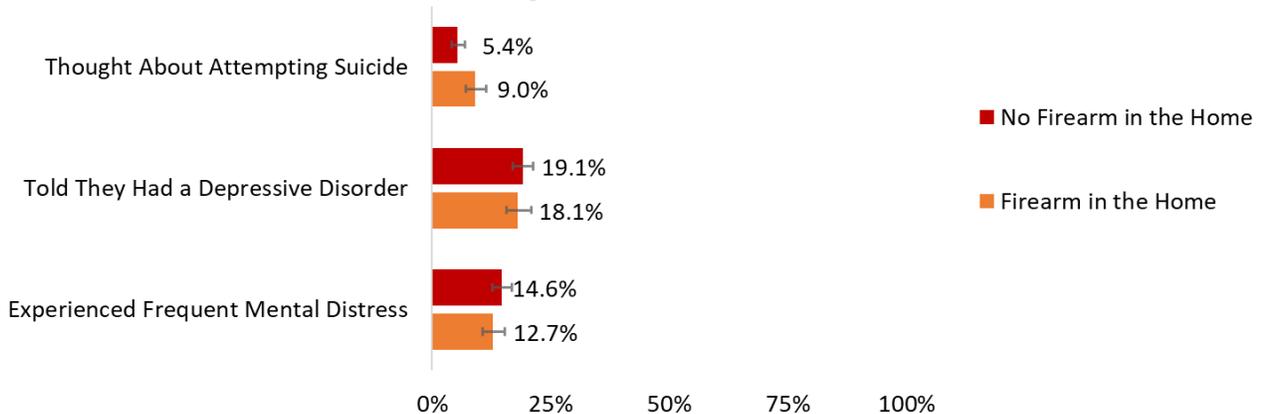
Access to Firearms



Firearms are the most common means used in suicide deaths in the United States and New Mexico. An estimated 90% of suicide attempts involving a firearm injury result in death.¹ In 2020, 38.8% of adults had at least one firearm kept in or around the home.

More adults with a firearm in the home (9.0%) thought about attempting suicide than those with no firearm (5.4%). There was no significant difference in the proportion of adults with a history of a depressive disorder or who experienced frequent mental distress among those with and without firearms in the home.

Mental Health Indicators Among Those That Had a Firearm in the Home*, Age 18+, New Mexico, 2020



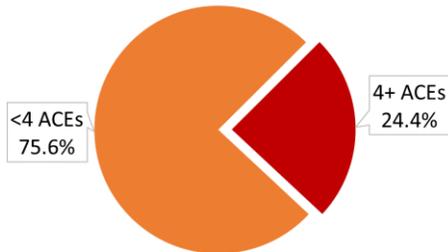
*At least one firearm is now kept in or around the home.

Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

1. U.S. Surgeon General, & National Action Alliance for Suicide Prevention. (2021). *The Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention.*

Adverse Childhood Experiences (ACEs)

Experienced Four or More Adverse Childhood Experiences (ACEs)*, Age 18+, New Mexico, 2019

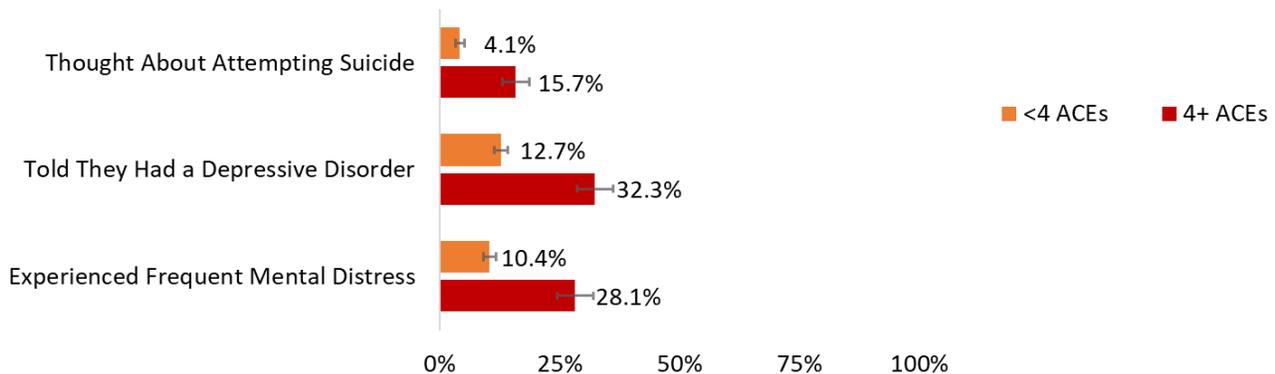


*Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years).
Source: 2019 NM BRFSS

Adverse childhood experiences (ACEs) are traumatic and stressful events that children experience before the age of 18. These experiences are associated with subsequent adult risks and disease including depression and substance use.¹ In 2019, 24.4% of adults experienced four or more adverse childhood experiences.

Adults who experienced four or more adverse childhood experiences are almost four times as likely to consider suicide. They are more than two and half times as likely to have a depressive disorder history or to experience frequent mental distress.

Mental Health Indicators Among Those That Experienced Four or More Adverse Childhood Experiences (ACEs)*, Age 18+ New Mexico, 2019

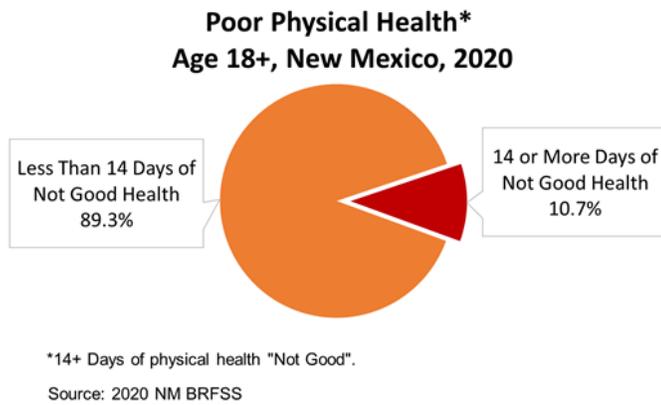


*Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years).

Error bars indicate 95% confidence interval
Source: 2019 NM BRFSS

1. Whiteside, C. (2021). *Adverse Childhood Experiences (ACEs) Among New Mexico Adults: Results from the NM BRFSS, 2019*. <https://www.nmhealth.org/data/view/report/2508/>

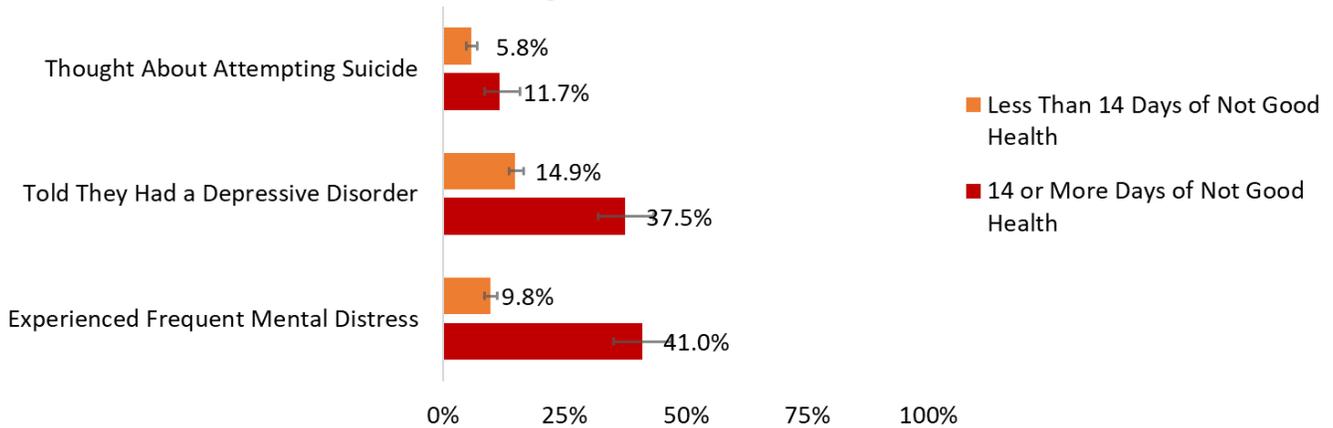
Poor Physical Health



Chronic illnesses such as cancer, heart disease, and diabetes can increase the likelihood of having or developing a mental health condition. People with depression are at higher risk for other medical conditions including stroke, Alzheimer’s disease, pain and cardiovascular disease.¹ In 2020, 10.7% of adults experienced 14 or more days of “not good” health in the past 30 days.

Adults with poor physical health were twice as likely to have thoughts of suicide (11.7%) than those without poor physical health (5.8%). These adults were more than four times as likely to experience frequent mental distress (41.0%) than those without poor physical health (9.8%).

Mental Health Indicators Among Those That Had Poor Physical Health*, Age 18+, New Mexico, 2020



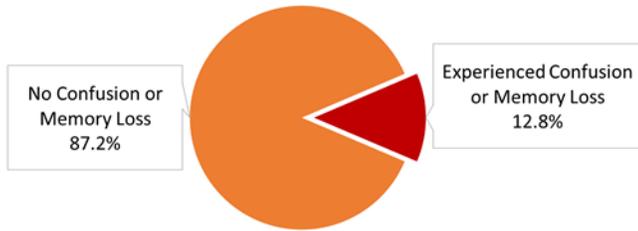
*14+ Days of physical health "Not Good".

Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

1. National Institute of Mental Health (NIMH). (2021). *Chronic Illness and Mental Health: Recognizing and Treating Depression*. www.nimh.nih.gov/talkingtips.

Memory Loss or Confusion

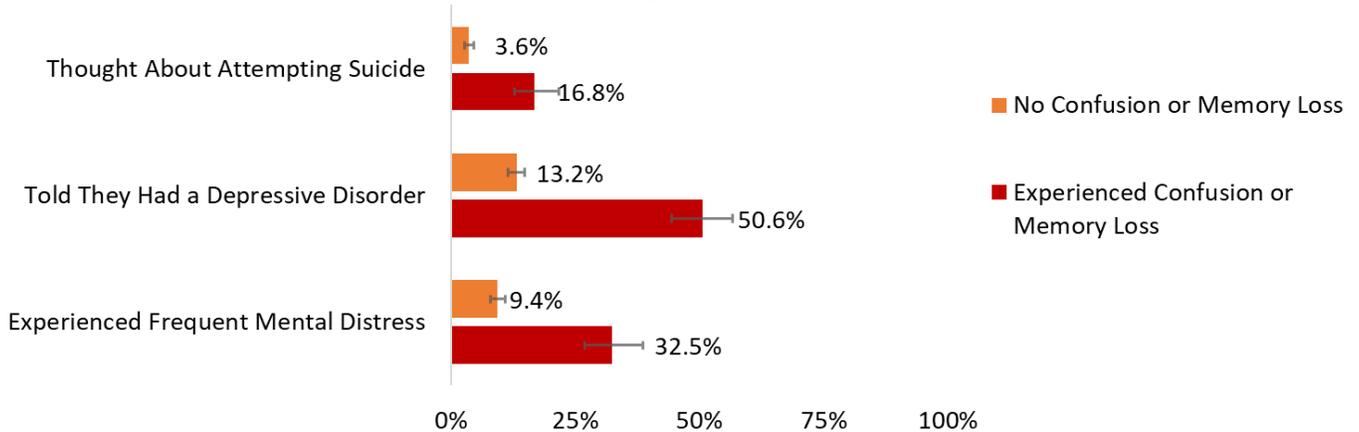
**Experienced Memory Loss or Confusion*
Age 18+, New Mexico, 2019**



*Among adults ages 45+, experienced confusion or memory loss that is happening more often or getting worse in the past 12 months.
Source: 2019 NM BRFSS

Stress, anxiety, and depression can contribute to forgetfulness, difficulty concentrating, and confusion. Dementia and cognitive impairments are also associated with depression and other mental health symptoms.¹ In 2020, 12.8% of adults experienced confusion or memory loss in the past 12 months. Adults who experienced confusion or memory loss were about five times as likely to think about attempting suicide and more than three times as likely to experience frequent mental distress.

Mental Health Indicators Among Those That Experienced Memory Loss or Confusion*, Age 18+, New Mexico, 2019



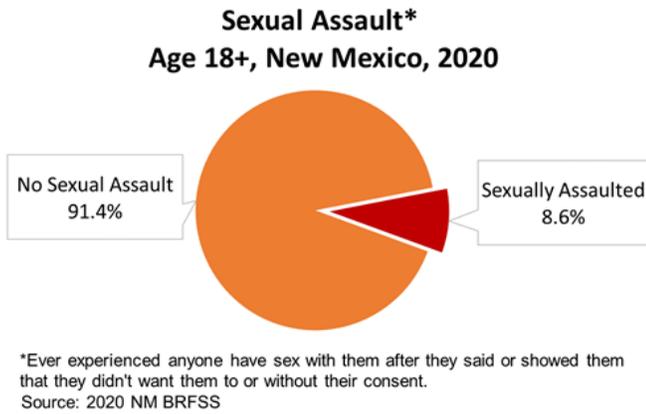
*Among adults ages 45+, experienced confusion or memory loss that is happening more often or getting worse in the past 12 months.

Error bars indicate 95% confidence interval

Source: 2019 NM BRFSS

1. Mayo Clinic. (2004). *Memory loss: When to seek help*. <https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/in-depth/memory-loss/art-20046326>

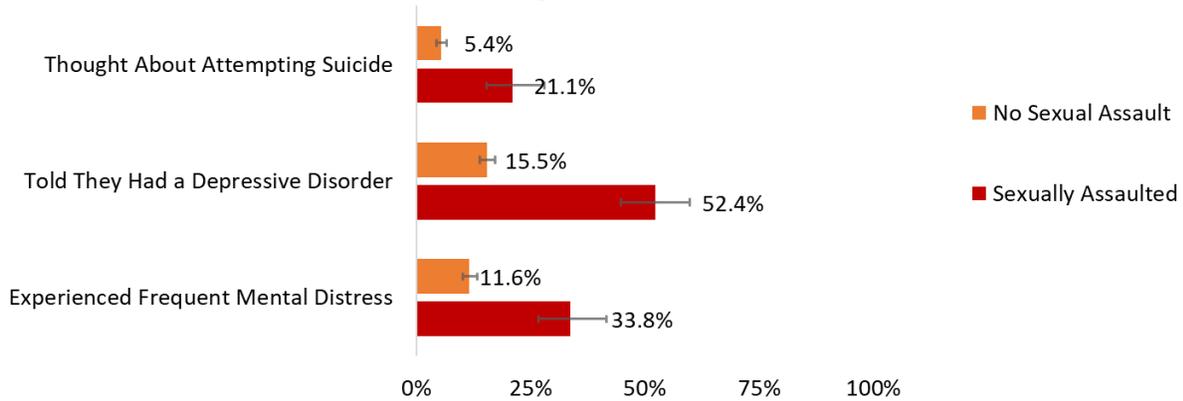
Sexual Assault



Survivors of sexual assault* often experience short term and chronic psychological consequences including depression, anxiety, suicidal thoughts, and post-traumatic stress disorder. These persons are also more likely to engage in some risk behaviors such as smoking or excessive alcohol use.¹ In 2020, 8.6% of adults had been sexually assaulted during their lifetimes.

Adults who experienced sexual assault were four times as likely to think about attempting suicide (21.1%) than adults who did not experience sexual assault (5.4%). More than half of the adults who experienced sexual assault were diagnosed with a depressive disorder (52.4%) and one in three experienced frequent mental distress (33.8%)

Mental Health Indicators Among Those That Were Ever Sexually Assaulted*, Age 18+, New Mexico, 2020



*Ever experienced anyone have sex with them after they said or showed them that they didn't want them to or without their consent.
Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

1. Basile, K. C., Degue, S., Jones, K., Freire, K., Dills, J., Smith, S. G., & Raiford, J. L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*.

Chronic Pain

**Experienced Chronic Pain*
Age 18+, New Mexico, 2020**

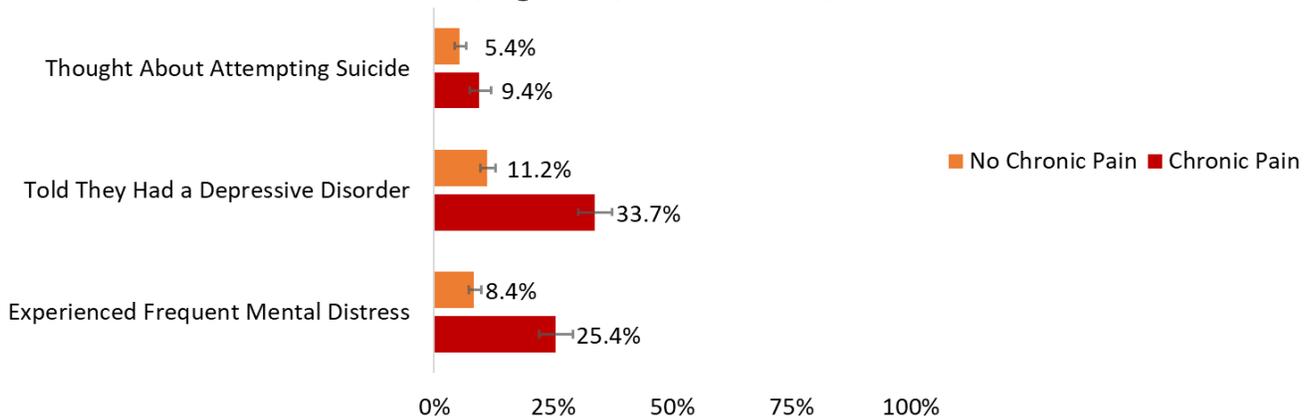


*Chronic pain that occurs constantly or flares up frequently.
Source: 2020 NM BRFSS

Depression and physical pain are closely related. Chronic pain can lead to disability, anxiety, and stress. Persons with chronic pain are more likely to experience depression, but research has shown they are less likely to receive mental health services than patients with mood disorders. Further, many persons experiencing depression only report physical symptoms to their medical practitioners.¹

In 2020, 30.4% of adults experienced chronic pain. Adults who experienced chronic pain were about three times as likely to have a history of a depression diagnosis as those without chronic pain and about three times as likely to have experienced frequent mental distress.

Mental Health Indicators Among Those That Experienced Chronic Pain*, Age 18+, New Mexico, 2020



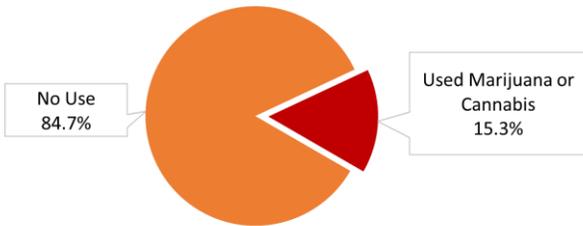
*Chronic pain that occurs constantly or flares up frequently.

Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

1. Harvard Health. (2017). *Depression and Pain*. <https://www.health.harvard.edu/mind-and-mood/depression-and-pain>

Marijuana Use

Used Marijuana or Cannabis At Least Once in Past 30 Days*, Age 18+, New Mexico, 2020

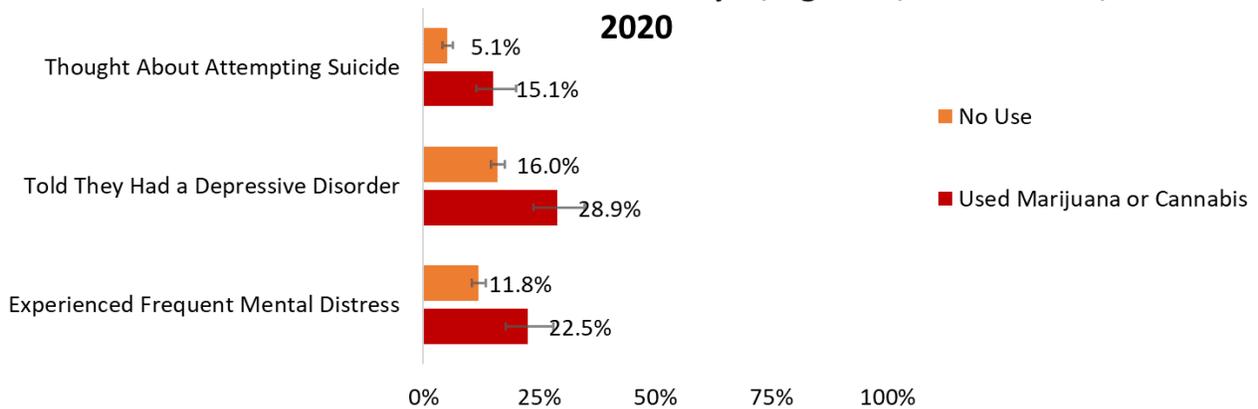


Source: 2020 NM BRFSS

Marijuana use is associated with several adverse consequences including short-term effects (impaired memory and attention; anxiety; and increased heart rate) as well as some long-term effects (potential for addiction; risk of other drug and alcohol use disorders; and risk of schizophrenia in people with genetic vulnerability).¹ Among adults, 15.3% used marijuana at least once in the past 30 days.

Adults who used marijuana were three times as likely to also have thoughts of attempting suicide (15.1%) than those with no use (5.1%). These adults were also twice as likely to also have experienced frequent mental distress (22.5%) than those adults with no use (11.8%).

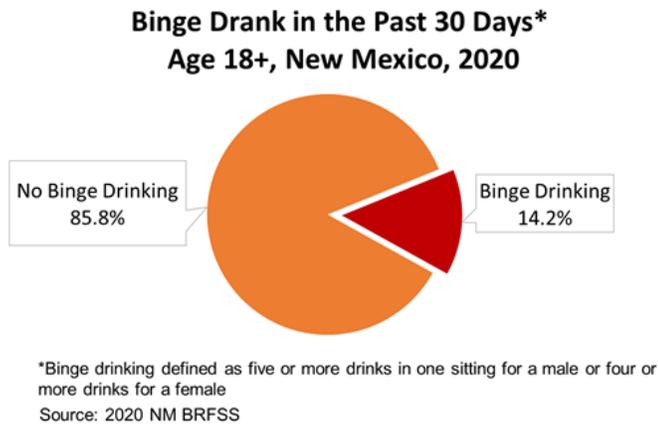
Mental Health Indicators Among Those That Used Marijuana or Cannabis At Least Once in Past 30 Days*, Age 18+, New Mexico, 2020



Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

1. National Institute on Drug Abuse (NIDA). (2020). *Marijuana Research Report*.

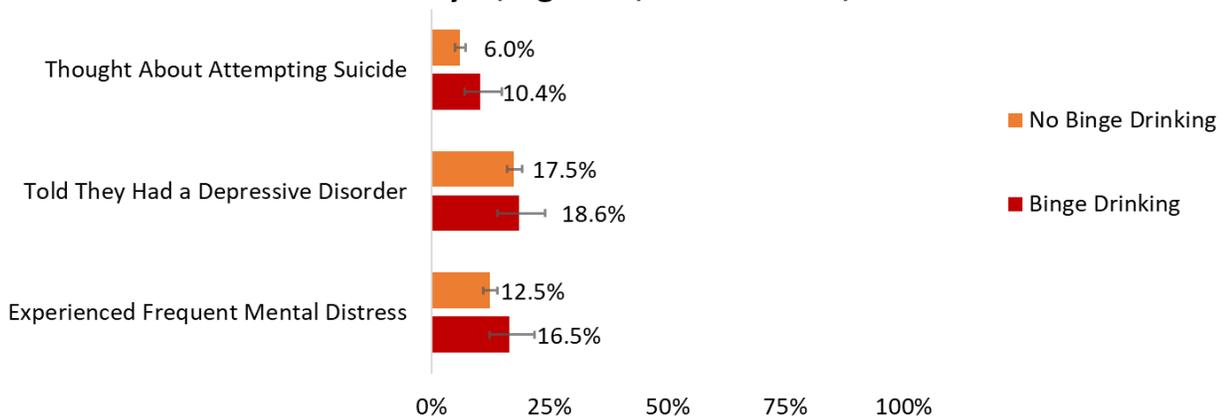
Binge Drinking



Excessive alcohol consumption can contribute to depressed mood, increased impulsivity, and increased likelihood for risky behaviors including suicide attempts. For persons with mental health conditions, alcohol use can make their existing symptoms more severe. Excessive alcohol use is also associated with numerous chronic health conditions which in turn can impact mental health.¹

In 2020, 14.2% of New Mexican adults engaged in binge drinking in the past 30 days. Adults who engaged in binge drinking had more than a 50% increased risk of also having thought about attempting suicide than those who did not.

Mental Health Indicators Among Those That Binge Drank in the Past 30 Days*, Age 18+, New Mexico, 2020



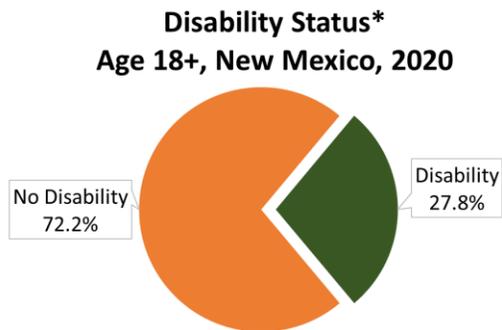
*Binge drinking defined as five or more drinks in one sitting for a male or four or more drinks for a female

Error bars indicate 95% confidence interval

Source: 2020 NM BRFS

1. Centers for Disease Control and Prevention. (2012). *Binge Drinking*. <https://www.cdc.gov/vitalsigns/bingedrinking/index.html>

Disability Status

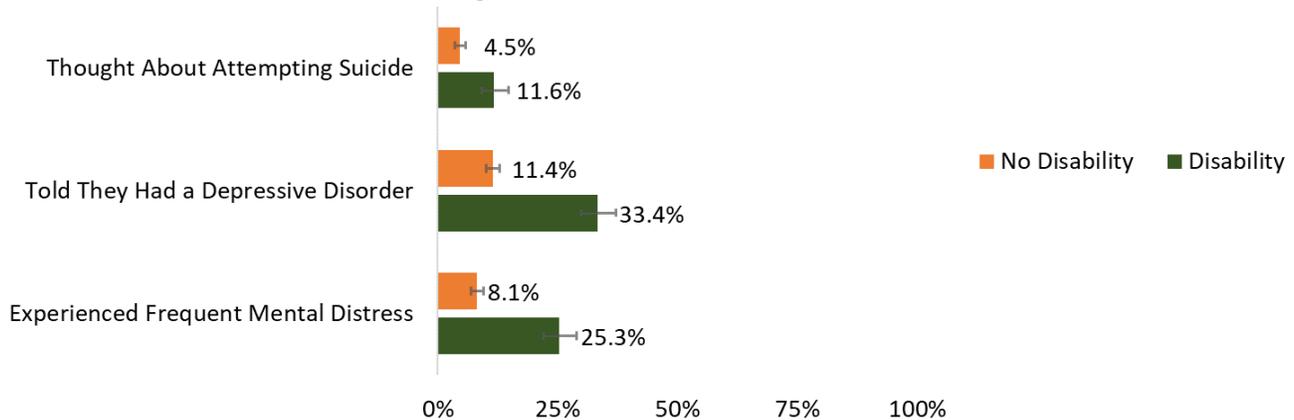


*At least one of the following health issues: Serious difficulty hearing; seeing; doing errands alone; concentrating, remembering, or making decisions; walking or climbing stairs; and/or dressing or bathing.
Source: 2020 NM BRFSS

Adults with disabilities are substantially more likely to experience frequent mental distress than those with no disability. Approaches to help people with disabilities feel connected and included in their community include promoting the importance of mental health screenings and health promotion especially among persons with cognitive disabilities is recommended.¹

In 2020, 27.8% of New Mexican adults had a disability. Adults with a disability were more than twice as likely to have thought about suicide and more than three times as likely to experience frequent mental distress than those with no disability.

Mental Health Indicators by Disability Status* Age 18+, New Mexico, 2020



*At least one of the following health issues: Serious difficulty hearing; seeing; doing errands alone; concentrating, remembering, or making decisions; walking or climbing stairs; and/or dressing or bathing.

Error bars indicate 95% confidence interval

Source: 2020 NM BRFSS

1. Centers for Disease Control and Prevention (CDC). (2020). *Frequent Mental Distress Among Adults with Disabilities: An Easy-Read Summary*. <https://www.cdc.gov/ncbddd/disabilityandhealth/easy-read-frequent-mental-distress.html>

Protective Factors

Routine Doctor Checkup

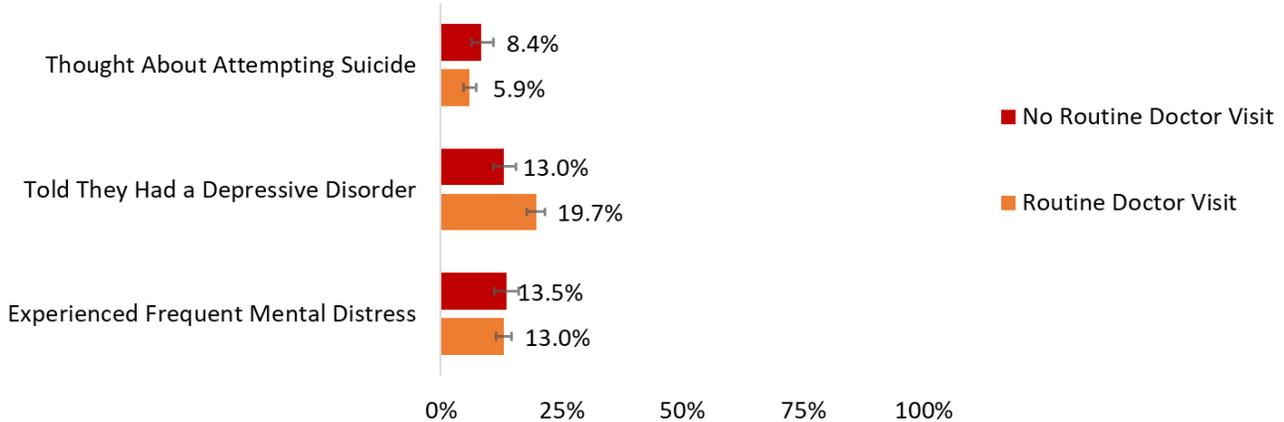
**Had a Routine Checkup With a Doctor*
Age 18+, New Mexico, 2020**



*Within past year, had a routine checkup (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition).
Source: 2020 NM BRFSS

Routine participation in preventative healthcare with medical professionals is associated with improved outcomes in physical health and mental health. Healthy People 2030 has set an objective for all adults to be screened for depression and connected to mental health specific services as needed. Primary care clinics provide an essential role in early prevention, education, and intervention work for mental health.¹ In 2020, 30.4% of adults did not have a routine doctor checkup.

Mental Health Indicators Among Those That Had a Routine Checkup With a Doctor*, Age 18+, New Mexico, 2020



*Within past year, had a routine checkup (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition).

Error bars indicate 95% confidence interval

Source: 2020 NM BRFSS

1. United States Preventative Services Taskforce. (2016). *Recommendation: Depression in Adults: Screening*. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening>

Sleep

**Hours of Sleep Per Night
Age 18+, New Mexico, 2020**

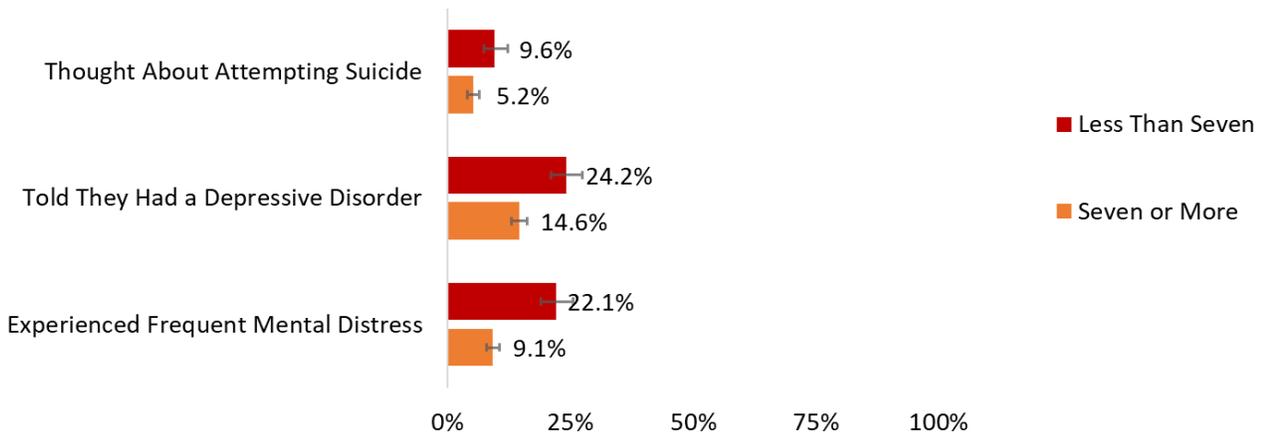


Source: 2020 NM BRFSS

Inadequate sleep is associated with chronic diseases and conditions like type 2 diabetes, heart disease, and depression. Inadequate sleep is also associated with risky behavior and related consequences such as motor vehicle accidents.¹ Inadequate sleep is an important symptom of multiple mental health diagnoses. It is recommended that adults get seven or more hours of sleep a night.

In 2020, 30.5% of New Mexican adults slept less than the recommended seven hours per night. Those adults who slept less than seven hours were two and a half times as likely to have experienced frequent mental distress and nearly twice as likely to have thought about attempting suicide.

**Mental Health Indicators By Hours of Sleep Per Night
Age 18+, New Mexico, 2020**



Error bars indicate 95% confidence interval
Source: 2020 NM BRFSS

1. Centers for Disease Control and Prevention (CDC). (2020). *Sleep and Sleep Disorders*. <https://www.cdc.gov/sleep/index.html>

Appendix I: Data Sources

Data Sources

National/New Mexico Population Data, 1981-1989: U.S. Census Bureau. Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989. Available from: <http://www.census.gov/programs-surveys/popest/data/data-sets.1980.html> as of December 17, 2020.

National/New Mexico population data, 1990-1999: U.S. Census Bureau. Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1990 to 1999, Internet Release Date August 30, 2000. Available from: <http://www.census.gov/programs-surveys/popest/data/data-sets.1990.html> as of December 17, 2020.

National Population Data, 2000-2010: National Center for Health Statistics (NCHS). Intercensal estimates of the resident population of the United States for July 1, 2000-July 1, 2010, by year, county, age, bridged race, Hispanic origin, and sex. Available from: <http://www.census.gov/programs-surveys/popest/data/data-sets.2000.html> as of December 17, 2020.

New Mexico Population Data, 2000-2019: University of New Mexico (UNM), Geospatial and Population Studies (GPS). Annual Estimates of the Population of New Mexico by County, Age, Sex, Race, and Hispanic Origin, 2000 to 2018.

National Death Data (CDC Wonder): National Center for Health Statistics (NCHS). Multiple Cause-of-Death files, 1981-2017, machine readable data files and documentation. National Center for Health Statistics, Hyattsville, Maryland. Available from: http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm#Mortality_Multiple. Death rates were calculated by the New Mexico Department of Health (NMDOH), Epidemiology and Response Division (ERD), Injury and Behavioral Epidemiology Bureau (IBEB), Survey Unit.

New Mexico Death Data (Death Data): New Mexico Department of Health, Epidemiology and Response Division, Bureau of Vital Records and Health Statistics (BVRHS). Death rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit.

New Mexico Hospital Inpatient Discharges (HIDD): New Mexico Department of Health, Epidemiology and Response Division, Health Systems Epidemiology Unit. Discharge rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit. Mental health statistics in this report use Clinical Classifications Software Refined (v2022.1) to group codes into diagnostic categories.

National Adult Behavioral Data (BRFSS): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health. Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2018. Available from: http://www.cdc.gov/brfss/data_tools.htm as of as of March 22, 2022.

New Mexico Adult Behavioral Data (BRFSS): New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit. New Mexico Behavioral Risk Factor Surveillance System (BRFSS). More reporting available from: <https://nmhealth.org/about/erd/ibeb/brfss/> as of as of March 22, 2022.

National Youth Behavioral Data (YRBS): Centers for Disease Control and Prevention (CDC). Surveillance Summaries, June 8, 2012. MMWR. 201;61(SS-4). More reporting available from: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> as of as of March 22, 2022.

New Mexico Youth Behavioral Data (YRRS): New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit; and the New Mexico Public Education Department, School and Family Support Bureau. New Mexico Youth Risk and Resiliency Survey (YRRS). More reporting available from: www.youthrisk.org as of as of March 22, 2022.

National/New Mexico Substance Use Disorder and Mental Health Data (NSDUH): Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Statewide and sub-state estimates from the 2019-2020 National Surveys on Drug Use and Health. Available from: <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019> More reporting available from: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-useand-health> as of March 22, 2022.