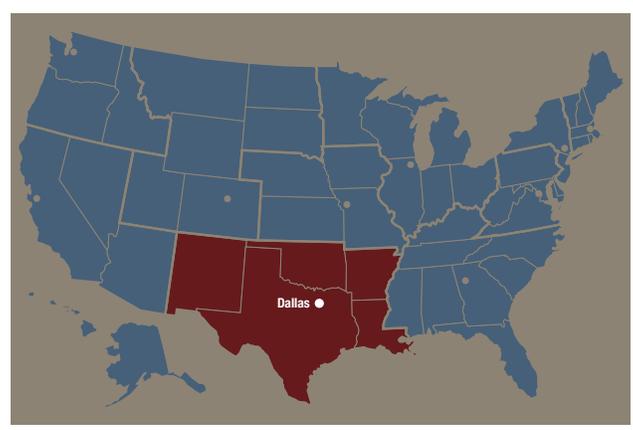




# Behavioral Health Barometer

## EXECUTIVE SUMMARY Region VI, 2014



Substance Abuse and Mental Health Services Administration  
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## Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by RTI International under contract No. 283–07–0208 with SAMHSA, U.S. Department of Health and Human Services (HHS).

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## Recommended Citation

Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Executive Summary, Region VI, 2014*. HHS Publication No. SMA–15–4895ES–REG VI. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

## Originating Office

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# CONTENTS



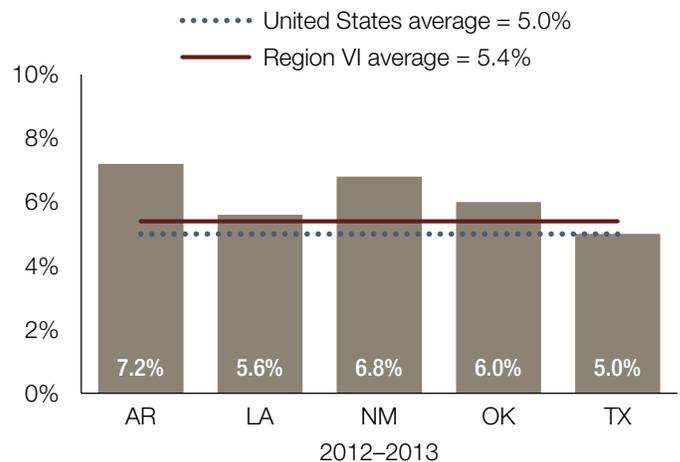
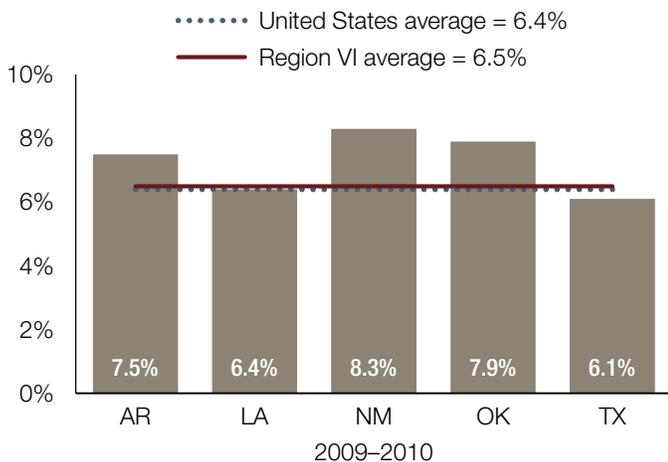
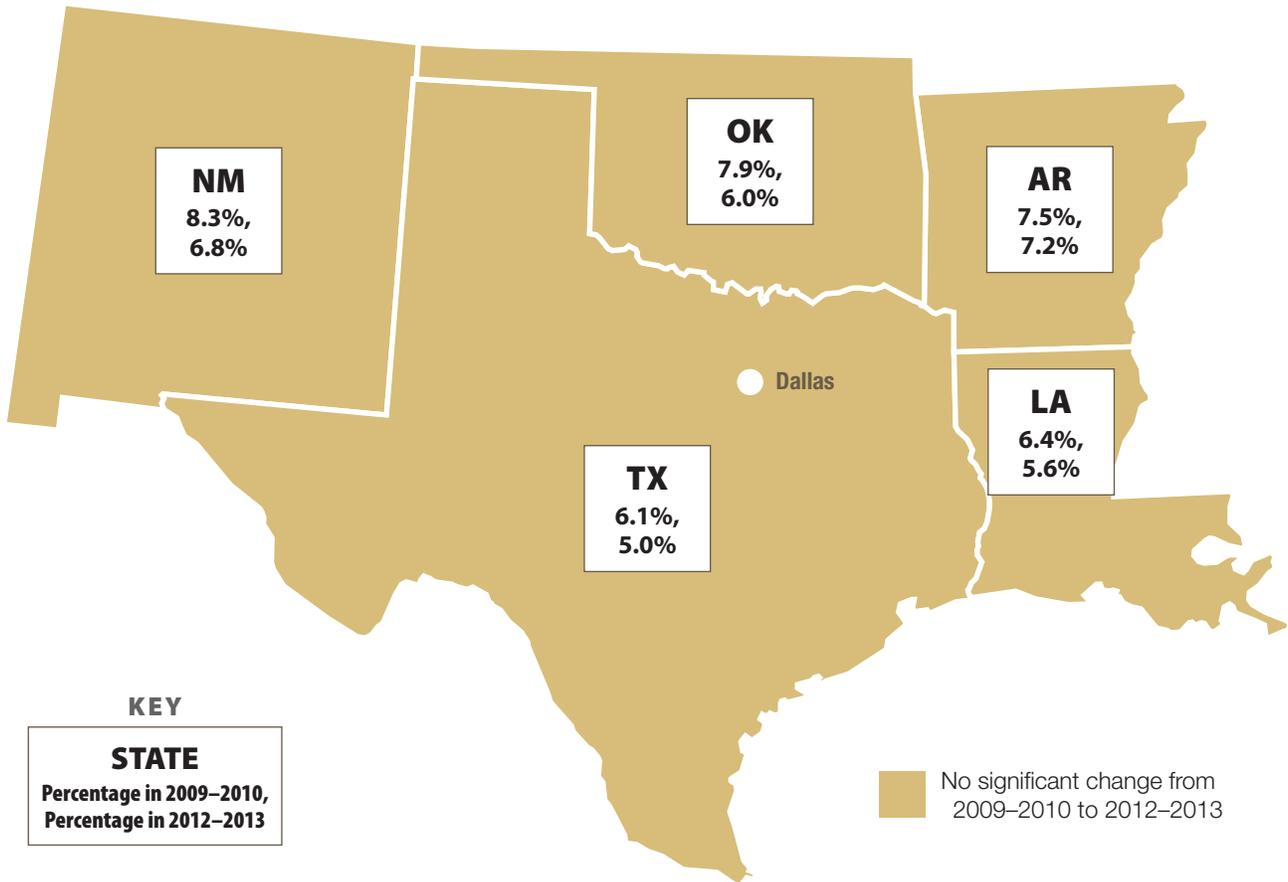
<b>ACKNOWLEDGMENTS</b> .....	<b>i</b>
<b>YOUTH SUBSTANCE USE</b> .....	<b>1</b>
Nonmedical Use of Pain Relievers .....	1
<b>YOUTH MENTAL HEALTH AND TREATMENT</b> .....	<b>3</b>
Depression .....	3
Treatment for Depression .....	3
<b>ADULT MENTAL HEALTH</b> .....	<b>5</b>
Thoughts of Suicide .....	5
<b>SUBSTANCE USE</b> .....	<b>7</b>
Illicit Drug Dependence or Abuse .....	7
<b>SUBSTANCE USE TREATMENT</b> .....	<b>9</b>
Opioids (Medication-Assisted Therapy) .....	9
<b>FIGURE NOTES</b> .....	<b>11</b>
<b>DEFINITIONS</b> .....	<b>11</b>
<b>SOURCES</b> .....	<b>12</b>

# YOUTH SUBSTANCE USE

## NONMEDICAL USE OF PAIN RELIEVERS



### Past-Year Nonmedical Use of Pain Relievers Among Adolescents Aged 12–17 in Region VI (2009–2010, 2012–2013)<sup>1</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

# YOUTH SUBSTANCE USE

## NONMEDICAL USE OF PAIN RELIEVERS



### Past-Year Nonmedical Use of Pain Relievers Among Adolescents Aged 12–17 in Region VI (2009–2010, 2012–2013)<sup>1</sup>

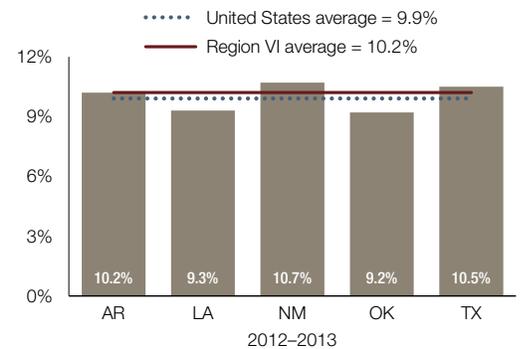
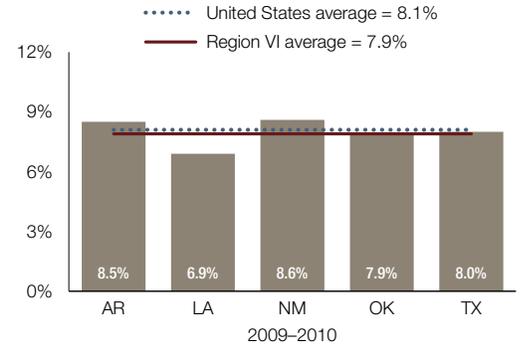
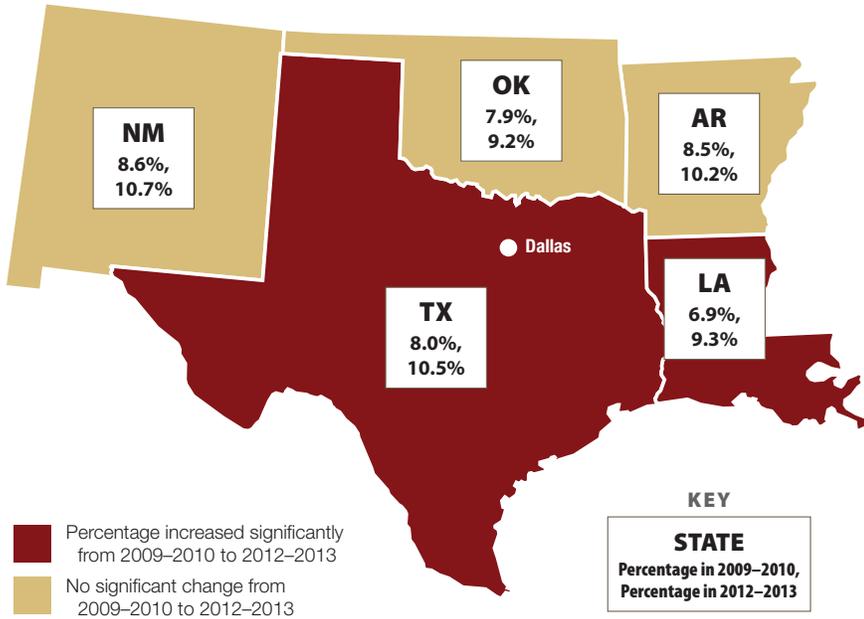
- In 2009–2010, 6.5% of adolescents aged 12–17 in Region VI reported nonmedical use of pain relievers within the year prior to being surveyed. The percentages of past-year nonmedical use of pain relievers among adolescents aged 12–17 across the states in Region VI ranged from 6.1% to 8.3%.
- In 2012–2013, 5.4% of adolescents aged 12–17 in Region VI reported nonmedical use of pain relievers within the year prior to being surveyed. The percentages of past-year nonmedical use of pain relievers among adolescents aged 12–17 across the states in Region VI ranged from 5.0% to 7.2%.
- For all states in Region VI, there were no significant changes in the percentages of past-year nonmedical use of pain relievers among adolescents aged 12–17 from 2009–2010 to 2012–2013.
- In 2009–2010, the percentage of past-year nonmedical use of pain relievers among adolescents aged 12–17 in New Mexico (8.3%) was significantly higher than the Region VI (6.5%) and U.S. (6.4%) averages.
- In 2012–2013, the percentage of past-year nonmedical use of pain relievers among adolescents aged 12–17 in Arkansas (7.2%) was significantly higher than the Region VI (5.4%) and U.S. (5.0%) averages, whereas the percentage in New Mexico (6.8%) was significantly higher than only the U.S. average.

# YOUTH MENTAL HEALTH AND TREATMENT

## DEPRESSION | TREATMENT FOR DEPRESSION

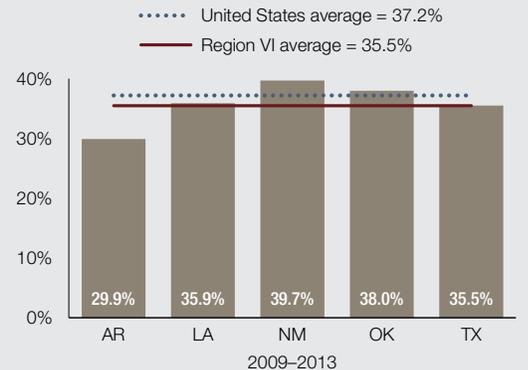
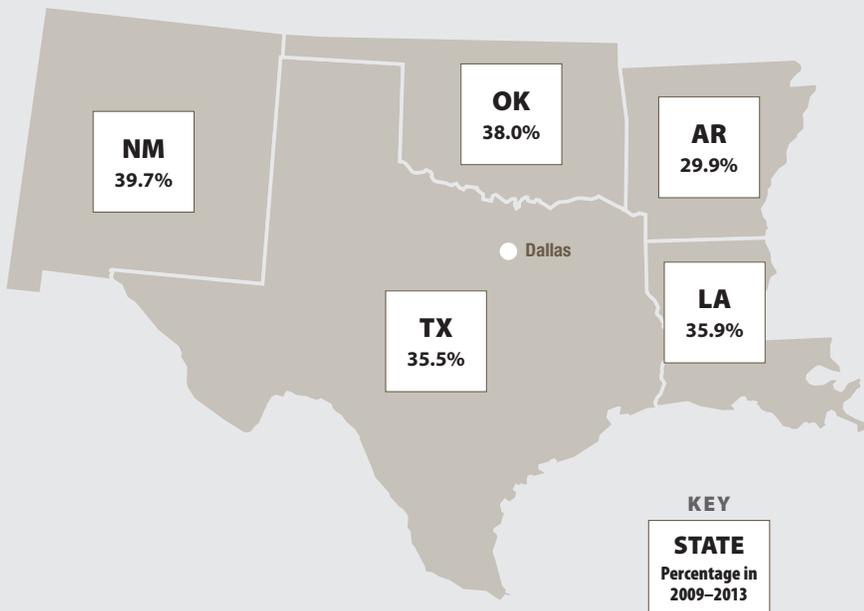


### Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Region VI (2009–2010, 2012–2013)<sup>1,2</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

### Past-Year Depression Treatment Among Adolescents Aged 12–17 with Major Depressive Episode (MDE) in Region VI (2009–2013)<sup>2,3</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2013.



### **Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Region VI (2009–2010, 2012–2013)<sup>1,2</sup>**

- In 2009–2010, 7.9% of adolescents aged 12–17 in Region VI had at least one MDE within the year prior to being surveyed. The percentages of MDE among adolescents aged 12–17 across the states in Region VI ranged from 6.9% to 8.6%.
- In 2012–2013, about 1 in 10 (10.2%) adolescents aged 12–17 in Region VI had at least one MDE within the year prior to being surveyed. The percentages of MDE among adolescents aged 12–17 across the states in Region VI ranged from 9.2% to 10.7%.
- The percentages of past-year MDE among adolescents aged 12–17 in Louisiana and Texas increased significantly from 2009–2010 to 2012–2013. There were no significant changes in past-year MDE among adolescents aged 12–17 in Arkansas, New Mexico, or Oklahoma during the same time period.
- In 2009–2010, the percentages of past-year MDE among adolescents aged 12–17 for each state in the region were not significantly different from the Region VI (7.9%) or U.S. (8.1%) averages.
- In 2012–2013, the percentages of past-year MDE among adolescents aged 12–17 for each state in the region were not significantly different from the Region VI (10.2%) or U.S. (9.9%) averages.

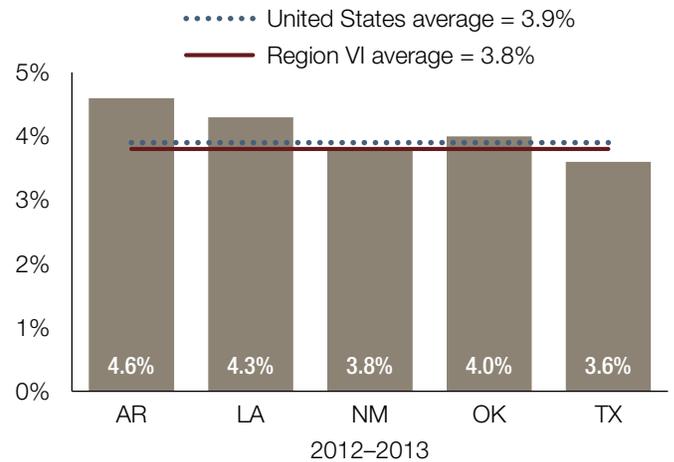
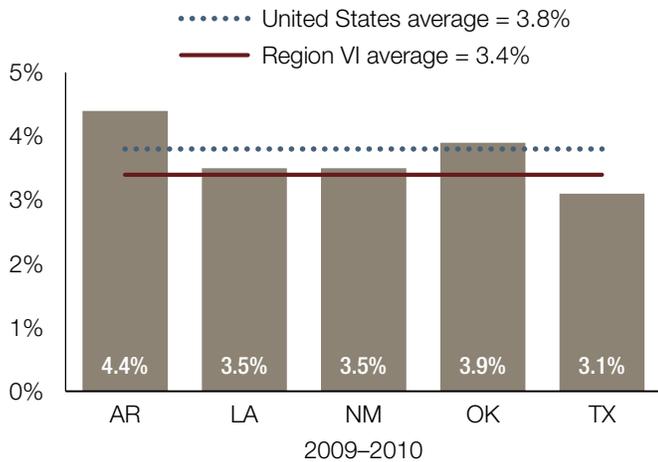
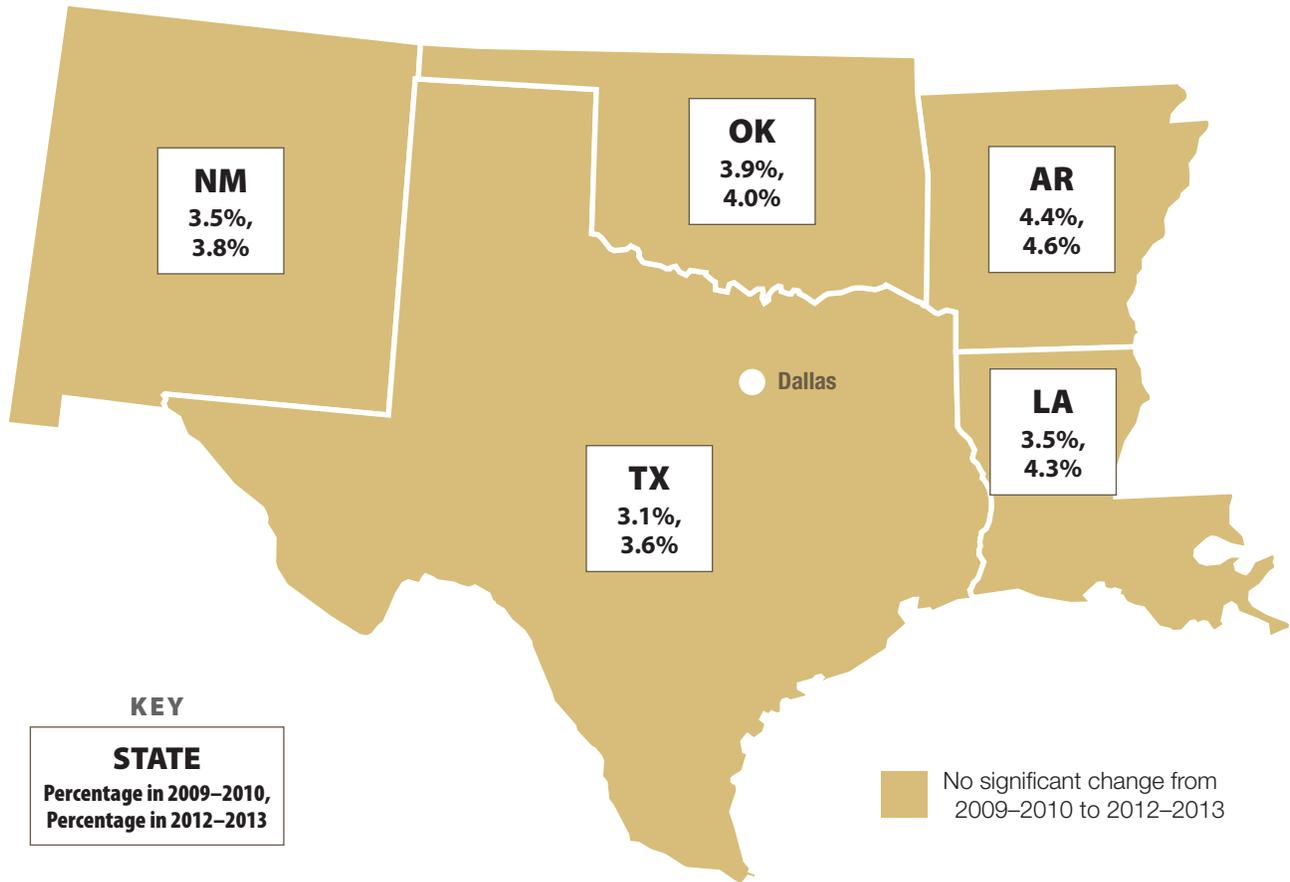
### **Past-Year Depression Treatment Among Adolescents Aged 12–17 with MDE in Region VI (2009–2013)<sup>2,3</sup>**

- From 2009 to 2013, an annual average of about 1 in 3 (35.5%) adolescents aged 12–17 in Region VI with MDE received treatment for depression within the year prior to being surveyed.
- From 2009 to 2013, the annual averages of past-year depression treatment among adolescents aged 12–17 with MDE across the states in Region VI ranged from 29.9% to 39.7%.
- From 2009 to 2013, the annual averages of past-year depression treatment among adolescents aged 12–17 with MDE for each state in the region were not significantly different from the Region VI (35.5%) or U.S. (37.2%) annual averages.

# ADULT MENTAL HEALTH THOUGHTS OF SUICIDE



## Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Region VI (2009–2010, 2012–2013)<sup>1,4</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

# ADULT MENTAL HEALTH

## THOUGHTS OF SUICIDE



### Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Region VI (2009–2010, 2012–2013)<sup>1,4</sup>

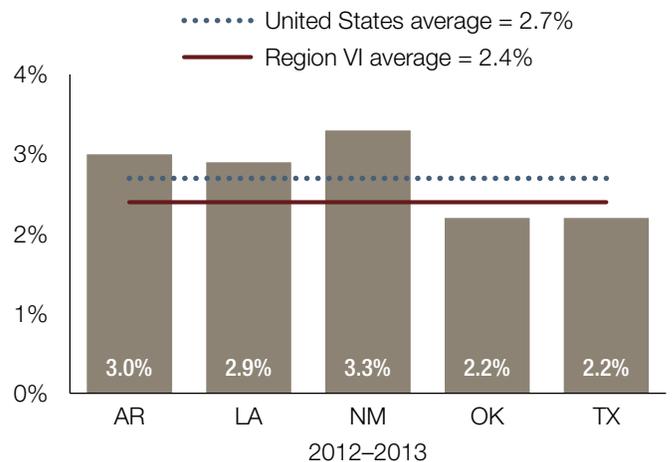
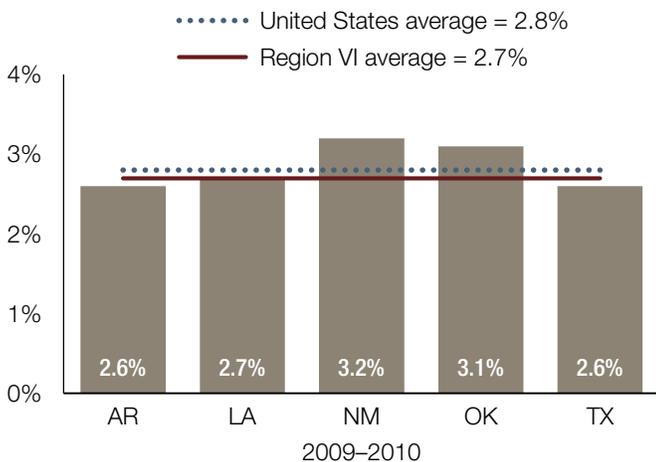
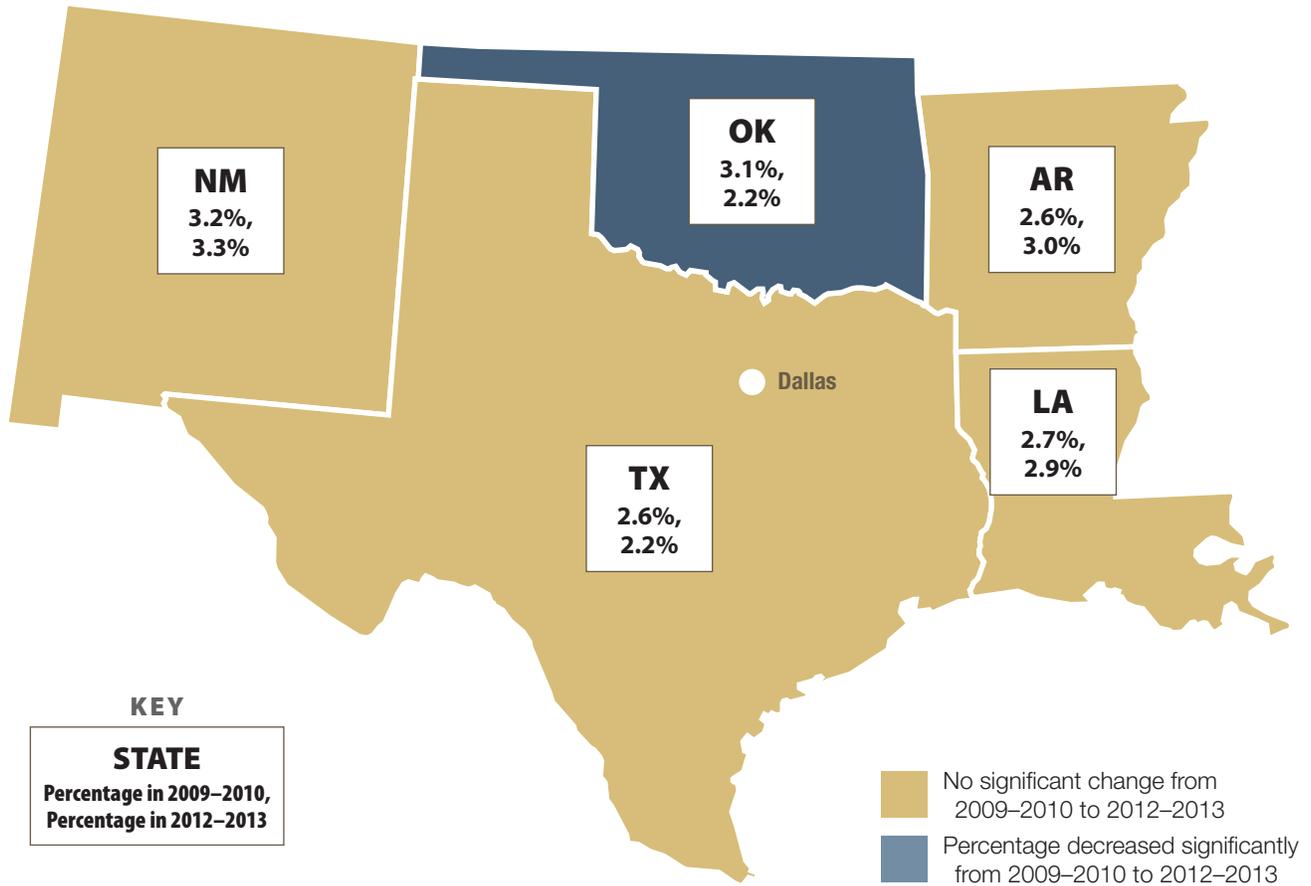
- In 2009–2010, 3.4% of adults aged 18 or older in Region VI had serious thoughts of suicide within the year prior to being surveyed. The percentages of past-year serious thoughts of suicide among adults aged 18 or older across the states in Region VI ranged from 3.1% to 4.4%.
- In 2012–2013, 3.8% of adults aged 18 or older in Region VI had serious thoughts of suicide within the year prior to being surveyed. The percentages of past-year serious thoughts of suicide among adults aged 18 or older across the states in Region VI ranged from 3.6% to 4.6%.
- For all states in Region VI, there were no significant changes in the percentages of past-year serious thoughts of suicide among adults aged 18 or older from 2009–2010 to 2012–2013.
- In 2009–2010, the percentage of past-year serious thoughts of suicide among adults aged 18 or older in Texas (3.1%) was significantly lower than the U.S. (3.8%) average, whereas the percentage in Arkansas (4.4%) was significantly higher than the Region VI (3.4%) average.
- In 2012–2013, the percentages of past-year serious thoughts of suicide among adults aged 18 or older for each state in the region were not significantly different from the Region VI (3.8%) or U.S. (3.9%) averages.

# SUBSTANCE USE

## ILLICIT DRUG DEPENDENCE OR ABUSE



Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older in Region VI (2009–2010, 2012–2013)<sup>1</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

# SUBSTANCE USE

## ILLICIT DRUG DEPENDENCE OR ABUSE



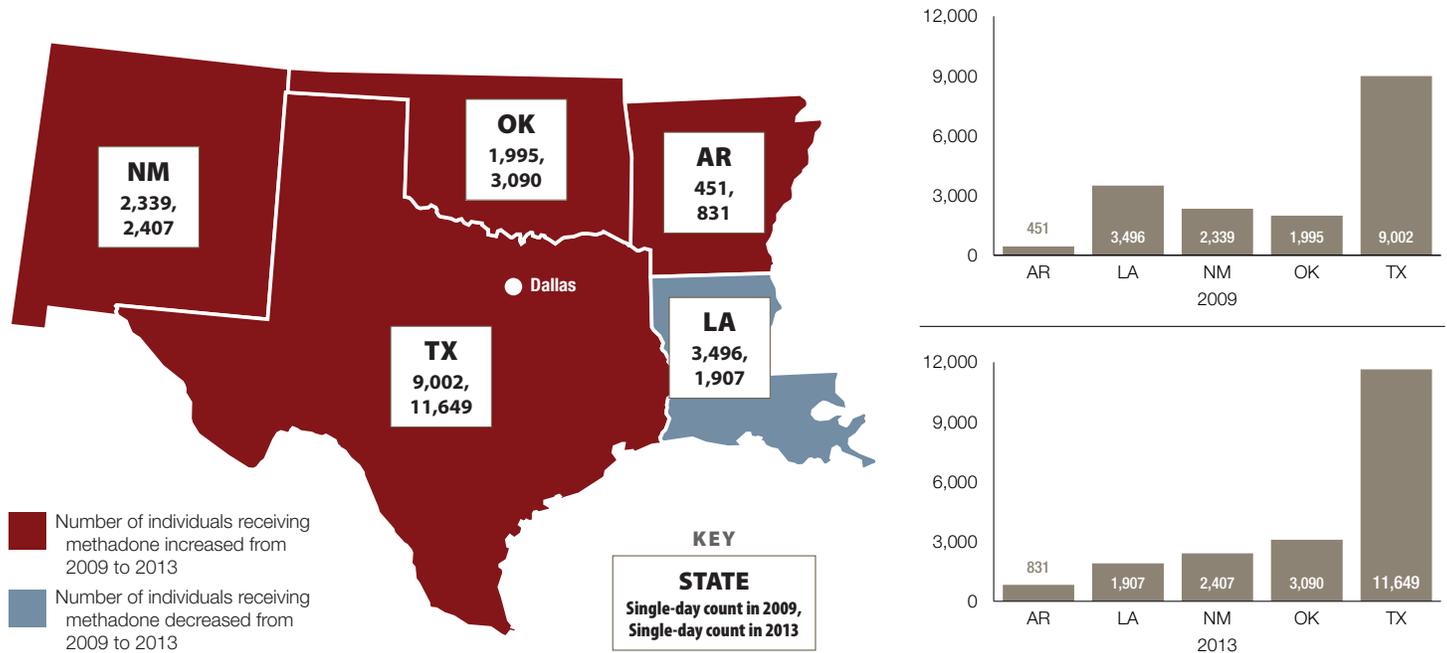
### Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older in Region VI (2009–2010, 2012–2013)<sup>1</sup>

- In 2009–2010, 2.7% of individuals aged 12 or older in Region VI were dependent on or abused illicit drugs within the year prior to being surveyed. The percentages of past-year illicit drug dependence or abuse among individuals aged 12 or older across the states in Region VI ranged from 2.6% to 3.2%.
- In 2012–2013, 2.4% of individuals aged 12 or older in Region VI were dependent on or abused illicit drugs within the year prior to being surveyed. The percentages of past-year illicit drug dependence or abuse among individuals aged 12 or older across the states in Region VI ranged from 2.2% to 3.3%.
- The percentage of past-year illicit drug dependence or abuse among individuals aged 12 or older decreased significantly in Oklahoma from 3.1% in 2009–2010 to 2.2% in 2012–2013. There were no significant changes in the percentages of past-year illicit drug dependence or abuse among individuals aged 12 or older in Arkansas, Louisiana, New Mexico, or Texas during the same time period.
- In 2009–2010, the percentages of past-year illicit drug dependence or abuse among individuals aged 12 or older for each state in the region were not significantly different from the Region VI (2.7%) or U.S. (2.8%) averages.
- In 2012–2013, the percentage of past-year illicit drug dependence or abuse among individuals aged 12 or older in Texas (2.2%) was significantly lower than the Region VI (2.4%) and U.S. (2.7%) averages, whereas the percentage in New Mexico (3.3%) was significantly higher than the regional average.

# SUBSTANCE USE TREATMENT OPIOIDS (MEDICATION-ASSISTED THERAPY)

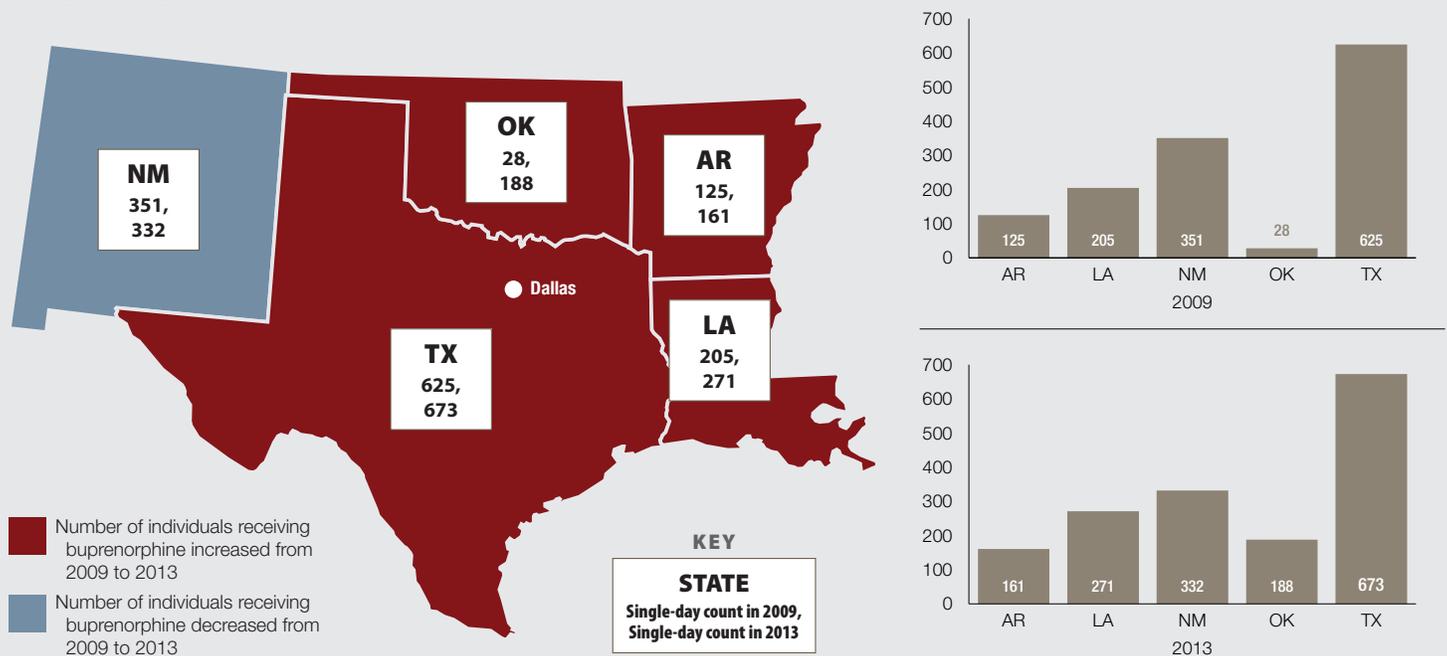


## Individuals Enrolled in Opioid Treatment Programs (OTPs) in Region VI Receiving Methadone: Single-Day Counts (2009, 2013)<sup>5</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 and 2013.

## Individuals Enrolled in Substance Use Treatment in Region VI Receiving Buprenorphine: Single-Day Counts (2009, 2013)<sup>5,6</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 and 2013.

# SUBSTANCE USE TREATMENT

## OPIOIDS (MEDICATION-ASSISTED THERAPY)



### Individuals Enrolled in Opioid Treatment Programs (OTPs) in Region VI Receiving Methadone: Single-Day Counts (2009, 2013)<sup>5</sup>

- In 2009, the numbers of individuals enrolled in OTPs receiving methadone on a single day across the states in Region VI ranged from 451 to 9,002 individuals.
- In 2013, the numbers of individuals enrolled in OTPs receiving methadone on a single day across the states in Region VI ranged from 831 to 11,649 individuals.
- From 2009 to 2013, single-day counts for individuals enrolled in OTPs receiving methadone increased in Arkansas, New Mexico, Oklahoma, and Texas, while single-day counts decreased by 45% in Louisiana.

### Individuals Enrolled in Substance Use Treatment in Region VI Receiving Buprenorphine: Single-Day Counts (2009, 2013)<sup>5,6</sup>

- In 2009, the number of individuals enrolled in substance use treatment receiving buprenorphine on a single day across the states in Region VI ranged from 28 to 625 individuals.
- In 2013, the number of individuals enrolled in substance use treatment receiving buprenorphine on a single day across the states in Region VI ranged from 161 to 673 individuals.
- From 2009 to 2013, single-day counts of individuals enrolled in substance use treatment receiving buprenorphine increased in Arkansas, Louisiana, Oklahoma, and Texas, while single-day counts decreased in New Mexico.
- The numbers of individuals enrolled in substance use treatment receiving buprenorphine increased 571% in Oklahoma from 28 individuals in 2009 to 188 individuals in 2013.

# FIGURE NOTES



- <sup>1</sup> State estimates are based on a small area estimation procedure in which state-level National Survey on Drug Use and Health (NSDUH) data from 2 consecutive survey years are combined with local-area county and census block group/tract-level data from the state. This model-based methodology provides more precise estimates of substance use at the state level than those based solely on the sample, particularly for states with smaller sample sizes.
- <sup>2</sup> Respondents with unknown past-year major depressive episode (MDE) data were excluded.
- <sup>3</sup> Estimates are annual averages based on combined 2009–2013 NSDUH data. These estimates are based solely on the sample, unlike estimates based on the small area estimation procedure as stated above.
- <sup>4</sup> Estimates were based only on responses to suicide items in the NSDUH Mental Health module. Respondents with unknown suicide information were excluded.
- <sup>5</sup> Single-day counts reflect the number of persons who were enrolled in substance use treatment on March 31, 2009, and March 29, 2013.
- <sup>6</sup> Physicians who obtain specialized training may prescribe buprenorphine. Some physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, opioid treatment programs (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities or OTPs; they do not include clients from private practice physicians.

# DEFINITIONS



***Dependence on or abuse of illicit drugs*** is defined using 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) criteria.

***Illicit drugs*** is defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically, based on data from original National Survey on Drug Use and Health (NSDUH) questions, not including methamphetamine use items added in 2005 and 2006.

***Major depressive episode (MDE)*** is defined as in DSM-IV, which specifies a period of at least 2 weeks in the past year when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

***Treatment for depression*** is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year.

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HHS Publication No. SMA–15–4895ES–REG VI  
2015

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