



PROVIDING THE VITAL CARE NEVADANS NEED

Addressing the Mental Health Services Crisis

The Situation

Unfortunately, Nevada ranks 47th in access to mental health care (Mental Health America, 2018). The lack of treatment options creates issues for the patients, the communities in which they live, and Nevada's image for quality of living, impacting our reputation as a place to do business.

Nevada has a substantial shortage of mental health professionals and ranks 51st in the country for higher prevalence of mental illness and lower rates of access to care (Mental Health America, 2018). Also, laws don't require reimbursement by commercial insurers to some providers including Licensed Clinical Social Workers.

Even more daunting for those who need behavioral health and addiction treatment is that government and private insurers are often unwilling to pay for needed mental health care and often pay below cost. Therefore, hospital emergency rooms (ERs) are often crowded with people who are in crisis. Hospital ERs are typically the most expensive care option, and they are not properly equipped to provide adequate treatment.

Changing our approach to behavioral health care is essential to supporting our local communities and making Nevada a better place to live.

A Patient's Story*

Brendan L. has struggled with bipolar disorder since he was 22, and just recently lost the ability to pay for his stabilizing medication. He moved out of his parents' home just a few months ago and has no family or social circle to support him.

One evening he got to a crisis point, "lost it" in a neighborhood bar and the police were called. They realized that he was not suitable for a jail cell, so they took Brendan

to a nearby hospital emergency department. The emergency department staff did what they could to provide medication and treatment to bring him back to a reasonable state. There was no place to refer him to that had an open inpatient bed, and there was no available counselor in their community resource list for follow up outpatient care.

His mother eventually came to pick him up, but not before he spent six hours in the emergency department. He was highly disruptive and hard to manage, even with hospital security in the room. There was nowhere else for him to go. "I don't know where I can take Brendan for the help he needs and an emergency department doesn't do mental health treatment!" said his mother.

I don't know where I can take Brendan for the help he needs and an emergency department doesn't do mental health treatment!

* The individuals reflected in this example are an aggregate of several people and their experiences.





Patients with behavioral health diagnoses had an average length of stay in the ER of 15 hours, while all others stayed an average of 7.

8.5

Psychiatrists

Nevada has only 8.5 psychiatrists per capita compared to the national average of 16.1.

11th

Highest Suicide Rate

Nevada has the 11th highest rate in the nation. Suicide is the 8th leading cause of death for Nevadans.

Nevada Hospital Association's Stance

The Nevada Hospital Association (NHA) believes that citizens in need of care for behavioral health and addiction treatment should be able to receive that care regardless of their ability to pay. The lack of treatment options creates issues for patients, the communities in which they live, and Nevada's image.

Patients needing mental health services often use our state's most expensive healthcare resources, our hospitals' emergency rooms and medical care rooms. These facilities are often not designed or equipped to care for patients with mental health issues and struggle for options to refer patients to for care.

Please support our attempts to change policy on how care is reimbursed for patients who need mental health services.

Impact on Other Critical Health Issues

Because of the lack of coverage from government and private healthcare insurers, patients in need of mental health or addiction services end up in Nevada hospitals' emergency rooms (ERs), often because law enforcement or first responder personnel have no other options. This further impacts Nevada's already crowded ERs. This also underscores the broader problem of Medicaid reimbursement levels, and lack of Medicaid coverage for some vital services.



Nevadans are struggling to receive the mental health care they need, because of lack of services that either their private or government insurance will pay for. Nevada hospitals are doing their best to provide care to this vulnerable population, even though mental health/addiction care services are not part of their service offerings.

