

## KENTUCKY'S GROWING MENTAL HEALTH CRISIS

### *The Effects on Hospital Emergency Departments*

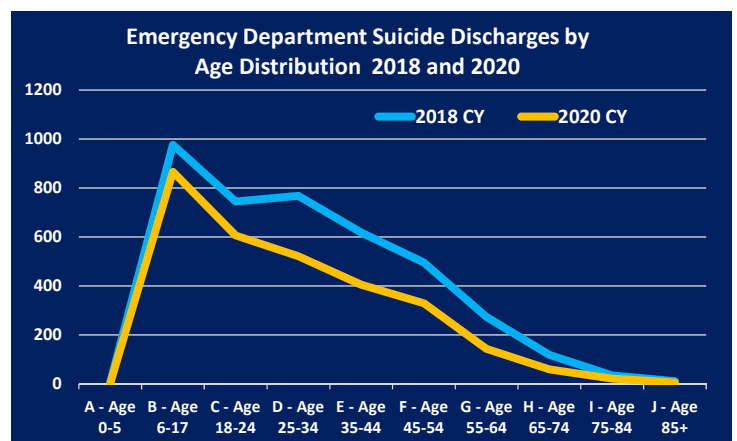
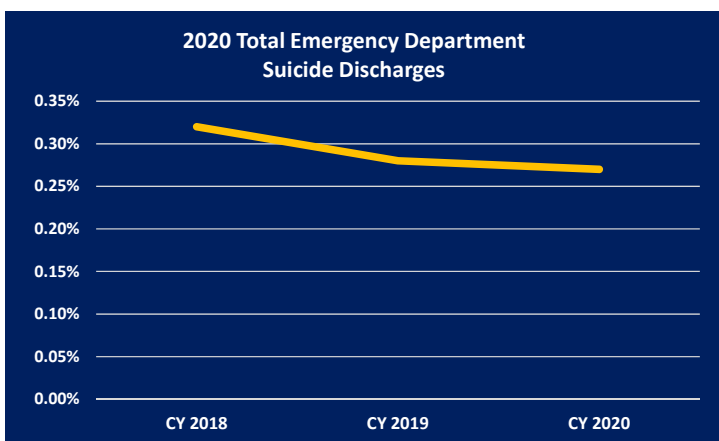
The year 2020 was unprecedented due to the COVID-19 Pandemic. This virus adversely affected Kentucky with forced isolation, separation and in many cases hopelessness, resulting in a crisis highlighting mental health illnesses and substance use disorders (SUDs) along with an exponential rise in opioid deaths and overdoses. This report will cover two specific areas of mental health – suicide and substance use disorder.

While there was an overall decline in the raw number of emergency department (ED) visits following COVID-19, the percentage of ED visits for mental health illness and substance use disorder increased. Prior to the COVID-19 pandemic, calendar year (CY) 2019 specifically, 50% of Kentucky's 2.4 million emergency department (ED) visits (approximately 1.2 million visits) reported a diagnosis of either mental health illness or substance use disorder. In CY 2020, at the height of the COVID-19 pandemic, the percentage of these ED visits increased to 53% even though overall ED visits declined, to 1.9 million visits during this unprecedented time. The state-ordered shutdown of elective procedures in mid-March 2020 potentially led to this decline in ED visits. Furthermore, elective procedures were not fully re-opened until June 2020. Medicaid pays for the majority of suicide, mental health and substance use disorder ED care in Kentucky.

### Kentucky's Trends in ED Utilization Related to Suicidal Ideation, Suicide Attempt, or Self-inflicted Harm

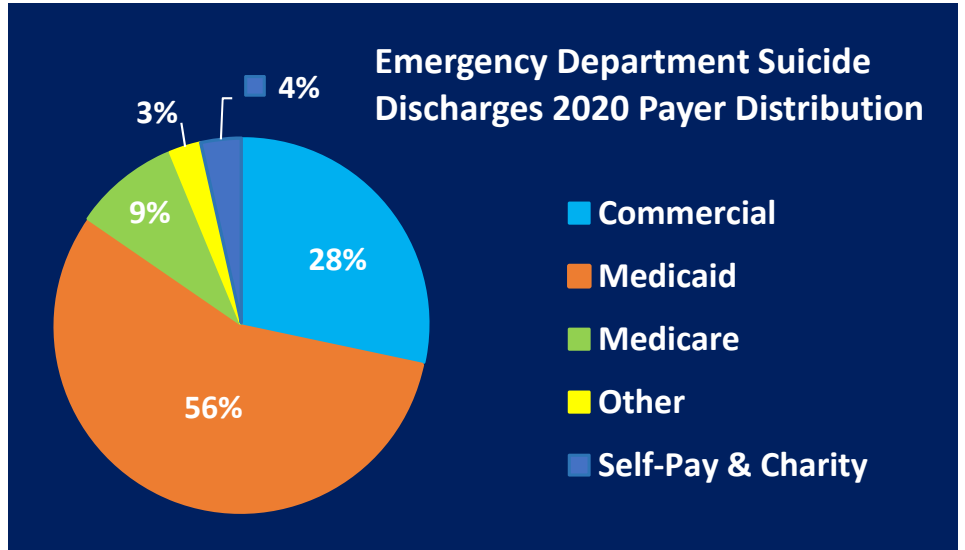
When someone dies by suicide, like any cause of death, the loss is felt by many. The ripples of loss spread from close family and friends to community members, acquaintances and even people the deceased did not know. All of those exposed to the loss may experience different levels of grief and trauma. According to the CDC, in 2019 there were an estimated 1.4 million suicide attempts and more than 47,500 deaths by suicide, making it the tenth leading cause of death in the United States. According to the American Association of Suicidology, in 2019 Kentucky ranked 22nd in the nation for suicide deaths. Kentucky's rate for suicide was 16.9 per 100,000 population in 2019 with 756 deaths due to suicide. Suicide is a major, preventable health concern in the United States, especially in the pediatric population. While suicide is preventable, it does require intervention. EDs have been identified as an important site of care to identify individuals at risk, to provide timely support and intervention and to facilitate entry into more intensive treatment when appropriate. However, fewer individuals are presenting to the ED with a suicide-related diagnosis, and older adults with higher death rates from suicide have fewer ED visits.

### Kentucky's Trends in ED Utilization Related to Suicidal Ideation, Suicide Attempt, or Self-inflicted Harm



SUICIDE IN KENTUCKY - CONTINUED

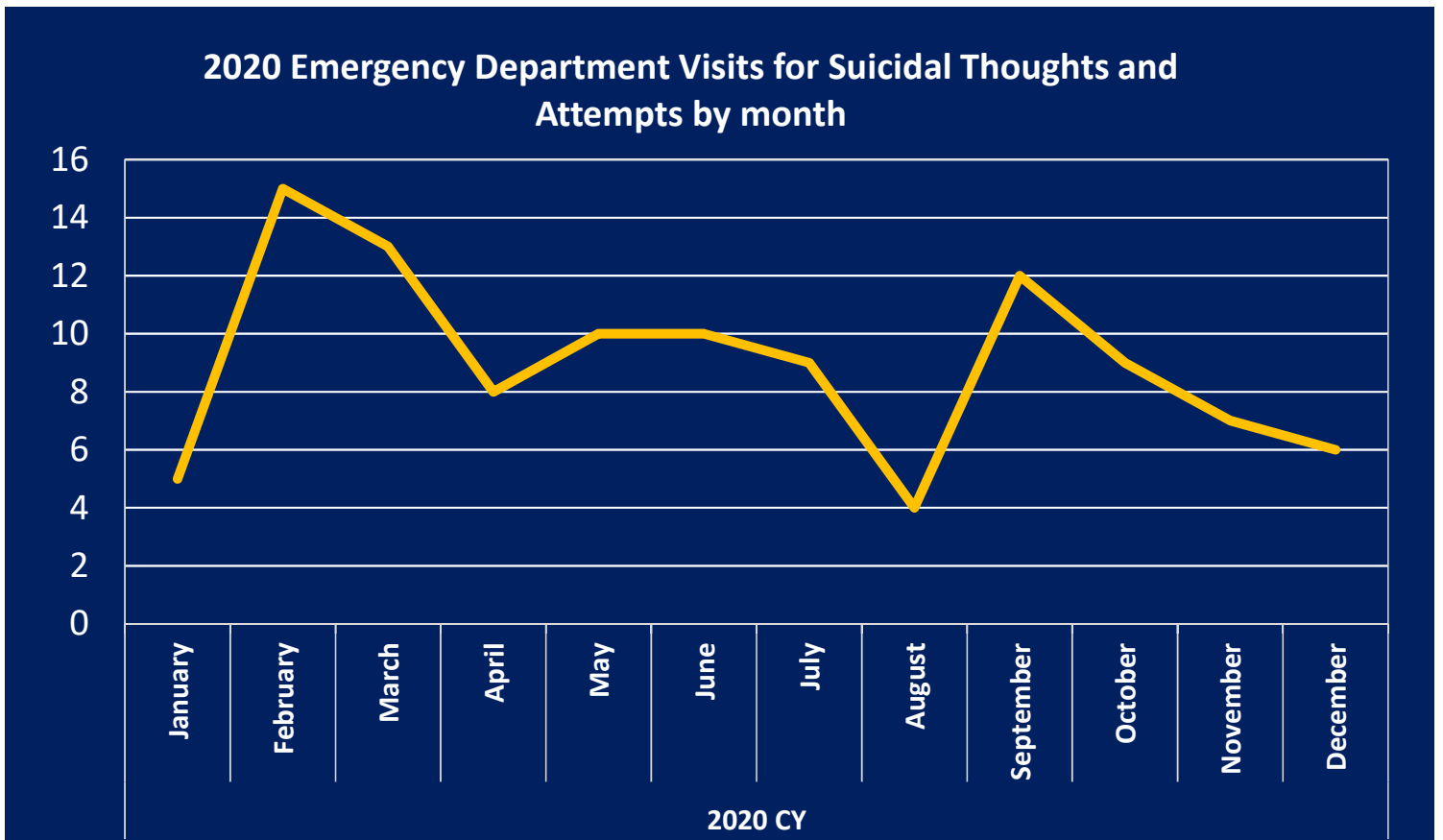
Emergency departments have been identified as important sites that can identify individuals at risk and facilitate entry into more intensive treatment, when appropriate.



Data Source: KHA InfoSuite

### Emergency Department Visits with a Diagnosis of Suicidal Thoughts and Attempts in 2020

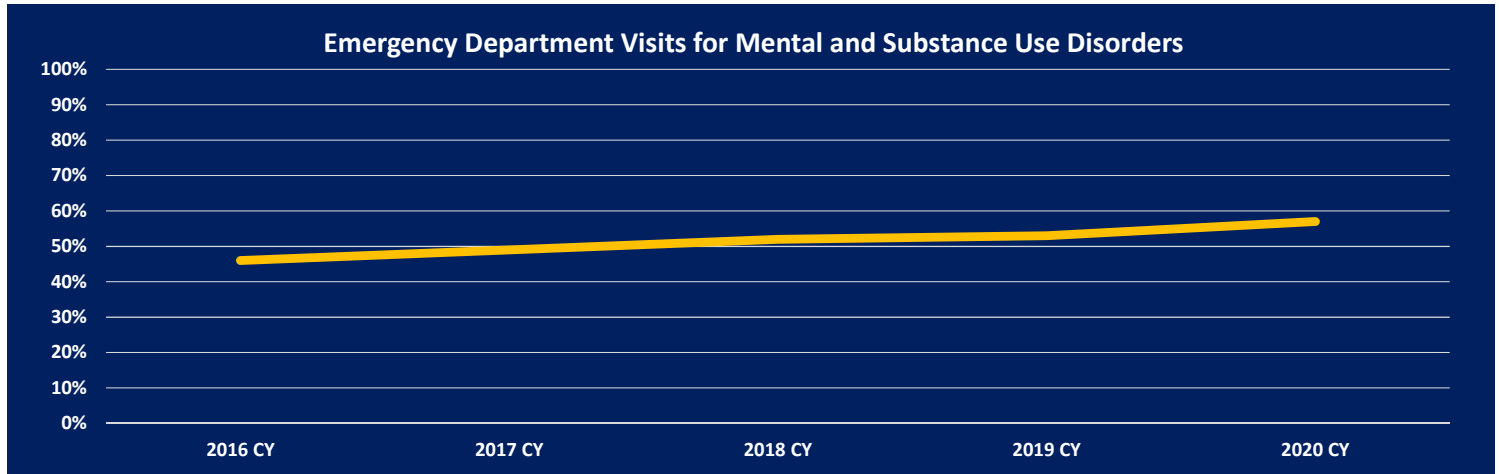
Billing data from Kentucky hospitals shows suicide-related ED visits dropped in April through August 2020, possibly related to the shutdown of elective procedures, before ticking back up in the following months.



Data Source: KHA InfoSuite

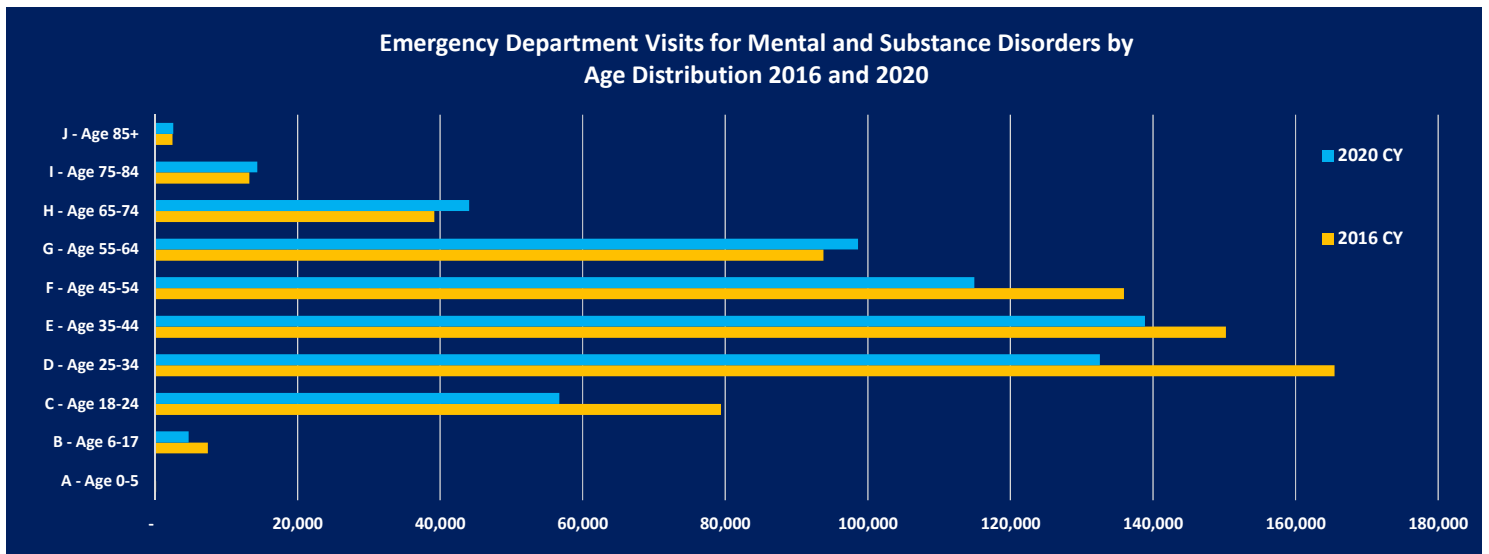
## Emergency Department Visits for Mental and Substance Use Disorders

Kentucky continues to see a rise in the percentage of ED patients with mental health (MH) and substance use disorders (SUDs).



Data Source: KHA InfoSuite

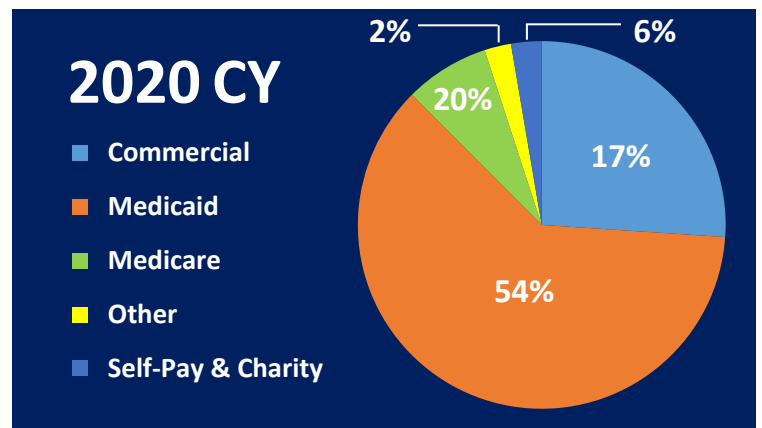
The age distribution for ED visits for patients with a primary diagnosis of MH and SUD in 2020 increased among older adults in the age range 55 years to 84 years of age as compared to 2016.



Data Source: KHA InfoSuite

### 2020 Emergency Department Visits for Mental and Substance Use Disorders Payer Distribution

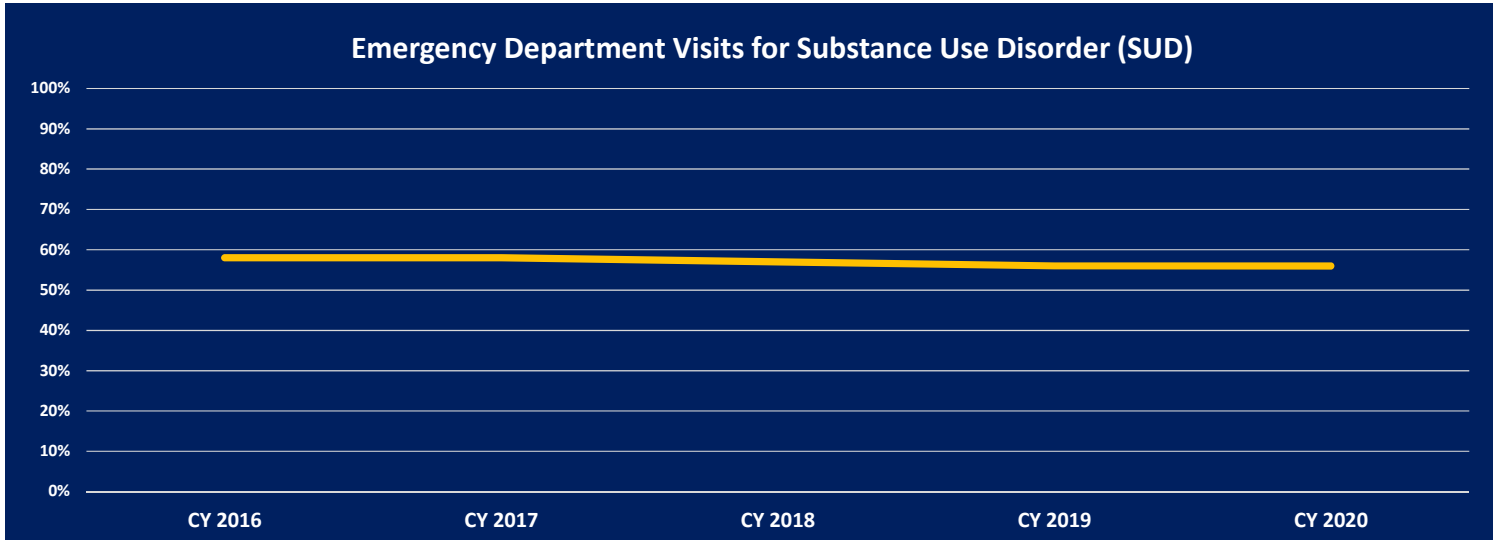
In 2020, Kentucky hospitals saw that **54% of the ED visits for MH or SUD were Medicaid and Medicaid managed care recipients** followed by **Medicare at 20%** and **Commercial at 17%**.



Data Source: KHA InfoSuite

**MENTAL AND SUBSTANCE USE DISORDERS - CONTINUED**

Kentucky saw a decline in the percentage of ED visits for SUD following the COVID-19 pandemic. During the pandemic, Kentuckians were hesitant to go to the hospital for care resulting in a decline of ED visits by 14% when compared to 2019.

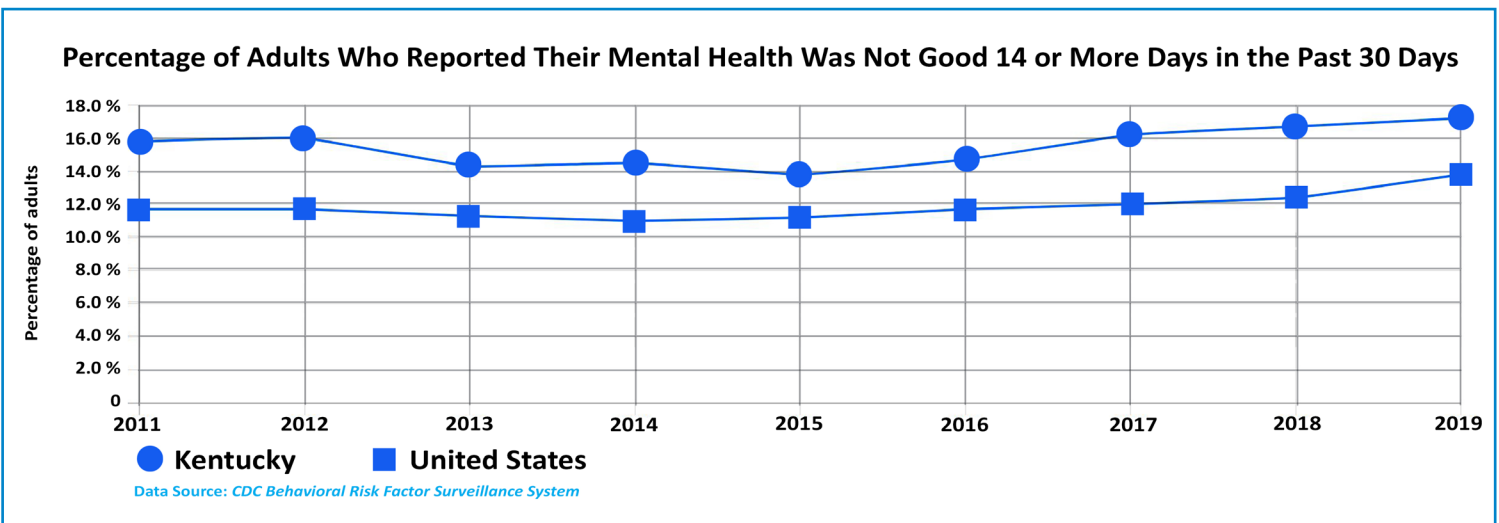


Data Source: KHA InfoSuite

**MENTAL DISTRESS IN KENTUCKY**

According to the Centers for Disease Control (CDC) Behavioral Risk Factor Surveillance System frequent mental distress is a measure based on self-reported poor mental health days. The measure aims to capture the population experiencing persistent, and likely severe mental health issues, which may have a significant impact on health-related quality of life and overall wellness. The cutoff point of 14 or more days of poor mental health is used to capture frequent mental distress. There is a strong relationship between the 14-day period and clinically diagnosed mental disorders, such as depression and anxiety.

A healthy mental state is essential to overall positive health and well-being. In some cases, poor mental health may lead to suicide. The direct medical spending associated with mental health disorders (including anxiety, depression and dementia) in the United States reached \$201 billion in 2013, surpassing costs for heart disease (\$147 billion) and traumatic injury (\$143 billion).



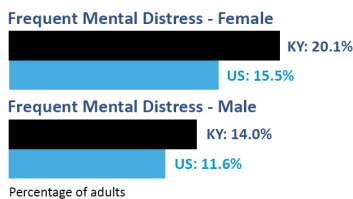
## WHO IS AFFECTED?

Frequent mental distress is associated with smoking, physical inactivity, housing insecurity, food insecurity and insufficient sleep. The prevalence of frequent mental distress is higher among:

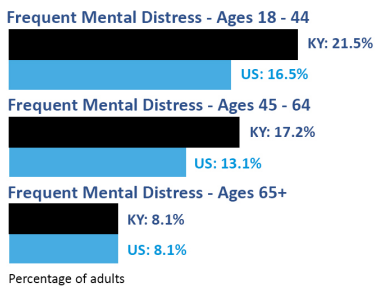
- Females
- Adults ages 18-44
- Multiracial and American Indian/Alaska Native adults
- Adults ages 25 and older with a household income of \$25,000 or less
- Adults ages 25 and older with less than a high school education
- Adults who have a disability
- Unemployed adults and those unable to work
- Adults who are divorced, widowed or separated

## Subpopulations: Frequent Mental Distress, Kentucky, United States, 2020 Annual Report

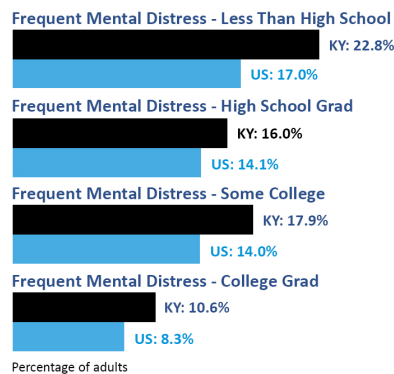
### Gender



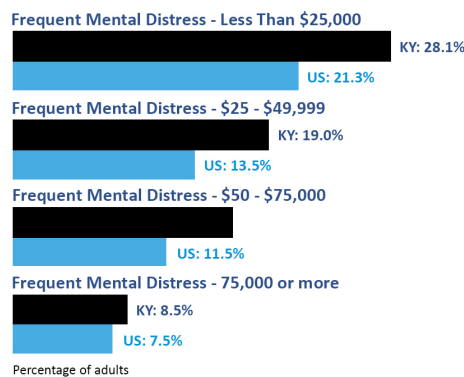
### Age



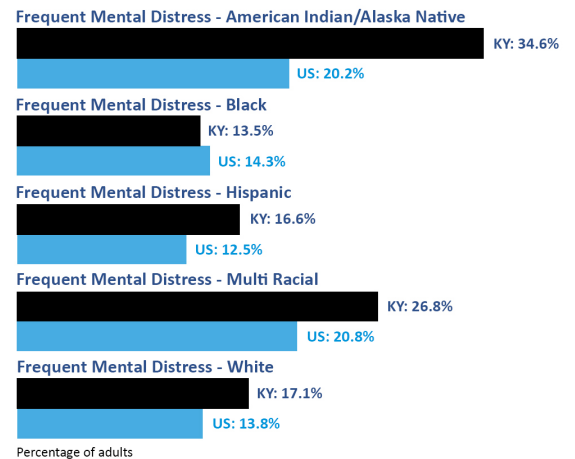
### Education



### Income



### Race/Ethnicity



Data suppression rules are as defined by the original source.

Race and ethnicity are as defined by the original source.

SOURCE: CDC, Behavioral Risk Factor Surveillance System, 2019

For more information about the KHA Data Center, please contact:

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