

# Utah Behavioral Health Commission Strategic Plan

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## Introduction

The Utah Behavioral Health Commission (Commission) has developed a five-year behavioral health strategic plan for the State of Utah. This plan addresses high-priority behavioral health issues where there are especially acute needs or gaps in services. The plan is not a comprehensive summary of all necessary services in Utah's behavioral health system, but rather, acts as a guide for where Utah should focus efforts to change and improve the current system.

The Commission will update the strategic plan on an annual basis. Some tactics have not yet been developed and have been assigned to the Commission's subcommittees and other partners. These tactics will be added to the plan as they are developed.

The Commission's strategic plan is data driven. The Commission will regularly assess the need for, and impact of, each of its objectives and tactics. These items may change over time as data continuously informs the Commission's strategic plan.

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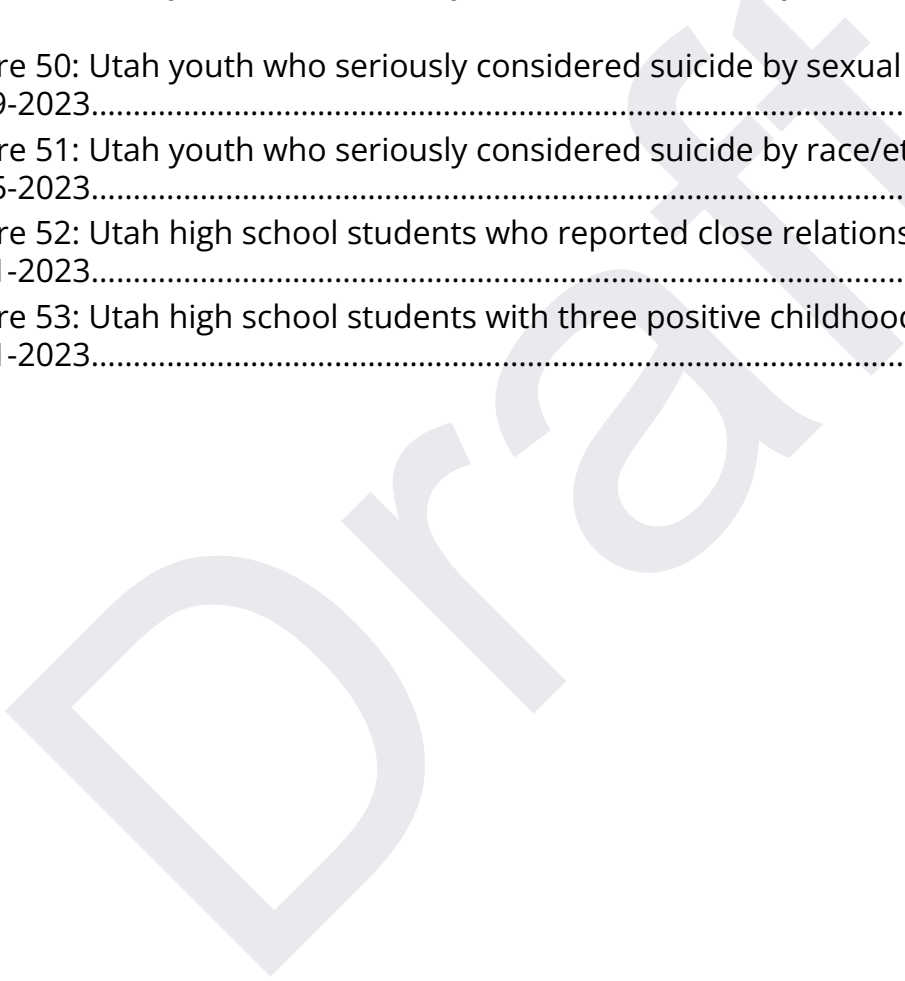
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## Terminology

The Commission is using the Results-Based Accountability approach to strategic planning, which uses the following terminology:

**Result:** Condition of well-being for entire populations — children, adults, families or communities, stated in plain language.

**Population indicators:** Measures that help quantify the achievement of a population result. They answer the question “What data would tell us whether we achieved our desired result?”

**Strategies:** Broad categories of intervention that guide our focus and organize objectives and tactics.

**Objectives:** How we state specific things we want to achieve based on the stated strategies. Objectives are sometimes referred to as goals, milestones, or deliverables.

**Tactics:** Each objective will include tactics which describe the key steps or activities to be taken to accomplish the objective. These describe HOW we will achieve our stated objectives and can include engaging stakeholders, funding, developing resources, etc.

**Performance measures:** Data points that tell us whether the work we are doing is influencing our indicators and working towards our result.

**Outputs:** Tangible deliverables or tasks completed; used when performance measures are not yet available for measuring certain tactics.

**Cross-cutting principles:** General values that are integrated throughout the strategies, objectives, and tactics.



## Result

All children, adults, families, and communities in Utah have the opportunity to experience quality behavioral health and well-being.

## Population indicators

- Prevalence of substance use disorder in adults
- Prevalence of any mental illness in adults
- Youth need for behavioral health treatment<sup>1</sup>
- Number and rate of deaths due to drug overdose
- Number and rate of deaths due to suicide
- Rate of 9th - 12th graders who indicate three positive childhood experiences

## Cross-cutting principles

1. Integrate physical and behavioral health.
2. Use evidence-based interventions.
3. Advance a state in which everyone has a fair opportunity to attain their highest level of health.
4. Partner with people in recovery and their families, friends, and communities to foster health and resilience.
5. Promote resilience and emotional health for children, youth, and families.
6. Ensure that programs are fiscally sustainable and affordable.

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<sup>1</sup> Although adult prevalence of any mental illness and youth need for behavioral health treatment are similar in that they both provide an estimate of need within the population, the two indicators are conceptually different and are estimated with different methods. Utah does not have a measure of prevalence of any mental illness or substance use disorder for youth.

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## Strategies

1. Strengthen behavioral health prevention and early intervention.
2. Continue to develop a comprehensive and integrated crisis response system.
3. Improve access to high-quality behavioral health treatment services.
4. Expand effective recovery services.

Pages 6 - 14 detail the specific objectives, tactics, performance measures, and outputs that support the four strategies.

[Appendix A](#) provides definitions for relevant terminology used throughout the strategic plan. [Appendix B](#) includes additional detail on behavioral health data, including time trends, subgroup trends, and national comparisons when available.

Draft

## Strategy 1: Strengthen behavioral health prevention and early intervention

Objective 1: Ensure all Utah children grow up with a strong foundation of good behavioral health			
Tactics	Responsible units	Target date	Performance measures or outputs
1. Develop an action plan to increase the percentage of 9th - 12th graders who reported three positive childhood experiences by 10%.	Youth Behavioral Health Workgroup	July 31, 2025	<b>31%:</b> 9th - 12th graders reported three positive childhood experiences (2023). <b>25%:</b> Youth need for mental health treatment (2023). <b>2.7%:</b> Youth need for substance use disorder treatment (2023). <b>18%:</b> Youth who seriously considered suicide in the past year (2023).
2. Ages 0 - 5: To be developed by the responsible unit	Early Childhood Mental Health Working Group	December 31, 2025	To be identified by the responsible unit.

Objective 2: Expand coordination between education and behavioral health systems			
Tactics	Responsible units	Target date	Performance measures or outputs
1. Create a school-based mental health workgroup to develop a framework for school-based mental health services.	Office of Substance Use and Mental Health; State Board of Education; Center for School-Based Health Partnerships	December 31, 2025	To be determined by the responsible unit.

### Objective 3: Expand early intervention models for behavioral health conditions

Tactics	Responsible units	Target date	Performance measures or outputs
1. Collaborate with private sector stakeholders to identify opportunities and barriers to the implementation of a private sector reimbursement model for first episode of psychosis coordinated specialty care.	USAAV+ Treatment Workgroup	July 1, 2026	To be identified through Tactic 1: <ul style="list-style-type: none"> <li>● Overview of the current private sector approach to providing coordinated specialty care.</li> <li>● Summary of implementation barriers for providing coordinated specialty care.</li> <li>● Recommendations for next steps in expanding access to coordinated specialty care.</li> <li>● Update data on clients based on findings:                             <ul style="list-style-type: none"> <li>○ Number of Clinical High Risk of Psychosis individuals served: 55 (FY2024).</li> <li>○ Number of First Episode of Psychosis clients served: 42 (FY2024).</li> <li>○ Number of unserved First Episode Psychosis patients per year: 525 - 1,050 (FY2024).</li> </ul> </li> </ul>

### Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts

Tactics	Responsible units	Target date	Performance measures or outputs
To be developed by the responsible unit.	Suicide Prevention Committee and Coalition	December 31, 2025	Rate of deaths due to suicide per 100,000 (2023): <ul style="list-style-type: none"> <li>● Males: 32.</li> <li>● Females: 9.</li> </ul> Adult serious suicidal ideation (2023): 7%.

## Strategy 2: Continue to develop a comprehensive and integrated crisis response system

Objective 1: Expand crisis services to address identified need			
Tactics	Responsible units	Target date	Performance measures or outputs
To be developed by the responsible unit.	Behavioral Health Crisis Response Committee	December 31, 2025	To be determined by the responsible unit.

Objective 2: Evaluate the sustainability of crisis services through private and public partnerships			
Tactics	Responsible units	Target date	Performance measures or outputs
1. Collaborate with the private sector to identify models that will improve the sustainability of crisis services.	Behavioral Health Crisis Response Committee	July 1, 2026	To be determined through implementation of Tactic 1: <ul style="list-style-type: none"> <li>• Description of current funding of crisis services.</li> <li>• Number of receiving centers and current funding sources.</li> <li>• Number of MCOTs and current funding sources.</li> <li>• 988 call center funding sources.</li> </ul>

Objective 3: Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement

Tactics	Responsible units	Target date	Performance measures or outputs
1. Develop an electronic system to create and track temporary civil commitment sheets.	Office of Substance Use and Mental Health	July 1, 2026	To be determined by the responsible unit.
2. Identify regions of Utah that need to improve alignment and coordination.	Behavioral Health Crisis Response Committee	July 1, 2027	To be determined by the responsible unit.
3. Explore barriers to implementing best practices in law enforcement crisis intervention training.	Behavioral Health Crisis Response Committee	July 1, 2028	To be identified through Tactic 3: <ul style="list-style-type: none"> <li>● Percentage of law enforcement agencies that are implementing law enforcement crisis intervention training according to best practices.</li> <li>● List of barriers to implementation.</li> </ul>

### Strategy 3: Improve access to high-quality behavioral health treatment services

Objective 1: Improve alignment and coordination within and across the public and private behavioral health systems to reduce gaps in services			
Tactics	Responsible units	Target date	Performance measures or outputs
1. Identify potential changes to the state's and counties' behavioral health responsibilities to be more patient-centered and ensure access.	Office of Substance Use and Mental Health	December 31, 2025	To be developed by responsible unit.
2. Collaborate with the Insurance Department to analyze options to monitor and improve the adequacy and accuracy of commercial health insurance networks.	Office of Substance Use and Mental Health; Insurance Department	July 1, 2026	To be developed through collaboration with the Insurance Department.
3. Organize a convening with employers and private health insurance companies to understand the barriers the private sector faces in improving behavioral health care in Utah.	Private Sector Workgroup	July 1, 2026	Report that synthesizes the barriers that the private sector faces in improving behavioral health care.
4. Review study funded by HB365 on mental health therapy wait times for children and develop tactics as necessary.	Office of Substance Use and Mental Health	December 31, 2027	To be identified through study in Tactic 4: <ul style="list-style-type: none"> <li>• Wait times for pediatric mental health care appointments.</li> <li>• Factors impacting wait times.</li> </ul>
5. Evaluate access to day treatment, intensive outpatient, and residential treatment services for individuals in the public and private sector.	USA AV+ Treatment Workgroup	July 1, 2028	To be identified through Tactic 5: <ul style="list-style-type: none"> <li>• Methodology for evaluating access to services.</li> <li>• Estimate of unmet need for accessing services.</li> </ul>

## Objective 2: Improve the quality of behavioral health treatment services

Tactics	Responsible units	Target date	Performance measures or outputs
1. Develop a public dashboard of Healthcare Effectiveness Data and Information Set (HEDIS) core behavioral health measures across public and private payers.	Office of Substance Use and Mental Health	July 1, 2027	To be identified through Tactic 1.
2. Assess available data on access to medications for opioid use disorder.	Office of Substance Use and Mental Health; USAAV+ Treatment Workgroup	July 1, 2026	To be identified through Tactic 1: <ul style="list-style-type: none"> <li>● Buprenorphine prescription rates by region.</li> <li>● Methadone prescription rates by region.</li> <li>● Other metrics identified by responsible unit.</li> </ul>
3. Collaborate with the Insurance Department to identify tactics for improving parity of behavioral and physical health services.	USAAV+ Treatment Workgroup; Insurance Department	July 1, 2027	Recommendations for improving parity and increasing patient access to behavioral health providers, which may impact the rate of use of out-of-network behavioral health providers and increase reimbursement for behavioral health providers: <ul style="list-style-type: none"> <li>● Behavioral health out-of-network use compared to medical/surgical for acute inpatient facility: 5.1x (2021).</li> <li>● All behavioral health clinicians out-of-network use compared to medical/surgical for office visits: 3.4x (2021).</li> <li>● Reimbursement for medical/surgical compared to behavioral health: 39.2% (2021).</li> </ul>
4. Identify barriers to expanding evidence-based treatment for substance use disorder, including stimulant use disorder.	USAAV+ Treatment Workgroup	July 1, 2028	Report that analyzes access to evidence-based stimulant use disorder treatment and describes barriers to expanding access, including the percentage of Utahns with stimulant use disorder receiving treatment.

### Objective 3: Expand the behavioral health workforce to meet the community needs

<b>Tactics</b>	<b>Responsible units</b>	<b>Target date</b>	<b>Performance measures or outputs</b>
To be developed by responsible unit.	Health Workforce Advisory Council	July 1, 2026	To be identified by responsible unit.

### Objective 4: Expand integration of behavioral and physical health care

<b>Tactics</b>	<b>Responsible units</b>	<b>Target date</b>	<b>Performance measures or outputs</b>
1. Evaluate available data on behavioral health screenings, referrals, and follow-up in primary care in the public and private sectors.	Office of Substance Use and Mental Health	July 1, 2026	To be identified through Tactic 1: <ul style="list-style-type: none"> <li>Behavioral health screening rates for adults in primary care settings.</li> </ul>
2. Support the One Utah Health Collaborative in engaging with the private sector on the integration of physical and behavioral health.	One Utah Health Collaborative	December 31, 2026	To be identified by responsible unit.
3. Identify barriers to expanding evidence-based approaches to integrated care.	USAAV+ Treatment Workgroup	July 1, 2027	To be identified by responsible unit, including recommendations on tactics to expand evidence-based approaches to integrated care.

## Strategy 4: Expand effective recovery services

Objective 1: Promote sustainable and appropriate funding for recovery support services			
Tactics	Responsible units	Target date	Performance measures or outputs
1. Identify method for assessing whether recovery support services are receiving adequate reimbursement.	Office of Substance Use and Mental Health	July 1, 2026	Method for assessing whether recovery support services are receiving adequate reimbursement.
2. Identify recovery services that are not receiving any and/or adequate reimbursement.	Office of Substance Use and Mental Health	December 31, 2026	Summary of recovery services that are not receiving any or adequate reimbursement.
3. Analyze potential models for creating sustainable funding for these services.	Office of Substance Use and Mental Health	December 31, 2027	Recommended model to create sustainable funding.
4. Explore options for expanding private health insurance reimbursement for peer support specialists.	USAAV+ Treatment Workgroup	July 1, 2027	Summary of opportunities and barriers for expanding private health insurance reimbursement, with recommendations for next steps.

## Objective 2: Expand workplace and employment policies and practices that support people with mental health and substance use challenges

Tactics	Responsible units	Target date	Performance measures or outputs
1. Collaborate with private employers to identify workplace policies and programs that support people in recovery or experiencing a behavioral health crisis.	USAAV+ Treatment Workgroup	July 1, 2027	Policy brief that identifies relevant workplace policies and programs and how they can be implemented.
2. Expand access to supported employment services to at least one additional site in the state.	Office of Substance Use and Mental Health	July 1, 2028	<ul style="list-style-type: none"> <li>• Number of sites providing supported employment services.</li> <li>• Percentage of individuals in Utah supported employment programs who receive competitive employment.</li> </ul>

## Objective 3: Evaluate trends in stigma towards mental health and substance use disorder

Tactics	Responsible units	Target date	Performance measures or outputs
1. Use the National Survey on Drug Use and Health and SHARP Survey to measure current and historical data on stigma that prevents people from accessing substance use disorder and mental health treatment	Office of Substance Use and Mental Health	July 1, 2026	<p><b>18%</b> of Utah youth who feel it is not okay to get mental health help (2023).</p> <p><b>35%</b> of Utah youth who have a high need for mental health treatment and who think it is not okay to get help (2023).</p> <p><b>20%</b> of Utah adults who needed mental health treatment and did not get help because they were worried about what other people would think (2022 - 2023).</p>

## Appendix A: Definitions

**Behavioral health:** Refers to topics of mental distress, mental health conditions, suicidal thoughts and behaviors, and substance use.

**Crisis services:** Assess, stabilize, and treat individuals experiencing acute distress.

**Evidence-based practice:** An approach to prevention, crisis, treatment, or recovery that is supported by research evidence.

**Mental disorder:** A clinically significant disturbance in an individual's cognition, emotional regulation, or behavior.

**Prevention services:** Interventions intended to prevent or reduce the risk of developing a behavioral health problem.

**Recovery services:** Non-clinical services that address psychosocial factors in an individual's environment and provide emotional and practical support to maintain remission. Examples include peer support, supportive housing, skills training and development, comprehensive community support services, and supported employment.

**Serious emotional disturbance:** Someone under the age of 18 having a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

**Serious mental illness:** Someone over 18 having a diagnosable mental, behavior, or emotional disorder that substantially interferes with a person's life and ability to function.

**Substance use disorder:** A pattern of substance use that causes damage to physical or mental health or leads to clinically significant functional impairment or distress.

**Treatment services:** Includes screening and assessment, outpatient, medication management, and inpatient services.

## Appendix B: Behavioral health data

### Substance use disorder (SUD)

Figure 1: Prevalence of substance use disorder (SUD) in adults in the past year, 2017-2023

Figure 2: Adults with substance use disorder (SUD) in the past year, by state, 2022-2023 combined

Figure 3: Adult and youth past year binge drinking, 2011-2023

Figure 4: Prevalence of substance use disorder (SUD) by age and substance, Utah 2022-2023 combined

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Figure 6: Primary substance of Utah adults entering substance use treatment in the county system by gender, 2017-2024

### Mental illness and poor mental health

Figure 7: Prevalence of any mental illness (AMI) in adults, 2013-2023

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Figure 13: Utah adults reporting poor mental health by local authority, 2023

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**Figure 15: Utah adults reporting poor mental health by income and education level, 2023**

## **Drug overdose deaths**

**Figure 16: Drug overdose deaths per 100,000 population, 1999-2023**

**Figure 17: Utah drug deaths from all drugs, all opioids, and prescription opioids, 2007-2023**

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## **Suicide**

**Figure 22: Adults with serious thoughts of suicide by state, 2022-2023 combined**

**Figure 23: Utah suicide deaths by gender and method, 2023**

**Figure 24: Percentage of Utah suicides by firearm, 2014-2023**

**Figure 25: Utah suicide deaths per 100,000 population by local authority, 2021-2023 combined**

**Figure 26: Utah suicide deaths per 100,000 population by gender and age group, 2021-2023 combined**

## **Treatment**

**Figure 27: Adults who received mental health treatment in the past year, by state, 2022-2023 combined**

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**Figure 36: Parity: Commercial insurance reimbursement rates as a percentage of Medicare rates, 2019-2021**

## **Youth behavioral health**

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**Figure 38: Youth perceptions of stigma for mental health help-seeking by risk factors and ethnicity, 2023**

**Figure 39: Utah youth with high need for mental health treatment, who need alcohol or drug treatment, or who seriously considered suicide in the past year (2015-2023)**

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**Figure 43: Utah youth needing substance use treatment by race/ethnicity, 2015-2023**

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**Figure 45: Utah youth with high need for mental health treatment by local authority, 2023**

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**Figure 47: Utah youth with high need for mental health treatment by race & ethnicity, 2015-2023**

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**Figure 51: Utah youth who seriously considered suicide by race/ethnicity, 2015-2023**

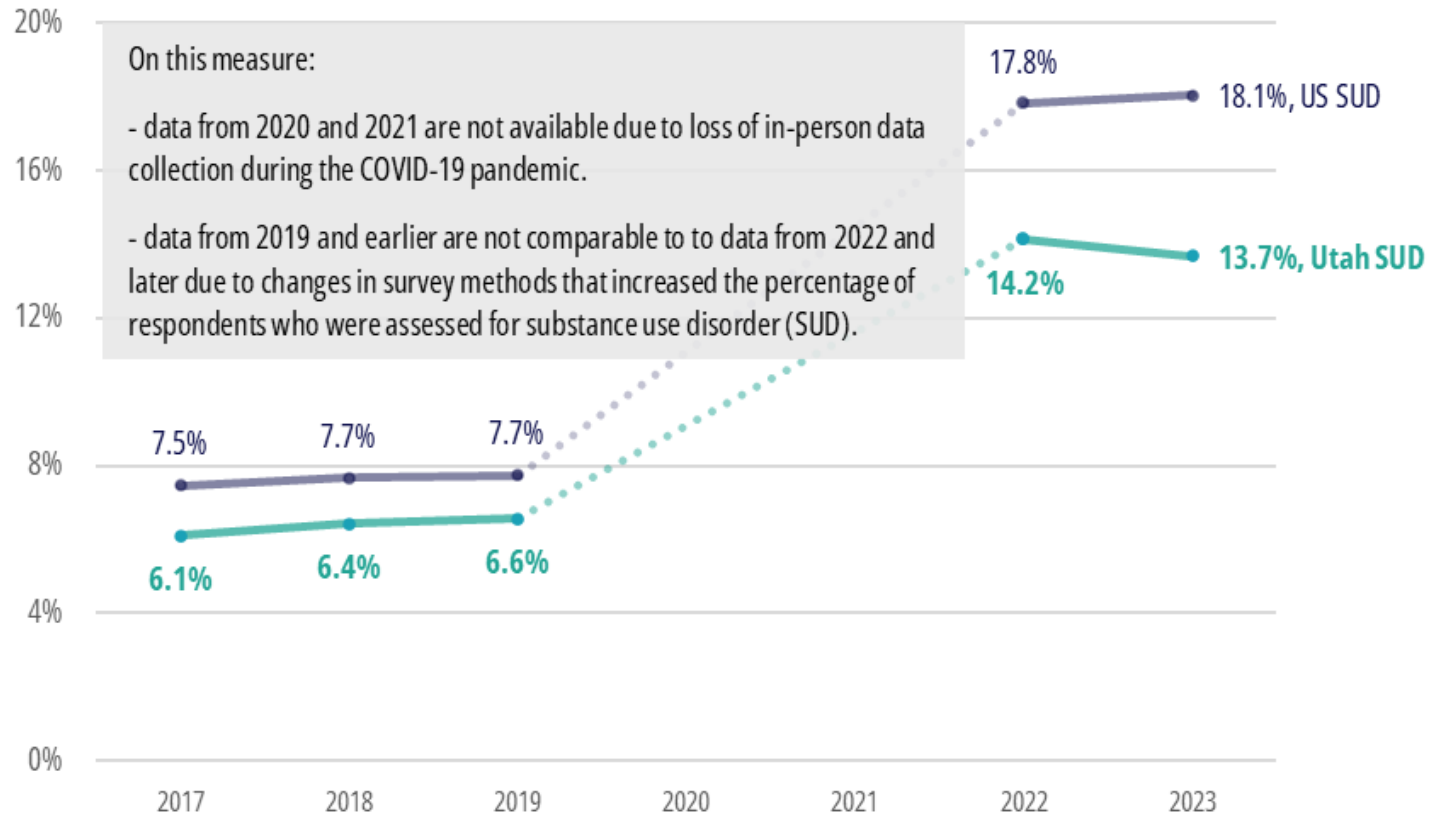
**Figure 52: Utah high school students who reported close relationships, 2021-2023**

**Figure 53: Utah high school students with three positive childhood experiences, 2021-2023**

### **Sources for additional data**

# Substance Use Disorder (SUD)

**Figure 1. Prevalence of substance use disorder (SUD) in adults in the past year, 2017-2023**



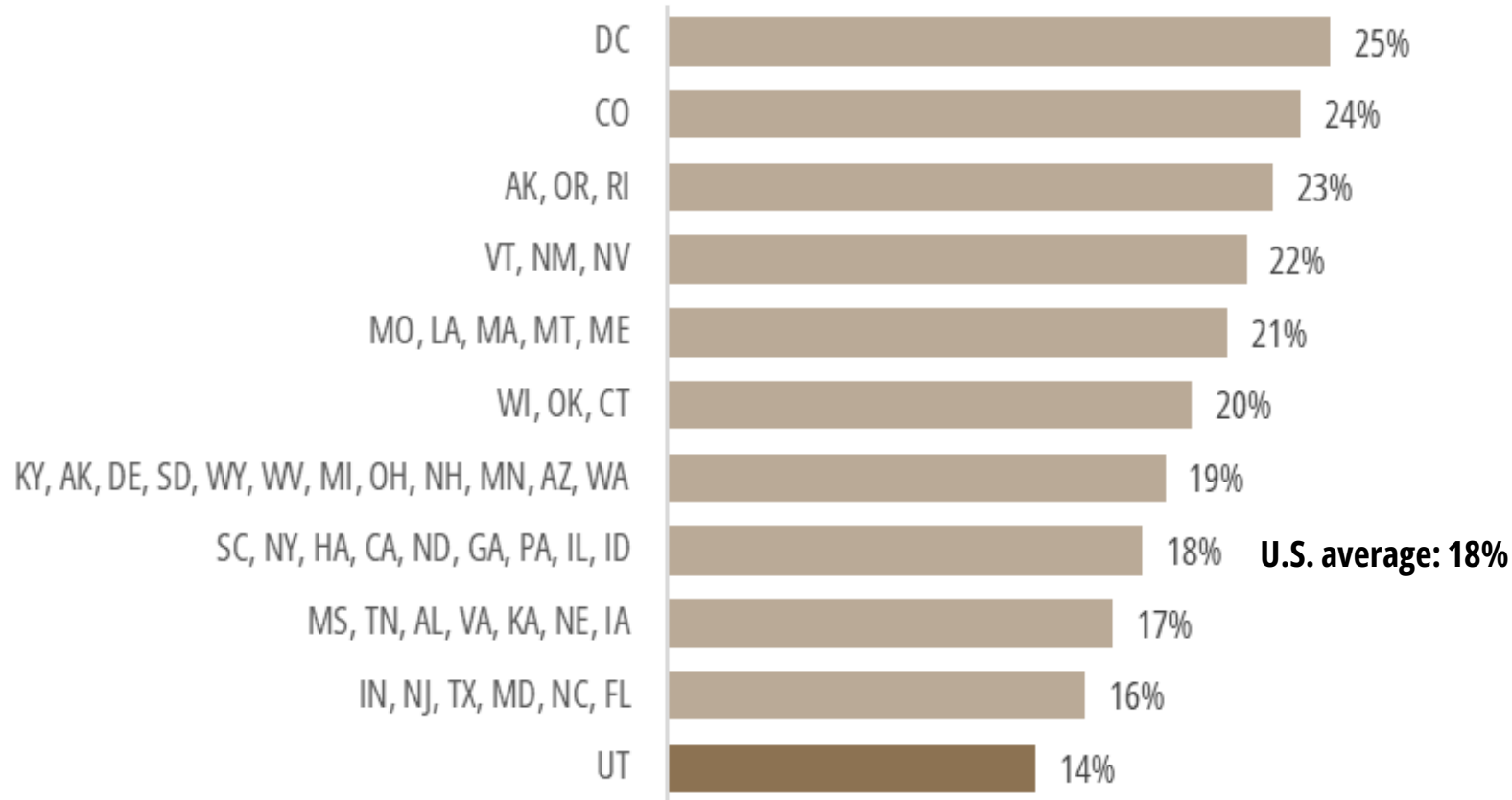
Data source: National Survey on Drug Use and Health (<https://datatools.samhsa.gov/saes/state>)

Utah has lower rates of substance use disorder (SUD) than the national average.

NOTE: Substance use disorder (SUD) estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. See 2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions at <https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions> for details on who was eligible to receive questions on SUD.

# Substance Use Disorder (SUD)

**Figure 2. Adults with substance use disorder (SUD) in the past year, by state, 2022-2023 combined**



In 2022-2023, Utah had the lowest rate of substance use disorder (SUD) compared to the rest of the U.S.

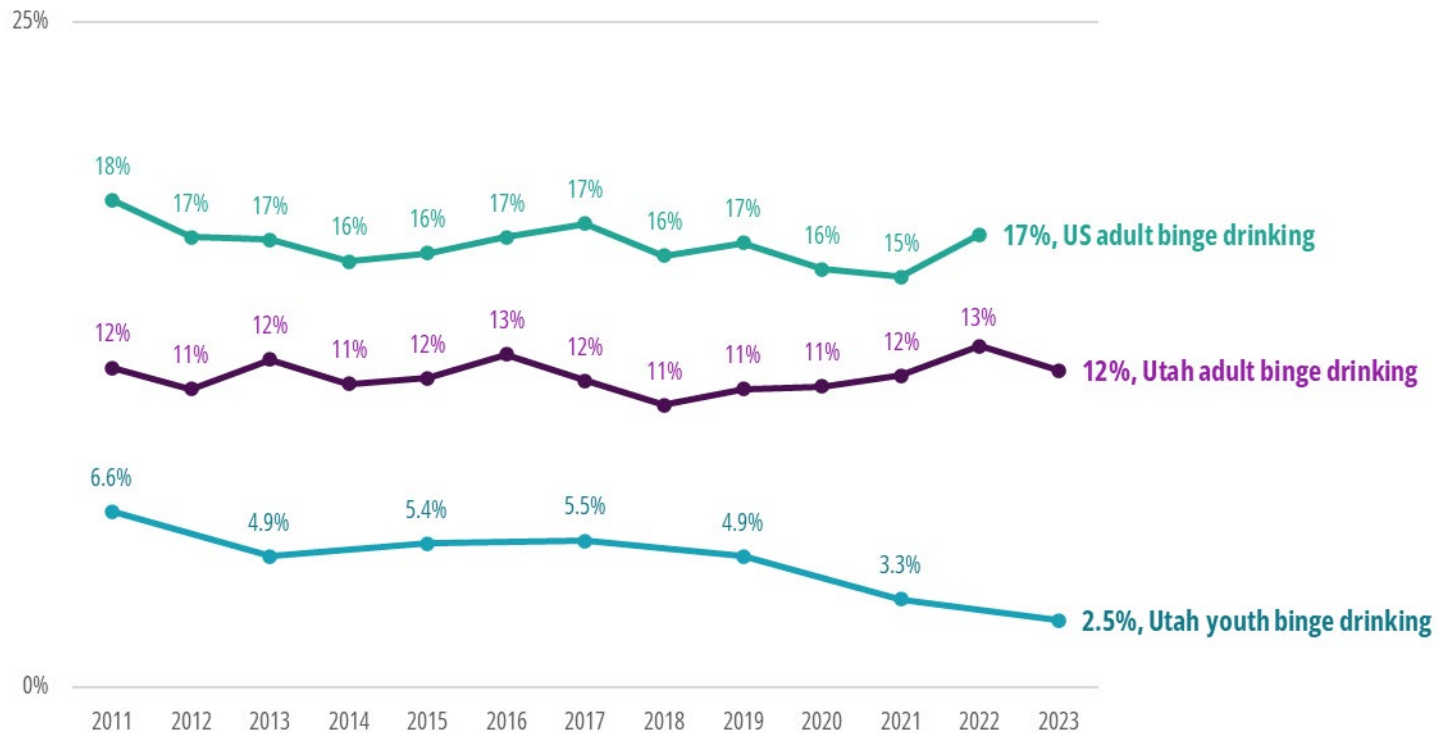
Utah has consistently been among the lowest rates of SUD since at least 2017.

NOTE: Substance use disorder (SUD) estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. See 2023 National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions at <https://www.samhsa.gov/data/report/2023-methodological-summary-and-definitions> for details on who was eligible to receive questions on SUD.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022 and 2023.

# Substance Use Disorder (SUD)

**Figure 3. Adult and youth past year binge drinking, 2011-2023**



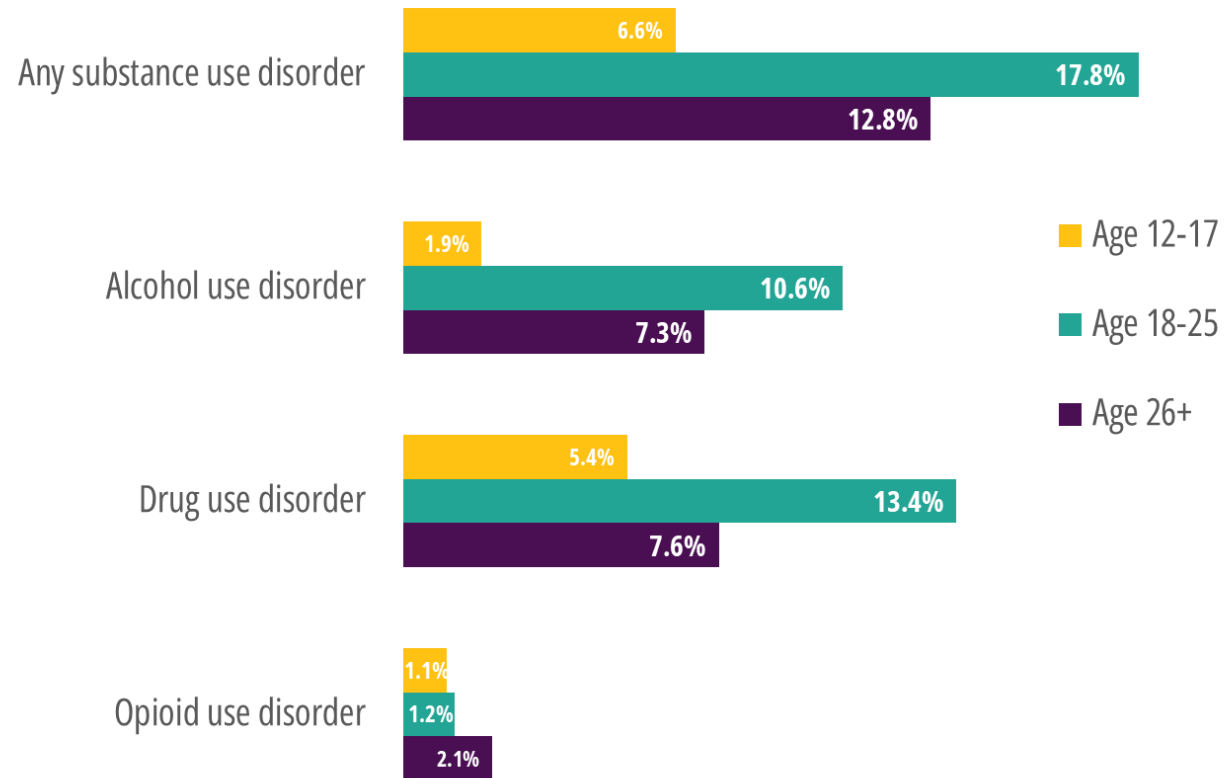
Adult binge drinking has been stable over time in both the U.S. and Utah.

Youth binge drinking has decreased from 2011 to 2023 in Utah.

Data sources: Indicator-Based Information System (IBIS)  
<https://ibis.utah.gov/ibisph-view/indicator/view/AlcConBinDri.html>;  
<https://ibis.utah.gov/ibisph-view/query/builder/pna/Bdrinking/Bdrinking.html>  
 Adult data are from the Behavioral Risk Factor Surveillance System (BRFSS). Youth data are from the Utah Prevention Needs Assessment (PNA).

# Substance Use Disorder (SUD)

**Figure 4. Prevalence of substance use disorder (SUD) by age and substance, Utah 2022-2023 combined**



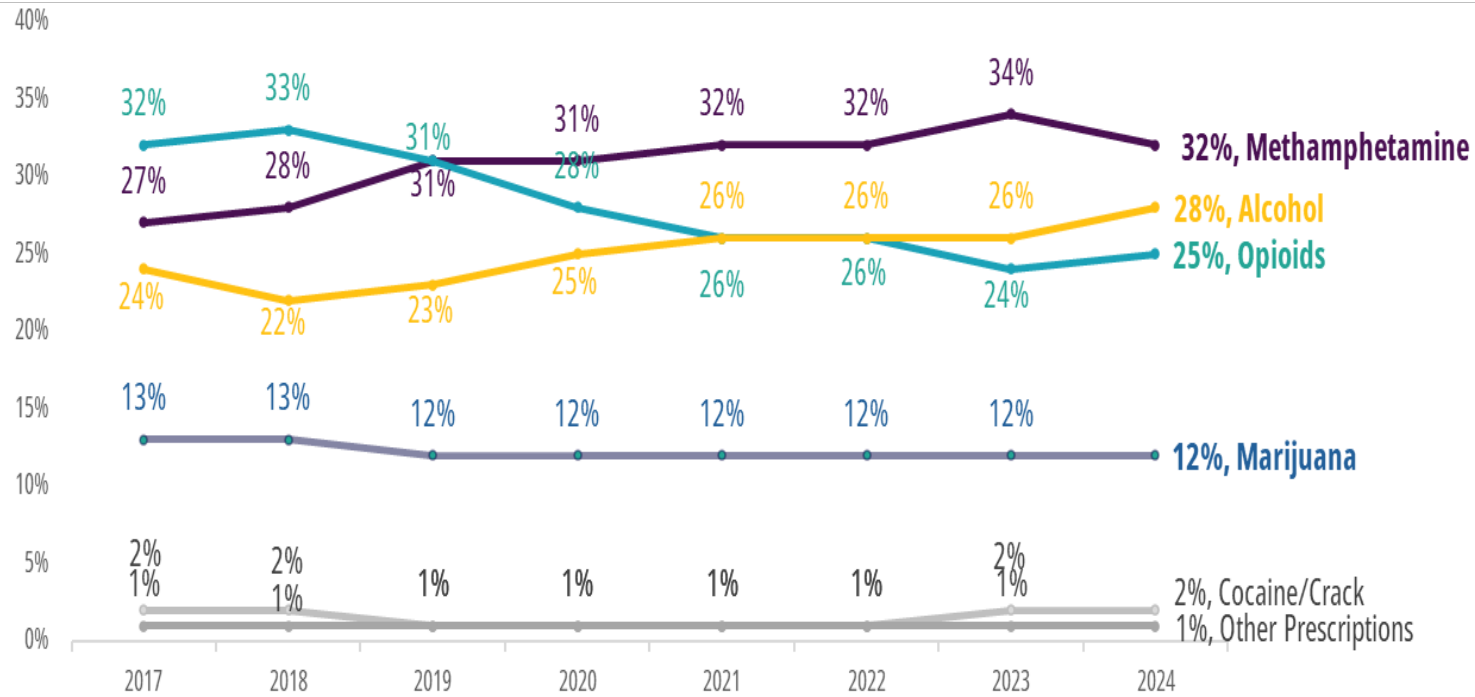
Individuals between 18 and 25 have the highest rates of any substance use disorder, alcohol use disorder, and drug use disorder.

Individuals who are 26 and older have the highest rates of opioid use disorder.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022 and 2023.

# Substance Use Disorder (SUD)

**Figure 5. Primary substance of Utah adults entering substance use treatment in the county system, 2017-2024**

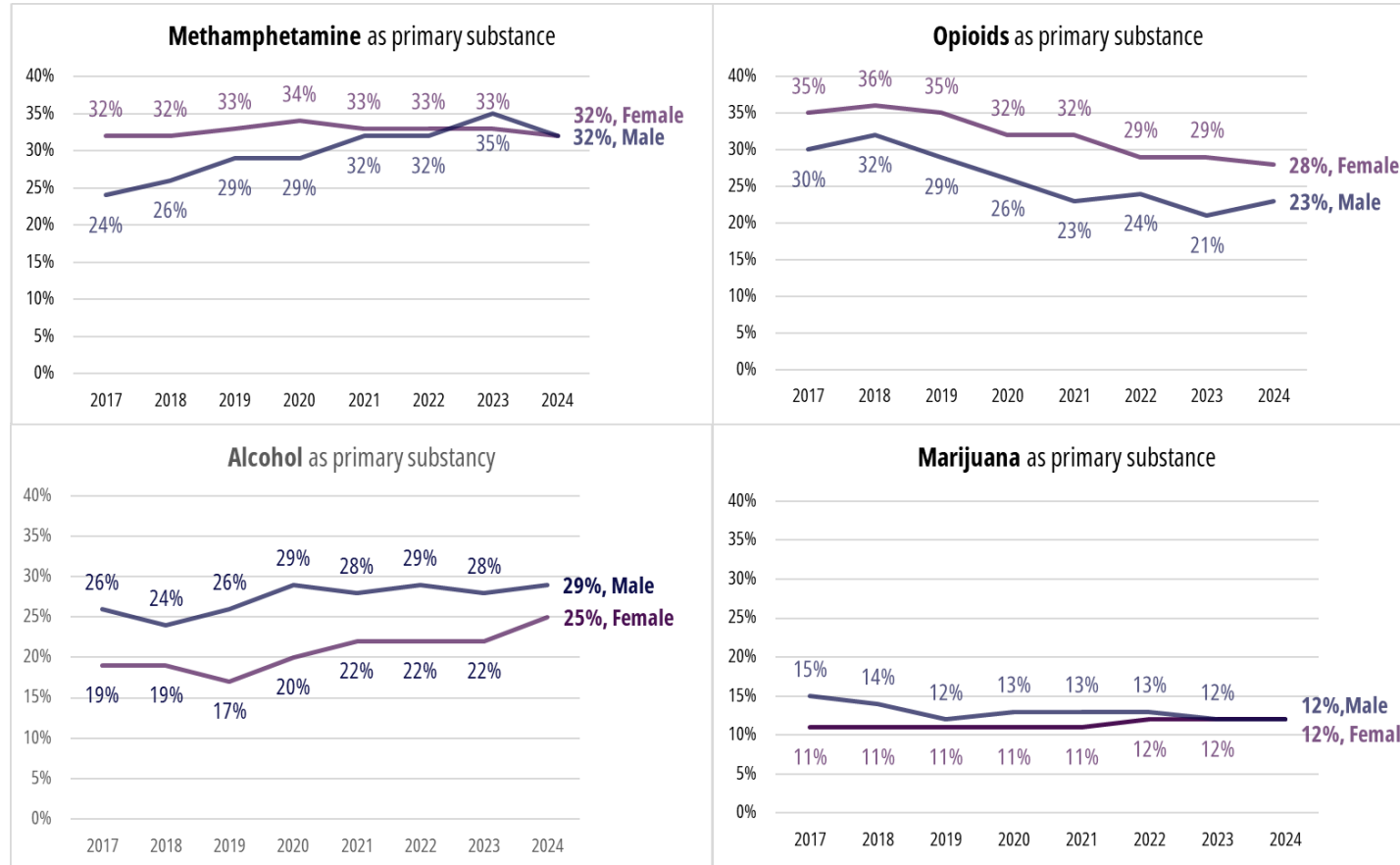


Methamphetamine, alcohol, and opioids are the substances for which Utahns most commonly enter substance use treatment in the county system.

Data source: Utah Substance Abuse and Mental Health Information System (SAMHIS), Office of Substance Use and Mental Health, Utah Department of Health and Human Services

# Substance Use Disorder (SUD)

**Figure 6. Primary substance of Utah adults entering substance use treatment in the county system by gender, 2017-2024**



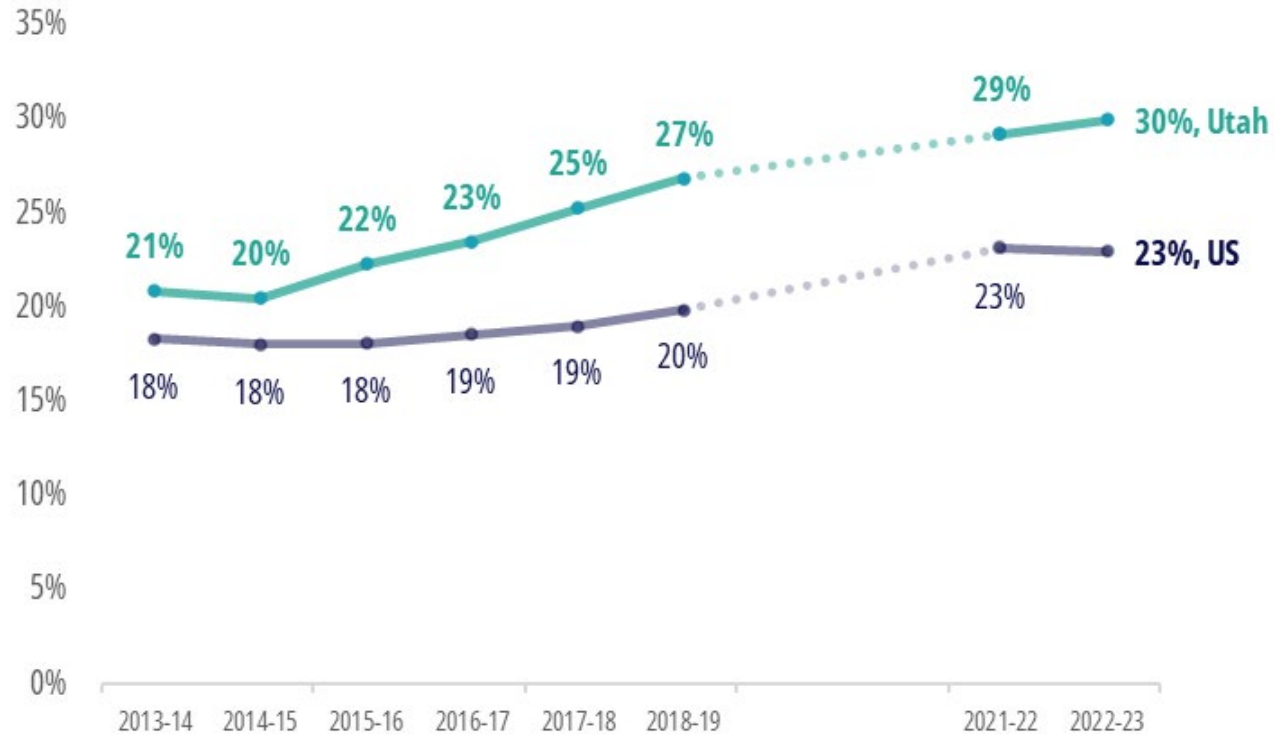
Women are more likely to receive treatment for opioids than men.

Men are more likely to receive treatment for alcohol than women.

Data source: Utah Substance Abuse and Mental Health Information System (SAMHIS), Office of Substance Use and Mental Health, Utah Department of Health and Human Services

# Mental illness and poor mental health

**Figure 7. Prevalence of any mental illness (AMI) in adults, 2013-2023**



Rates of any mental illness (AMI) in Utah is higher than the national average. Utah has some of the highest rates of mental illness in the nation.

AMI in Utah has increased more than the national average from 2013 to 2023.

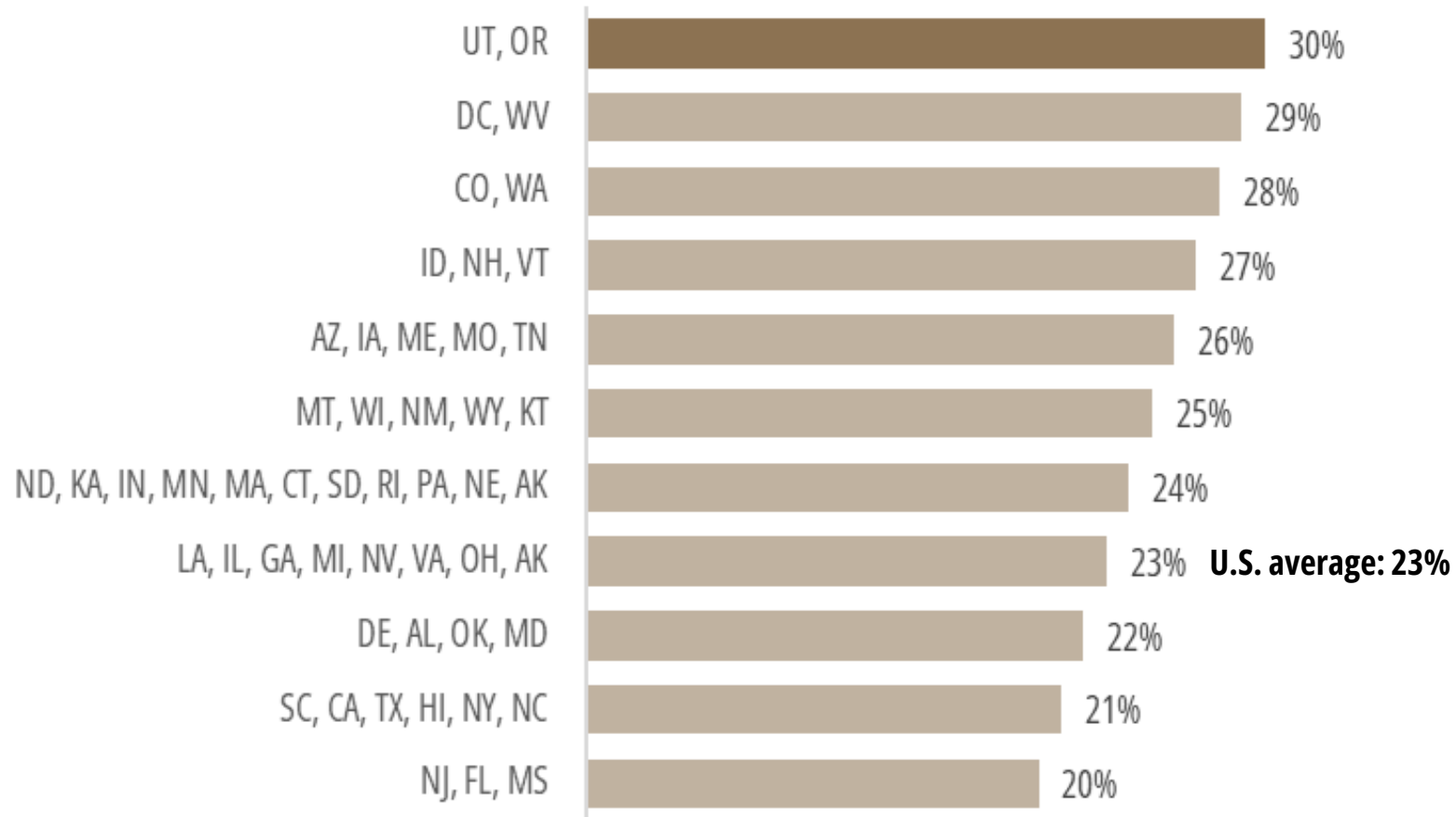
Data from 2019-20 and 2020-21 are not available due to loss of in-person data collection during the COVID-19 pandemic.

Any mental illness: Any Mental Illness (AMI) aligns with the Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These estimates are based on indicators of AMI rather than direct measures of diagnostic status.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt47098/Methodological%20Summary%20and%20Definitions/2023-nsduh-method-summary-defs.pdf>

# Mental illness and poor mental health

**Figure 8. Adults with any mental illness (AMI) in the past year, by state, 2022-2023 combined**



Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022 and 2023.

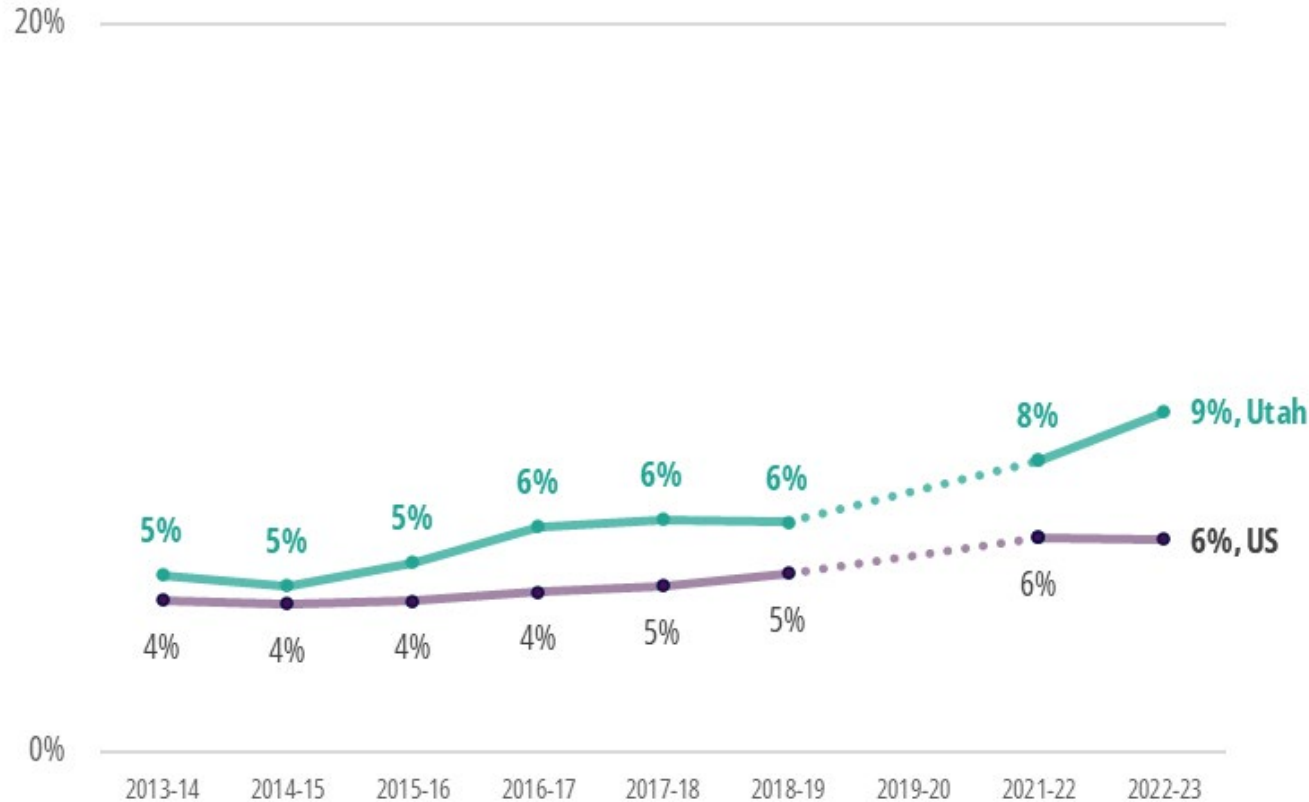
In 2022-2023, Utah and Oregon had the highest rate of any mental illness (AMI) compared to the rest of the U.S.

Utah has consistently been among the highest rates of AMI since at least 2017.

NOTE: Any mental illness (AMI) aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These estimates are based on indicators of AMI rather than direct measures of diagnostic criteria. For details, see Section B of 2022-2023 National Surveys on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at <https://www.samhsa.gov/data/report/2022-2023-nsduh-guide-state-tables-and-summary-sae-methodology>.

# Mental illness and poor mental health

**Figure 9. Prevalence of serious mental illness (SMI) in the past year, in adults, 2013-2023**



Data source: National Survey on Drug Use and Health (<https://datatools.samhsa.gov/saes/state>)

Like any mental illness, Utah has a higher rate of serious mental illness (SMI) than the US rate.

SMI has increased in Utah since 2014.

Data from 2019-20 and 2020-21 are not available due to loss of in-person data collection during the COVID-19 pandemic.

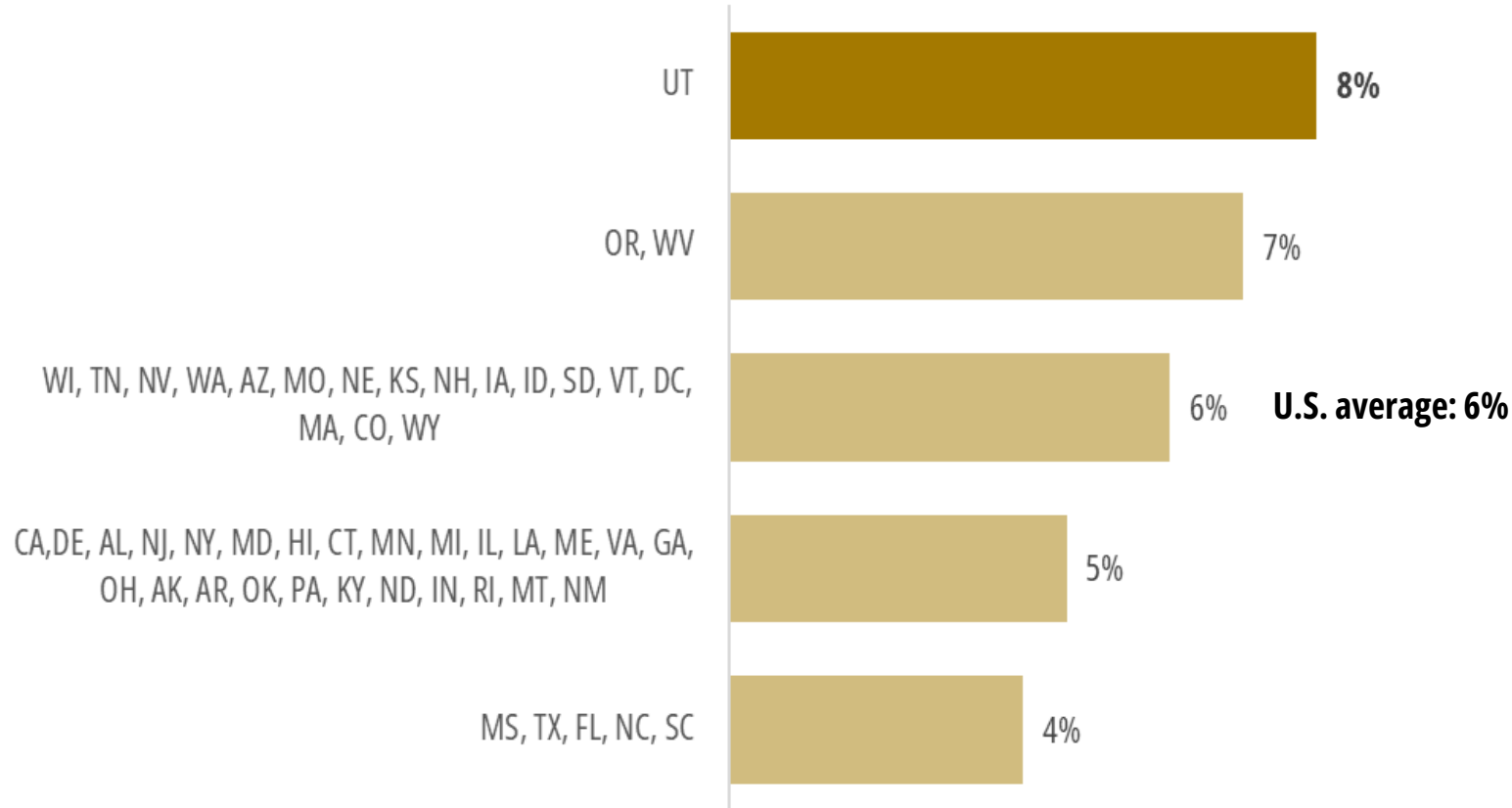
Adults with serious mental illness defined:

- Individuals aged 18 and over, who at any time during the past year, had diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet criteria specified within DSM-III-R resulting in functional impairment, substantially interfering with major life activities.
- DSM-III-R "V" codes, substance use disorders, and developmental disorders are excluded unless they co-occur with other diagnosable serious mental illness.
- All disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity or disabling effects.
- Adults who would have met functional impairment criteria during the referenced year without benefit of treatment or other support services are considered to have serious mental illness.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt47098/Methodological%20Summary%20and%20Definitions/2023-nsduh-method-summary-defs.pdf>

# Mental illness and poor mental health

**Figure 10. Adults with serious mental illness (SMI) in the past year, by state, 2022-2023 combined**



Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022 and 2023.

In 2022-2023, Utah had the highest rate of serious mental illness (SMI) compared to the rest of the U.S.

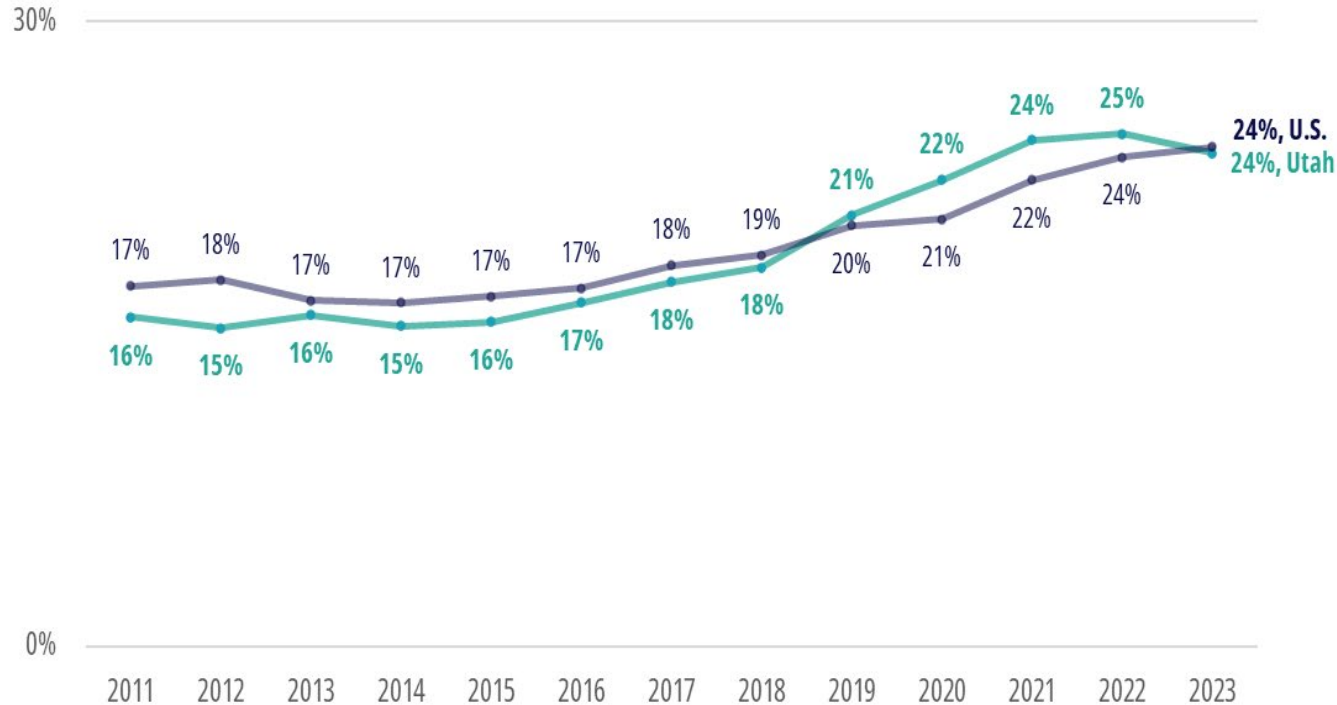
Adults with serious mental illness defined:

- Individuals aged 18 and over, who at any time during the past year, had diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet criteria specified within DSM-III-R resulting in functional impairment, substantially interfering with major life activities.
- DSM-III-R "V" codes, substance use disorders, and developmental disorders are excluded unless they co-occur with other diagnosable serious mental illness.
- All disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity or disabling effects.
- Adults who would have met functional impairment criteria during the referenced year without benefit of treatment or other support services are considered to have serious mental illness.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt47098/Methodological%20Summary%20and%20Definitions/2023-nsduh-method-summary-defs.pdf>

# Mental illness and poor mental health

**Figure 11. Adults reporting poor mental health in 7 of the past 30 days, 2011-2023**



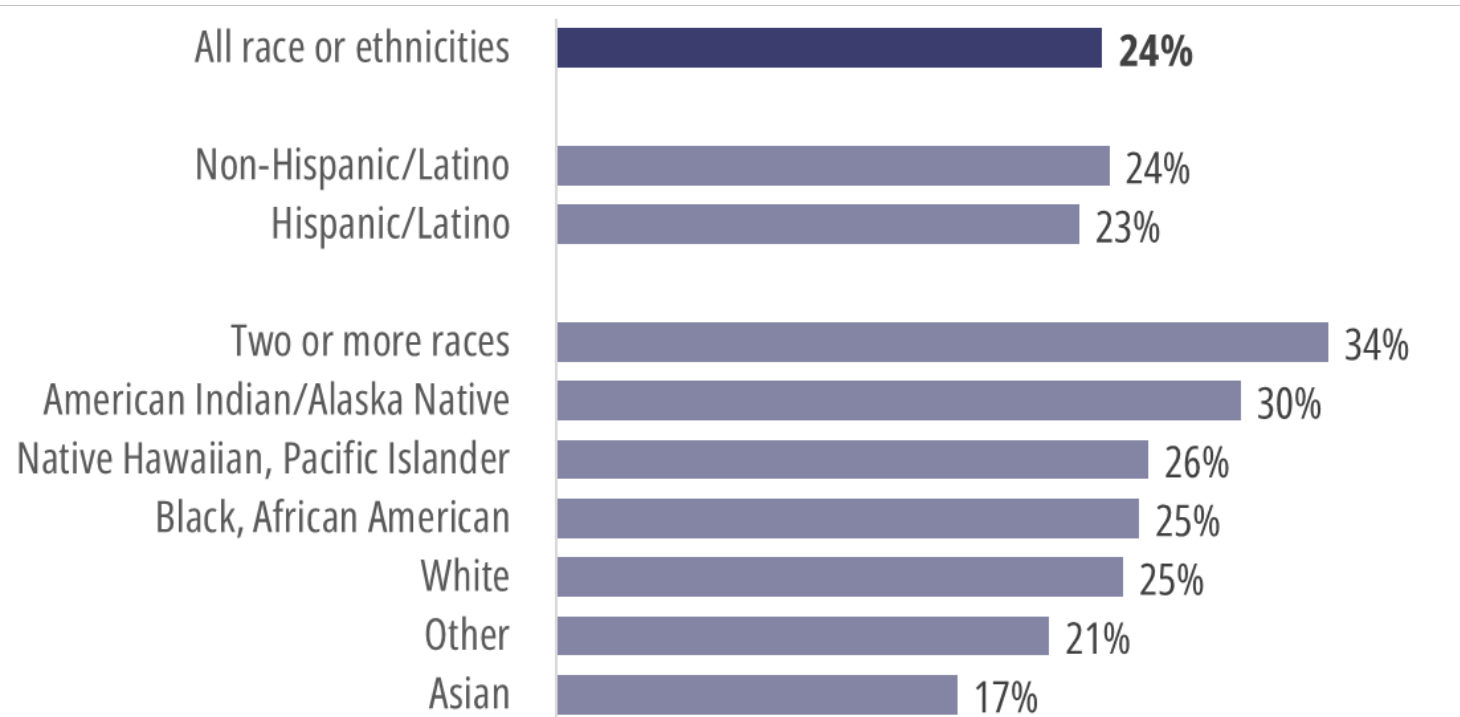
Utah looks similar to the nation for adults reporting poor mental health. Starting in 2015, the number of adults reporting poor mental health has increased for both Utah and the nation.

Description:  
These results come from survey data, in response to the question “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Data source: Indicator-Based Information System (IBIS); Utah Department of Health and Human Services and Human Services Behavioral Risk Factor Surveillance System (BRFSS).

# Mental illness and poor mental health

**Figure 12. Utah adults reporting poor mental health by race (2021-2023 combined) and ethnicity (2023)**



Data source: Indicator-Based Information System (IBIS); Utah Department of Health and Human Services and Human Services Behavioral Risk Factor Surveillance System (BRFSS).

Approximately one-fourth of Utahns suffer from poor mental health.

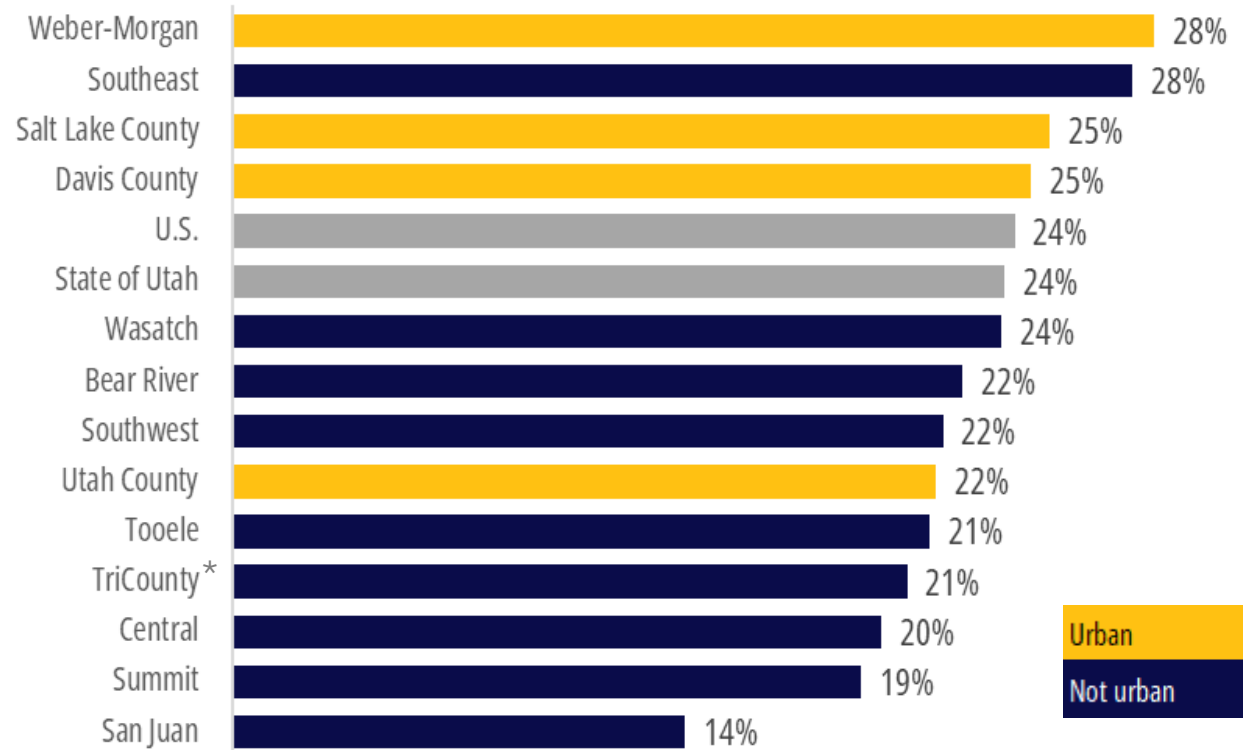
Individuals identifying as two or more races or American Indian/Alaska Native have the highest rates of self-reported poor mental health, while individuals who are Asian have the lowest rate of self-reported poor mental health.

**Notes:**

These results come from survey data in response to the question “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Poor mental health is considered to be 7 or more days of poor mental health out of 30.

# Mental illness and poor mental health

**Figure 13. Utah adults reporting poor mental health by local authority, 2023**



Individuals from urban communities may have higher self-reported poor mental health than those from non-urban communities.

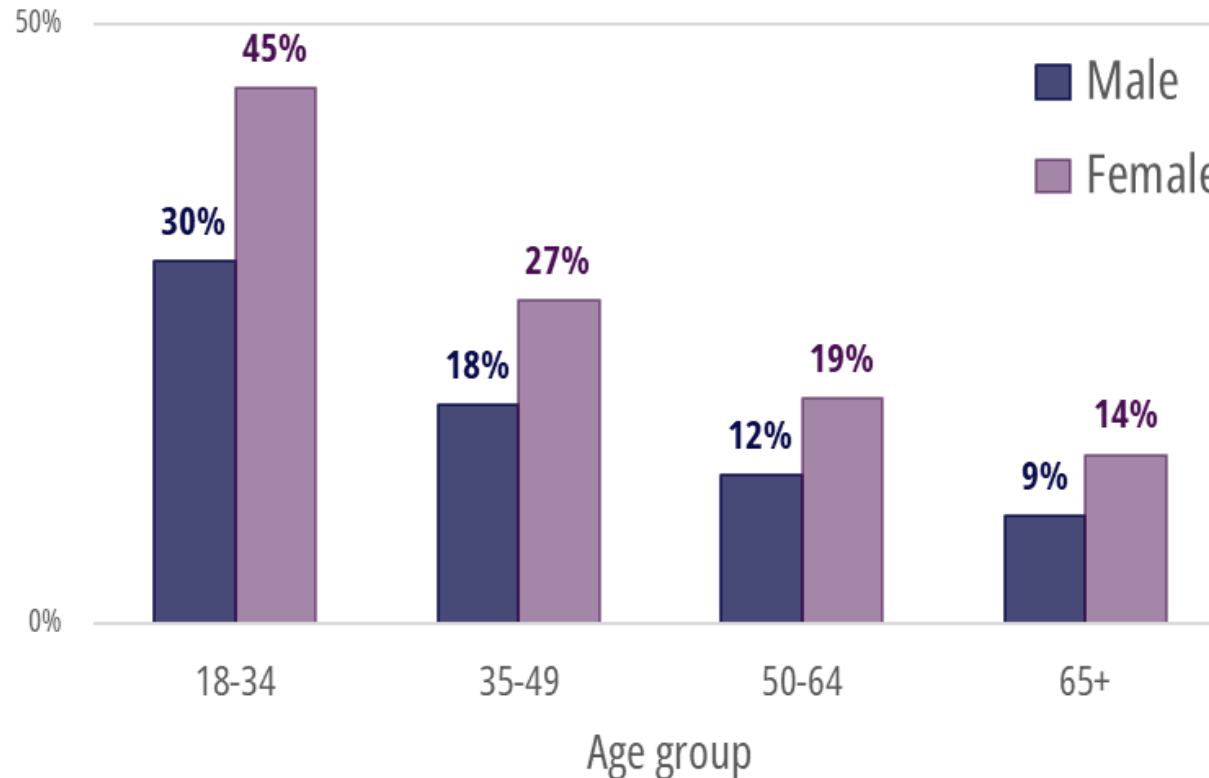
Notes:  
These results come from survey data in response to the question “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Poor mental health is considered to be 7 or more days of poor mental health out of 30.

\*The TriCounty area includes Daggett, Duchesne, and Uintah.

Data source: Indicator-Based Information System (IBIS); Utah Department of Health and Human Services and Human Services Behavioral Risk Factor Surveillance System (BRFSS).

# Mental illness and poor mental health

**Figure 14. Utah adults reporting poor mental health by gender and age group, 2023**



Data source: Indicator-Based Information System (IBIS); Utah Department of Health and Human Services and Human Services Behavioral Risk Factor Surveillance System (BRFSS).

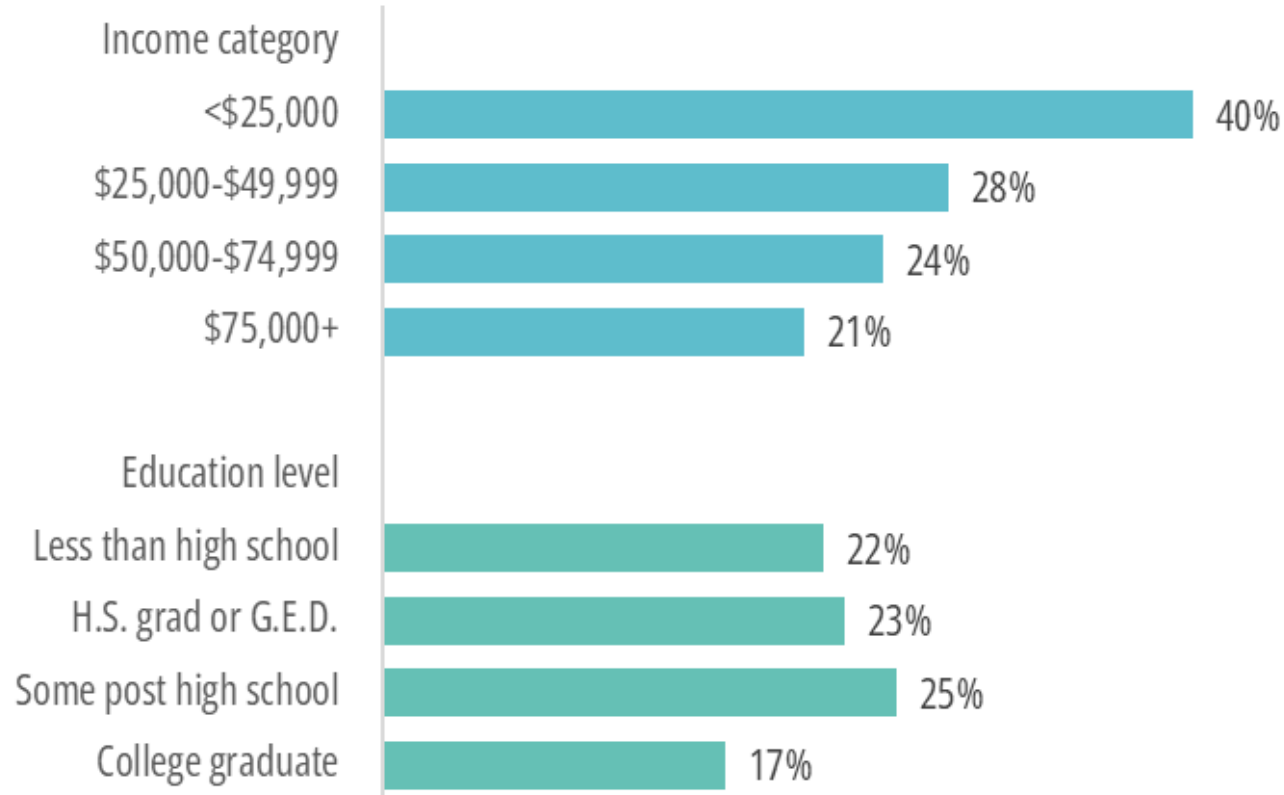
At all ages, more women report 7 or more days of poor mental health in the last 30 days than men.

Older respondents are less likely to report 7 or more days of poor mental health in the last 30 days.

Description:  
These results come from survey data in response to the question “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Poor mental health is considered to be 7 or more days of poor mental health out of 30.

# Mental illness and poor mental health

**Figure 15. Utah adults reporting poor mental health by income and education level, 2023**



Data source: Indicator-Based Information System (IBIS); Utah Department of Health and Human Services and Human Services Behavioral Risk Factor Surveillance System (BRFSS).

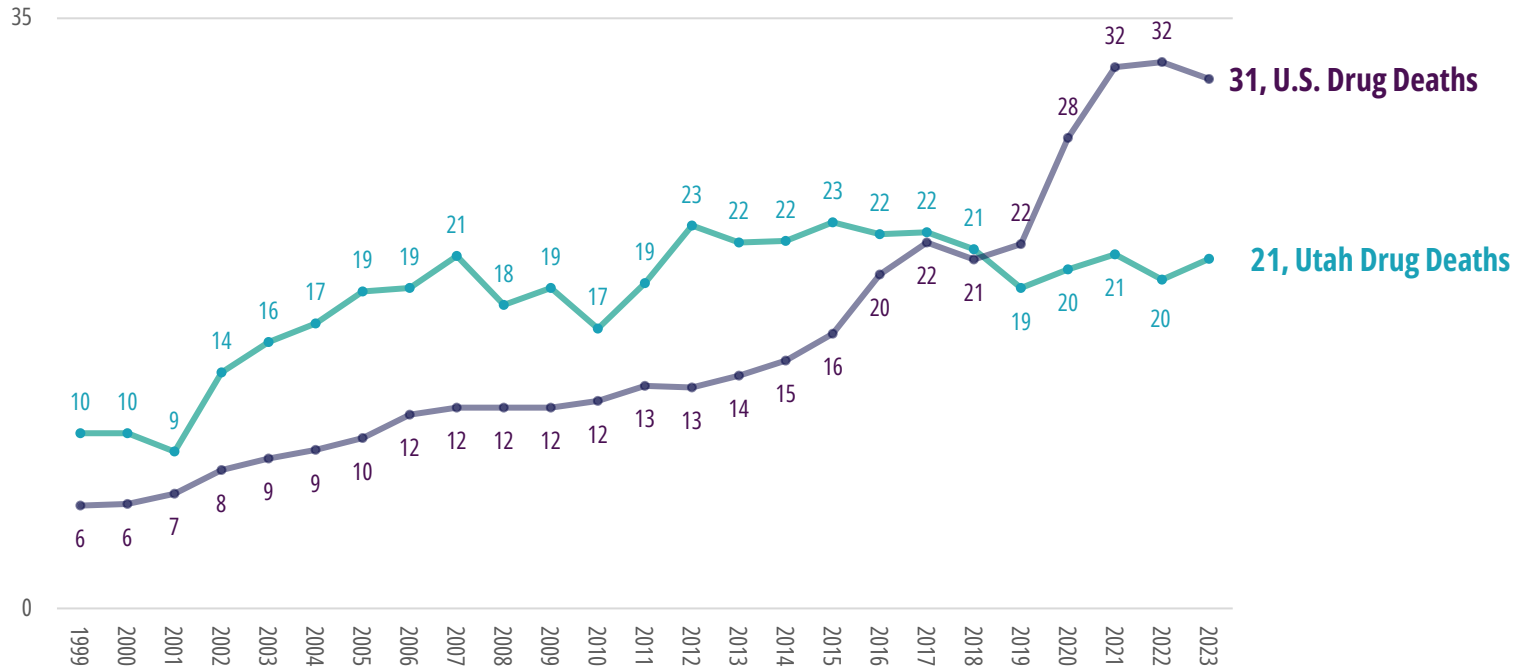
Lower income is associated with poorer mental health.

Fewer individuals with college degrees report poor mental health than those without.

**Description:**  
These results come from survey data in response to the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Poor mental health is considered to be 7 or more days of poor mental health out of 30.

# Drug overdose deaths

**Figure 16. Drug overdose deaths per 100,000 population, 1999-2023**



Data source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services

Utah drug death rates were significantly higher than national averages from 1999 to 2016.

Starting in 2019, Utah rates have been lower than the national rate.

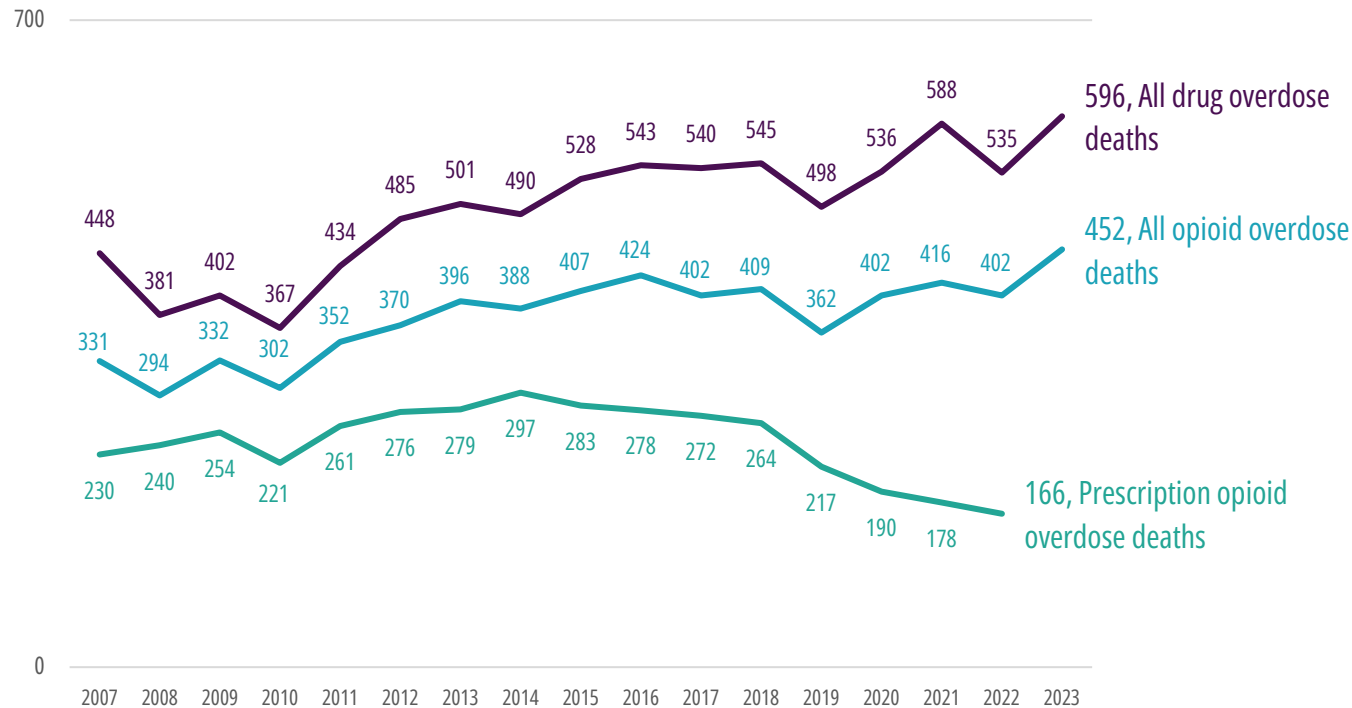
Description:  
Drug poisoning/overdose deaths per 100,000 population (ICD-10 Codes x40-x44, x46, x60-x64, x66, y10-y14, y16). Includes unintentional, suicide, homicide, undetermined, and other.

Data are age-adjusted to the 2000 U.S. standard population.

Drug poisoning deaths are a subset of all poisoning deaths, where drug is defined as "any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes."

# Drug overdose deaths

**Figure 17. Utah drug deaths from all drugs, all opioids, and prescription opioids, 2007-2023**



Data source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services

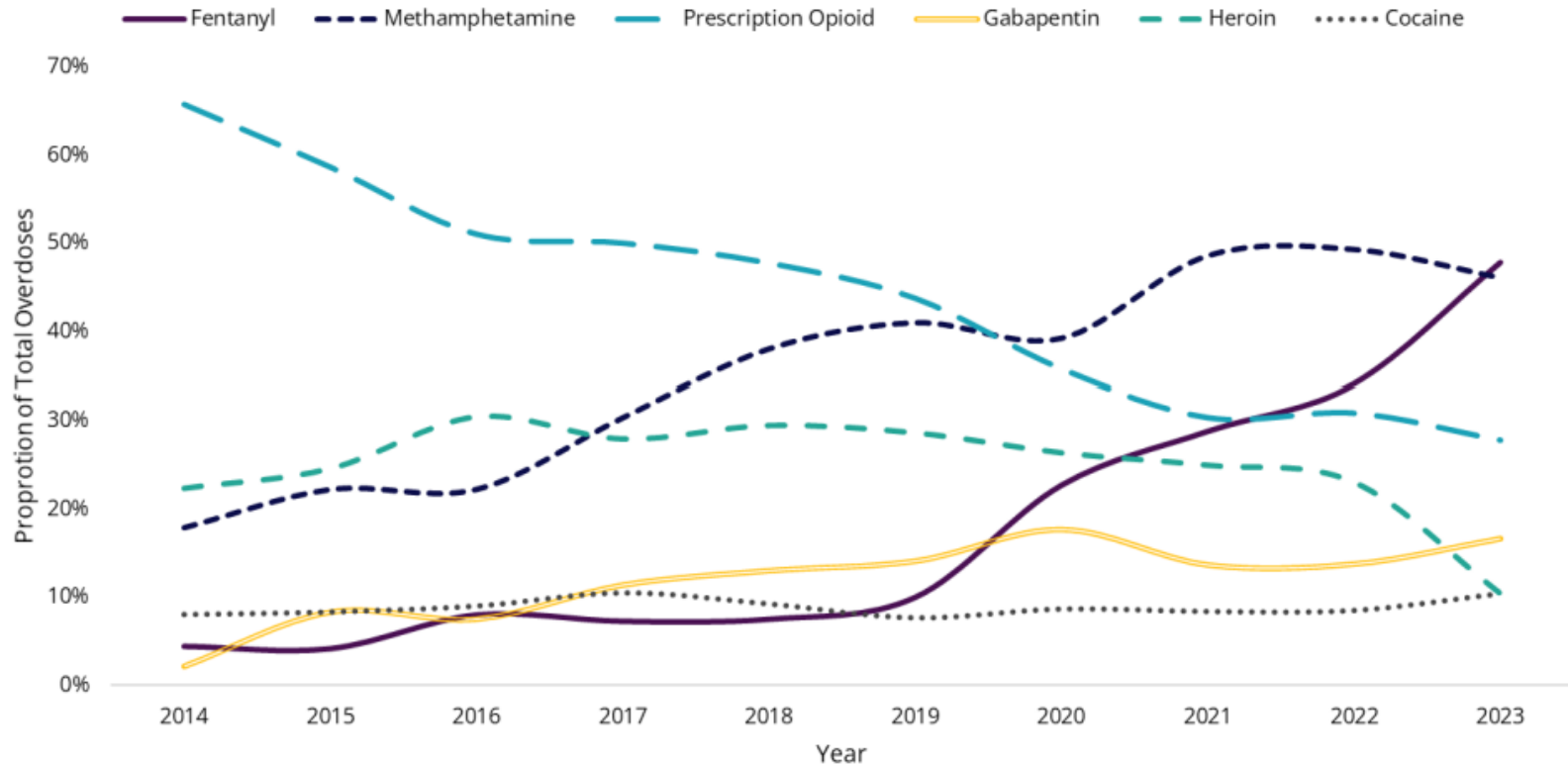
Prescription opioid deaths have decreased since 2014, but all opioid deaths continue to be a high percentage of drug deaths.

Description:  
Number of drug poisoning/overdose deaths (ICD-10 Codes x40-x44, x46, x60-x64, x66, y10-y14, y16). Includes unintentional, suicide, homicide, undetermined, and other.

Drug poisoning deaths are a subset of all poisoning deaths, where drug is defined as "any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes."

# Drug overdose deaths

**Figure 18. Percentage of total Utah drug deaths for select drugs, 2014-2023**



Graph source: Utah Department of Health and Human Services, Office of the Medical Examiner (2023), Fatal Drug Overdose Report

The percentages of drug deaths caused by fentanyl and methamphetamine have increased over time.

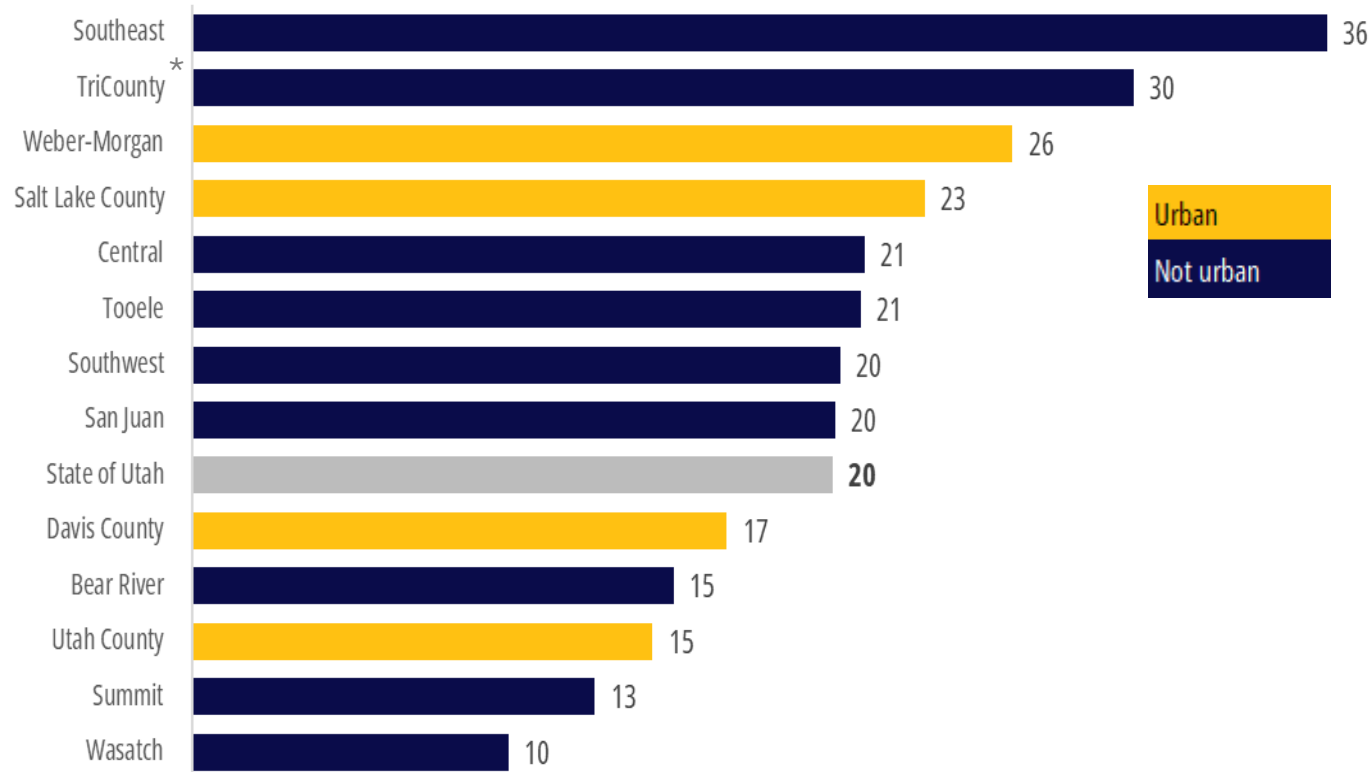
Fentanyl and methamphetamine were the most common in drug deaths in 2023.

Note:  
Because drug deaths may involve more than one drug, the totals add to more than 100%.

This graph was taken directly from the Fatal Drug Overdose Report. See the entire report here: <https://ome.utah.gov/wp-content/uploads/2023-OME-Fatal-Drug-Overdose-Report-1.16.2023.pdf>.

# Drug overdose deaths

**Figure 19. Utah drug overdose deaths per 100,000 population by local authority, 2019-2023 combined**



\*The TriCounty area includes Daggett, Duchesne, and Uintah.

Data source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services

There is no clear pattern indicating that urban or rural regions have higher rates of overdose deaths.

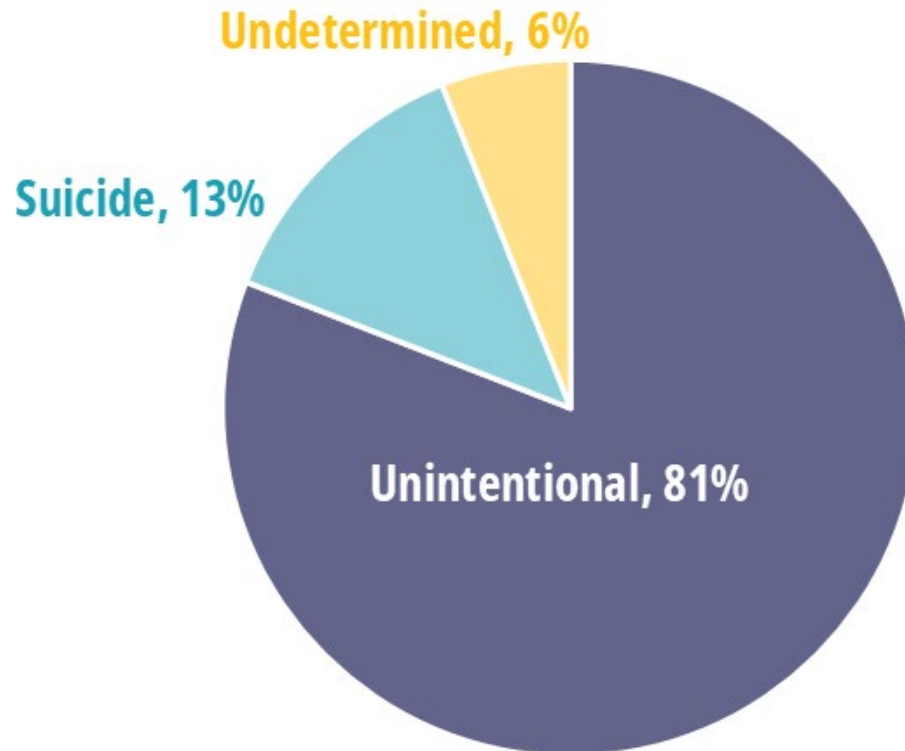
Description:  
Drug poisoning/overdose deaths per 100,000 population (ICD-10 Codes x40-x44, x46, x60-x64, x66, y10-y14, y16). Includes unintentional, suicide, homicide, undetermined, and other.

Data are age-adjusted to the 2000 U.S. standard population.

Drug poisoning deaths are a subset of all poisoning deaths, where drug is defined as "any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes."

# Drug overdose deaths

*Figure 20. Utah drug overdose deaths by intent, 2019-2023 combined*



Data source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services

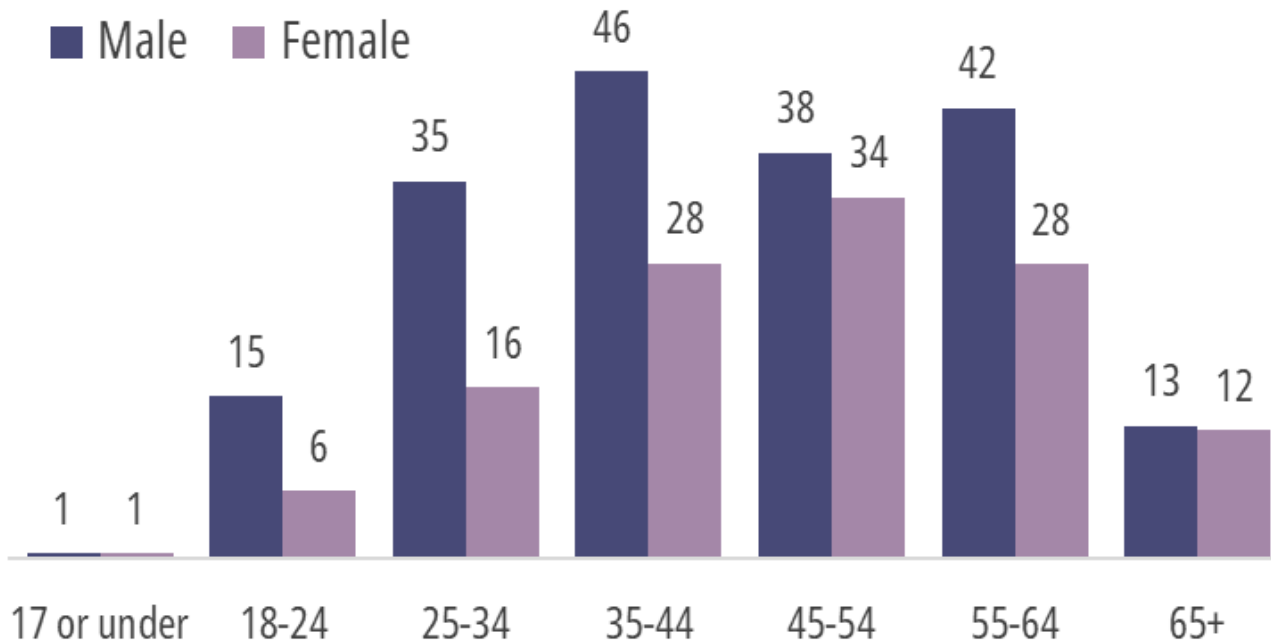
Most Utah drug overdose deaths are unintentional.

Notes:  
Drug poisoning/overdose deaths (ICD-10 Codes x40-x44, x46, x60-x64, x66, y10-y14, y16) include unintentional, suicide, homicide, undetermined, and other.

Drug poisoning deaths are a subset of all poisoning deaths, where drug is defined as "any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes."

# Drug overdose deaths

**Figure 21. Utah drug overdose deaths per 100,000 population by gender and age group, 2019-2023 combined**



Data source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services

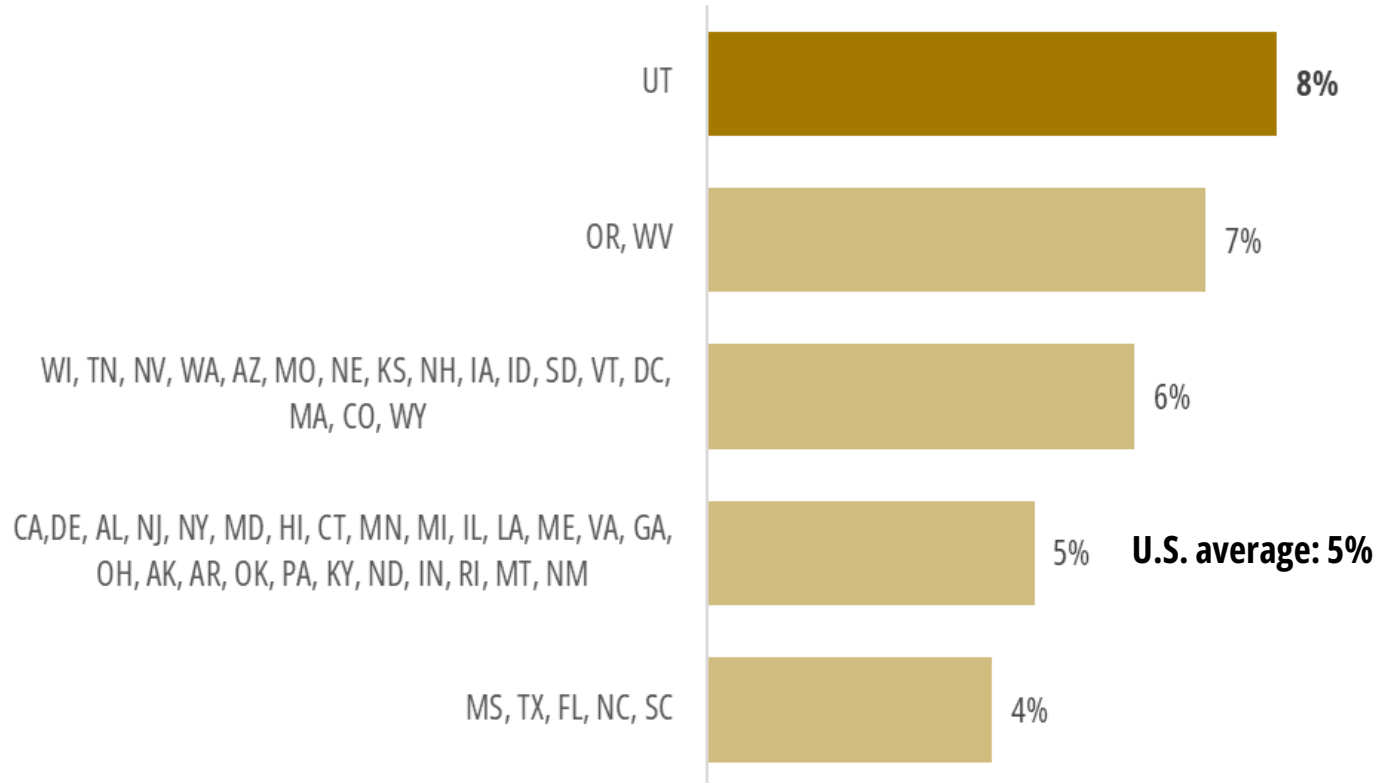
In all age groups, women are less likely to die from drug overdose than men.

Description:  
Drug poisoning/overdose deaths per 100,000 population (ICD-10 Codes x40-x44, x46, x60-x64, x66, y10-y14, y16). Includes unintentional, suicide, homicide, undetermined, and other.

Drug poisoning deaths are a subset of all poisoning deaths, where drug is defined as "any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes."

# Suicide

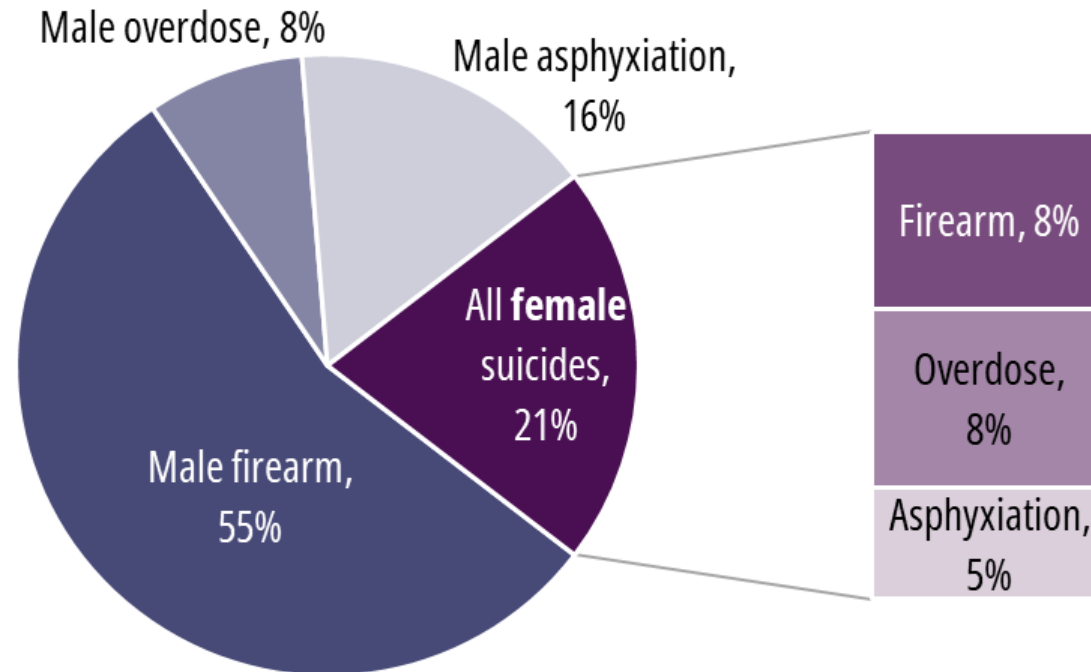
**Figure 22. Adults with serious thoughts of suicide by state, 2022-2023 combined**



In 2022-2023, Utah had the highest rate of serious thoughts of suicide compared to the rest of the U.S.

# Suicide

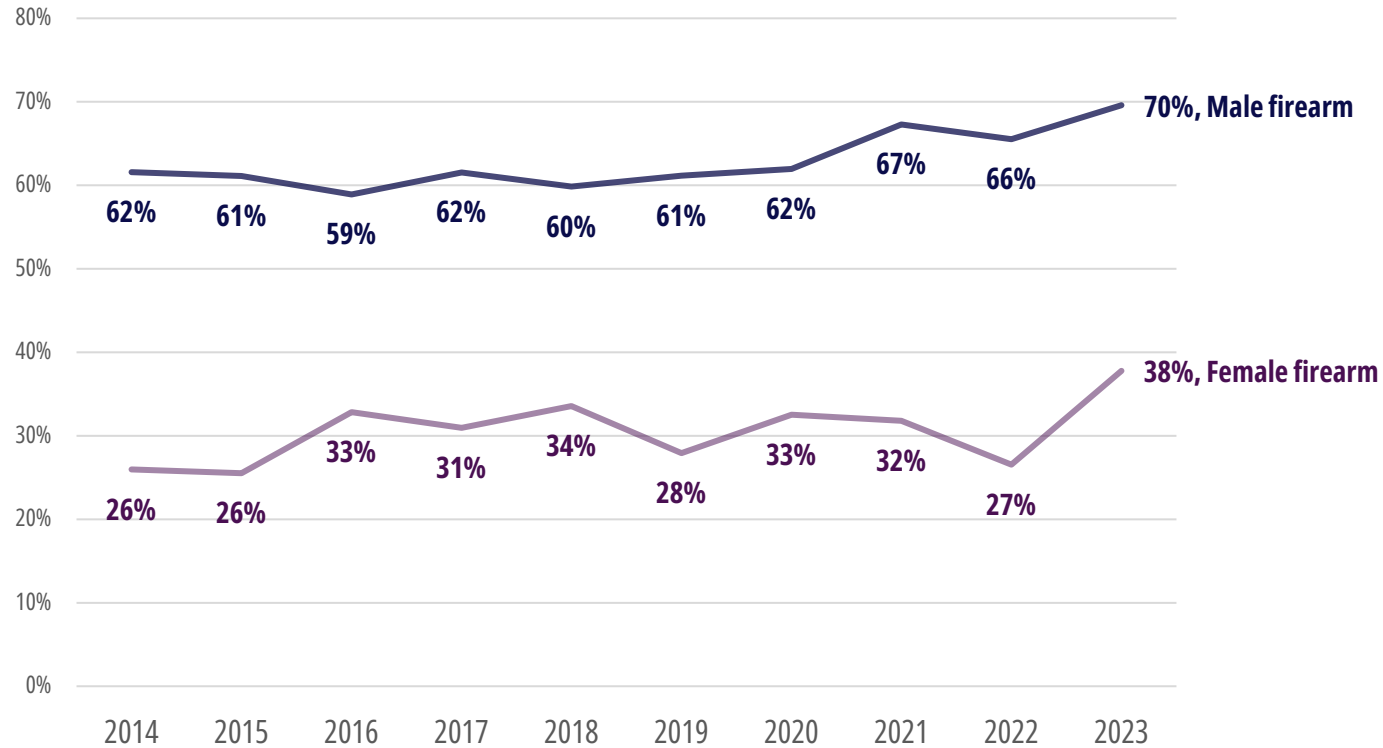
**Figure 23. Utah suicide deaths by gender and method, 2023**



Men are most likely to die by suicide using a firearm. Women are approximately equally likely to die by firearm, poison, or suffocation.

# Suicide

**Figure 24. Percentage of Utah suicides by firearm, 2014-2023**

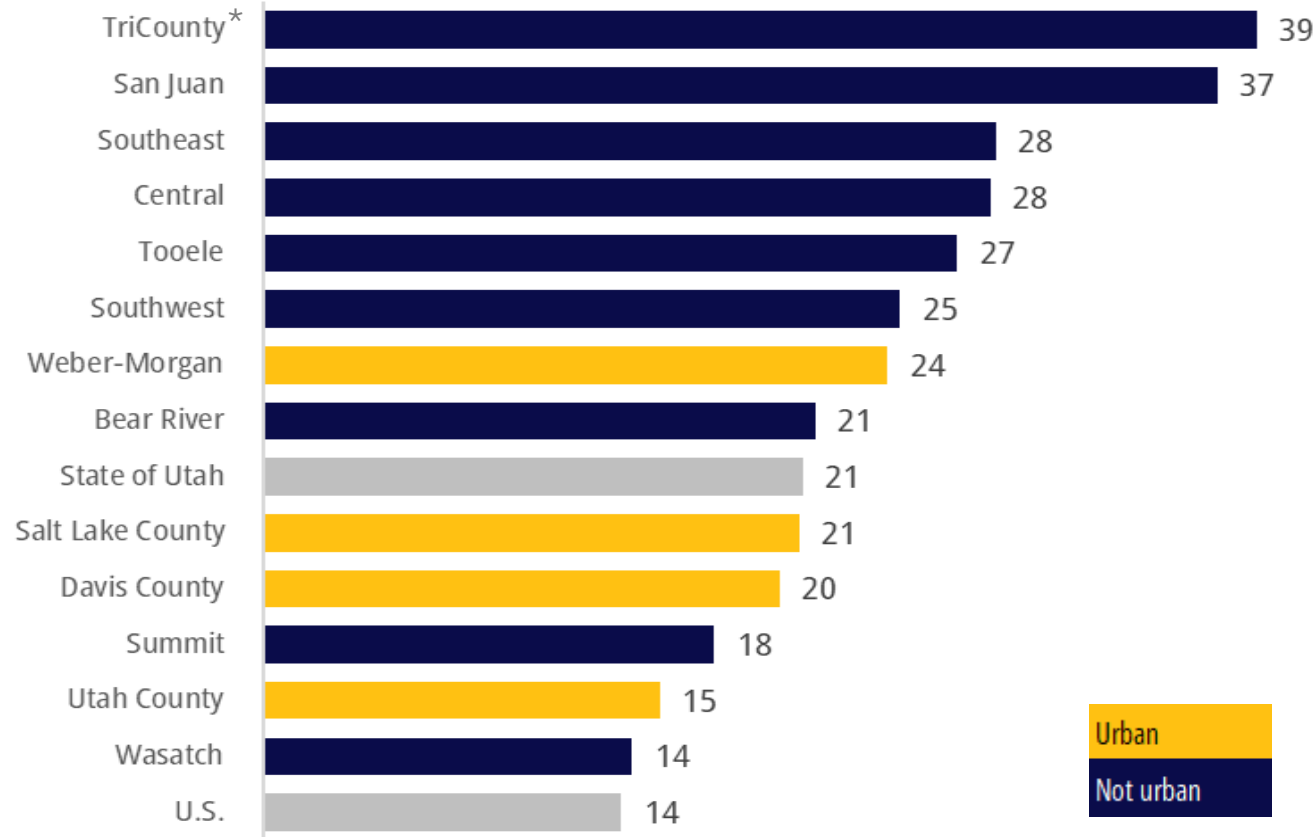


The percentage of total Utah suicides that use firearms has increased for both men and women from 2014 to 2023.

Data source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services

# Suicide

**Figure 25. Utah suicide deaths per 100,000 population by local authority, 2021-2023 combined**

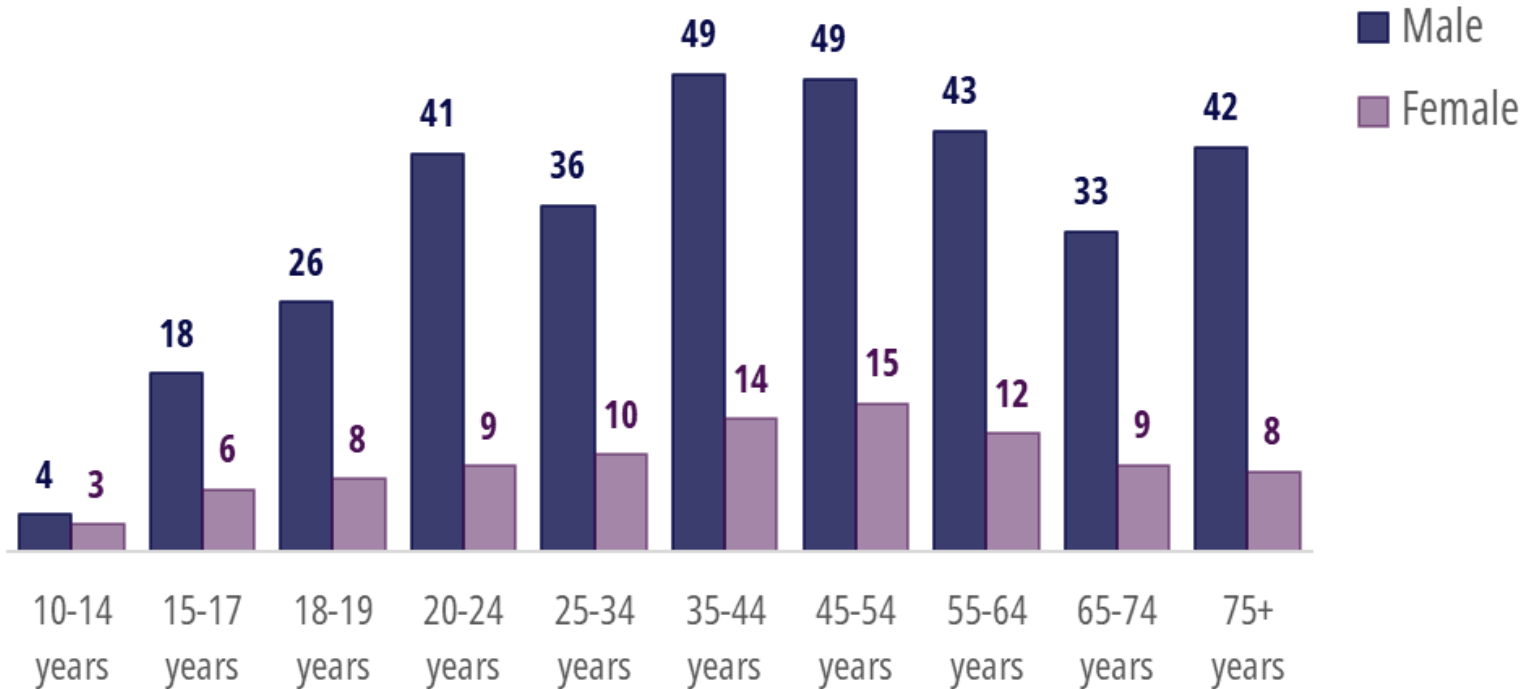


The highest suicide rates are found in rural areas in Utah.

\*The TriCounty area includes Daggett, Duchesne, and Uintah.

# Suicide

**Figure 26. Utah suicide deaths per 100,000 population by gender and age group, 2021-2023 combined**

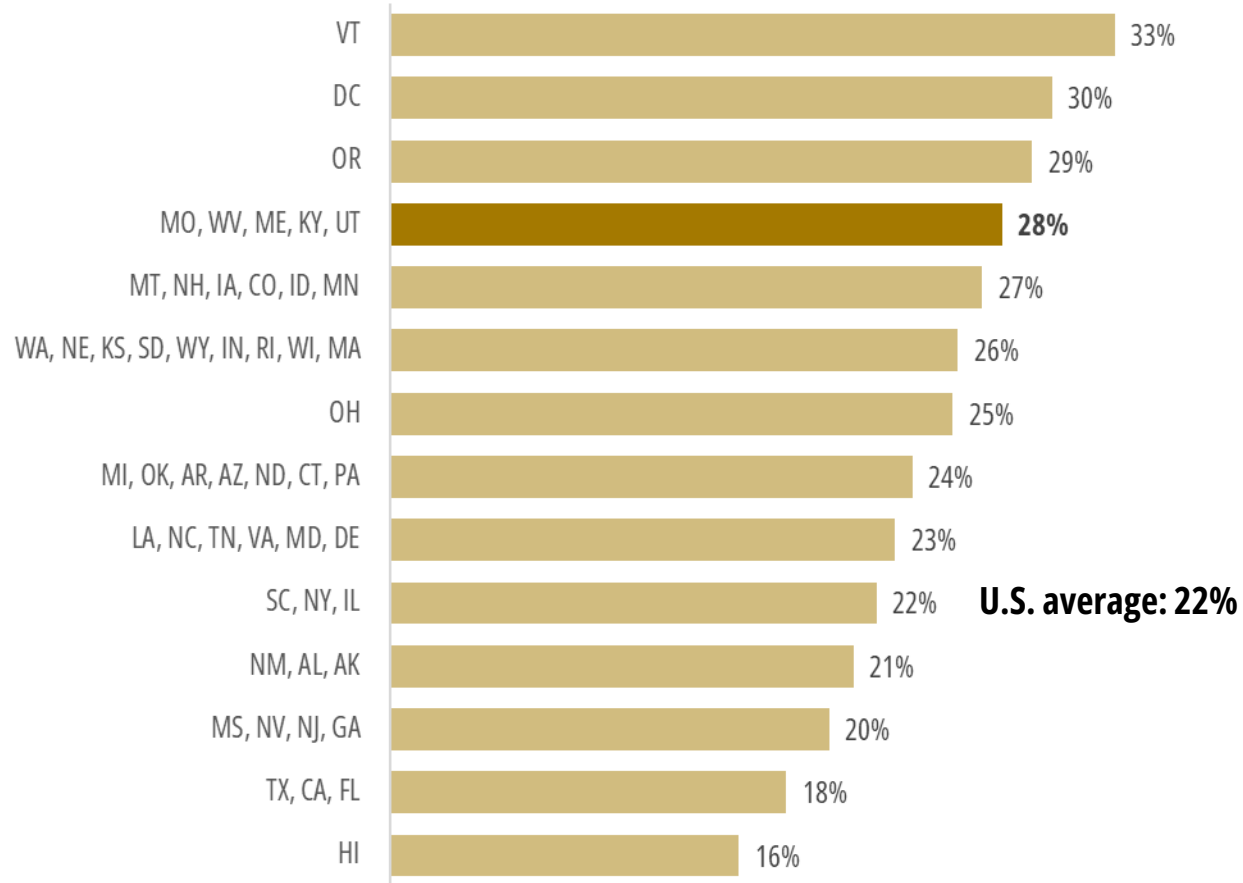


In all age groups in Utah, men are more likely to die by suicide than women.

The highest rates of suicide are in the age ranges of 35-54.

# Treatment

**Figure 27. Adults who received mental health treatment in the past year, by state, 2022-2023**

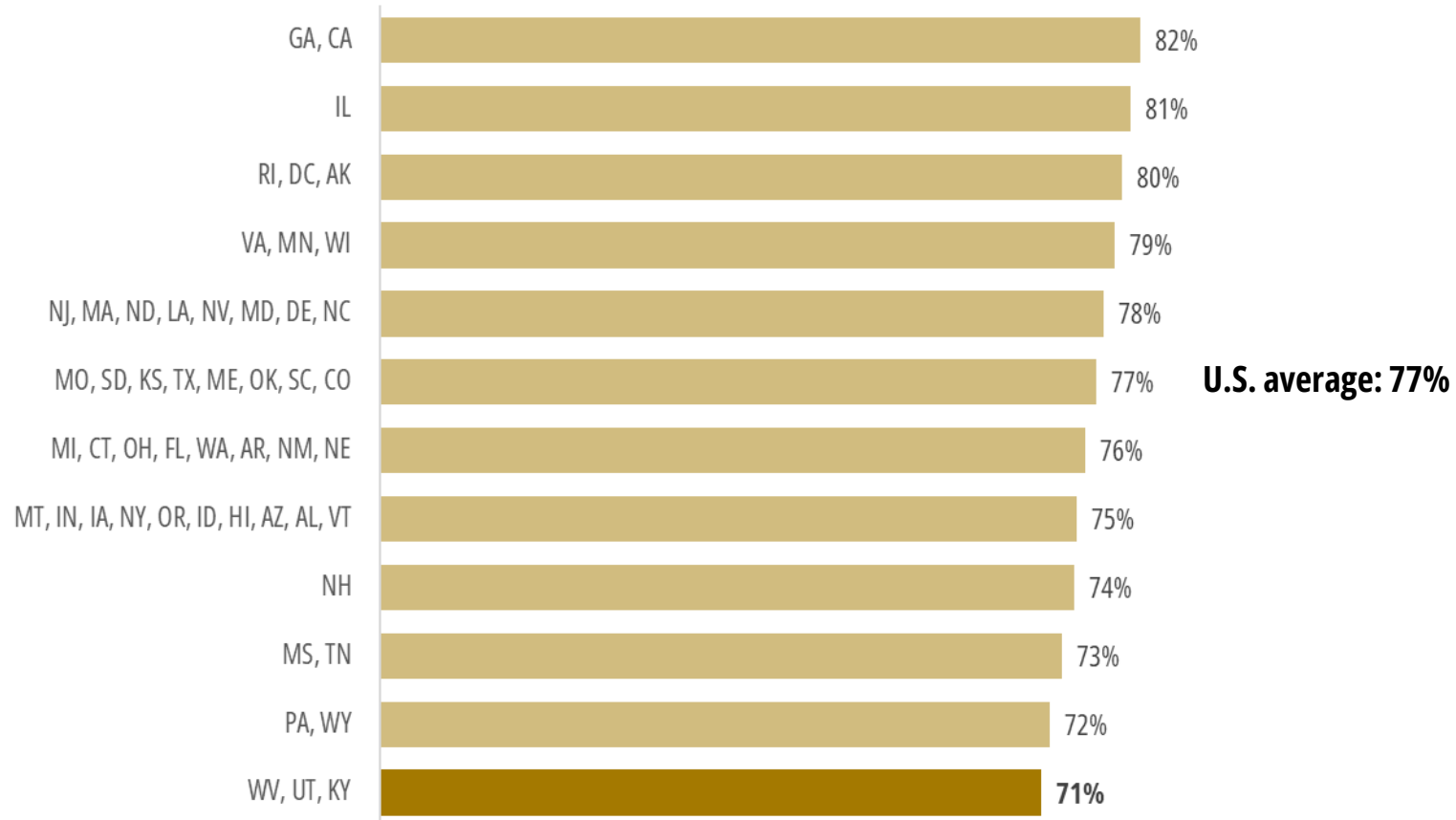


In 2022-2023, Utah was among the top eight states for adults receiving mental health treatment.

Note: This is the percentage of all Utah adults who received treatment, not the percentage of adults with any mental illness (AMI).

# Treatment

**Figure 28. Adults who needed, but *did not* receive, substance use treatment in the past year, by state, 2022-2023**



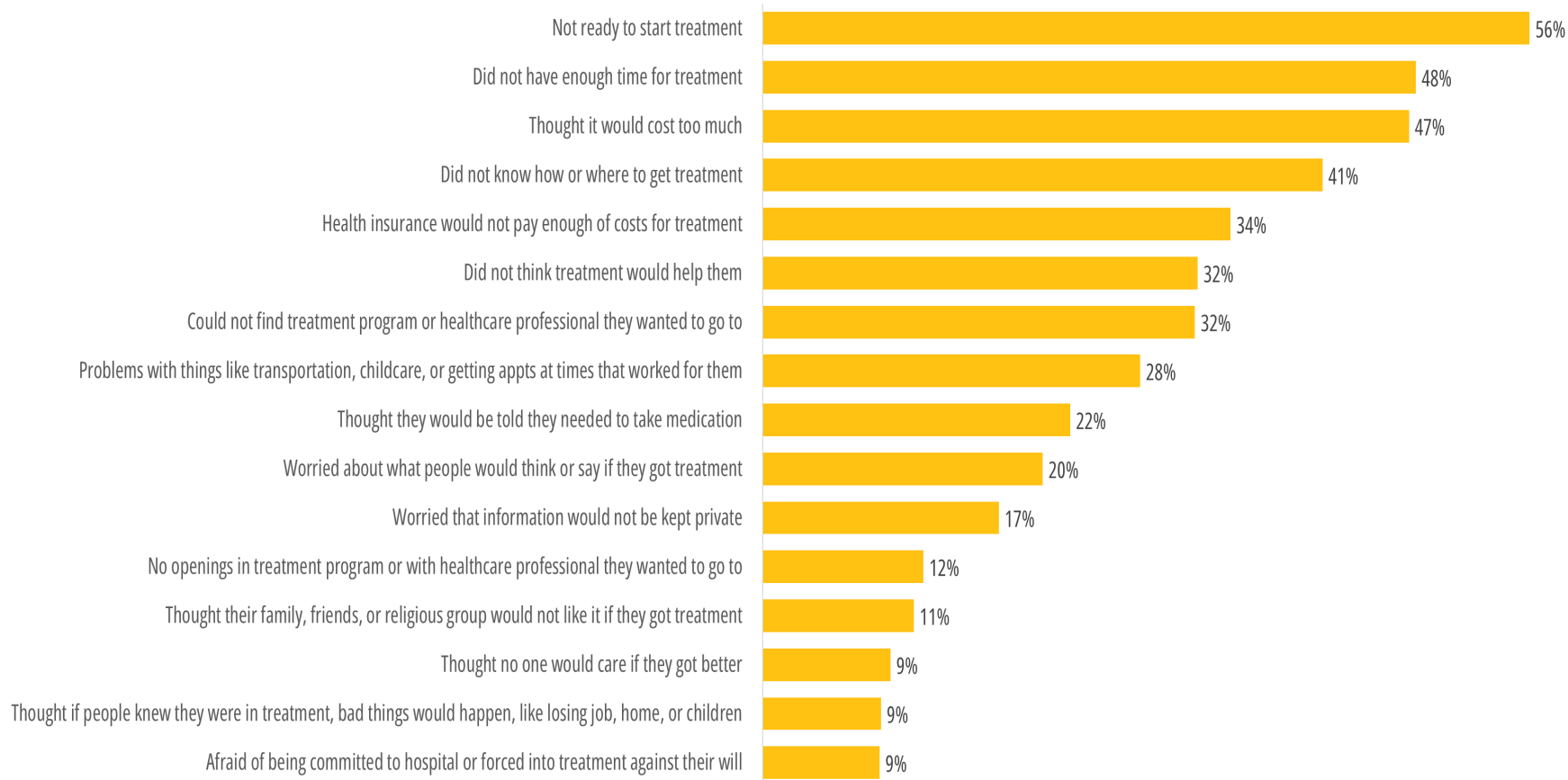
In 2022-2023, Utah was among the lowest state rates for adults who needed, but did not receive, substance use treatment in the past year.

Respondents were classified as needing substance use treatment if they met Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for a drug or alcohol use disorder or received treatment for drug or alcohol use through inpatient treatment/counseling, outpatient treatment/counseling, medication-assisted treatment, telehealth treatment, or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used drugs or alcohol in their lifetime.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022 and 2023.

# Treatment

**Figure 29. Utah reasons for adult unmet mental health treatment needs, 2022-2023 combined**



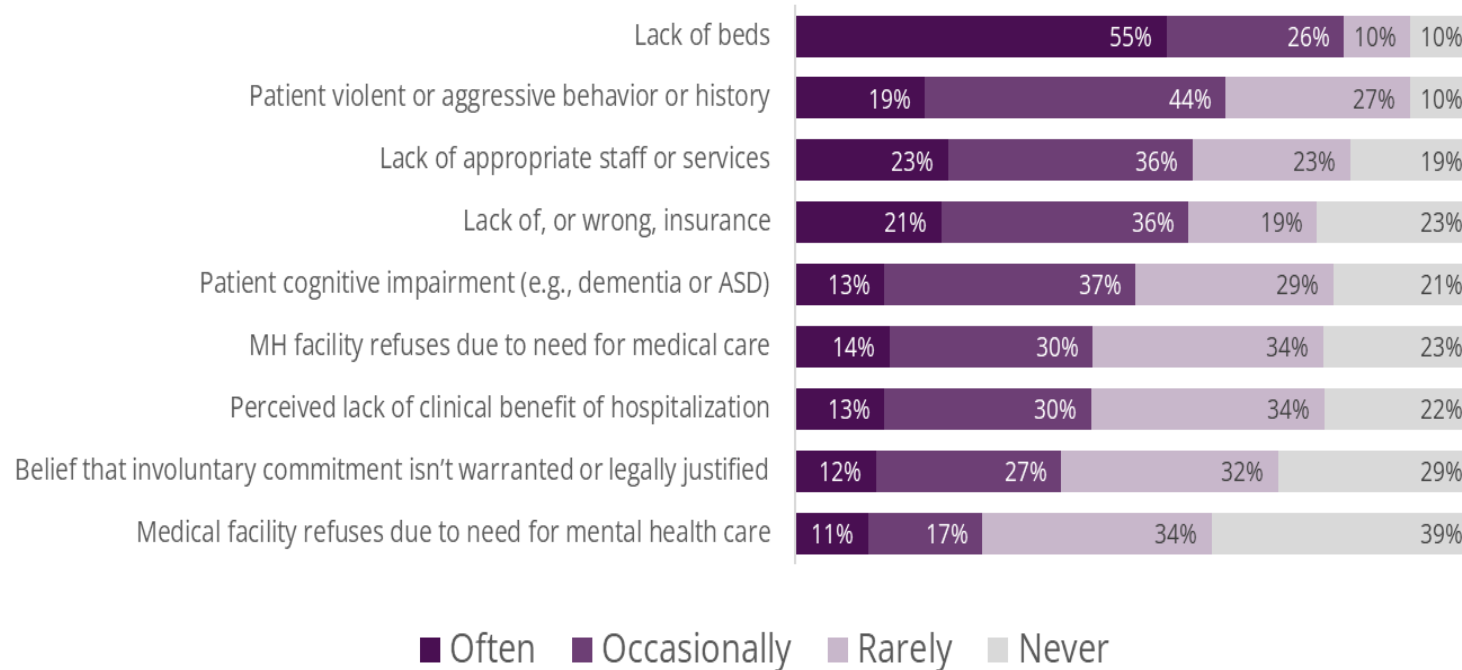
While not being ready to start treatment or not having enough time are the most common reasons for not getting mental health treatment, many other issues create barriers.

Cost (with and without insurance), finding providers, and stigma are all barriers to receiving treatment.

# Treatment

**Figure 30. Barriers to facility placements during behavioral health crisis response, 2024**

Facility refusal reasons in crisis response (n=149)



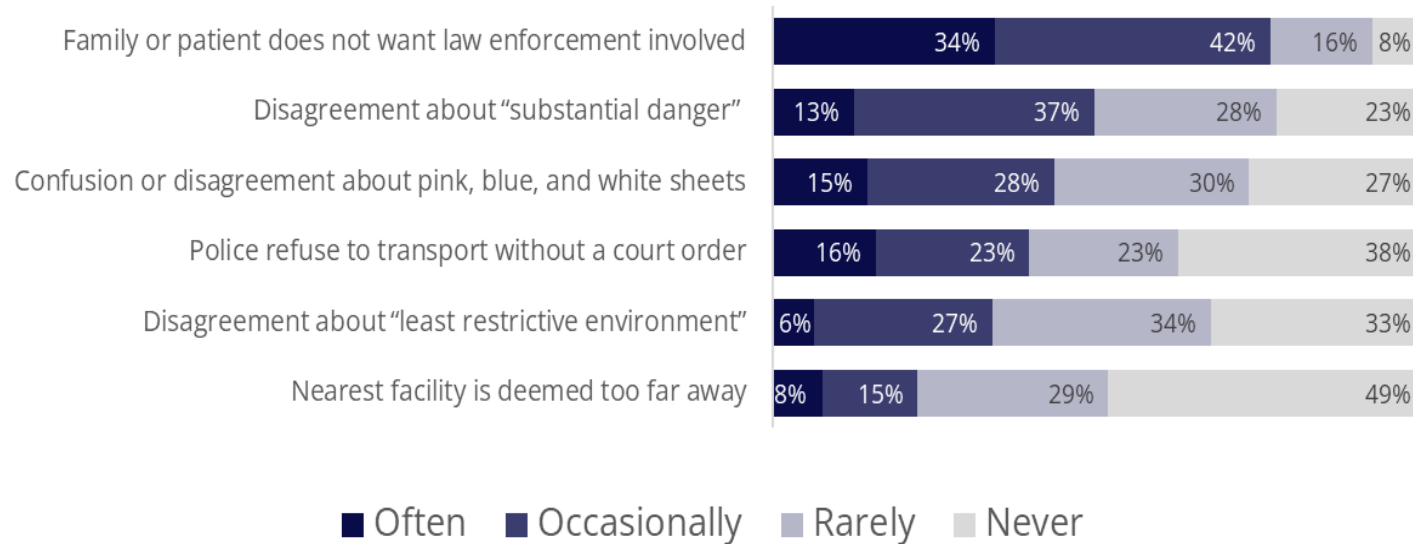
28% or more respondents marked *often* or *occasionally* for all of the listed reasons for facility refusal.

The most common reasons were lack of beds, patient aggression, lack of staff or services, and insurance issues.

# Treatment

**Figure 31. Barriers to transportation during behavioral health crisis response, 2024**

## Transportation issues in crisis response (n=144)



All six transportation issues were experienced *often* or *occasionally* by 23% or more respondents.

The most common reason was not wanting to involve law enforcement. Other reasons were related to confusion or disagreement about regulations around transporting.

# Treatment

**Figure 32. Other barriers to appropriate behavioral health crisis care, 2024**

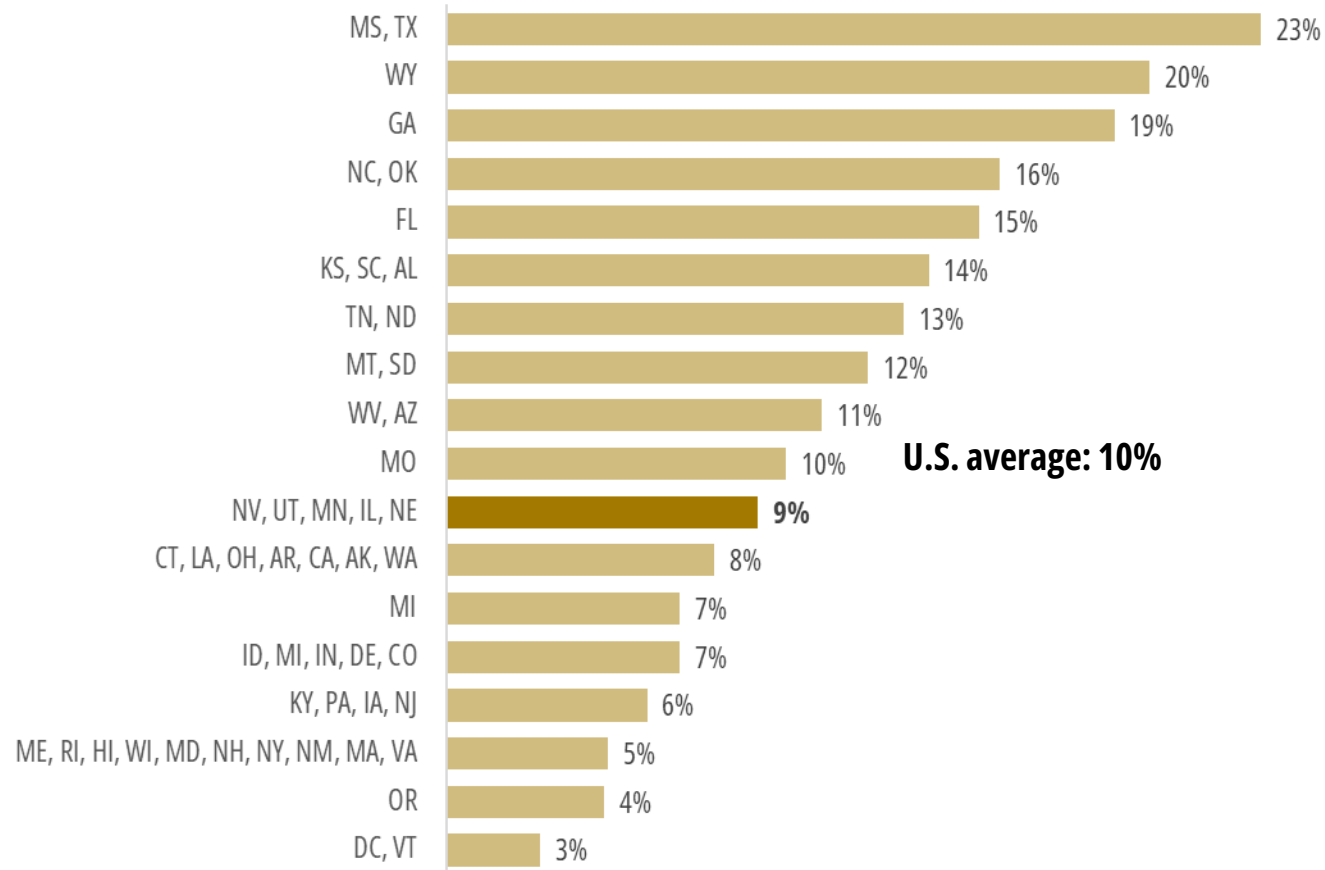
## Other barriers to crisis response (n=137)



Although the most common barriers to crisis care were facility refusals (Figure 30) and transportation difficulties (Figure 31), other barriers are also common.

# Treatment

**Figure 33. Adults with any mental illness who are uninsured by state, 2022**



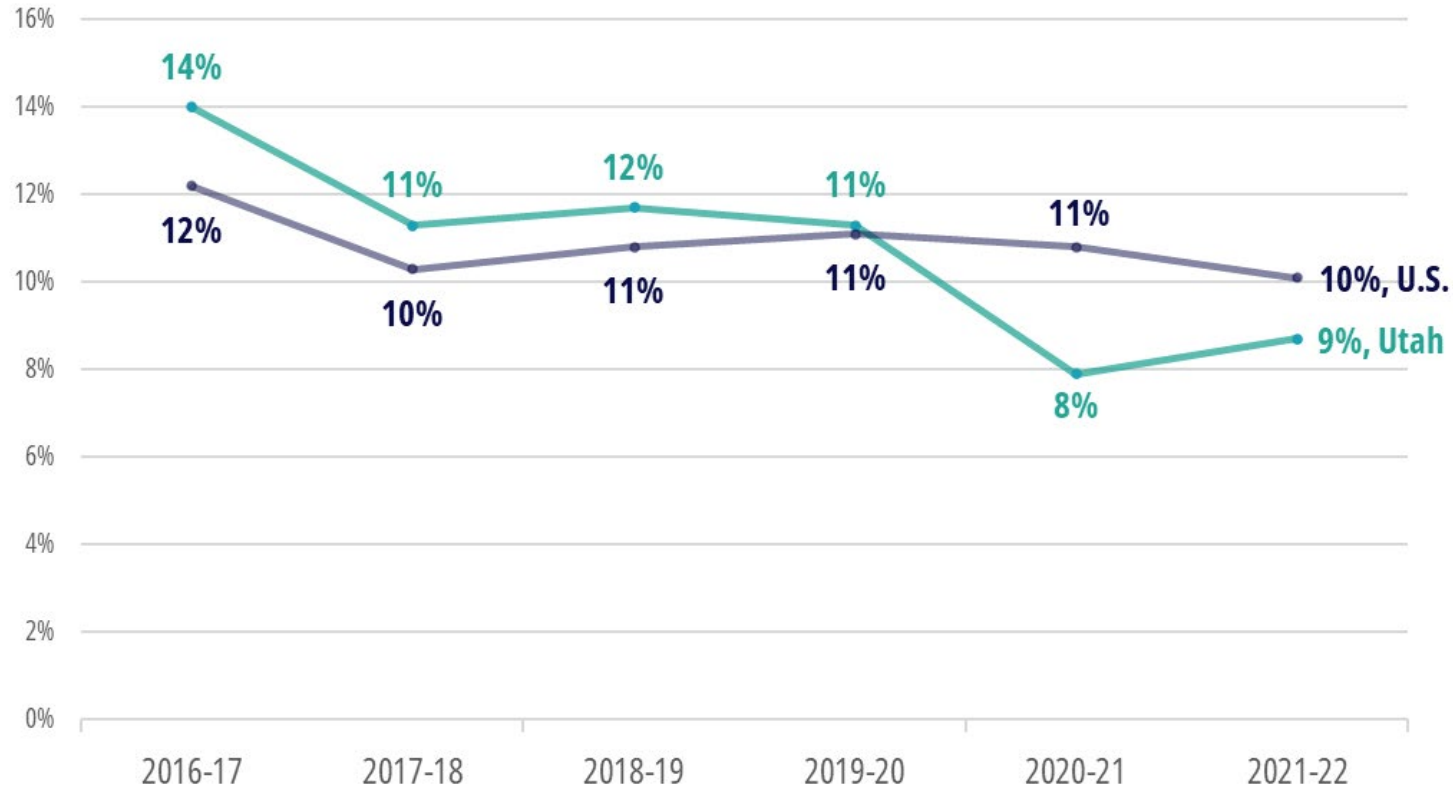
9% of Utahns with any mental illness (AMI) are uninsured.

This is just under the U.S. average of 10%.

Data source: National Survey on Drug Use and Health (NSDUH); reported in Reinert, M, Fritze, D & Nguyen, T (July 2024). "The State of Mental Health in America 2024." Mental Health America, Alexandria VA.

# Treatment

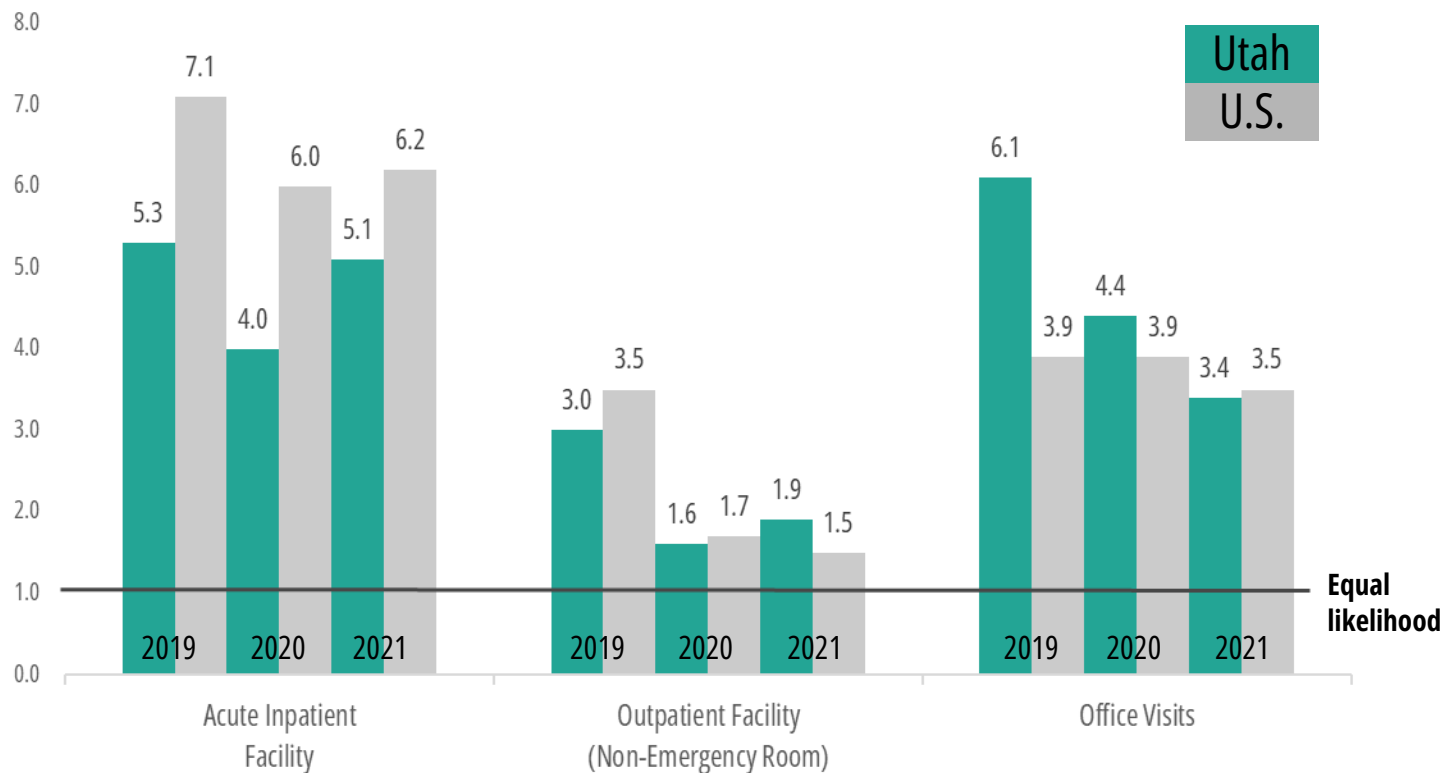
**Figure 34. Utah and U.S. adults with any mental illness (AMI) who are uninsured, 2016 - 2022**



The percentage of Utah adults with any mental illness who are uninsured has decreased slightly since 2016-17. The U.S. rate has been more stable during that time.

# Treatment

**Figure 35. Parity: Higher proportion of out-of-network use for behavioral vs. physical healthcare, 2019-2021**

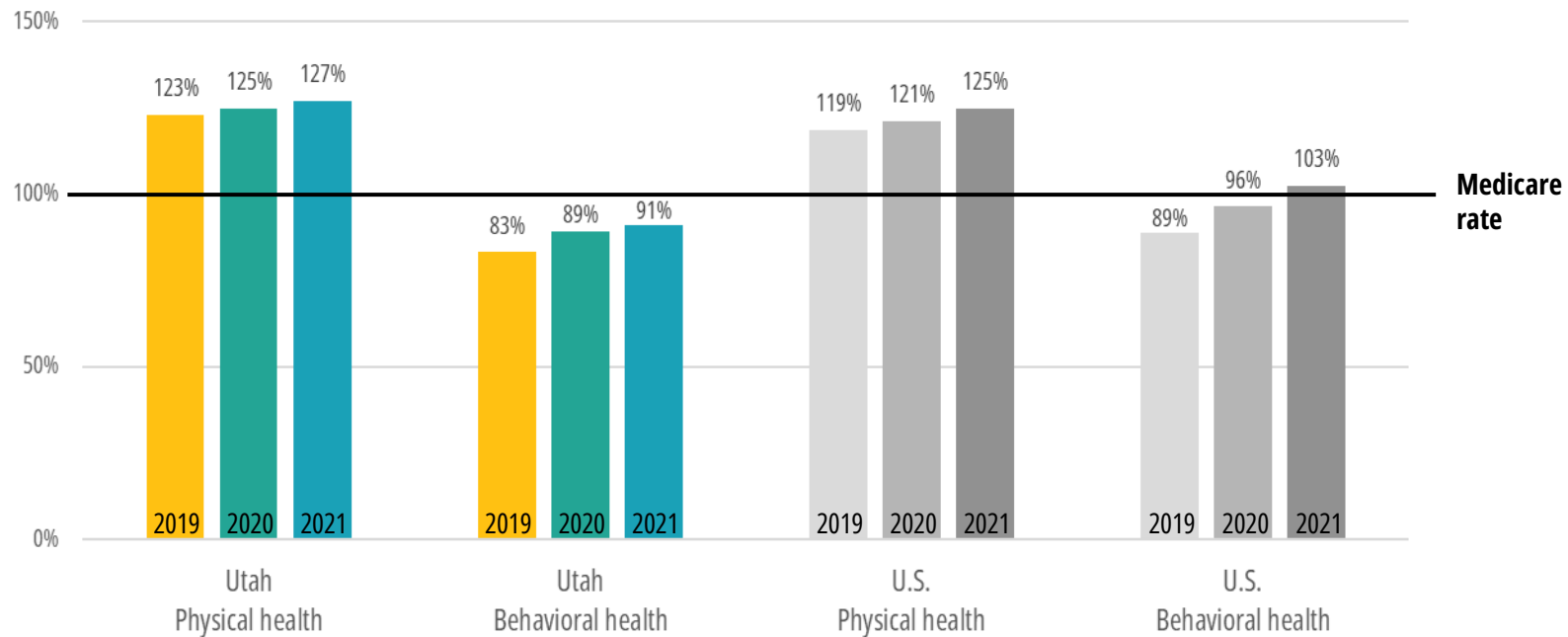


The figure shows how much more likely a patient is to receive out-of-network care for behavioral healthcare than physical. Out-of-network care can create a significant financial burden for patients.

For all three categories (acute inpatient, outpatient, and office visits), patients in Utah and the U.S. are more likely to receive behavioral healthcare out-of-network than physical healthcare.

# Treatment

**Figure 36. Parity: Commercial insurance reimbursement rates as a percentage of Medicare rates, 2019-2021**



Commercial insurers reimburse physical healthcare providers at a higher relative rate than behavioral healthcare providers. This may disincentivize behavioral health providers from participating on commercial insurance panels.

Notes on this measure:  
Because physical healthcare typically costs more than behavioral healthcare, it can be difficult to assess parity in reimbursement rates. By using Medicare rates as a benchmark, we have a standard to compare payment for similar services across payers.

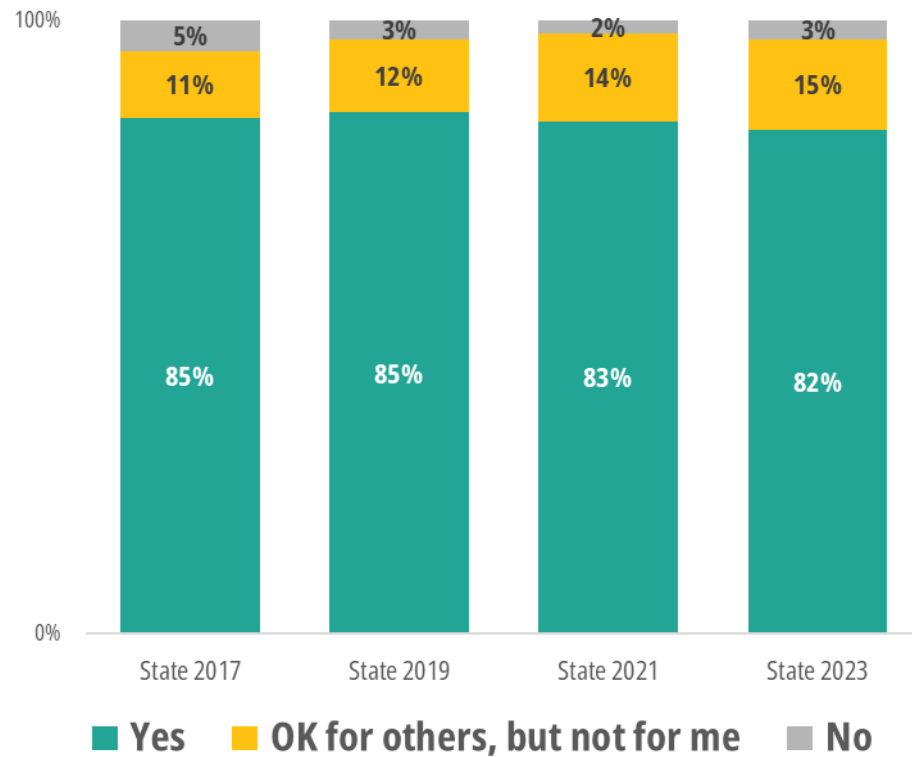
For more information on this methodology, see:  
<https://www.rti.org/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue/fulltext.pdf>

Data source: Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International. Utah data were drawn from the Utah All Payers Claims Database (APCD).

# Youth behavioral health

**Figure 37. Youth perceptions of stigma for mental health help-seeking, 2017-2023**

Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?



Data source: SHARP student survey, grades 6, 8, 10, 12 combined

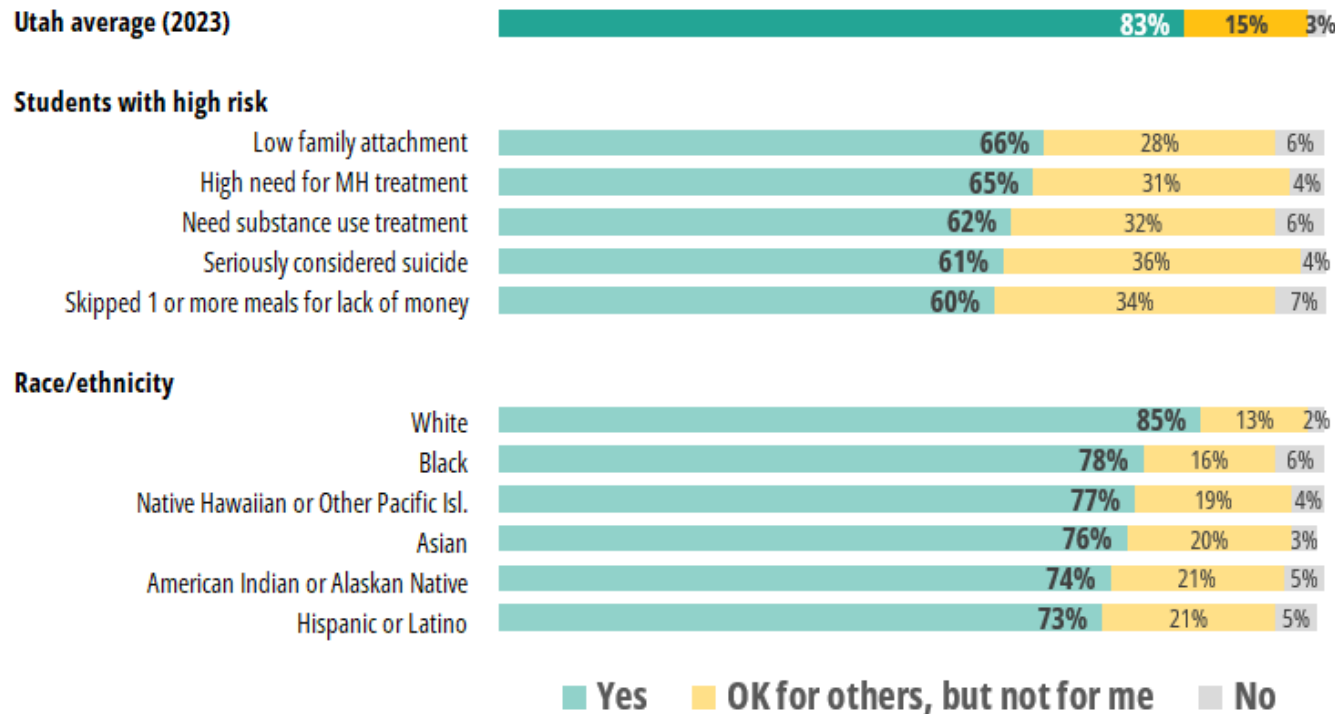
While most students believe seeking help is okay, 18% of students perceive that it is not okay.

Perceived stigma for seeking help has been stable from 2017 to 2023.

# Youth behavioral health

**Figure 38. Youth perceptions of stigma for mental health help-seeking by risk factors and ethnicity, 2023**

Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?



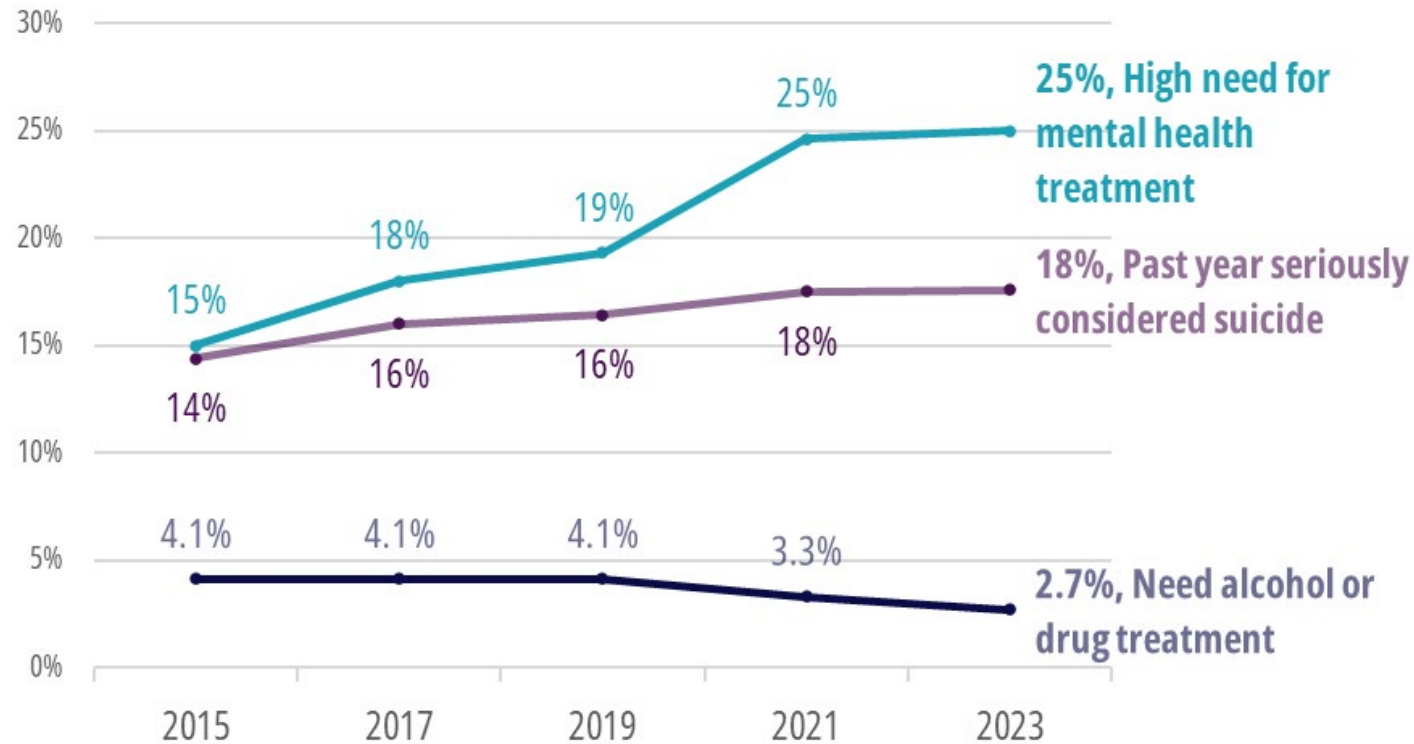
Data source: SHARP student survey, grades 6, 8, 10, 12 combined

Students who have the highest need for mental health treatment, need substance use treatment, or have other risk factors are more likely to perceive stigma associated with seeking that help.

Perceptions of stigma vary across different race and ethnicities.

# Youth behavioral health

**Figure 39. Utah youth with high need for mental health treatment, who need alcohol or drug treatment, or who seriously considered suicide in the past year (2015-2023)**



Data source: Utah SHARP Survey, grades 6, 8, 10, 12 combined

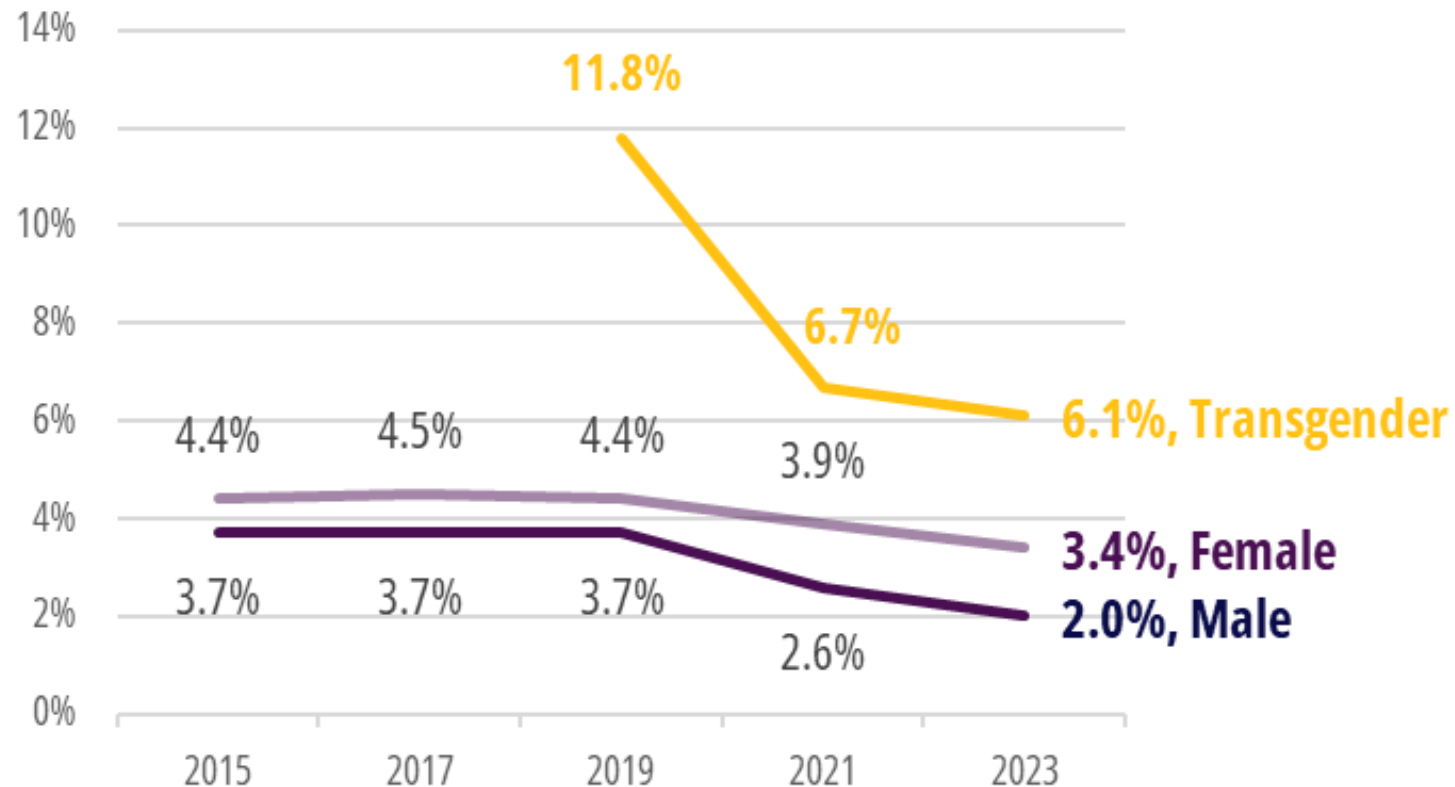
Youth with high need for mental health treatment has increased steadily since 2015.

Youth suicidal ideation has also increased but not as much.

Youth need for alcohol or drug treatment has decreased.

# Youth behavioral health

**Figure 40. Utah youth needing substance use treatment by gender, 2015-2023**

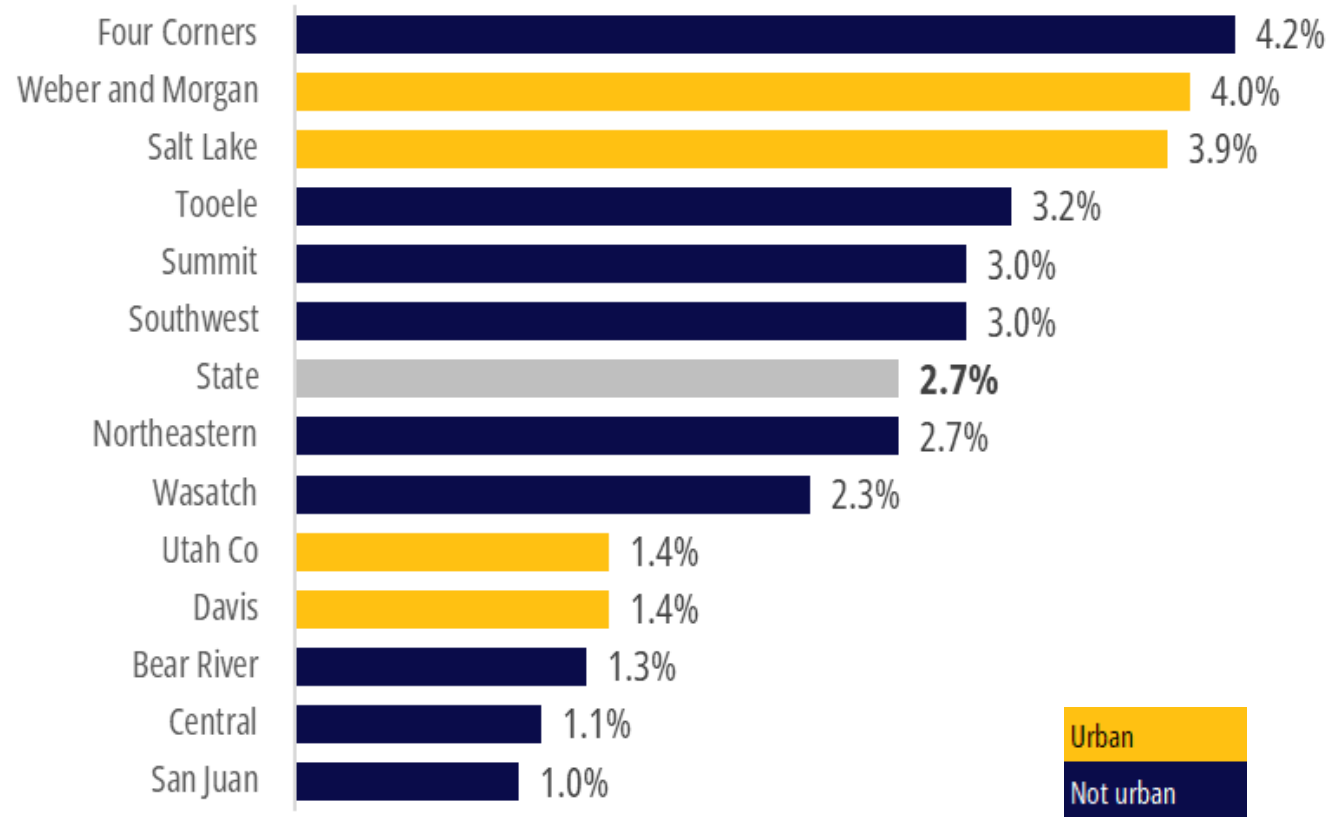


Transgender youth were more likely to need substance use treatment than non-transgender youth.

Girls were more likely than boys to need substance use treatment.

# Youth behavioral health

**Figure 41. Utah youth needing substance use treatment by local authority, 2023**

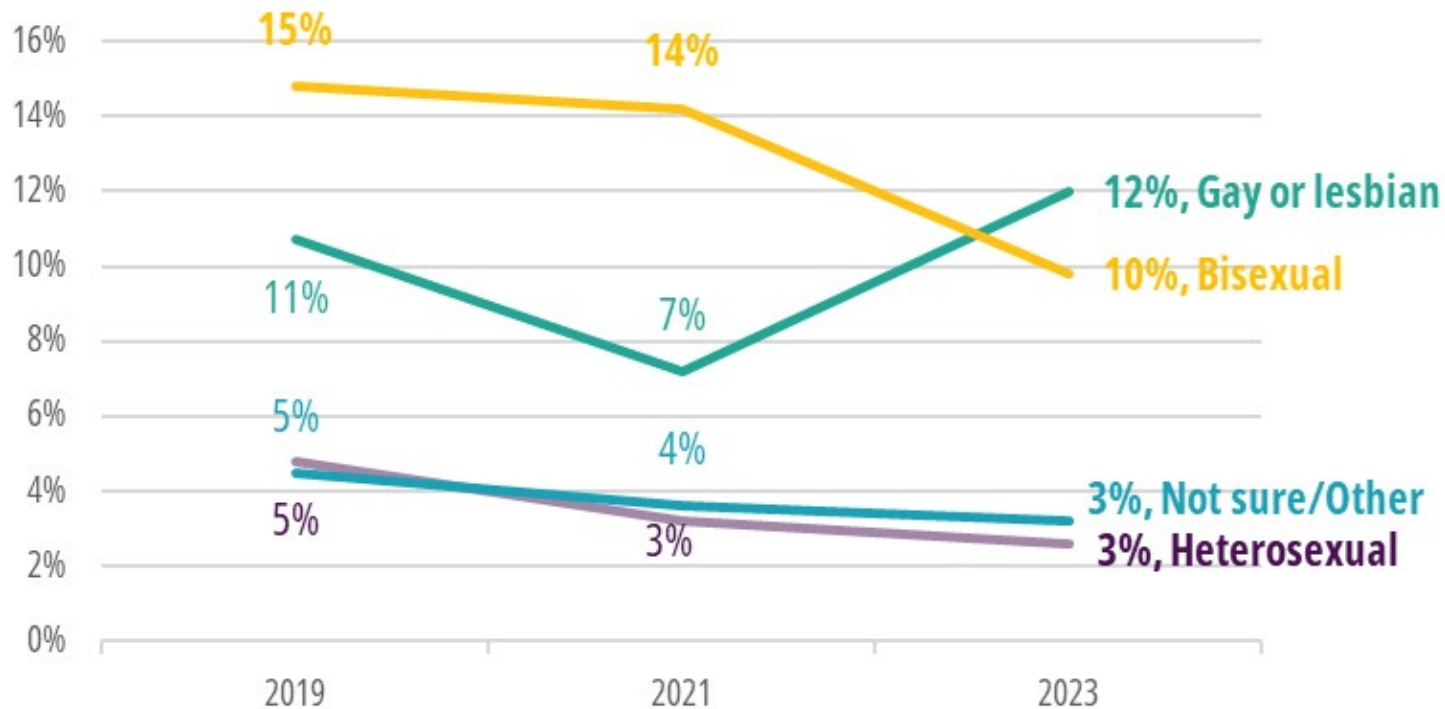


2.7% of Utah youth in grades 6-12 represents approximately 13,500 students needing substance use treatment.

There is no clear pattern indicating that urban or rural regions have higher rates of need.

# Youth behavioral health

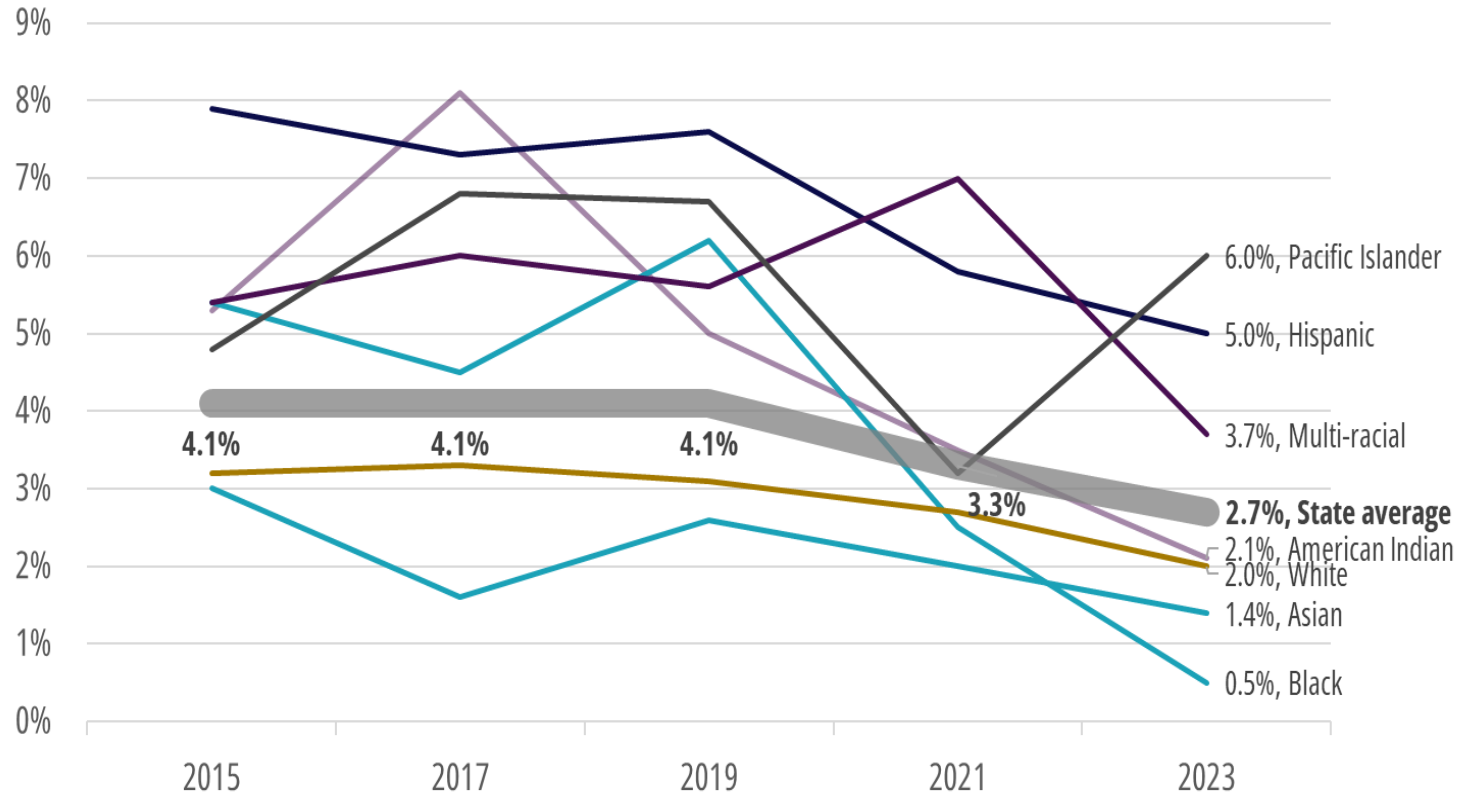
**Figure 42. Utah youth needing substance use treatment by sexual orientation, 2019-2023**



LGBTQ+ youth were more likely to need substance use treatment than heterosexual students.

# Youth behavioral health

**Figure 43. Utah youth needing substance use treatment by race/ethnicity, 2015-2023**

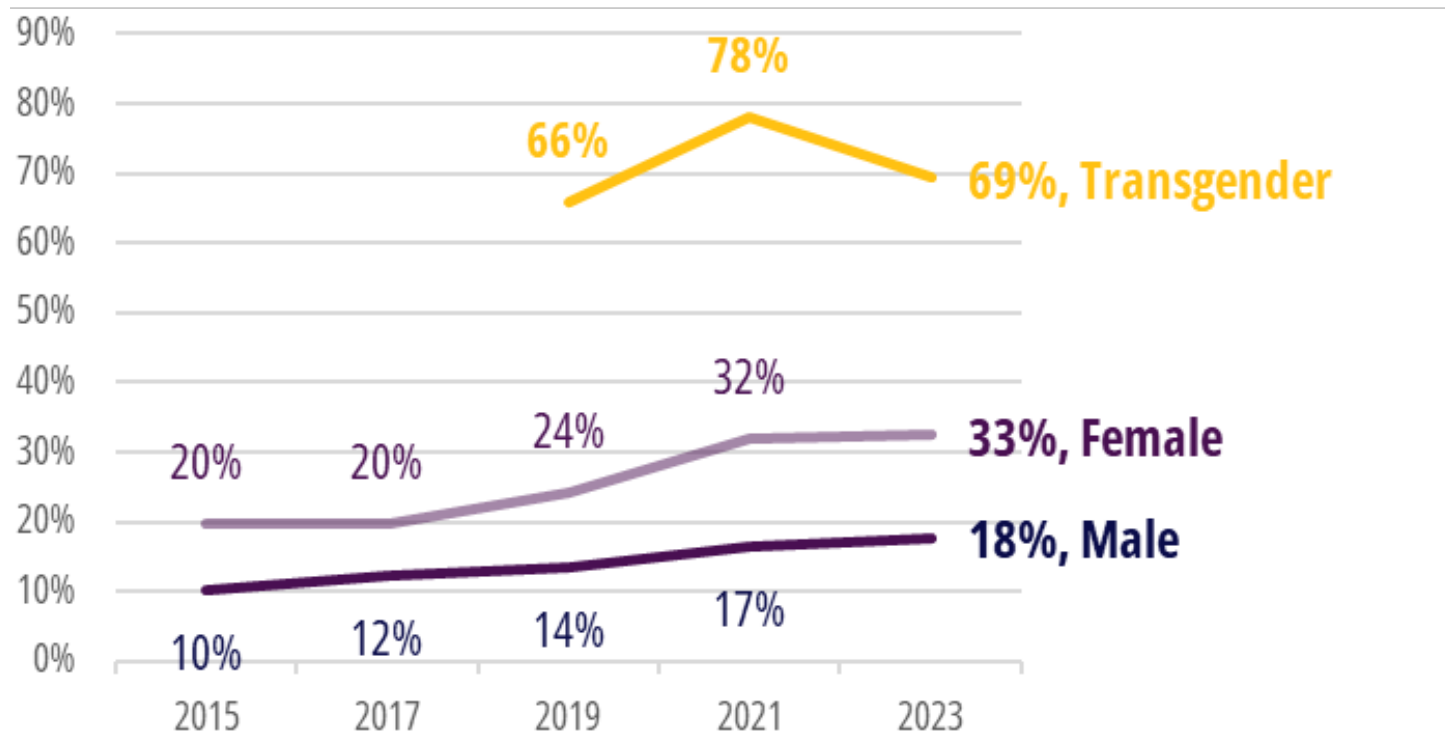


Overall, youth need for substance use treatment has decreased from 4.1% in 2019 to 2.7% in 2023.

Youth from Pacific Islander, Hispanic, and multi-racial backgrounds have higher need for substance use treatment than American Indian, White, Asian, and Black youth.

# Youth behavioral health

**Figure 44. Utah youth with high need for mental health treatment by gender, 2015-2023**



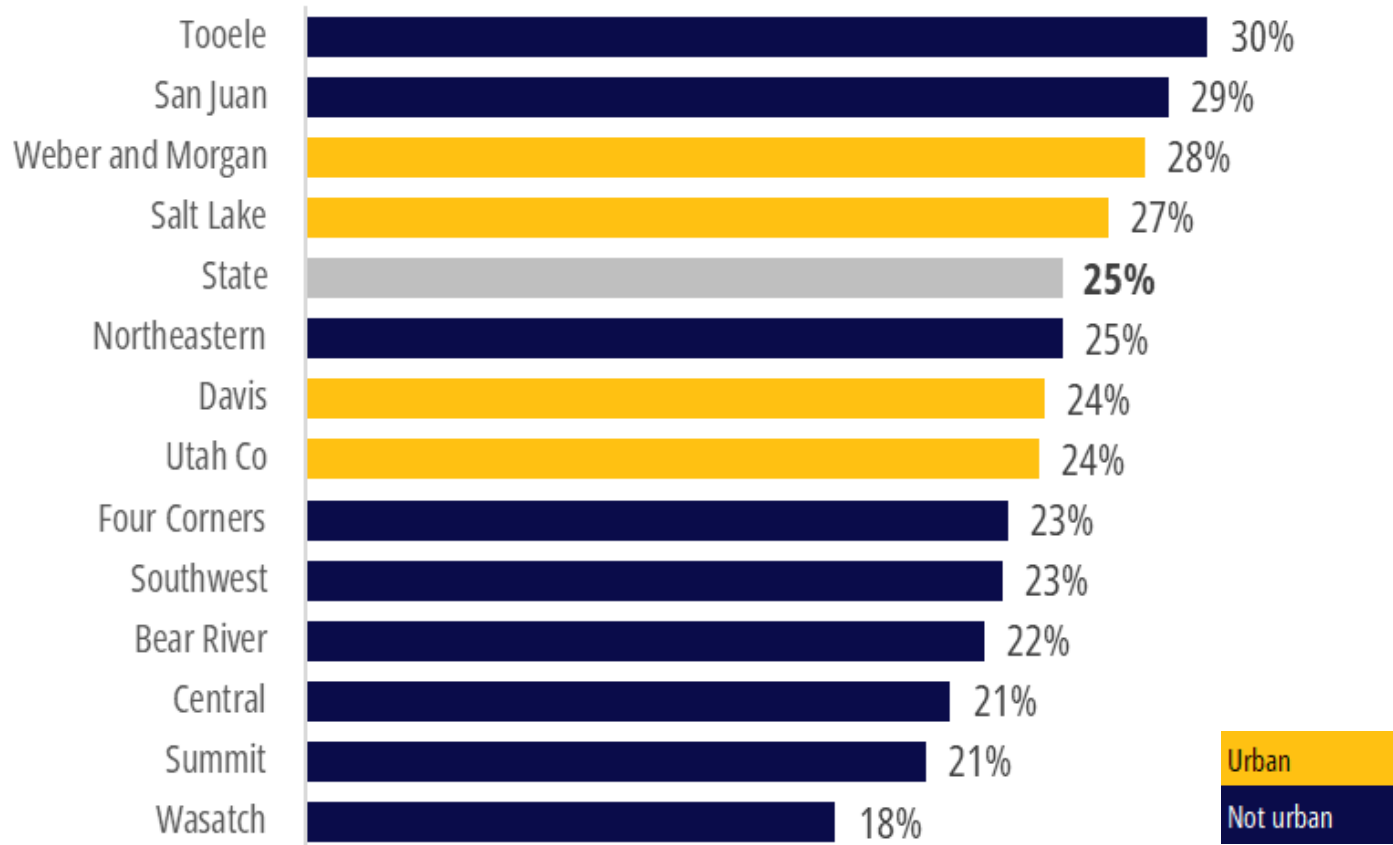
Data source: Utah SHARP Survey, grades 8, 10, 12 combined

More girls than boys have high need for mental health treatment.

Transgender youth have especially high rates of need for mental health treatment.

# Youth behavioral health

**Figure 45. Utah youth with high need for mental health treatment by local authority, 2023**



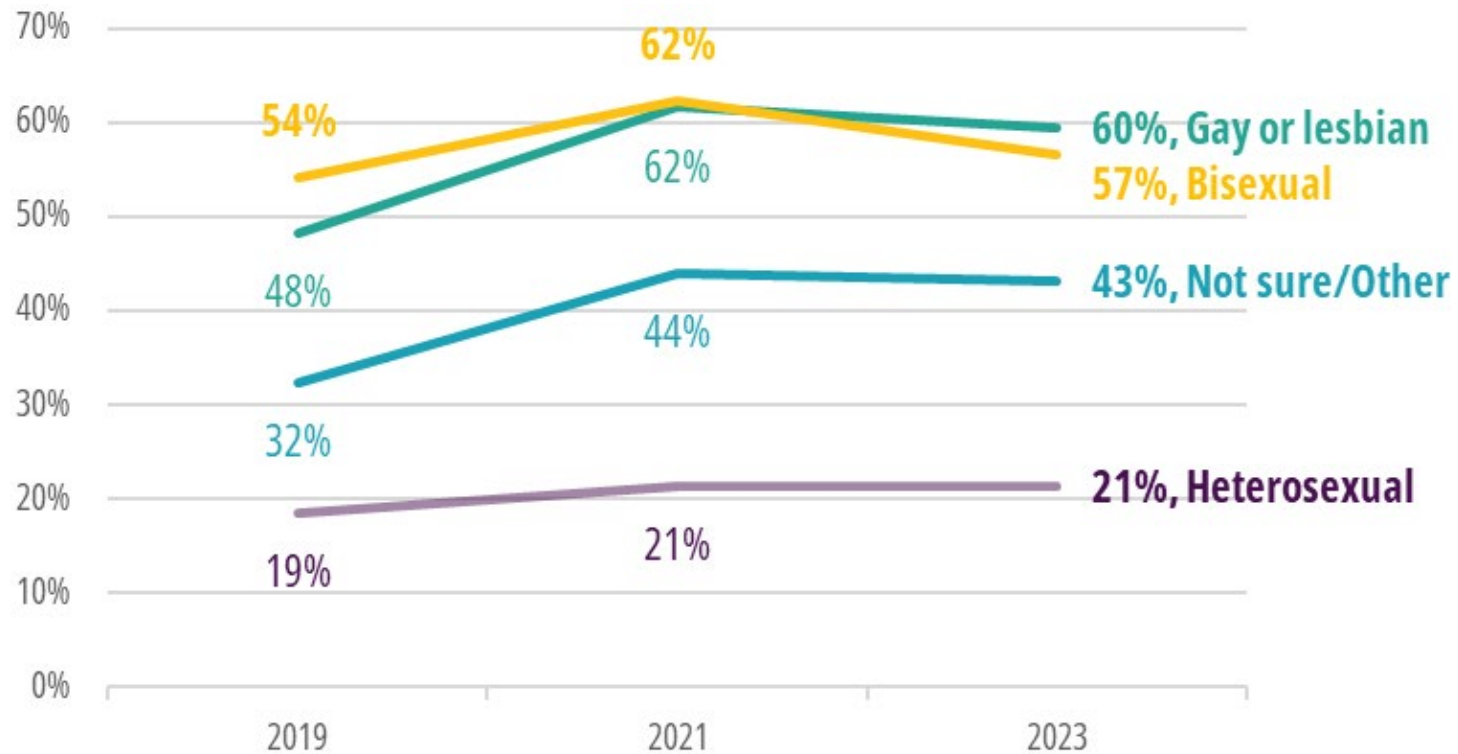
25% of Utah youth in grades 6-12 represents approximately 125,000 students in high need of mental health treatment.

Youth need for mental health treatment varies in both urban and non-urban areas.

Data source: Utah SHARP Survey, grades 6, 8, 10, 12 combined

# Youth behavioral health

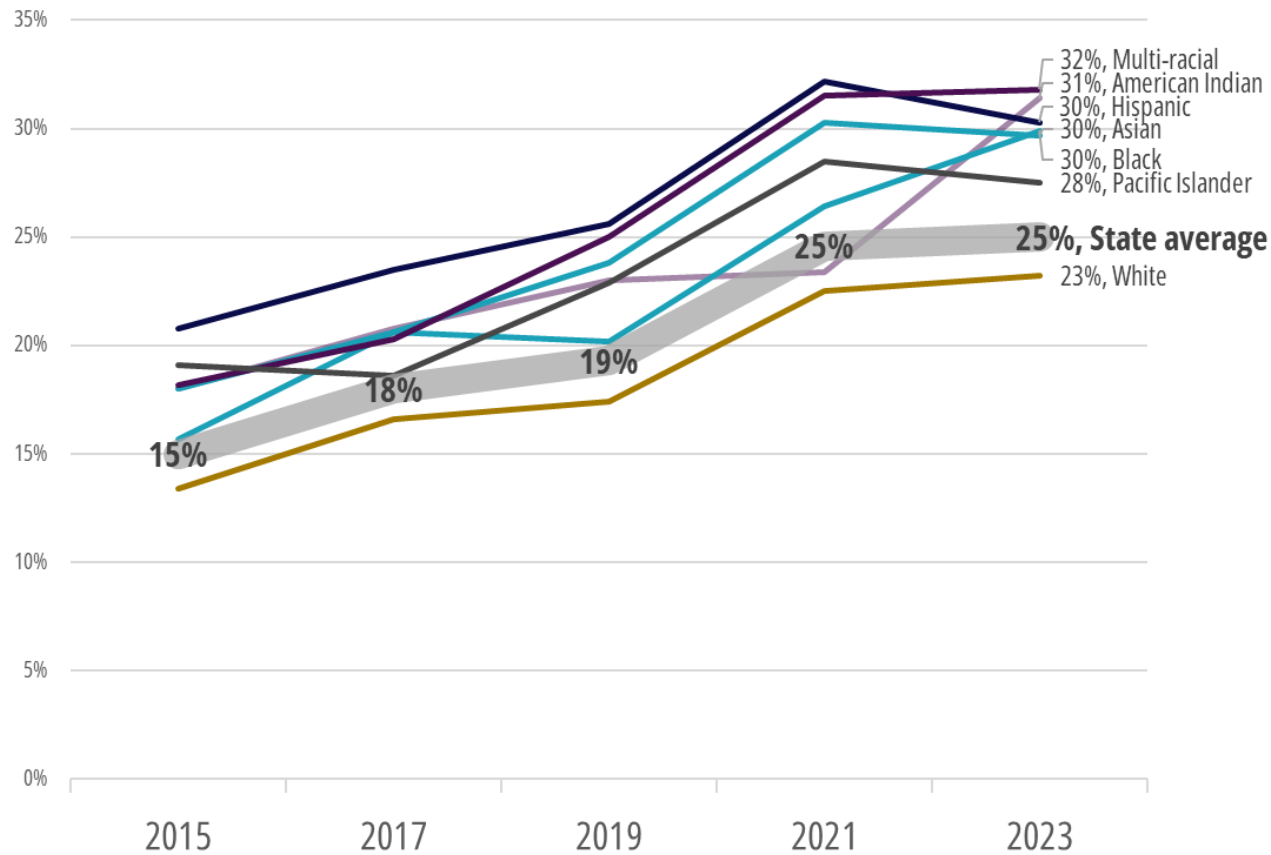
**Figure 46. Utah youth with high need for mental health treatment by sexual orientation, 2019-2023**



Youth with gay, lesbian, bisexual, and not sure/other sexual orientations were more likely to have high need for mental health treatment.

# Youth behavioral health

**Figure 47. Utah youth with high need for mental health treatment by race & ethnicity, 2015-2023**



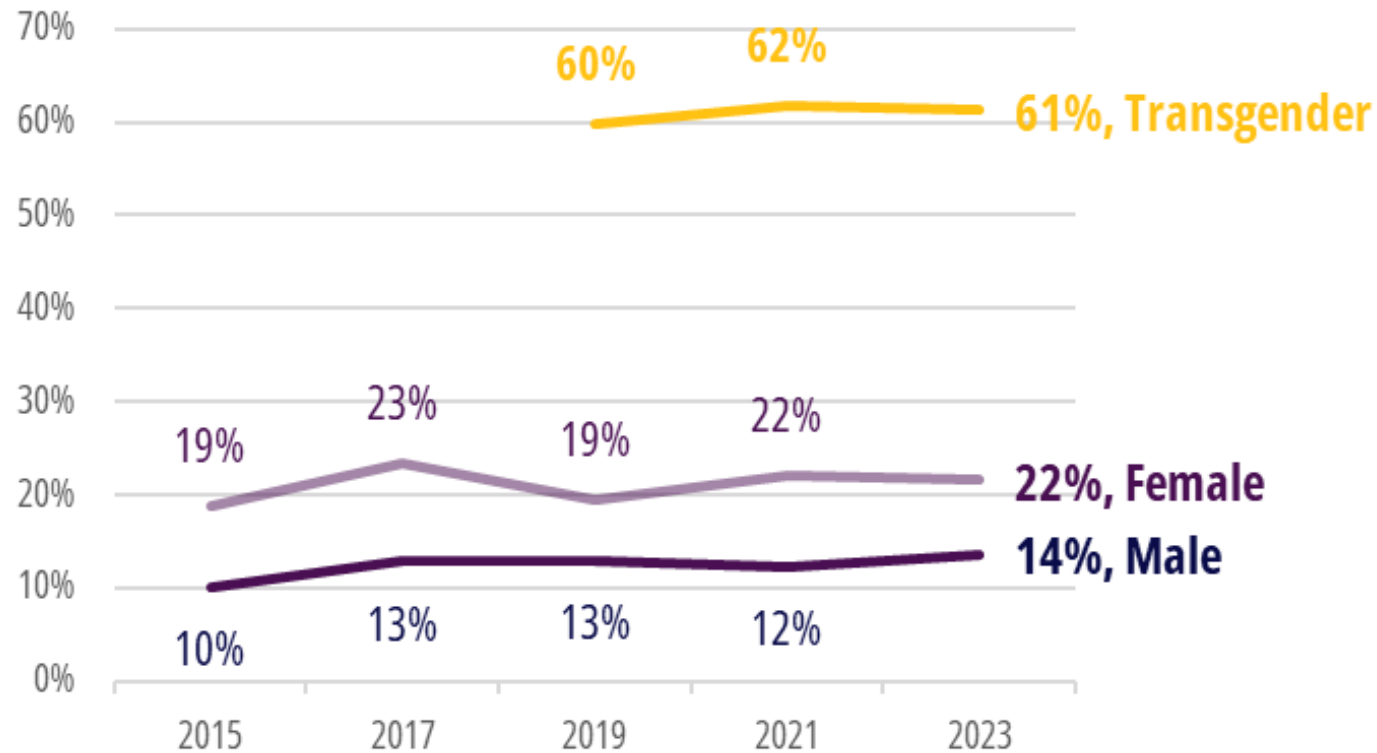
Data source: Utah SHARP Survey, grades 6, 8, 10, 12 combined

Youth from white backgrounds had lower needs for mental health treatment compared to all other racial and ethnic backgrounds.

Youth from American Indian backgrounds had a particularly steep increase from 2021 to 2023.

# Youth behavioral health

**Figure 48. Utah youth who seriously considered suicide by gender, 2015-2023**

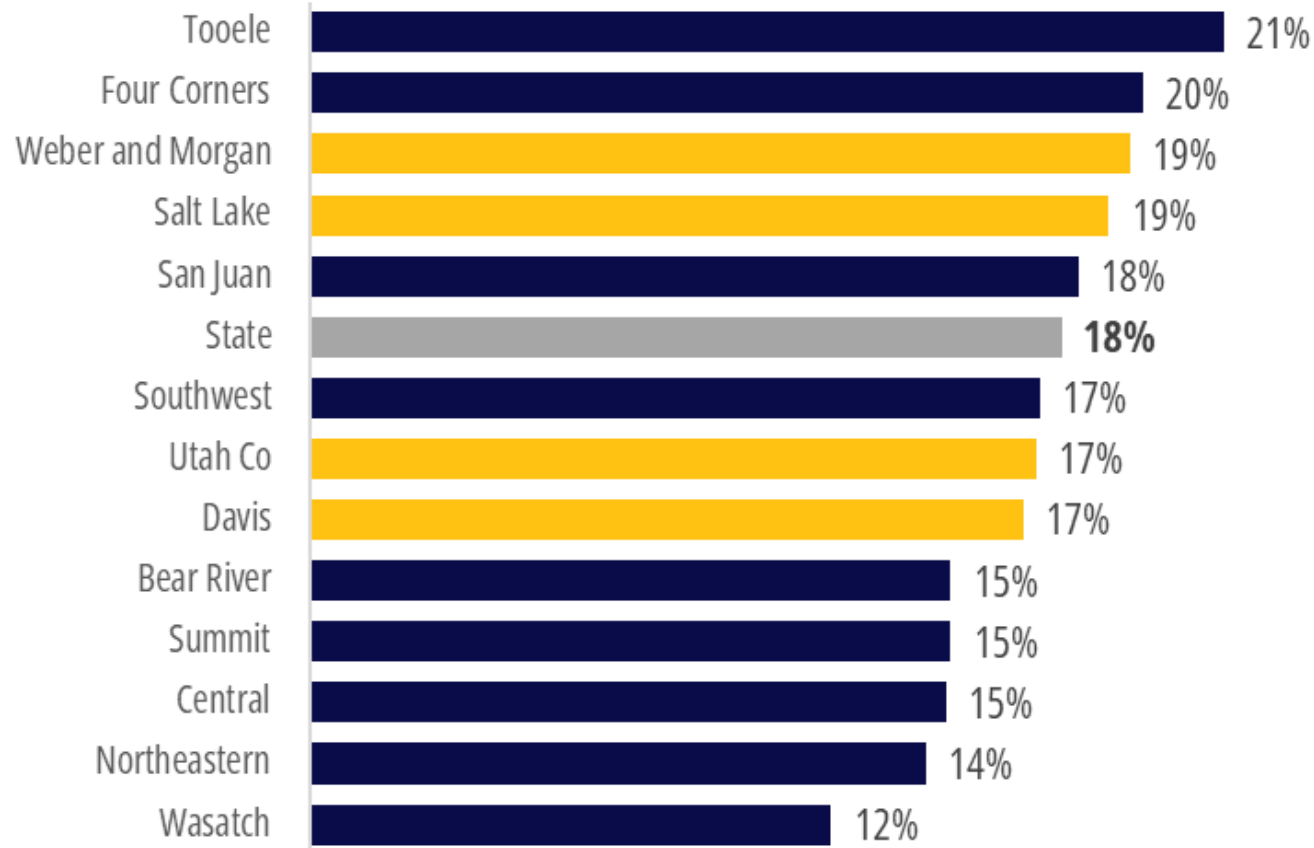


Transgender youth were the most likely to have seriously considered suicide.

More female than male students seriously considered suicide.

# Youth behavioral health

**Figure 49. Utah youth who seriously considered suicide by local authority, 2023**



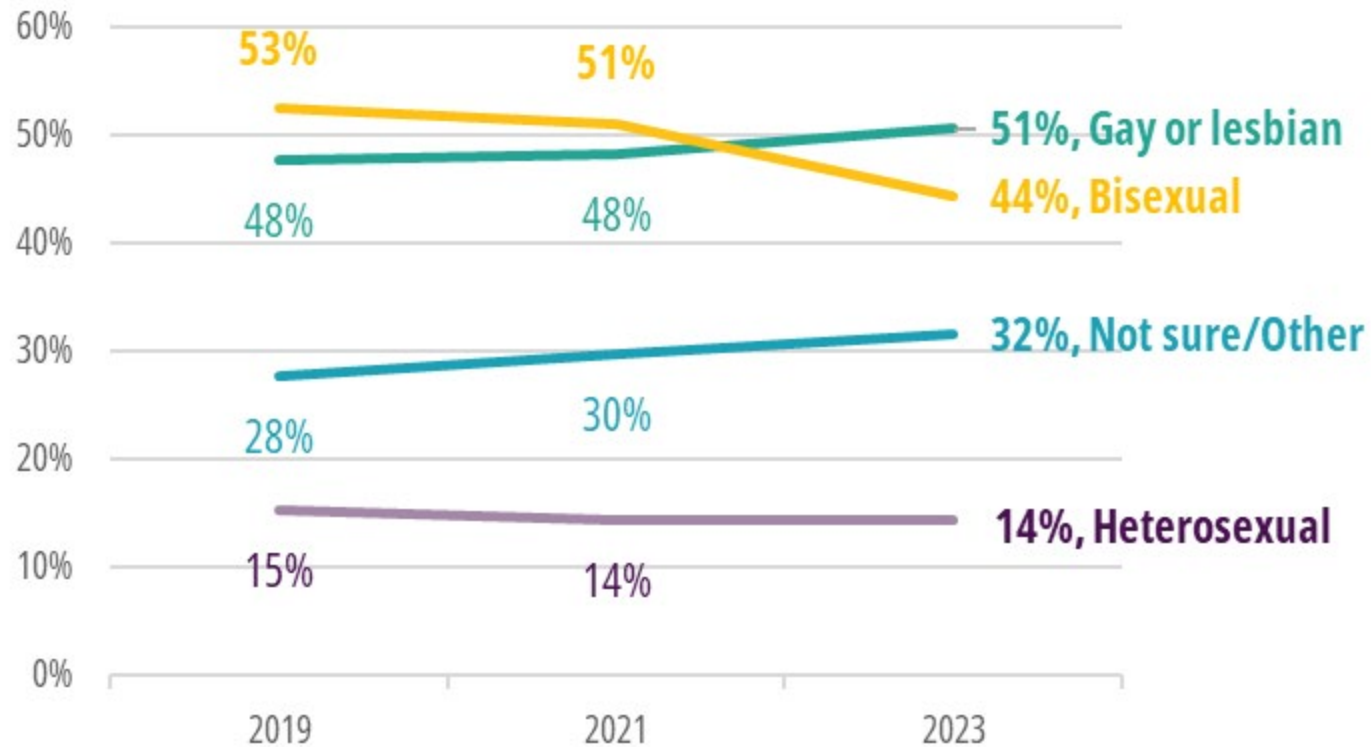
Data source: Utah SHARP Survey, grades 6, 8, 10, 12 combined

18% of Utah youth in grades 6-12 represents approximately 90,000 students who have seriously considered suicide.

The percentage of youth who seriously considered suicide in 2023 varied in both urban and non-urban areas.

# Youth behavioral health

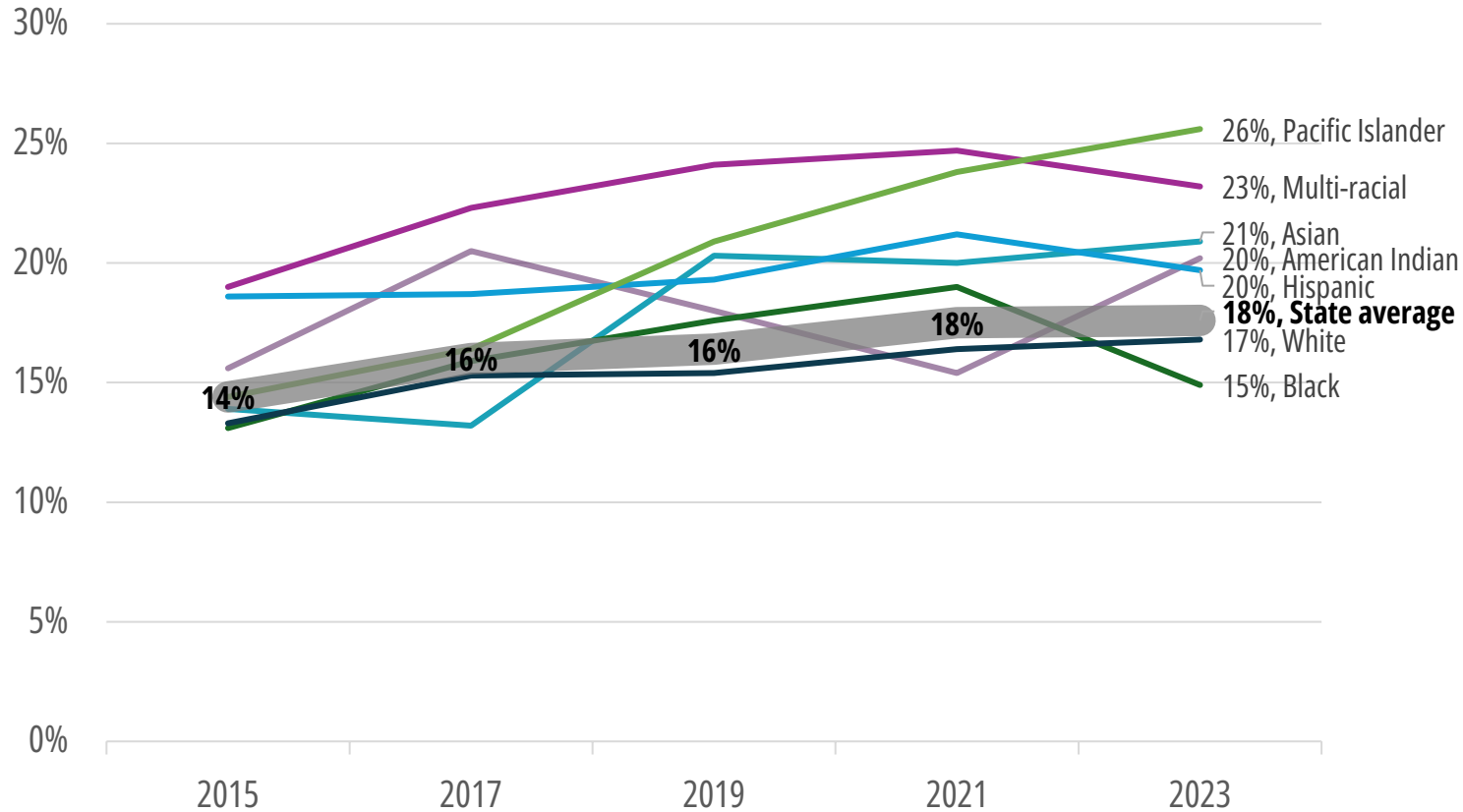
**Figure 50. Utah youth who seriously considered suicide by sexual orientation, 2019-2023**



Youth with gay, lesbian, bisexual and not sure/other sexual orientations had higher rates of suicidal ideation than heterosexual students.

# Youth behavioral health

**Figure 51. Utah youth who seriously considered suicide by race/ethnicity, 2015-2023**

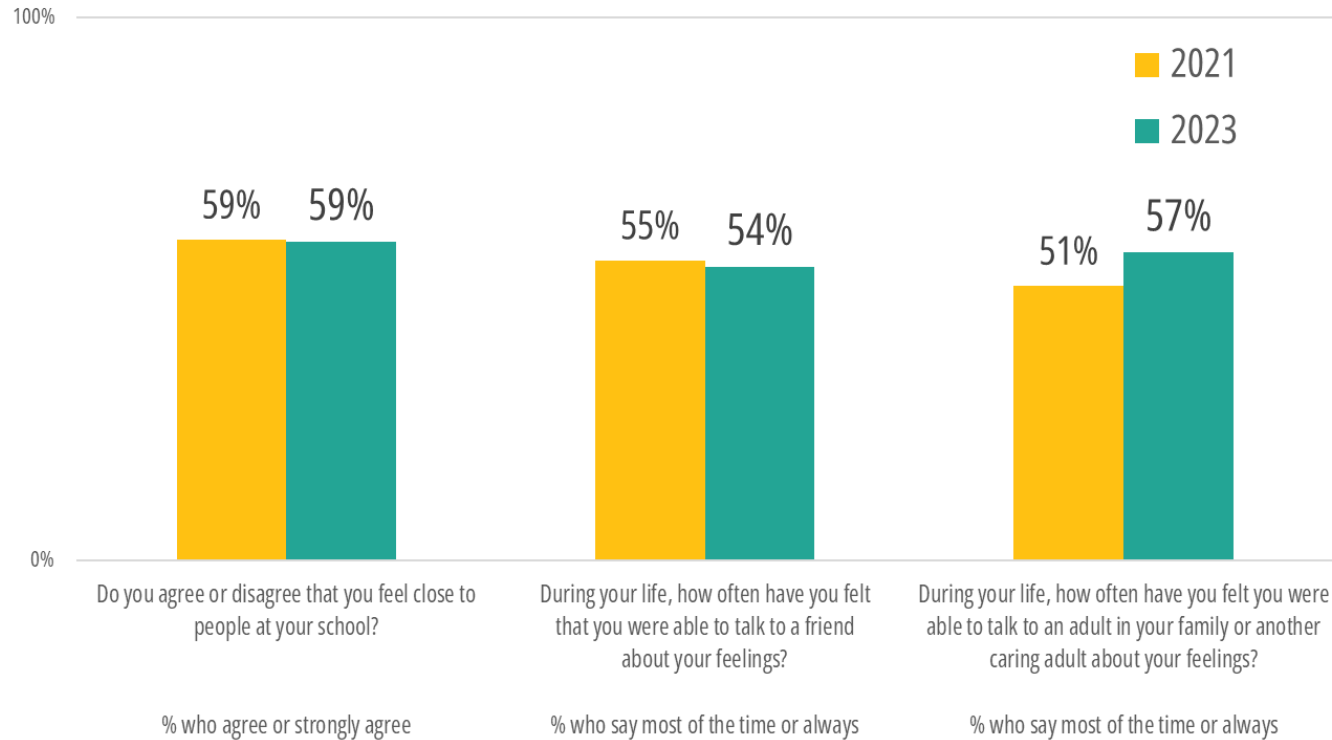


Overall, the percentage of Utah youth who seriously considered suicide increased from 14% in 2015 to 18% in 2023.

Youth from Black or white backgrounds had the lowest rate of considering suicide in 2023.

# Youth behavioral health

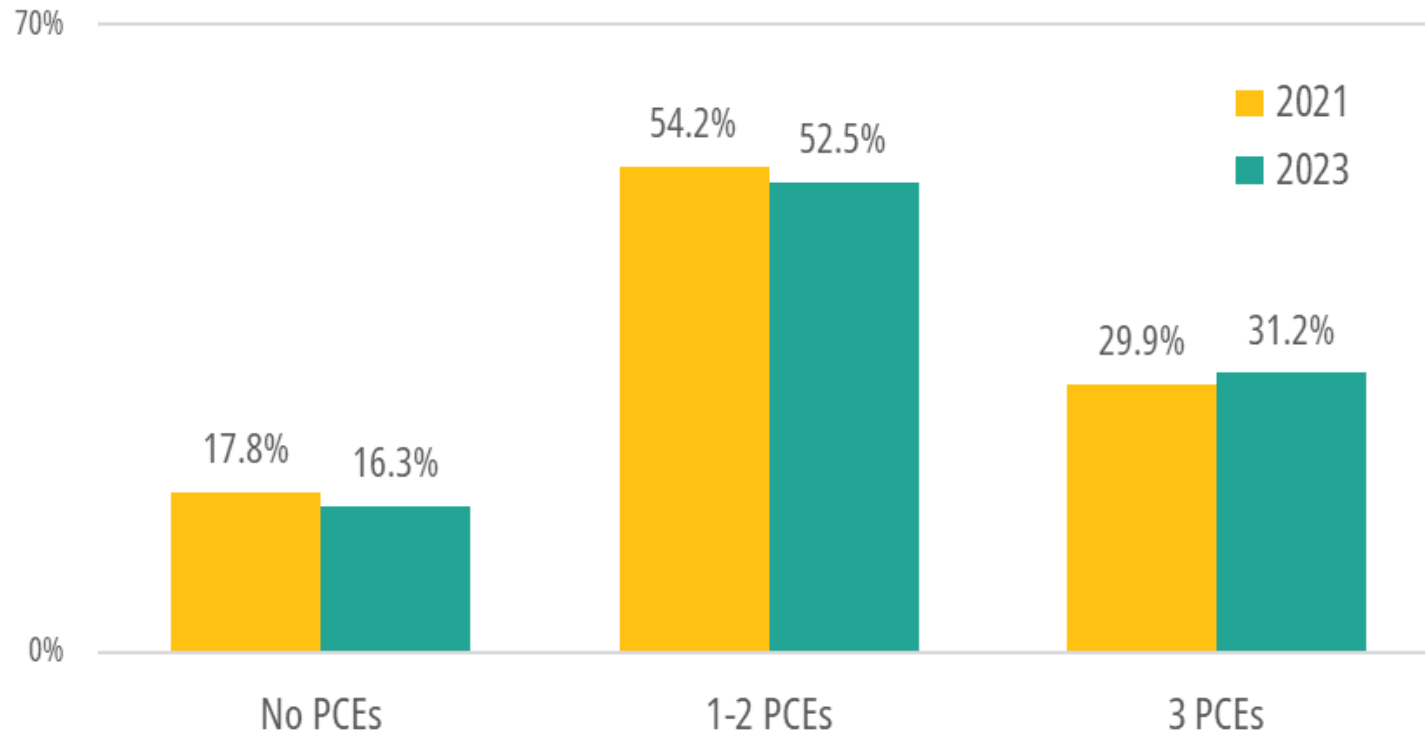
**Figure 52. Utah high school students who reported close relationships, 2021-2023**



Over half of Utah high school students indicated they felt close to people at their schools and could talk to their friends or an adult about their feelings.

# Youth behavioral health

**Figure 53. Utah high school students with three positive childhood experiences, 2021-2023**



Source: Youth Risk Behavior Survey (YRBS), grades 9-12 combined

Positive childhood experiences help to mitigate the negative impacts of adverse childhood experiences (ACEs).

The three positive childhood experiences assessed on the Youth Risk Behavior Survey (YRBS) include 1. Do you agree or disagree that you feel close to people at your school? 2. During your life, how often have you felt that you were able to talk to a friend about your feelings? 3. During your life, how often have you felt you were able to talk to an adult in your family or another caring adult about your feelings?



# Sources for additional data

## Division of Integrated Health Reports

<https://sumh.utah.gov/data-reports/>

Includes links to the following data sources:

- **Public behavioral health client data portal**  
<https://sumh.utah.gov/data-portal-home/>
- **Utah Student Health and Risk Prevention (SHARP) survey**  
<https://sumh.utah.gov/data-reports/sharp-survey/survey-reports/>
- **Mental Health Statistics Improvement Program Survey (MHSIP)**  
<https://sumh.utah.gov/data-reports/consumer-satisfaction-surveys/>

## National Survey on Drug Use and Health (NSDUH)

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

## Behavioral Risk Factor Surveillance System (BRFSS)

<https://www.cdc.gov/brfss/index.html>

## Utah State Epidemiological Outcomes Workgroup (SEOW) online data system

<http://indicators.bach-harrison.com/utsocialindicators/Default.aspx>

## Indicator-Based Information System for Public Health (IBIS-PH)

<https://ibis.utah.gov/ibisph-view/>

## National Survey of Children's Health (NSCH)

<https://www.census.gov/programs-surveys/nsch.html>

## Utah Healthy Places Index

<https://map.utah.healthyplacesindex.org/>

## Alcohol Abuse Tracking Committee 2024 report

[https://dsamh-training.utah.gov/\\_documents/legislative-reports/2024\\_AATC-ReportFinal.pdf](https://dsamh-training.utah.gov/_documents/legislative-reports/2024_AATC-ReportFinal.pdf)

## Utah DHHS Data, Systems, and Evaluation data request page

<https://healthcarestats.utah.gov/about-the-data/data-series/>

## Utah Medicaid and CHIP annual reports

<https://medicaid.utah.gov/Annual-Reports/>

## US Census Bureau

<https://data.census.gov/>