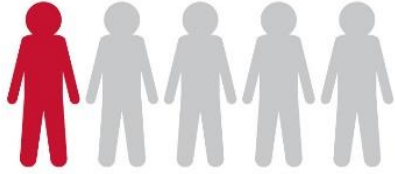# Mental Health in Utah

Mental Health in Utah: Key Statistics

Close to one in five adults experience poor mental health.

Suicide is the leading cause of death for Utahns ages 10 to 24.

Over **100,000** adults in Utah experience Serious Mental Illness (SMI).

66 Utahns sustain a Traumatic Brain Injury **every day**, which increases risk for mental health issues.

Veteran suicides account for **13%** of all suicides in Utah.

Almost **40%** of Utah's depressed youth age 12–17 did not receive treatment for depression.

Over half of Utah adults with mental illness did not receive mental health treatment or counseling.

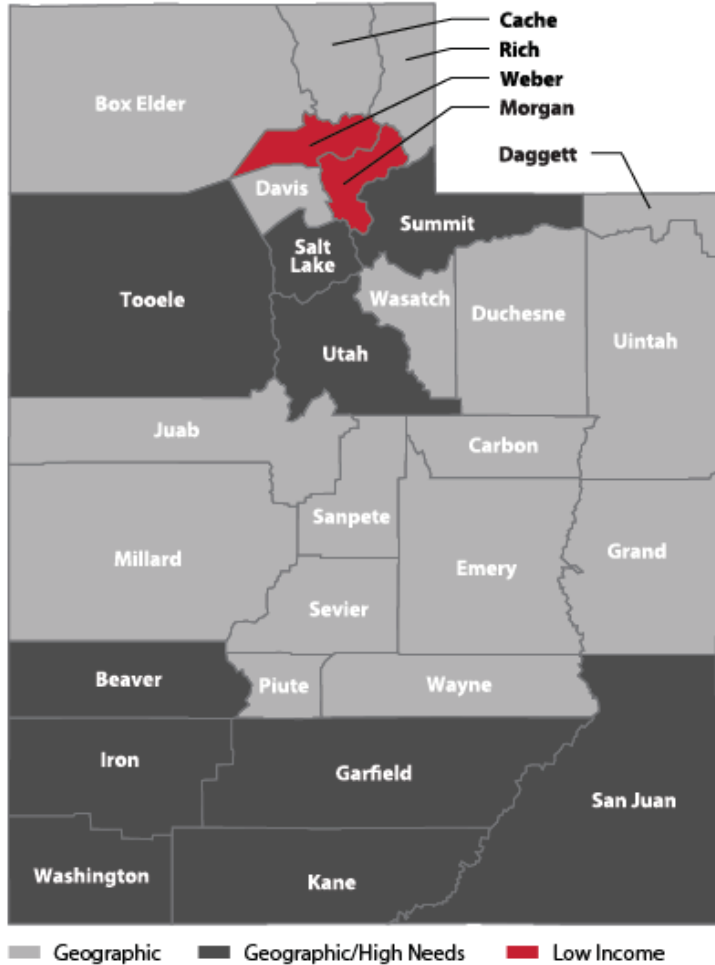About **15%** of new mothers experience postpartum depression symptoms.

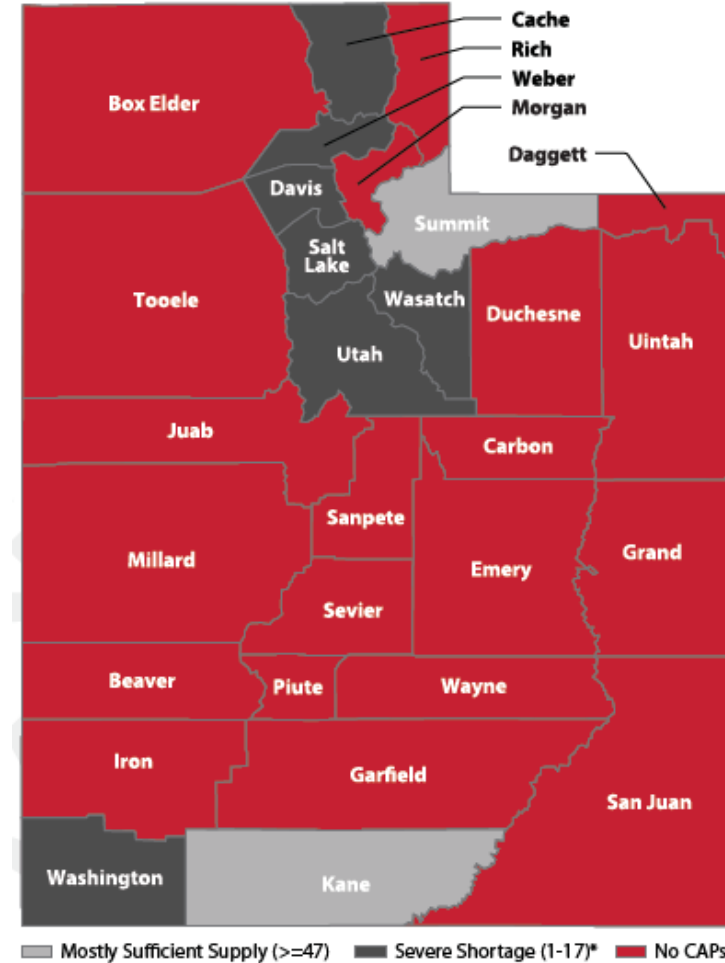The percent increases to **21%** for low-income mothers.

Mental Health in Utah: Key Statistics

Health Professional Shortage Areas: Mental Health Care, 2017

Legend: Geographic | Geographic/High Needs | Low Income

Ratio of Practicing Child and Adolescent Psychiatrists (CAP) by County, 2016

Legend: Mostly Sufficient Supply (>=47) | Severe Shortage (1-17)* | No CAPs

*Ratio is per 100,000 children (below age 18).

Limited commercial coverage of mental health services

- **Cost - copays, deductibles, out-of-pocket costs**

- **High-Deductible Health Plans**

- **Restrictions on coverage**

- **Medicaid becomes de-factor wrap-around coverage**

Financial Vulnerabilities of Seriously Ill Adults with Mental Health Issues, 2018

	Lost or had to change jobs	Unable to do job as well as before illness	Wanted to work but unable to	Used up all or most of savings
Seriously ill with mental health issues	42%	67%	70%	52%
Seriously ill without mental health issues	12%	31%	33%	18%

■ Seriously ill with mental health issues   ■ Seriously ill without mental health issues
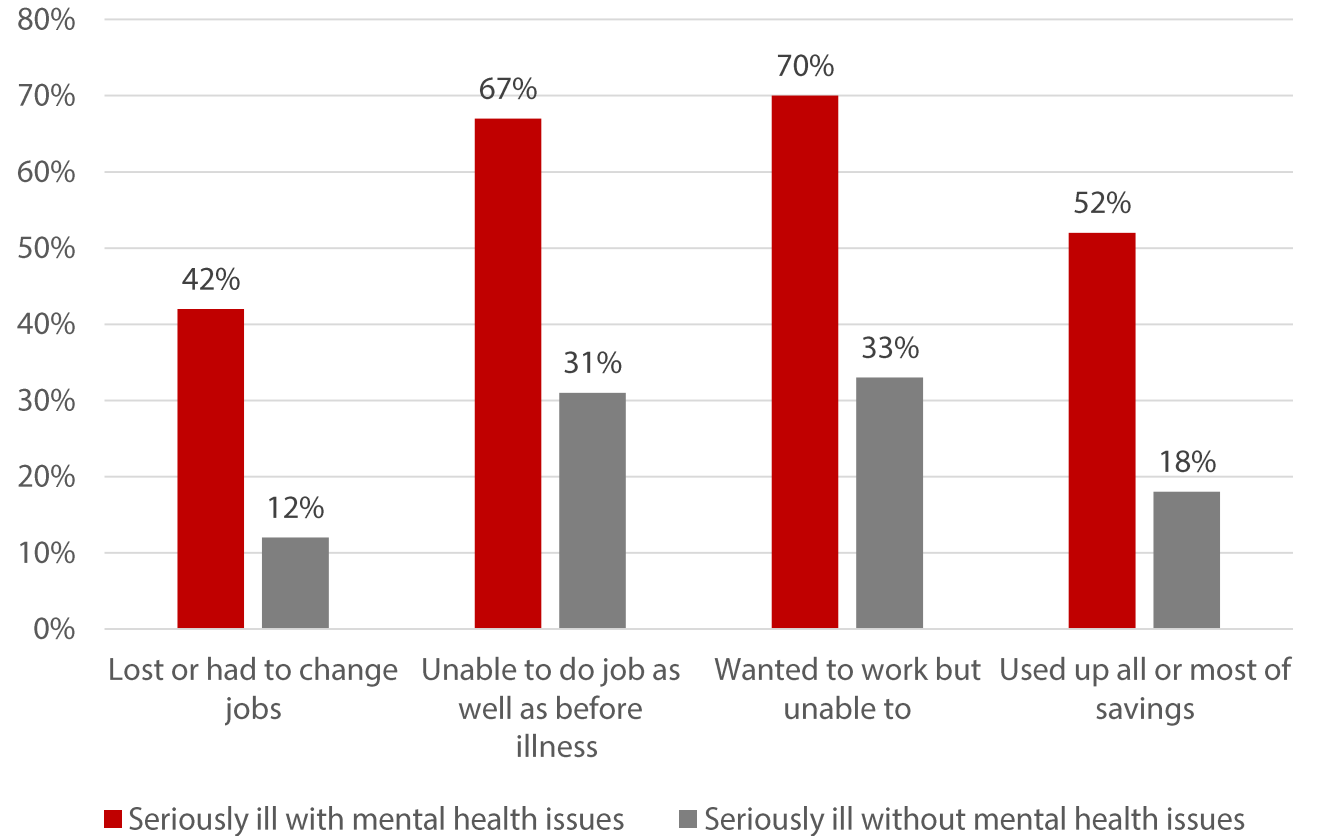
Source: Schneider, E., Lewis, C., & Tsega, M. (2019, January). Managing the Toll of Serious Illness on Mental Health. The Commonwealth Fund.

Discussion Group Concerns

Increasingly insufficient resources to meet the growing demand for mental health care.

Increased demand for mental health care

Increased severity of mental health care needs

Insufficient funds to maintain existing levels of care

Changing and restrictive program rules

The Ideal Mental Health System in Utah

Integrated mental and physical health care services are provided in a timely manner.

Mental health screenings are consistently used to assess individuals, identify risks, and allow for early intervention.

People in need of mental health care have resources to access necessary services as well as safe, appropriate places to seek treatment.

Mental Health in Utah

Overview of UHA's Behavioral Health Committee and Workgroup

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Behavioral Health Workgroup

OUR GOAL

Every citizen in the state of Utah has access to appropriate mental health services and supports.

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Policy Summit on Mental Health in Utah

- **Governor Gary R. Herbert**, State of Utah

- **Greg Bell,** President/CEO, Utah Hospital Association

- **Rep. Steve Eliason,** Utah House of Representatives

- **Doug Thomas,** Director, Division of Substance Abuse and Mental Health, Department of Human Services

- **Lisa Nichols,** Assistant Vice President of Community Health, Intermountain Healthcare

- **Jim Ashworth,** Medical Director of the University Neuropsychiatric Institute and Interim Chair of Department of Psychiatry, University of Utah

- **Mark Foote,** Senior Medical Director, Behavioral Health Clinical Program Intermountain Healthcare

- **Janelle Robinson,** Senior Director, Clinical Operations at the University Neuropsychiatric Institute

- **Brandon Hatch,** CEO of Davis Behavioral Health

- **Jeremy Cottle,** CEO and Managing Director, Provo Canyon Behavioral Hospital

- **Anni Butterfield,** Executive Director Behavioral Health Steward Healthcare Utah Market

- **Chris West,** Regional Vice President, Behavioral Health Services for HCA Healthcare

- **Laura Summers,** Senior Health Care Analyst, Kem C. Gardner Policy Institute

- **Dianne Meppen,** Director, Gardner Policy Institute

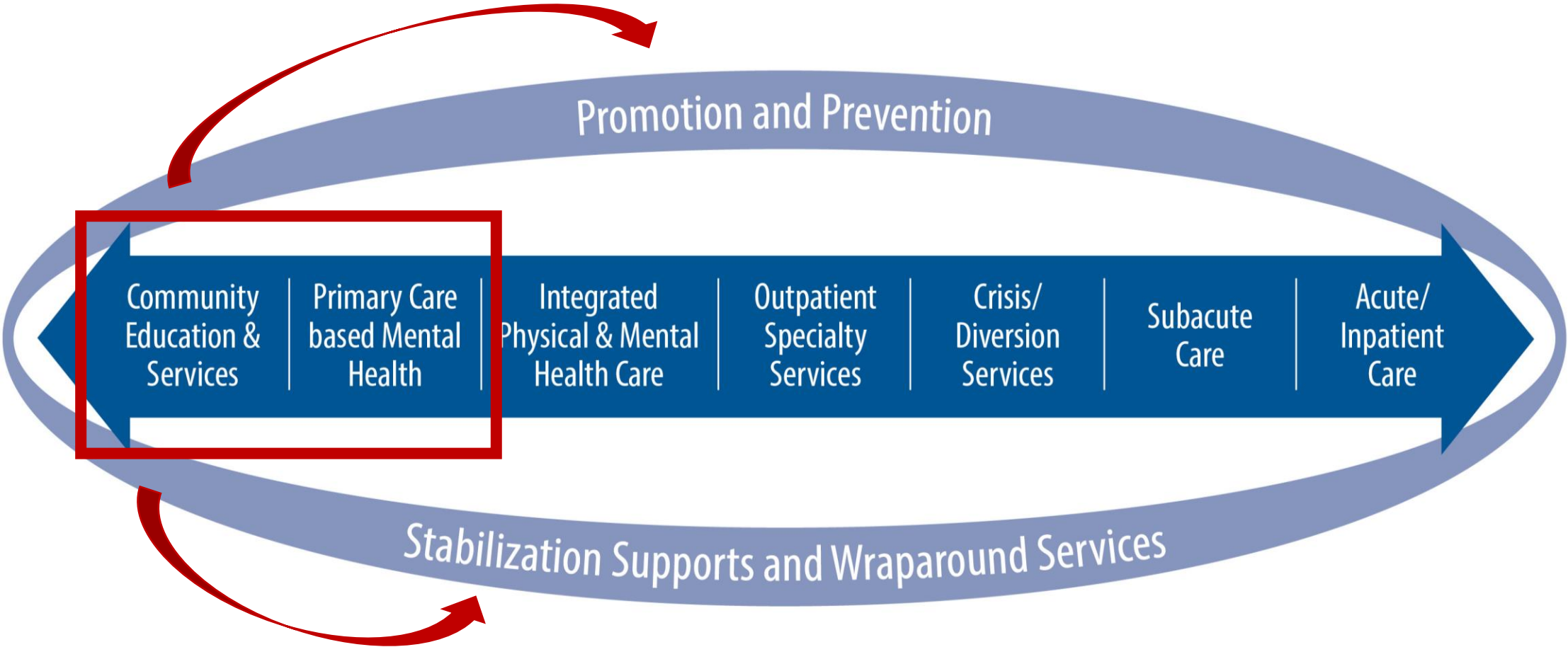# Recommendations Roadmap

Recommendations Roadmap

1. Gaps in mental health services and supports exist across the entire continuum.

2. Prevention and early intervention are vital.

3. The system should be patient and family-focused.

Prevention, Early Intervention, and Stabilization Supports
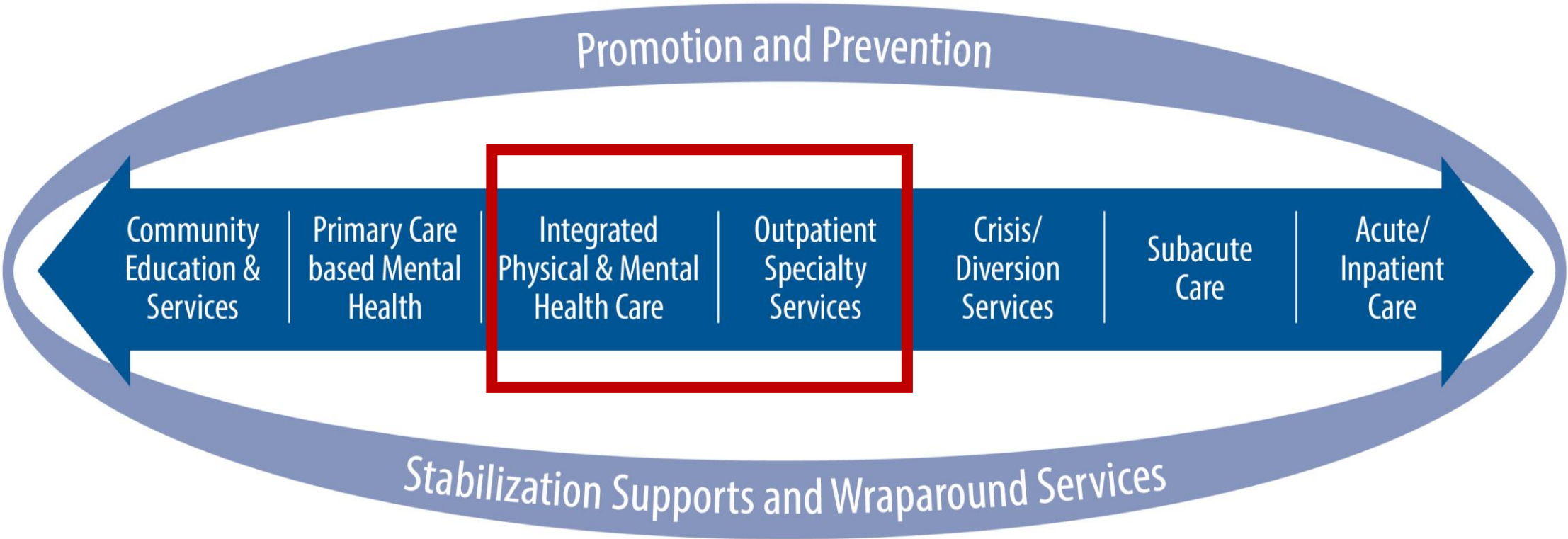
Recommendations

Tier I Recommendations

1. Increase the use of behavioral health screenings with referral supports.

2. Increase number of health care systems participating in Zero Suicide.

3. Continue public/private commitment to behavioral health-focused public education campaigns.

4. Increase reimbursement and use of certified peers and case managers across the mental health system.

5. Establish a digital referral platform to help coordinate referrals to organizations that provide behavioral health-focused stabilization supports and other social services that address "whole-person" care needs.

6. Increase early intervention by increasing access and use of the SafeUT app, school-based mental health (with referral supports), and Stabilization and Mobile Response (SMR) services.

Improving Access to Mental Health Services through Integrated Care

Recommendations
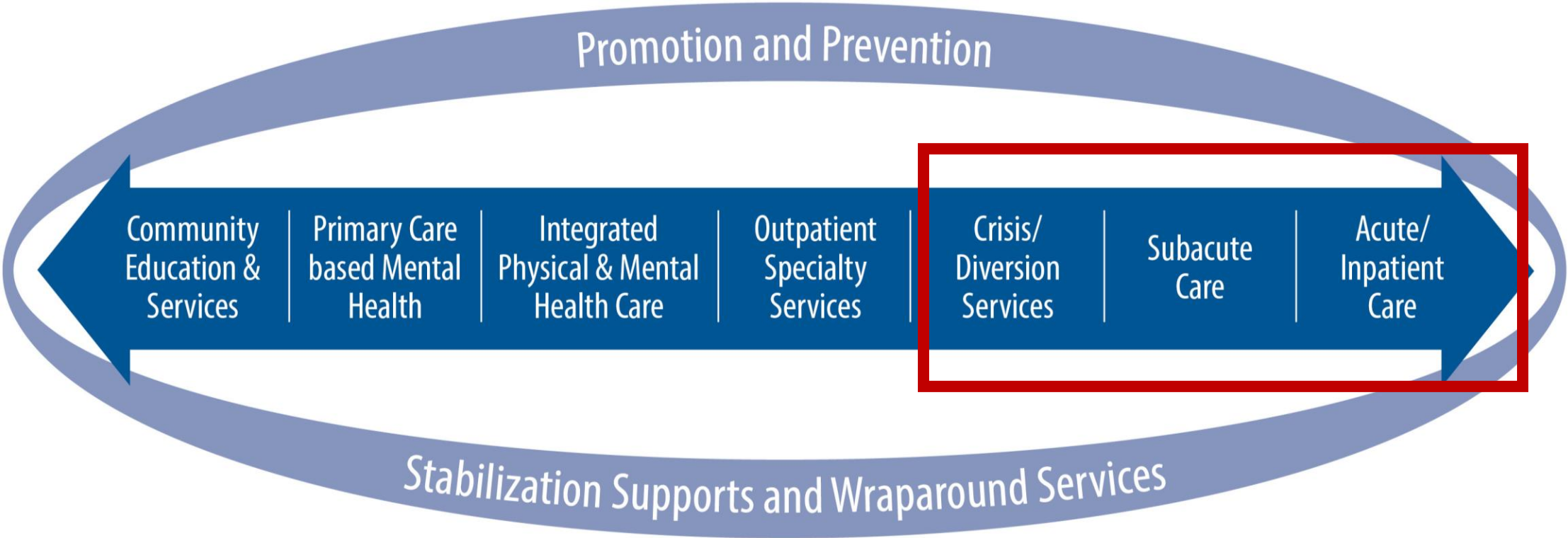
Tier I Recommendations

7. Support the launch of the University of Utah's Child and Mental Health certificate program.

8. Increase the use of integrated care models that support Collaborative Care codes.
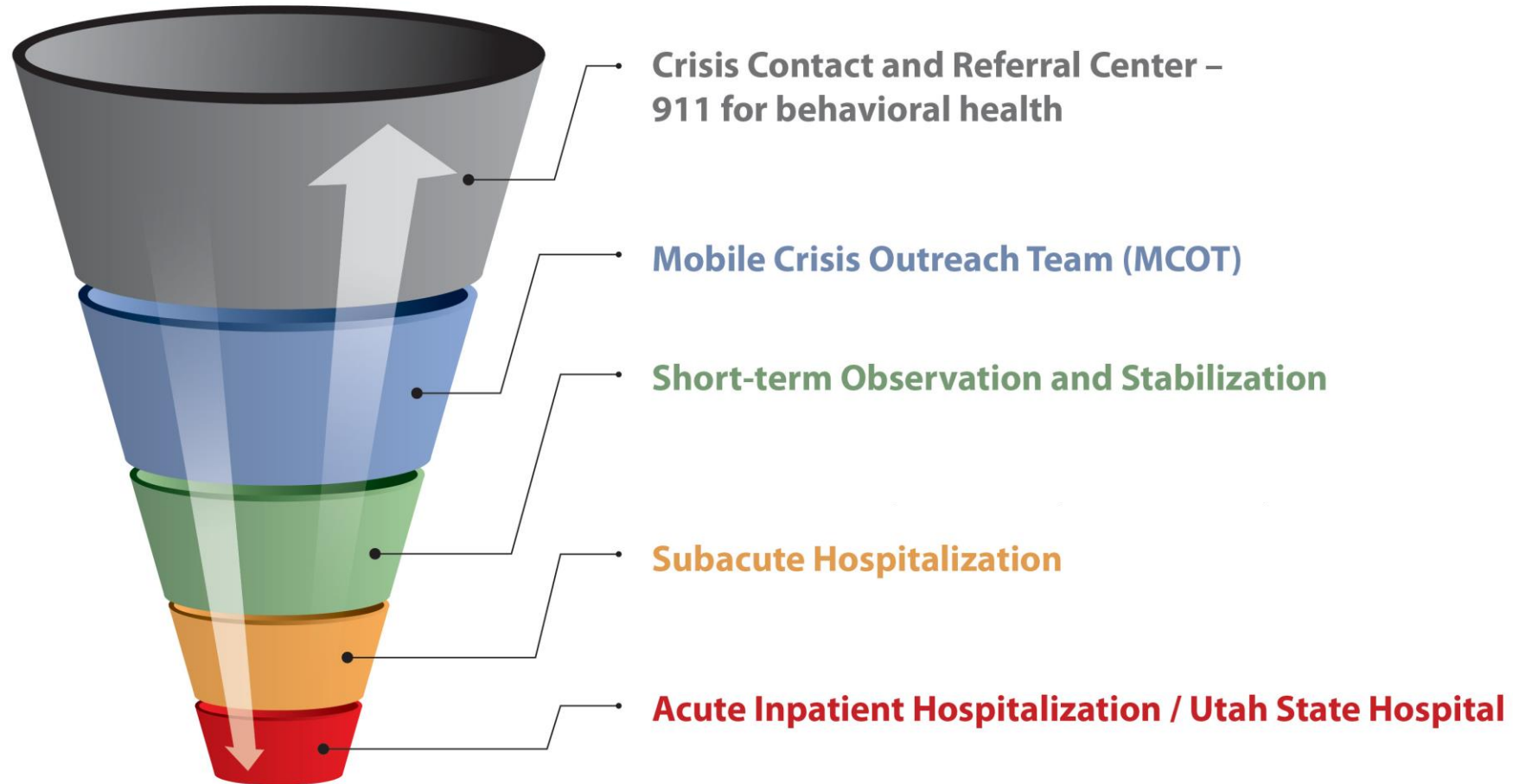
Additional Points

- A key gap in Utah's behavioral health system is the integration of physical and behavioral health care.

- Promoting integrated care models improves access to services and helps address workforce shortages.

- UHA supports the continued use of existing integrated care models as well as the creative development of evidence-based, regionally appropriate integrated care models.

Enhancing Utah's Coordinated Crisis System

Recommendations

Utah's Coordinated Crisis System

Crisis Contact and Referral Center – 911 for behavioral health

Mobile Crisis Outreach Team (MCOT)

Short-term Observation and Stabilization

Subacute Hospitalization

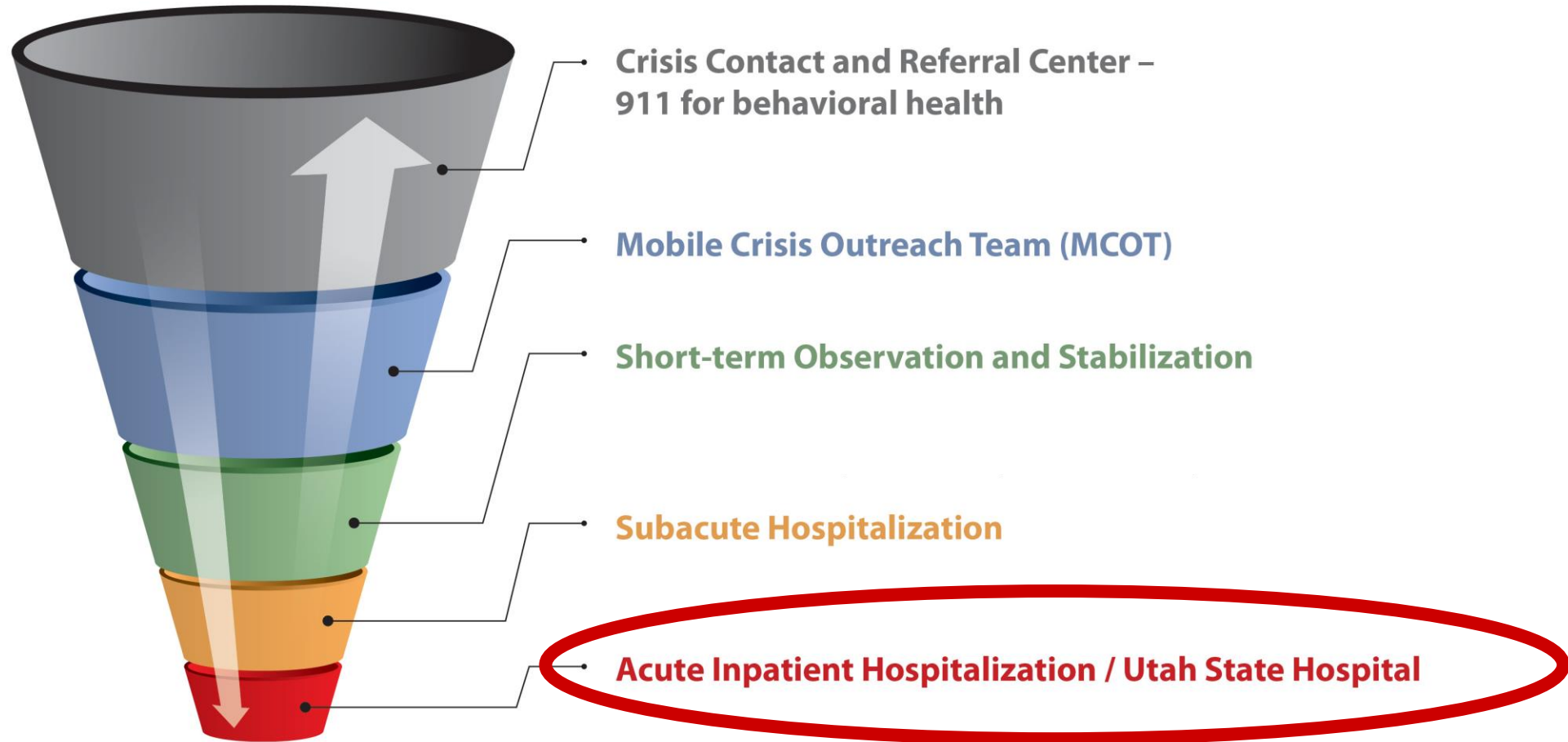**Acute Inpatient Hospitalization / Utah State Hospital**

Tier I Recommendations

9. Enhance the statewide crisis call center to serve as the centralized hub for coordinating behavioral health and crisis support services.

10. Extend 24/7 mobile crisis outreach teams (MCOT) across the entire state.

11. Create two or more community-based behavioral health urgent care centers.

12. Seek a Medicaid mental health institution for mental diseases (IMD) waiver.

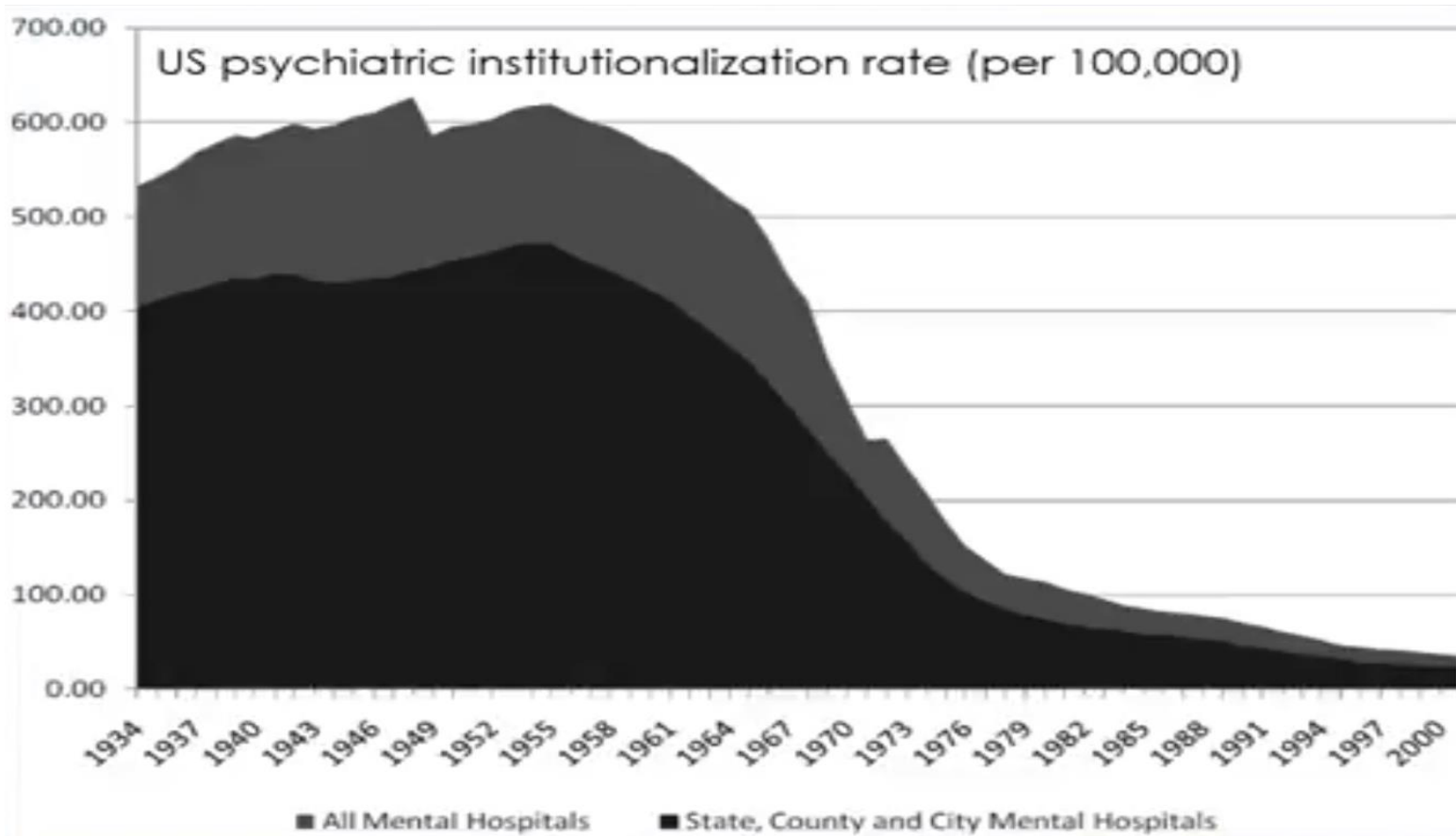13. Expand capacity at the Utah State Hospital.

Summary of Key Asks
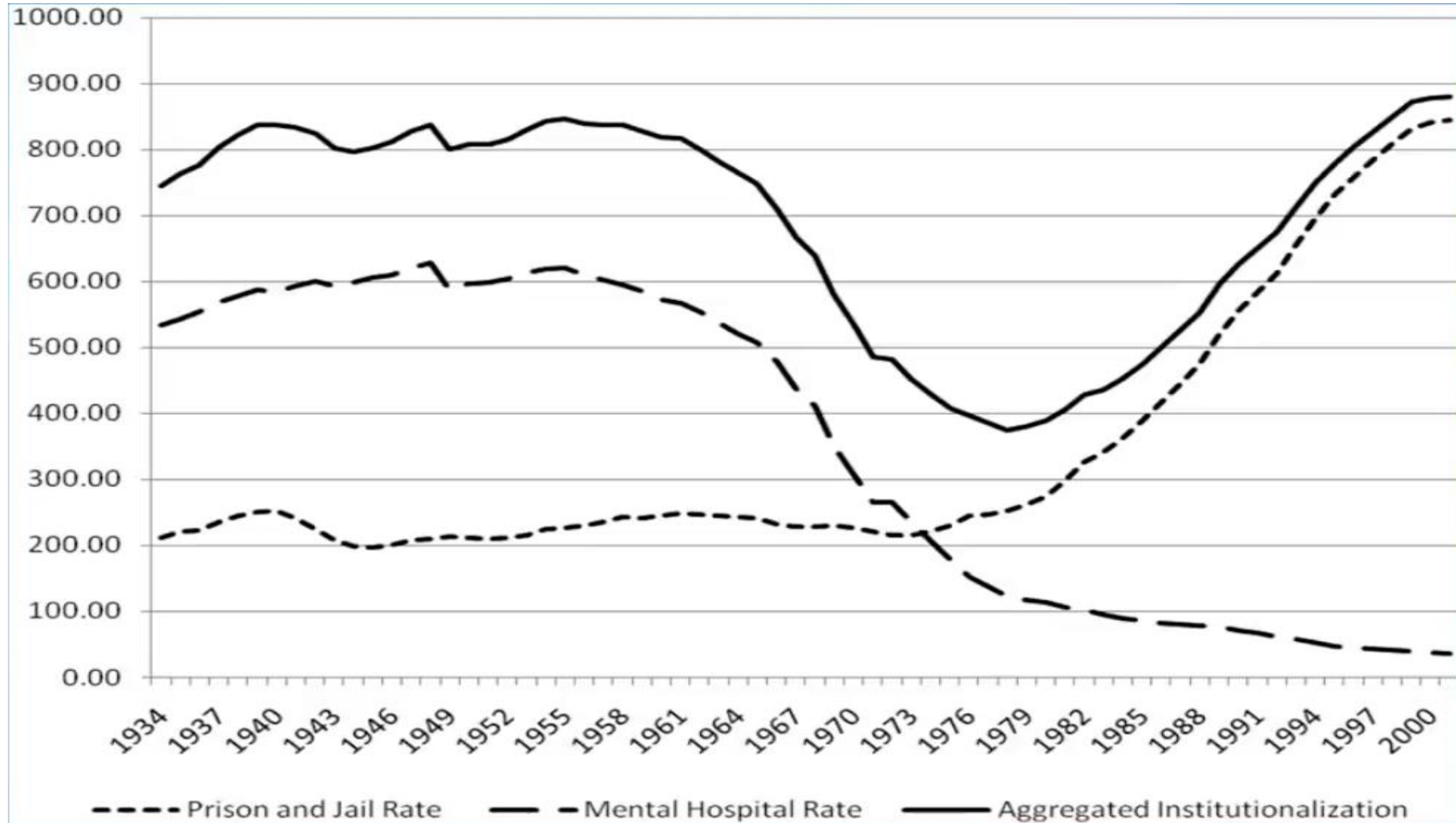
Utah's Coordinated Crisis System

Crisis Contact and Referral Center – 911 for behavioral health

Mobile Crisis Outreach Team (MCOT)

Short-term Observation and Stabilization

Subacute Hospitalization

Acute Inpatient Hospitalization / Utah State Hospital

Presenter: Rep. Steve Eliason

U.S. Psychiatric Institutionalization Rate (per 100,000 People), 1934–2000

US psychiatric institutionalization rate (per 100,000)

■ All Mental Hospitals   ■ State, County and City Mental Hospitals

Presenter: Rep. Steve Eliason

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Re-Institutionalization: Mental Hospital vs. Incarceration Rates, 1934–2000

Legend: Prison and Jail Rate, Mental Hospital Rate, Aggregated Institutionalization

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Crime Statistics related to Serious Mental Illness

- Individuals with schizophrenia or bipolar disorder are 3-6 times more likely than average to commit violent crimes.

- A longitudinal study which followed 11,000 subjects for 26 years found that men with *both* schizophrenia and alcoholism were 25 *times* more likely than average to commit a violent crime.

- In another study covering a 22-year period, the presence of a major mental disorder increased the odds of criminal conviction by 9x for men and 23x for women.

- Most murders of children are committed by people with psychoses.

- The strong inverse relationship between the number of people in prison and the number in psychiatric hospitals was noted as early as 1939. These results were replicated with US data in 1991.

- In addition to committing more crime, people with severe mental illness are much more likely to themselves be victimized.

- The mentally ill are more likely to be involved in deadly altercations with police. Estimates of the number of police killings involving a mentally ill subject range from 25% to 50%.
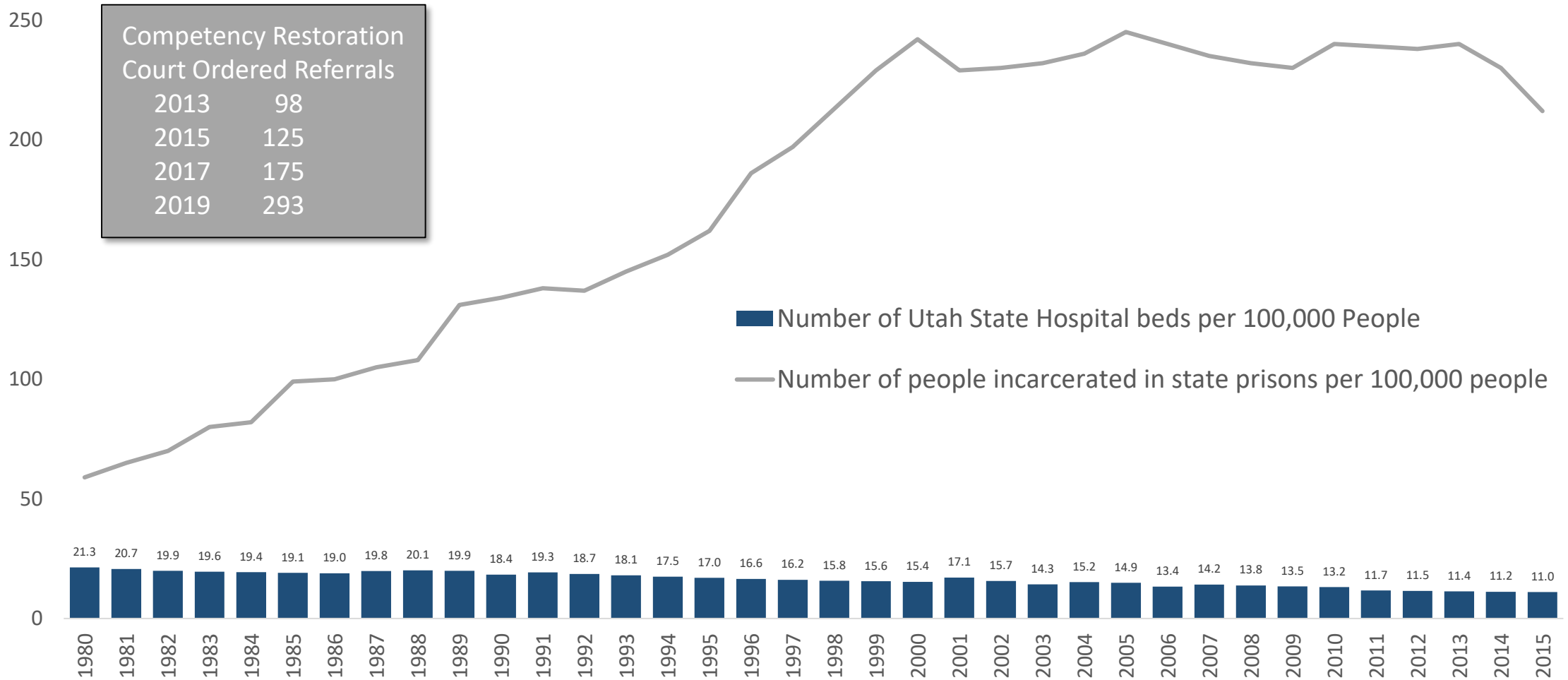
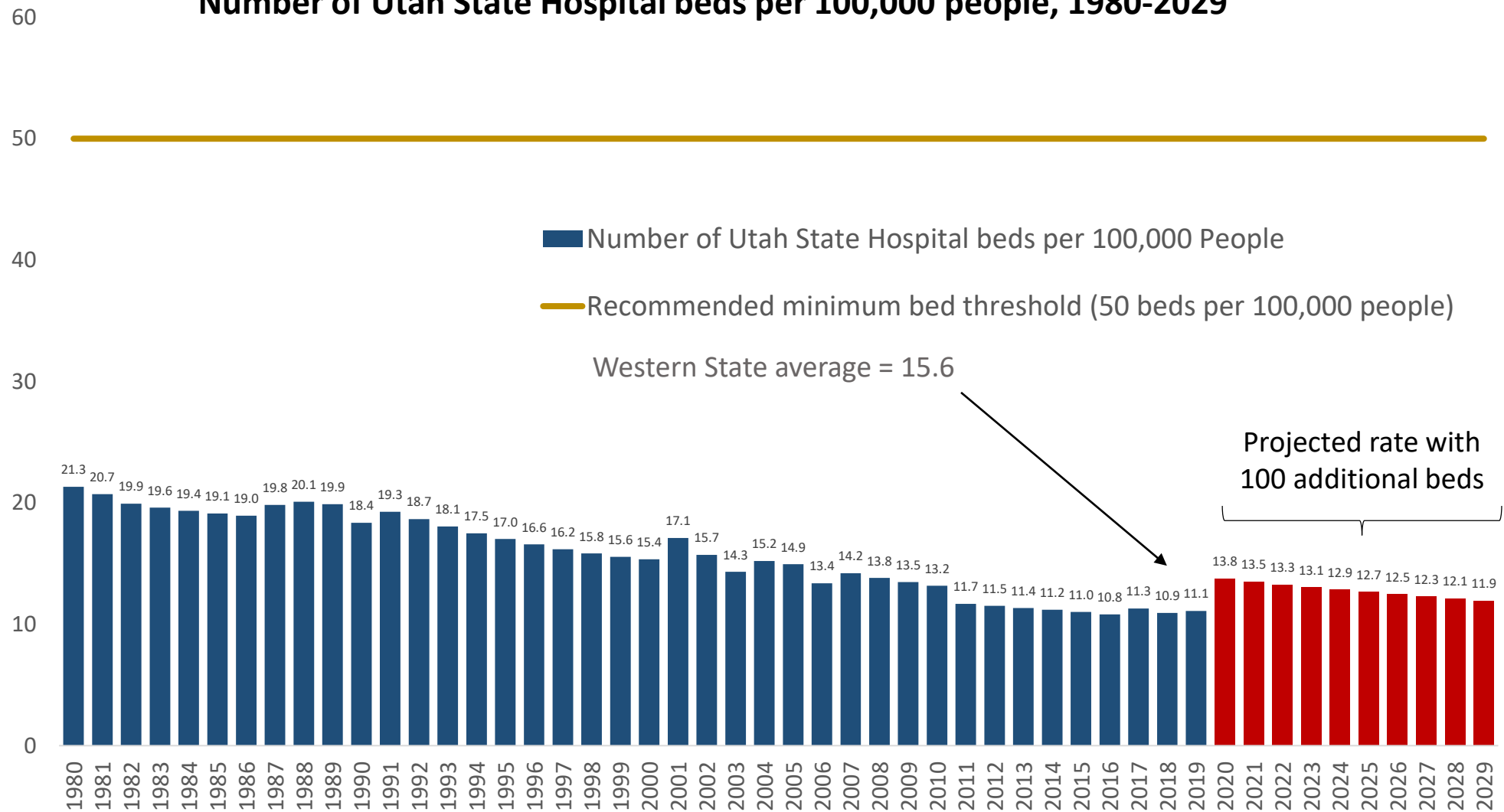Presenter: Rep. Steve Eliason

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Number of Utah State Hospital beds and people incarcerated in state prisons per 100,000 people, 1980-2015

Number of Utah State Hospital beds per 100,000 people, 1980-2029

Number of Utah State Hospital beds per 100,000 People

Recommended minimum bed threshold (50 beds per 100,000 people)

Western State average = 15.6

Projected rate with 100 additional beds

Source: Utah Department of Human Services. Torrey, E.F. (2012). No Room at the Inn: Trends and Consequences of Closing Public Psychiatric Hospitals. Treatment Advocacy Center.

Presenter: Rep. Steve Eliason

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Number of Utah State Hospital beds vs. total state population, 1980-2029
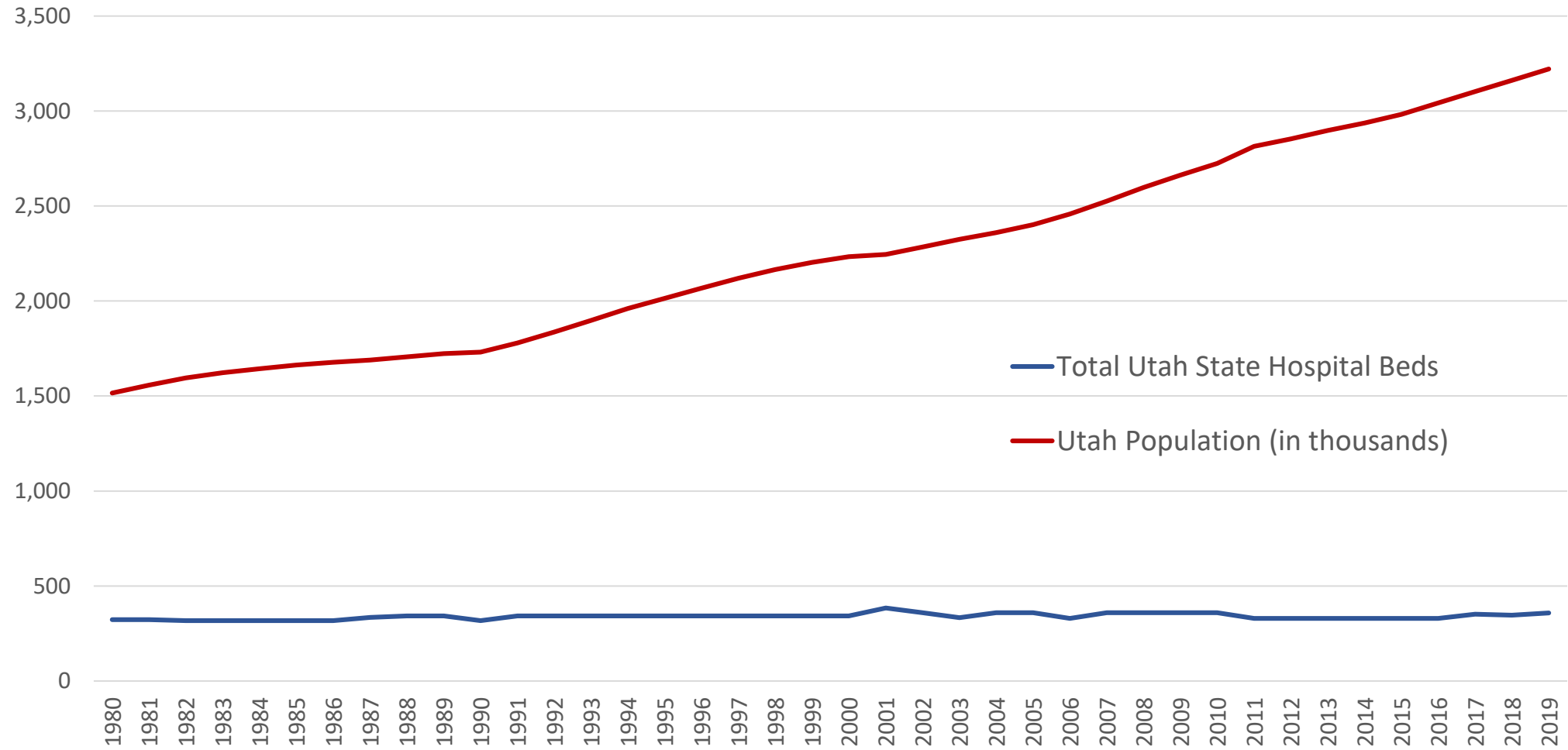
Source: Utah Department of Human Services.

Presenter: Rep. Steve Eliason

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"It strains credulity to propose that 95% of the beds available in 1955 are no longer needed today. Indeed, multiple studies have reported that approximately half of all seriously mentally ill individuals in the United States are not receiving any treatment at any given time. *Only to those who believe the being disabled by brain disease is a sacred personal liberty, or who are indifferent to the social consequences of such a wholesale abdication in humane care, can this be remotely acceptable.*"

Presenter: Rep. Steve Eliason

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