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Utah's Mental Health System

ANALYSIS IN BRIEF

Our country is in the midst of a mental health crisis. Increasing suicide rates, untreated anxiety and depression among our youth, traumatic brain injuries, and serious mental illness are all signs of the need for accessible, affordable, and comprehensive mental health services. Utah is not exempt from this crisis. Utah has a high rate of adults with mental illness, but a shortage of mental health providers.

This study assesses the current state of mental health services in Utah, highlighting gaps in services, barriers to providing and accessing care, and considerations for improving the system. It includes qualitative research from discussion groups and interviews held with key industry leaders from Utah's mental health system.

Key points include the following:

- **The demand for mental health care in Utah is increasing.** Close to one in five Utah adults experience poor mental health and demand for youth services is increasing. Almost 15 percent of males and 28.5 percent of females age 15-17 seriously considered attempting suicide in 2015-2017.
- **Utah's shortage of mental health providers could worsen over time.** Utah experiences mental health provider shortages in all of its counties and has fewer mental health providers per 100,000 people than the national average. A newly expanded Medicaid program coupled with a rapidly growing state population will intensify the effects of existing shortages.
- **Funding for Utah's public mental health system is bifurcated across different systems, making it difficult to consistently deliver coordinated care.** A problem with the bifurcation between physical and mental health services is that chronic disease and poor mental health are closely related, making it difficult for people with both conditions to access timely care.
- **Commercial health insurance coverage of mental health services is often limited, which can result in high out-of-pocket costs.** Not all commercial health insurance plans are required to cover mental health services. And even if they do, there are still applicable copays and deductibles, which can prevent access to care.
- **Discussion group participants agreed that an ideal mental health system would:** (1) Provide integrated mental and physical health services in a timely manner. (2) Consistently use mental health screenings to assess individuals and identify risk, allowing for early intervention. (3) Ensure people have the resources to access necessary mental health services as well as safe, acuity-appropriate places to seek treatment.

At-A-Glance

The Demand for Mental Health Care 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.

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Utahns sustain a traumatic brain injury **every day**, which increases risk for mental health issues.

Veteran suicides

account for at least **13%** of all suicides in Utah.

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

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

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

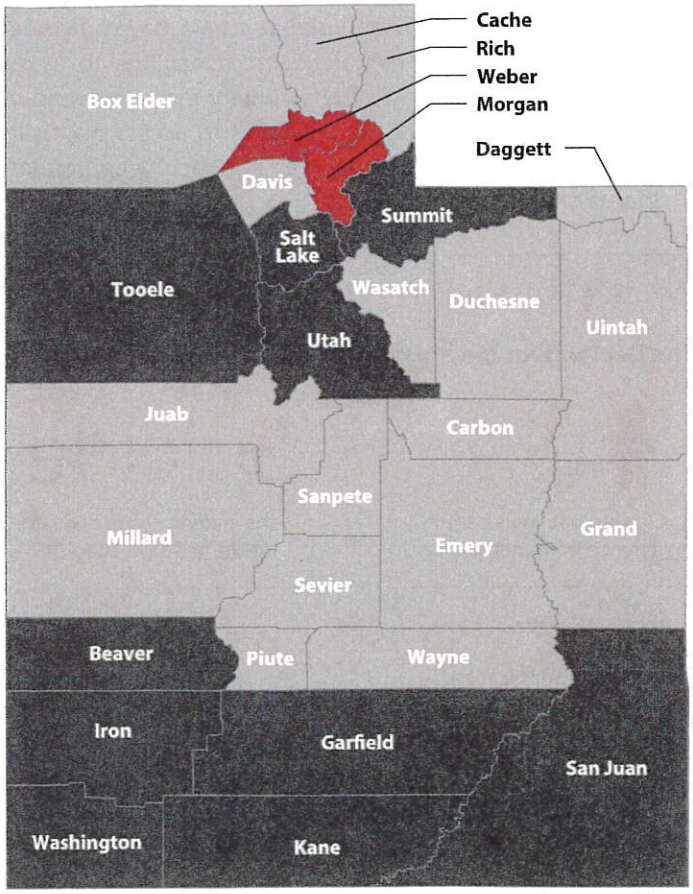
Over half of Utah adults with mental illness did not receive mental health treatment or counseling.

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

Utah's Shortage of Mental Health Providers Could Worsen Over Time

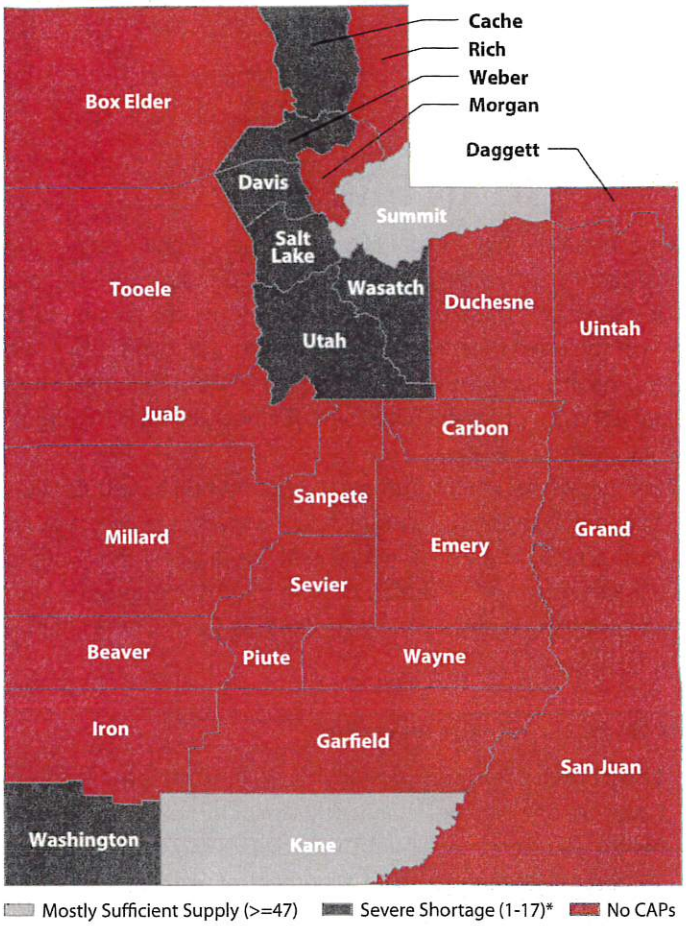
Utah experiences mental health provider shortages in all of its counties (Figure 6) and has fewer mental health providers per 100,000 people than the national average.[10] Provider shortages affect people's ability to access appropriate care and a newly expanded Medicaid program coupled with a rapidly growing state population will intensify the effects of existing shortages.

Figure 6: Mental Health Care Professional Shortage Areas (HPSAs) by County, 2017



Note: While mental health HPSA designations can include core mental health providers in addition to psychiatrists, most mental health HPSA designations are currently based on psychiatrists only. HPSA designations based on psychiatrists only do not take into account the availability of additional mental health providers in the area, such as clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. Data from 2017. HPSA Detail - Mental Health Care.
Source: First Quarter of Fiscal Year 2019 Designated HPSA Quarterly Summary. (2018, December). Health Resources and Services Administration (HRSA).

Figure 7: Ratio of Practicing Child and Adolescent Psychiatrists (CAP) by County, 2016



Note: Ratio is per 100,000 children (below age 18).
Source: Workforce Maps by State. American Academy of Child & Adolescent Psychiatry.

The ratio of child psychiatrists per 100,000 children in Utah is particularly low. Most counties have no access to a practicing child and adolescent psychiatrist unless they travel to a different county for services (Figure 7). The statewide ratio is six adolescent psychiatrists per 100,000 children.[11] Only Idaho and South Dakota have a lower ratio than Utah.

Connecting this low ratio with Utah's high prevalence of unmet mental health needs among children and increasing demand for youth services (Figure 4), reveals a need for more youth-based mental health services, particularly as Utah's population continues to grow.

Utah's rural areas particularly struggle with provider shortages. Data from UMEC show that Utah's urban areas had 171 mental health full-time equivalents (FTE) per 100,000 people in 2015.

Rural areas, however, only had 141 mental health professional FTEs per 100,000 people.