Utah health status update

Key findings

- The job types with the highest suicide death rates were 1) mining, quarrying, and oil and gas extraction, 2) construction, and 3) agriculture, forestry, fishing and hunting.
- Almost **1 in 5** people who died by suicide worked in construction job types.
- Those who died by suicide in the job types with the highest rates of suicide death were more likely to use a firearm and less likely to have received mental health treatment.

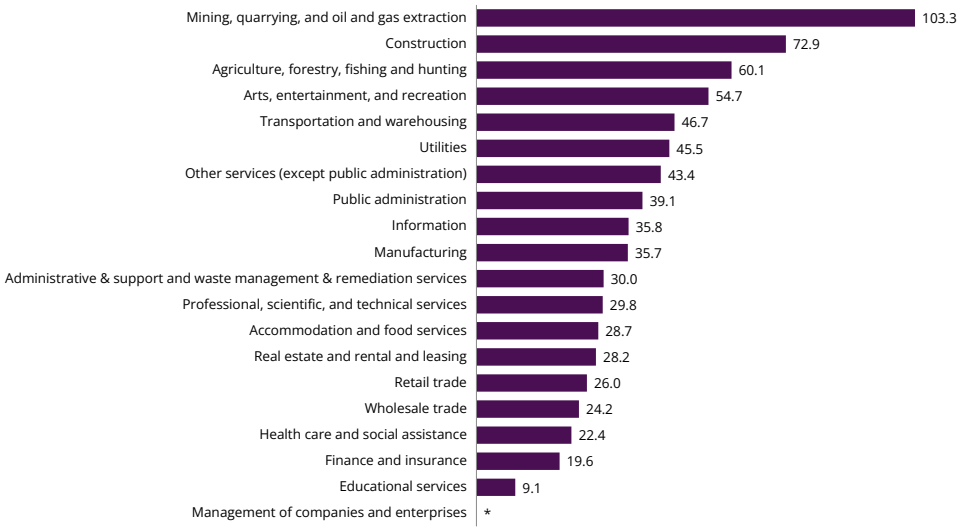
Suicide by job type

Suicide is a serious public health concern across the nation, including in Utah, which impacts people, families, and communities in a negative way. In 2023, suicide was the second leading cause of death for Utahns ages 10–44,[3,4] which puts Utah at the 7th highest suicide rate in the U.S. On average, nearly 2 Utahns die by suicide and 14 are treated for self-inflicted injuries every day.[4,5] The majority (86%) of suicide deaths were among those of working age (16–64). Understanding industry sectors (job types) with higher rates of suicide can help inform evidence-based intervention for those most at risk.

The job types with the highest suicide death rates in Utah were:

1. mining, quarrying, and oil and gas extraction
2. construction
3. agriculture, forestry, fishing and hunting

Figure 1. Rate of suicide deaths per 100,000 population by job type, ages 16+, Utah, 2019–2023
The job types with the highest suicide death rates were 1) mining, quarrying, and oil and gas extraction, 2) construction, and 3) agriculture, forestry, fishing and hunting.



*Counts below 11 were suppressed for confidentiality.
Source: Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health and Human Services

Feature article continued

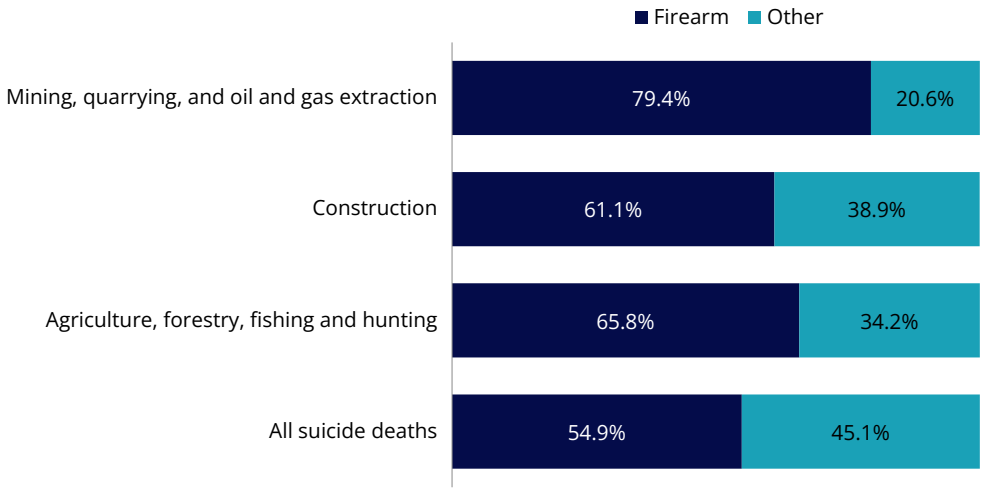
If we just look at the job types with the top 3 suicide rates, most of those who died were male. These job types are mostly held by males, and males are more than 3 times more likely to die by suicide than females.[1,2] Construction job types had the second highest rate of suicide deaths, but the highest total number of deaths by suicide. This is in part due to the very large number of people who work in construction. Nearly 1 in 5 people who died by suicide worked in construction job types. The 3 job types with the highest suicide rates are mainly based in rural areas. This reflects the general trend across Utah with suicide rates often higher in rural areas than urban areas.[1]

Those who died by suicide in the job types with the top 3 highest rates of suicide death were more likely to use a firearm[1] (Figure 2). Among all male suicide victims, 61.4% used a firearm. Access to lethal means, including firearms, increases risk of suicide death. During vulnerable or stressful times, delaying access to a gun could mean the difference between life and death. This could mean you ask a trusted family member or friend to hold the firearm outside the home during times of crisis, lock up the firearm, or store the ammunition in a different location than the firearm.

Those who died by suicide in the job types with the 3 highest rates were far less likely to have received mental health treatment, with those in the mining, quarrying, and oil and gas extraction job types the least likely to have received mental health treatment (28.3%)[1] (Figure 3). Efforts to reduce

Figure 2. Percentage of suicide deaths by job type and method of injury, ages 16+, Utah, 2019–2023

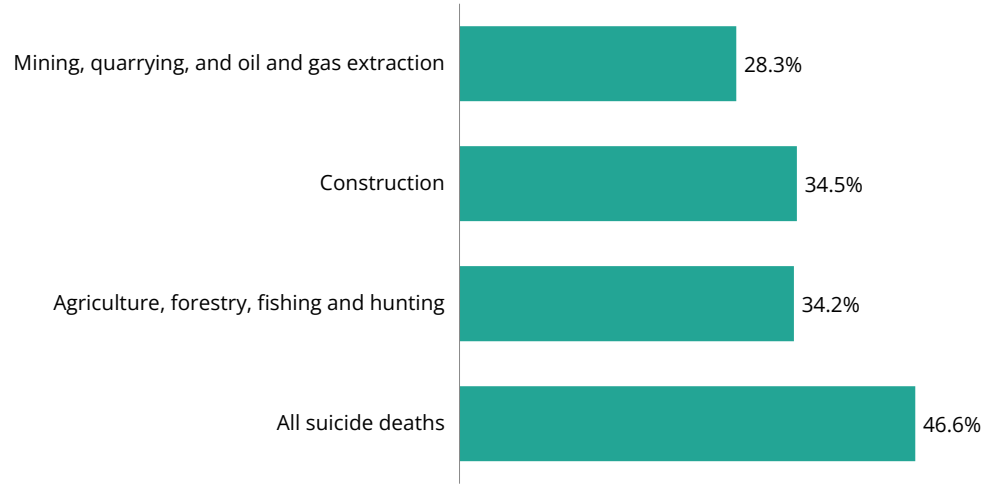
Those who died by suicide in the job type with the highest rates of suicide death were more likely to use a firearm.



Source: Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health and Human Services

Figure 3. Percentage of those who died by suicide by job type who were ever treated for a mental health problem, ages 16+, Utah, 2019–2023

Those who died by suicide in the job types with the highest rates were far less likely to have received mental health treatment.



Source: Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health and Human Services

Feature article continued

stigma around asking for help is a key way to prevent suicide. Likewise, increasing access to care, especially in rural areas, can help address this issue.

The Utah Suicide Prevention State Plan provides guidance on how people and communities can address suicide and includes strategies for primary prevention, intervention, and postvention response. The 988 Suicide and Crisis Lifeline provides 24/7, free and confidential support for people in distress, as well as prevention and crisis resources for loved ones. To learn more about suicide, suicide prevention in the workplace, and request suicide prevention training where you work, go to utahsuicideprevention.org/workplace/. For more resources on suicide prevention visit:

- 988 Suicide and Crisis Lifeline, 988lifeline.org
- SafeUT app, safeut.org
- Utah Suicide Prevention Coalition, https://utahsuicideprevention.org/
- LiveOn Utah, liveonutah.org
- National Alliance on Mental Illness Utah Chapter, https://namiut.org
- American Foundation for Suicide Prevention, https://afsp.org
- Find treatment for mental health and substance use problems: https://findtreatment.gov/ or by calling the Intermountain Behavioral Health Navigation Line: 833-442-2211.

Data Note

Industry sectors (job types) are broad categories of employment based on the North American Industry Classification System (NAICS). The National Violent Death Reporting System collects data about the industry in which the victim worked or had previously worked at the time of death. For more information about the NAICS and to explore the specific jobs within each industry sector, visit https://www.census.gov/programs-surveys/economic-census/year/2022/guidance/understanding-naics.html.

1. Utah Violent Death Reporting System, Violence and Injury Prevention Program, Utah Department of Health and Human Services, 2019–2023 data [cited 2025 July].

2. US Census Bureau, Population Estimates by Industry for the Civilian Employed Population 16 Years and Over for 2019–2023 in Utah [cited 2025 July].

3. National Center for Injury Prevention and Control's Web-based Injury Statistics Query and Reporting System (WISQARS)

4. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services, 2023 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2025 July].

5. Utah Emergency Department Encounter Database, Healthcare Information and Analysis Programs, Office of Research and Evaluation, Utah Department of Health and Human Services, 2023 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2025 July]

Spotlights

Utah Department of Health & Human Services

September/October 2025

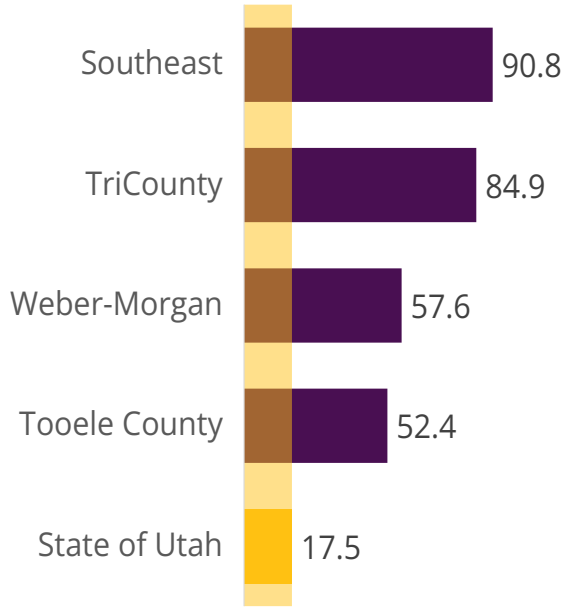
Overdose in Utah

The State Unintentional Drug Overdose Reporting System (SUDORS) collects data on unintentional and undetermined intent drug overdose deaths from death certificates, medical examiner reports, and toxicology results. There were 2,875 drug overdose deaths in Utah between 2019 and 2023. The Utah Overdose Fatality Review Committee (OFRC) facilitated reviews in Southeast Utah, Tooele, TriCounty, and Weber-Morgan local health districts (LHDs), which all had higher drug overdose death rates when compared to the state as a whole (Figure 1). The OFRC aims to identify groups at higher risk for opioid overdose to tailor prevention recommendations to the unique traits and needs of that group.

Trends for the type of drug contributing to death are similar for each LHD with "any opioid" being the highest contributor and benzodiazepines being the lowest contributor for each LHD (Figure 2).

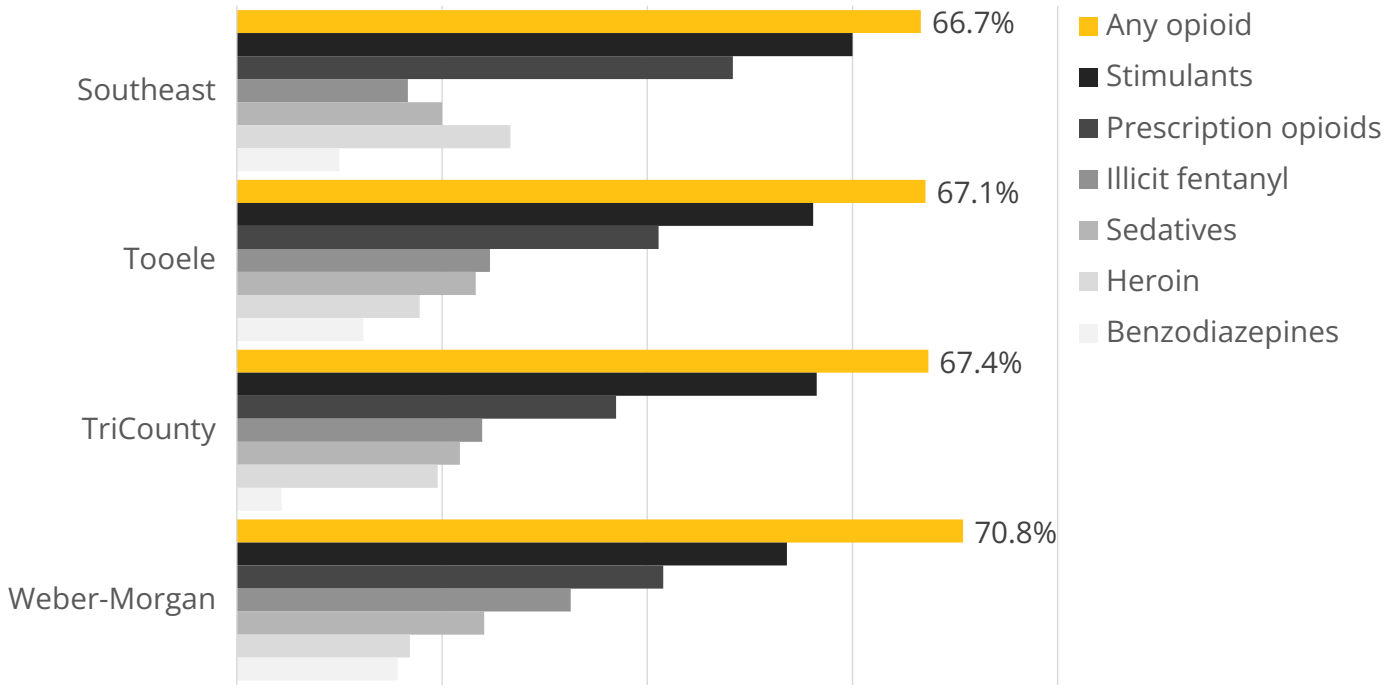
In 3 of the 4 local health districts, physical health problems accounted for 33% of all fatal overdoses. TriCounty has the lowest percentage of physical health factors contributing to fatal overdoses at 28%. Tooele had the highest percentage of fatal overdoses among

Figure 1. Age-adjusted rate per 100,000 of drug overdose deaths by selected local health districts, accidental and undetermined intent, Utah, 2019–2023



Source: State Unintentional Drug Overdose Reporting System (SUDORS)

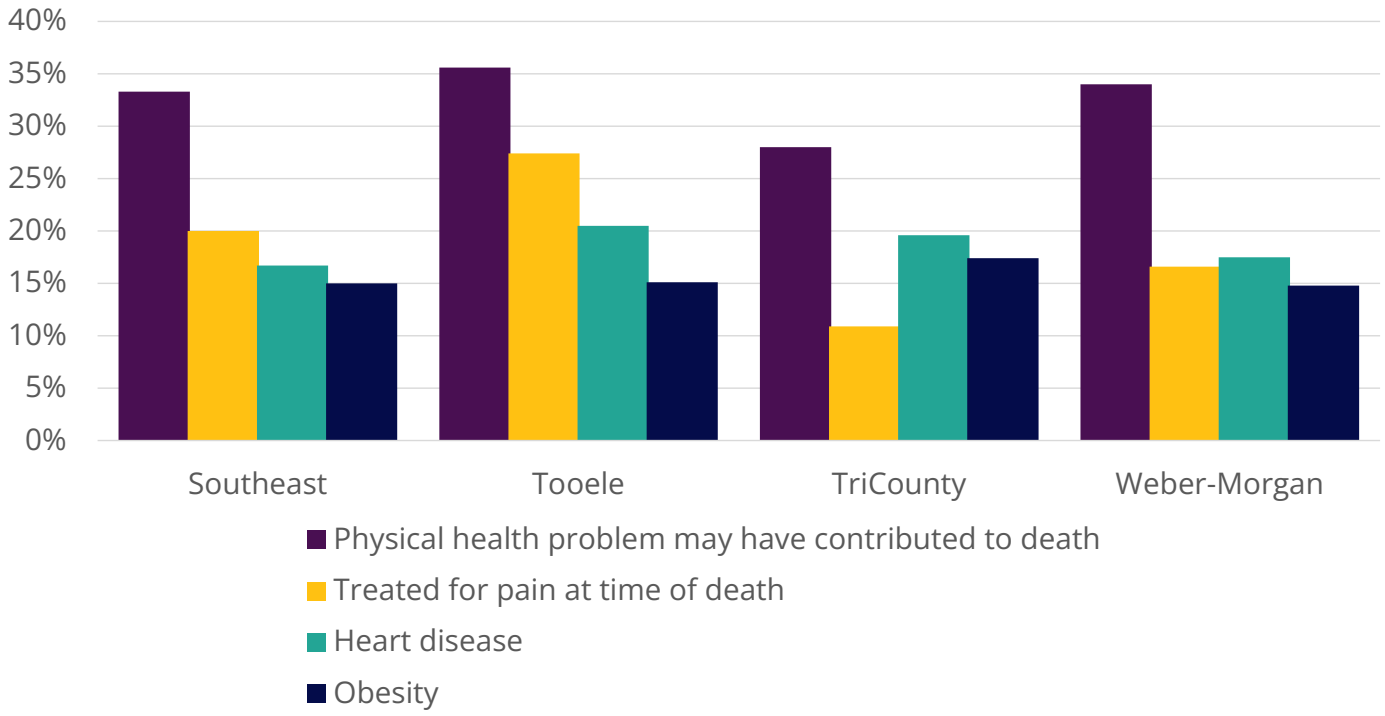
Figure 2. Percentage of drug overdose deaths by drug classes by selected local health districts, 2019–2023
"Any opioid" was most commonly listed as a contributing cause of death related to drug overdose deaths in all the LHDs. "Any opioid" follows the CDC SUDORS dashboard.



Note: categories are not mutually exclusive
Source: State Unintentional Drug Overdose Reporting System (SUDORS)

individuals who were also being treated for pain and diagnosed with heart disease at 27.4% and 20.5%, respectively. The rate of obesity occurring among fatal overdoses was relatively similar for all for LHDs, between 15–17%.

Figure 3. Percentage of drug overdose deaths by physical health problem by selected local health districts, 2019–2023



Note: categories are not mutually exclusive
Source: State Unintentional Drug Overdose Reporting System (SUDORS)

Spotlights

Utah Department of Health & Human Services

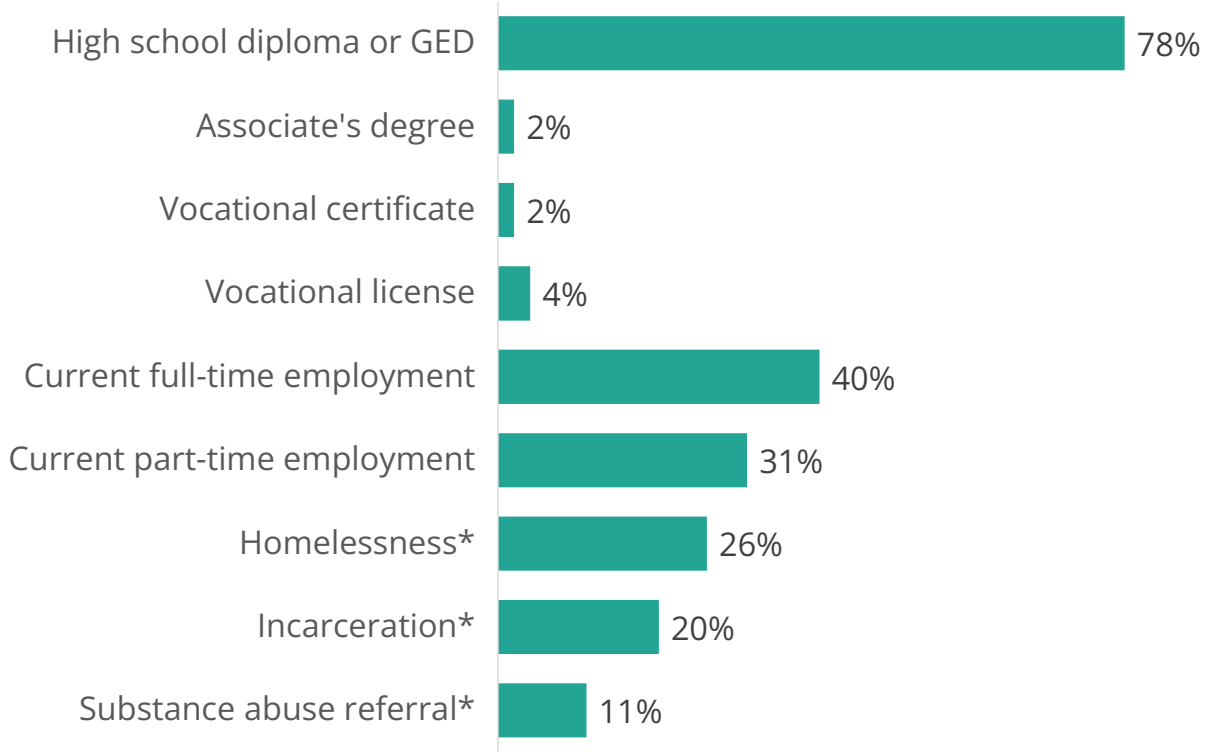
September/October 2025

Supporting youth in foster care

Older youth in foster care have unique needs and challenges, but with support from caring adults they can learn to manage these challenges for a successful shift into adulthood.

The Division of Child and Family Services (DCFS) has a program area, Transition to Adult Living (TAL), to help youth in care ages 14–21 and youth after care age 16–23. But DCFS can't do it alone. A successful shift to adulthood often needs help from the community and connections to caring adults for the youth. In order to know how well we are doing, a subset of youth getting services are asked to complete a survey by the National Youth In Transition Database (NYTD), at age 17, 19, and 21. These surveys allow DCFS to find gaps in services, ways to improve, and how to better support youth in care and after care. In a recent multi-year data snapshot, for years 2020–2024, data was collected from respondents at age 21 who are no longer in foster care (Figure 1).

Figure 1. Outcomes reported for respondents at age 21 who are no longer in foster care, federal fiscal year 2020–2024



* For these outcomes, the cohort is surveyed on the occurrence in the past 2 years

This data shows we are doing well in getting youth to graduate from high school, but there is a large drop in youth who pursue further education or vocational training. We are doing well in getting youth employed, but still struggle with youth experiencing homelessness and incarceration. For many youth these areas can be directly impacted by levels of engagement with DCFS after case closure and a connection to a caring adult. In Utah, 95% of youth in care have a caring adult connection when surveyed at age 17, but by age 21 this number drops to only 68%.

We know we can improve the outcomes of these youth by connecting them with caring adults. To achieve this we invite communities, schools, medical and mental health providers, and any programs serving youth to become familiar with TAL services and aftercare services. (A brief description of eligibility and services can be found here).

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Utah Department of Health & Human Services

Knowing about eligibility and services will help agencies, community members, or caring adults help youth re-connect with DCFS to use these services. As former foster youth Josh Shipp said, “Every kid is one caring adult away from being a success story.”

"Every kid is one caring adult away from being a success story."

1. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. (2025). *National Youth in Transition Database: Outcomes Data Snapshot - Utah*, Federal Fiscal Year (FFY) 2020–2024. Retrieved from https://www.acf.hhs.gov/cb

Spotlights

Utah Department of Health & Human Services

September/October 2025

Faith and health working together for moms' mental health

Perinatal mental health is how a woman feels emotionally and mentally from the time she becomes pregnant until her baby's first birthday. In Utah, mental health conditions and substance use disorders are the leading contributors to maternal deaths.[1] The Utah Department of Health and Human Services Maternal Mortality Review Committee recommends building stronger community support to help prevent these deaths.[1]

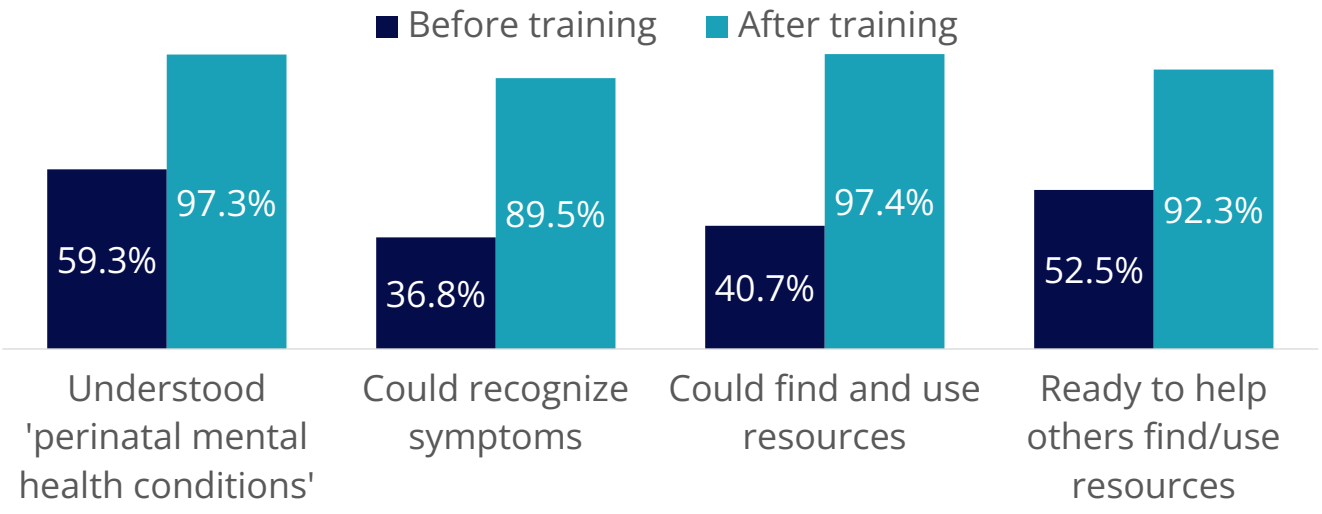
Faith-based organizations (FBOs) are an important part of life in Utah. They have a long history of helping with healthcare and can share health information and resources through their networks.[2] More than 3 out of 4 Utahns (76%) say they belong to a religion, which is the highest rate in the nation.[3] This makes faith groups strong partners to help raise awareness about perinatal mental health.

From August 2024 to August 2025, the Utah Women and Newborns Quality Collaborative (UWNQC) worked with faith-based groups in Utah to share information about mental health during and after pregnancy and to strengthen support for women and families. Many faith and interfaith groups across the state were interested in public health outreach, and every group that responded to our outreach agreed to join. UWNQC provided in-person training on perinatal mental health to 12 groups, and 5 more asked for training in fall 2025.

The training helped faith leaders better recognize and respond to perinatal mental health concerns. Before the training, 59% knew what "perinatal mental health" meant, 37% could spot symptoms, 41% knew how to use resources, and 53% felt confident helping others get support. After the training, 97% understood the term, 89% could spot symptoms, 97% knew how to use resources, and 92% felt confident helping others. On average, knowledge increased by 46 percentage points (Figure 1).

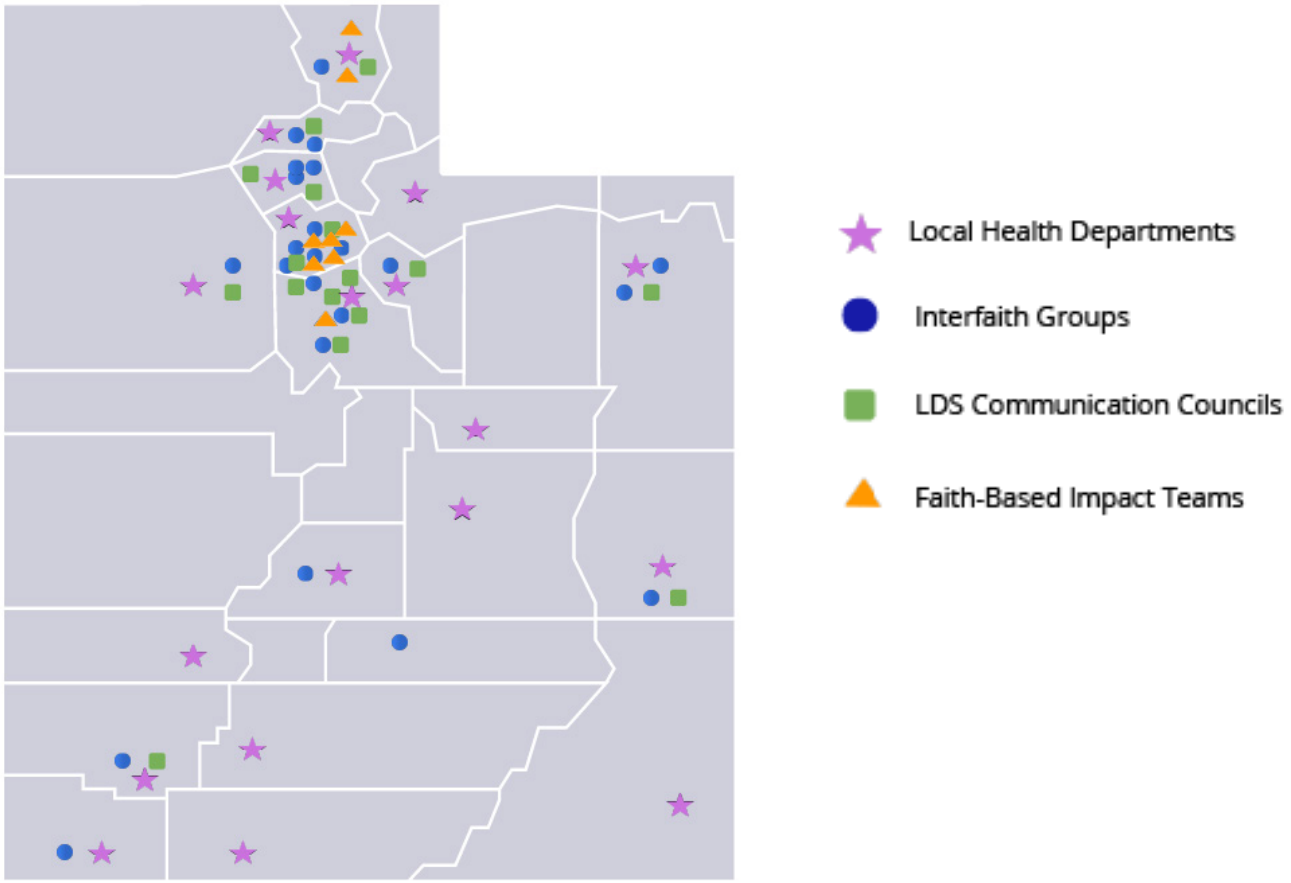
Figure 1. Percentage of participants with knowledge of perinatal mental health topics before and after training on participant knowledge

Training helped faith leaders gain skills and confidence about perinatal mental health.



UWNQC created a map (Figure 2) that shows 23 interfaith councils and 17 LDS communication councils in 13 counties: Cache, Davis, Grand, Iron, Salt Lake, Sevier, Tooele, Uintah, Utah, Wasatch, Washington, Wayne, and Weber. Together, these counties include 92.4% of Utah's population. It is not yet known if the other counties (Beaver, Box Elder, Carbon, Daggett, Duchesne, Emery, Garfield, Juab, Kane, Millard, Morgan, Piute, Rich, San Juan, Sanpete, and Summit) have interfaith groups or LDS communication councils.

Figure 2. Map showing Utah's 23 interfaith councils, 17 LDS communication councils, and 8 faith-based impact teams in relation to local health department offices as of 2025
13 of Utah's 26 counties had confirmed active interfaith councils as of 2025.



Icons show active groups confirmed as of 2025. Sources include Utah city websites, LDS regional representatives, interfaith roundtables, and public directories.

The map also shows Utah's local health districts and statewide faith-based impact teams. This map is an important tool that can help strengthen public health outreach by connecting people and organizations more easily.

Faith-based organizations in Utah are important to their communities and are ready to help raise awareness about perinatal mental health. Training faith leaders gives them the knowledge and skills to better support women and families. The Utah FBO network map is a helpful tool for outreach, building stronger connections with faith groups, and supporting women's mental health. These networks can also be used to share resources and support other public health programs.

1. Utah Department of Health & Human Services, Maternal and Infant Health Program. *Maternal Mortality in Utah, 2017–2020* [PDF]. Retrieved from https://mihp.utah.gov/wp-content/uploads/Maternal-mortality-in-Utah-2017-2020.pdf

2. "The Religious Roots That Grew into Today's Healthcare." *Sutherland Institute*, 19 May 2021, sutherlandinstitute.org/the-religious-roots-that-grew-into-todays-healthcare.

3. Utah Foundation. (2025, May 1). *Why Utah's governor says America needs a 'religious revival'*. Utah Foundation News.