

Utah's **Innovative Approach** to Campus Mental Health



MH1 MENTAL HEALTH
FIRST RESPONDERS

 **HUNTSMAN**
MENTAL HEALTH INSTITUTE
UNIVERSITY OF UTAH



I need
someone
to talk to...

How can I
help you?

...

The Mental Health First Responders:

Helping students in crisis

Story by Benjamin Gleisser

The Mental Health First Responders (MH1) team received the telephone call just before midnight from Jocelyn (not her real name), an 18-year-old first-semester student living on campus. **Away from home for the first time in her life**, the pressures of trying to succeed in college, finding new friends, and making her parents proud were **overwhelming her and leading to thoughts of suicide.**

**Thankfully, Jocelyn
had someone she
could talk with
that night.**

“Jocelyn was one of the first cases I worked on,” says MH1 team member Zach Bown, who interned as a master’s candidate in social work before receiving his MSW in 2023. “She said she’d been crying for weeks and felt very alone.”

MH1 is a groundbreaking program started at the University of Utah to help students in crisis who live on campus. From 4 p.m. to 2 a.m., seven days a week, MH1 runs an after-hours hotline for students with mental health concerns. The MH1 team mobilizes to respond in-person to the student in need, often with the support of Housing and Residential Education (HRE) staff. MH1 also operates an office on campus with an open-door policy so students can drop in any time and talk with a master’s level mental health professional. MH1 staff are employed by the Huntsman Mental Health Institute (HMHI), and work in partnership with the University Counseling Center (UCC).

After 2 a.m., students are urged to call 988, a 911-type suicide and crisis hotline that connects to community crisis support services. The Utah Crisis Line is staffed by certified crisis workers with the Huntsman Mental Health Institute and can resolve concerns over the phone or connect callers to community crisis support services.

The key to MH1 is the program centers more on mental health intervention, rather than a direct call for police intervention, which might increase any anguish the distressed student already feels. However, in more extreme cases, such as those involving threats of violence to the student or others, MH1 coordinates with the University of Utah Police Department (UUPD) to co-respond to the scene and ensure the physical safety of those involved.

Currently, MH1 consists of a program manager, two licensed social workers, and two master’s candidates in social work who serve as interns. The program currently supports students living in HRE residence halls with future plans to expand services across campus to any student experiencing a mental health crisis.

After receiving Jocelyn’s tearful call, in which she said she had contemplated taking her own life, Bown visited Jocelyn in her room in student housing, accompanied by UUPD officers and EMT personnel, who stayed in the background while he talked to the distraught young woman.

“I asked her, ‘How can I help you?’ and that seemed to calm her a bit,” Bown remembers. **“As we talked, she said she was willing to receive help, and agreed to let us take her to the nearby Huntsman Mental Health Institute for evaluation.”** At HMHI’s Receiving Center, a student can “disconnect from stressors” by getting something to eat, taking a shower, and generally relaxing for up to 23 hours.

Thankfully, Jocelyn’s story has a bright ending. After leaving the Huntsman Mental Health Institute, she began seeing a counselor at UCC to talk about her difficulties adjusting to college life, and today she appears to be coping well.

Unfortunately, there are hundreds of students like Jocelyn enrolled at universities around the country—young people having trouble adjusting to the rigors of college and fitting into its social scene. Some even bring pre-existing mental health challenges to school with them.

And late at night, when their struggles can seem to deepen, or they feel especially alone, they may feel they have nowhere to turn. What’s worse is when those self-doubting thoughts lead to ideas of self-harm.

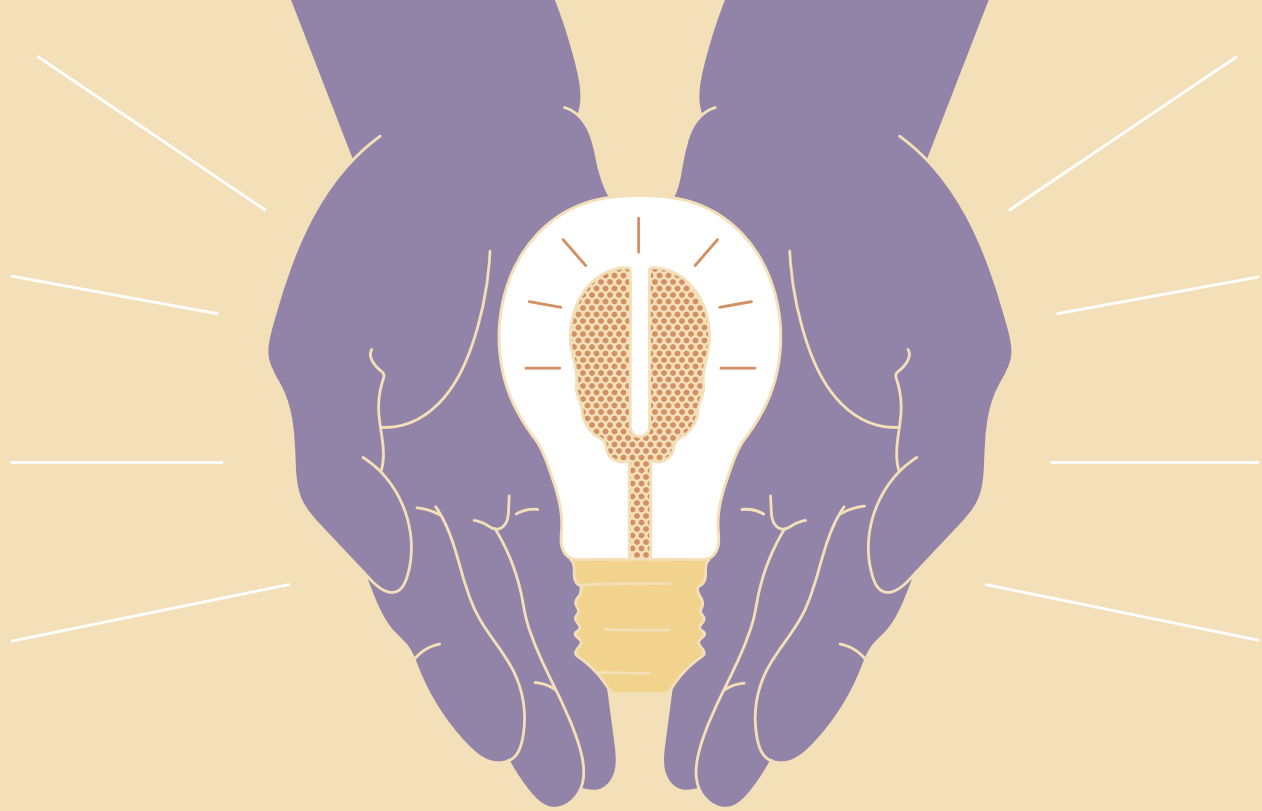
“

That’s why MH1 was created. We’re out here saving lives.

— MH1 Program Manager Torrence Wimbish, Ph.D.

”





How MH1 works

MH1 grew out of a \$150 million historic donation from the Huntsman family in 2019 to establish the Huntsman Mental Health Institute. Upon announcing the gift, the Huntsman family and university officials hoped to generate a statewide movement to help find effective treatments for mental illness, and to end stigmas associated with mental health.

Christena Huntsman Durham, Huntsman Foundation vice chairwoman and executive vice president, told the *Deseret News*, “As a family, we are so excited to put a name and a face to mental health. I think every family deals with mental health. We have either held the hand of somebody, or had our hand held by somebody dealing with mental health.”

MH1 opened its doors and phone line in January 2021, in time for spring semester. Students learned about the service through a marketing campaign to create awareness directed by the University Marketing and Communications office. This included volunteers working at tables in areas with high student activity to get the message out, as well as digital and print media campaigns across campus. **The campaign worked: that semester, MH1 responded to 26 calls for help. During the fall 2021 semester, the number grew to 42 calls. And in fall semester 2022, the number of outreach calls for help grew to 58.**



We get a majority of calls during fall semester. It's an intense time for lots of young people. They're just coming out of high school, and going away to college is a new experience. It can be tough adjusting to residence hall life with a roommate they're just meeting for the first time and learning to be responsible adults.



— Torrence Wimbish, Ph.D., MH1 Program Manager

Wimbish points to a recent American College Health Association survey of college students that discovered:



13%

Reported Symptoms of Anxiety



25%

Admitted Sleep Difficulties



33%

Acknowledged Stress-Related Problems



10%

Had Seriously Considered Suicide



43%

Felt So Depressed at some point in the academic year that it was difficult to function



1.9%

Had Attempted Suicide

Wimbish recalls his interaction with Samantha (not her real name). Her roommate contacted MH1 because she was concerned that Samantha was showing signs of depression and talked about death as “a release.”

When speaking with Samantha, Wimbish used a protocol he developed for MH1.

“ First, I reached out to the housing person on duty at Samantha’s residence hall and asked if we could visit her together. At her room, the housing person stepped back and I introduced myself and engaged with Samantha by asking her basic questions like, ‘What kind of things help you feel better? Who can you call for support? What are your reasons for living?’ We also did some deep-breathing exercises that helped calm her down. ”



Samantha admitted being glad someone was listening to her, and began talking about her enjoyment of playing guitar and painting. Wimbish encouraged those creative outlets, with the goal of giving Samantha things to look forward to.

“Samantha agreed to visit our office the next day,” Wimbish says. “When she came by, she said talking with me last night was helpful. And she brought one of her paintings. She also agreed to come to one of our support groups.”

Taking the concept of MH1 one step farther, **Wimbish began offering a drop-in group for students to discuss their life on campus.** He started with four students; a year later, the number had grown to eight attendees.

How to organize a program like MH1

As part of the historic donation, the Huntsman family offered two-year pilot funding grants for new initiatives that would help accomplish key goals: reduce mental health stigma, increase access to mental health services, and support high-need populations such as college students and rural communities. HMHI leaders had regularly worked with University of Utah campus partners on supporting students with high acuity mental health needs and recognized that a gap in services existed that could be filled with this unique funding opportunity.

After receiving grant approval for the creation of the MH1 program, a hiring committee selected a program supervisor—Torrence Wimbish—and two master’s level mental health counselors that reported to Rachel Lucynski, Director of Community Crisis and Intervention Services, as HMHI employees.

A workgroup came together to propose an innovative new program for after-hours mobile crisis support in partnership with HRE and UCC, as well as bridging outpatient therapy services for students after receiving crisis intervention support. The original team that created MH1 included:

HMHI Team Members:

- **James Ashworth, MD**, Medical Director of Psychiatric Services
- **Juliana Briscoe, MHA, MPH**, Senior Director of Business Operations
- **Jenna Christensen, MSW, MBA**, Strategic Initiatives Manager
- **Dave Eldredge, LCSW**, Senior Director of Clinical Operations
- **Christie Lowe, MBA**, Finance Manager
- **Rachel Lucynski, MBA**, Director of Community Crisis Intervention and Support Services

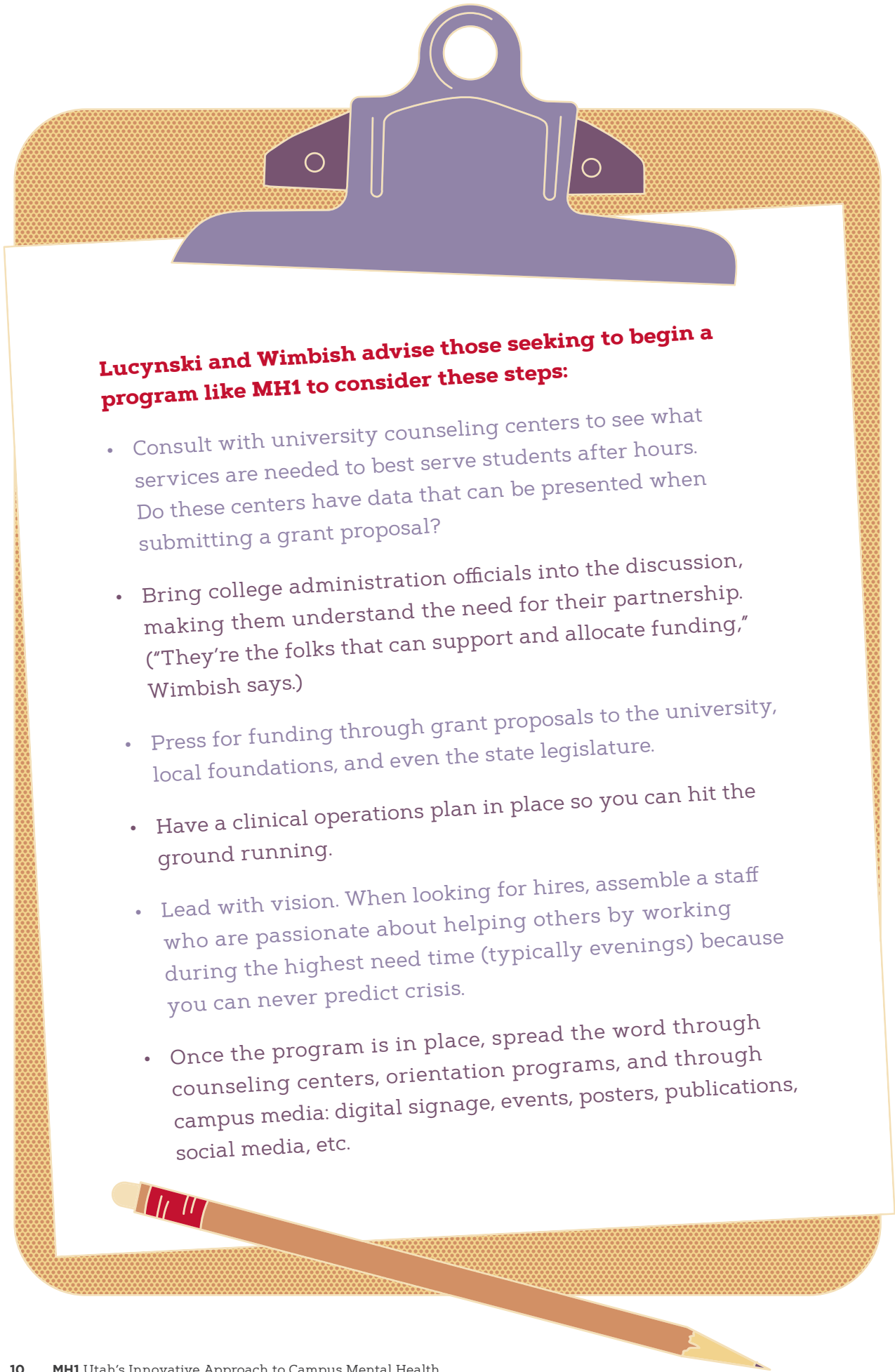
HRE Team Members:

- **Kolay Carver**, Assistant Director of Conduct Management and Resident Outreach
- **Todd Justesen, MLS, MBA, MEd.**, Director of Residential Education

UCC Team Members:

- **Josh Newbury, LCSW**, Assistant Clinical Director
- **Lauren Weitzman, Ph.D.**, Director

“There was a huge need not being met for our students,” says Lucynski. “During the day, counseling centers are open for students in crisis, but when feelings of loneliness, isolation, or potential suicidal thoughts occurred after hours, we wanted to make sure that we would have staff on hand to offer crisis support and connect students to longer-term mental health resources such as outpatient therapy.”



Lucynski and Wimbish advise those seeking to begin a program like MH1 to consider these steps:

- Consult with university counseling centers to see what services are needed to best serve students after hours. Do these centers have data that can be presented when submitting a grant proposal?
- Bring college administration officials into the discussion, making them understand the need for their partnership. (“They’re the folks that can support and allocate funding,” Wimbish says.)
- Press for funding through grant proposals to the university, local foundations, and even the state legislature.
- Have a clinical operations plan in place so you can hit the ground running.
- Lead with vision. When looking for hires, assemble a staff who are passionate about helping others by working during the highest need time (typically evenings) because you can never predict crisis.
- Once the program is in place, spread the word through counseling centers, orientation programs, and through campus media: digital signage, events, posters, publications, social media, etc.



Looking forward

Recognizing MH1's lifesaving impact, in January 2022, the Utah System of Higher Education and the Utah State Legislature authorized ongoing program funding for MH1.

The idea behind MH1 is growing, Wimbish says. Officials at Southern Utah University and Utah State University have asked for information about starting a similar program on their campuses. The word is even spreading beyond Utah's borders to universities in other states—even the University of Toronto in Canada has contacted Wimbish.

"I love it when universities call me and ask, 'How did you make this work?'" Wimbish says with a smile. **"It should be the goal of every university to create a campus environment where it's okay to ask for help."**

MH1 MENTAL HEALTH
FIRST RESPONDERS

**7 Days a Week
4 p.m. to 2 a.m.
385-321-5356**

**University of Utah Kahlert Village
265 South 1850 East, Room 1330
Salt Lake City, UT 84112**

mh1.utah.edu

This groundbreaking program was made possible by our partnerships:

