Salt Lake City—Mark H. Rapaport, M.D., a nationally recognized researcher and clinician known for his interdisciplinary approach to mental health treatment and care, has been named CEO of Huntsman Mental Health Institute (HMHI) and Chair of the Department of Psychiatry at the University of Utah School of Medicine.

Rapaport will step into a new position designed to advance the integrated missions of clinical services, education, research, and community mental health. He will lead a department of nearly 300 faculty and staff and oversee operations of the Huntsman Mental Health Institute, a 170-bed inpatient hospital and a network of 10 outpatient clinics, previously known as University Neuropsychiatric Institute (UNI).

“After conducting a nationwide search, Dr. Rapaport is the clear choice as our new leader for the department, the university, and the broader community,” said Michael L. Good, M.D., CEO of U of U Health, Dean of the School of Medicine and Senior Vice President for Health Sciences. “His experience connecting clinical excellence with high-caliber research while training the next generation of mental health care professionals will play a critical role in launching and building the Huntsman Mental Health Institute into a national model for mental health treatment, research, and education.”

Rapaport recently served as the Reunette W. Harris Professor and Chair of the Department of Psychiatry and Behavioral Sciences at the Emory University School of Medicine in Atlanta, Georgia. He also served as Chief of Psychiatric Services for Emory Healthcare Systems. During his tenure, he co-created the Emory Brain Health Center, breaking down silos between psychiatry, neurology, neurosurgery, and neuroscience, allowing a collaborative approach to studying and solving the
challenges of brain disorders. While at Emory, he also co-created the Addiction Alliance of Georgia with the Hazelden Betty Ford Foundation, transforming how addiction and recovery services are delivered in Georgia. Before joining Emory University, he was the Chair of Psychiatry and Behavioral Neurosciences at Cedars-Sinai Medical Center and professor of Psychiatry at both Cedars-Sinai and the David Geffen School of Medicine at University of California, Los Angeles.

“I am honored to be selected for this position,” Rapaport said. “The University of Utah is a remarkable institution uniquely positioned because of its partnership with the state to catalyze change in the field of psychiatry. Guided by both the extraordinary vision and transformative gift from the Huntsman family, we will build on the foundation that exists and transform how brain disorders are perceived, discussed, cared for, and studied. I look forward to helping create an inclusive mental health institute where we address the challenges of brain and mental health disorders in an innovative yet comprehensive manner.”

In November 2019, the Huntsman family announced a historic gift of $150 million to establish HMHI. Launching in early 2021, HMHI will continue the Department of Psychiatry and UNI’s numerous programs designed to serve psychiatric patients across their lifespan. Under Rapaport’s leadership, the institute will grow to improve mental health access and care in communities across Utah and advance research initiatives, including identifying the genetic underpinnings of mental illness.

“We couldn’t be happier with the appointment of Dr. Rapaport to this critical position,” said David Huntsman, President of the Huntsman Foundation. “We are confident that Dr. Rapaport’s vision will build on the legacy of comprehensive mental health care that the university has provided our community for many years. His experience will help us build a world-class institution and shape how we approach mental health treatment and care in the future so we see more positive outcomes for the people of Utah and beyond.”

Nationally known for his leadership, writing, and research, Rapaport has received several awards and honors for his work. Most recently, he was recognized as a Distinguished Life Fellow from the American Psychiatric Association (APA). He is currently editor-in-chief of Focus: A Journal of Lifelong Learning in Psychiatry published by the APA. As an investigator, Rapaport has been funded by the National Institute of Mental Health (NIMH) for three decades and has over 180 peer-reviewed publications. His research interests include the biologic genesis of anxiety disorders, bipolar disorder, depression, and immunity abnormalities in psychotic and mood disorders.

Rapaport graduated cum laude in biology from the University of California, San Diego, where he also earned his medical degree and completed his residency in psychiatry. He looks forward to moving back to the west to be closer to his children and enjoy the mountains. He succeeds James Ashworth, MD, who has served as interim chair since June 2019. “We are grateful to Dr. Ashworth for his leadership during this time of transition,” Good said. “He is a seasoned veteran in the Department of Psychiatry, and his accomplishments have built the foundation on which Dr. Rapaport will continue to advance the strong tradition of academic, research, and clinical excellence.”

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LEADERSHIP BIOS

Ruth V. Watkins, PhD
President, University of Utah

Ruth V. Watkins, the 16th president of the University of Utah, is guiding the state’s flagship institution to unprecedented heights. President Watkins’ signature initiatives include degree completion, innovative student funding models, strong partnerships with community stakeholders, uniting the campus as One U to drive innovation in research, education, and operational efficiency, and addressing grand societal challenges such as mental health and interpersonal violence. President Watkins inspires the U to innovate, discover, and deliver exceptional value in higher education and health care.

President Watkins has guided the U in its role as the University for Utah, cultivating broad and deep connections to communities and being responsive to the state’s workforce needs. The U produces more graduates in high demand fields than any other state institution and those graduates also receive the highest starting salaries compared to other Utah public schools. As an anchor institution, the U is meeting health care needs throughout the state and the region.

President Watkins graduated with the highest honors from the University of Northern Iowa with a bachelor’s degree in speech-language pathology. She earned a master’s degree and a doctorate in child language at the University of Kansas, where she was a National Institutes of Health pre-doctoral fellow. She was named a fellow of the American Speech-Language-Hearing Association in 2003.

Michael L. Good, MD
Chief Executive Officer, University of Utah Health
Dean, University of Utah School of Medicine
A. Lorris Betz Senior Vice President for Health Sciences

A professor of anesthesiology, Michael Good joined University of Utah Health in 2018, after more than three decades of teaching, innovation, and leadership at the University of Florida (UF).

Good held many leadership positions at UF and its clinical affiliates, including dean, senior associate dean for clinical affairs, chief of staff for UF Health Shands Hospital, chief of staff for the Malcom Randall VA Medical Center, and system medical director for the North Florida/South Georgia Veterans Health System.

Good’s leadership has enhanced University of Utah Health’s reputation as an academic health system that provides world-class health care, research, education, and service to the state, region, and nation. He has also led the organization through a period of remarkable growth, evidenced by the construction of a half-dozen major new facilities on the health campus and in the community. Good graduated with distinction from the University of Michigan with a bachelor’s degree in computer and communication sciences. He also earned a medical degree from Michigan, completed residency training and a research fellowship in anesthesiology at UF, and joined the UF College of Medicine faculty in 1988. He is a member of the American Medical Association and the American Society of Anesthesiologists.
Mark Hyman Rapaport, MD
Incoming CEO Huntsman Mental Health Institute and Chair, Department of Psychiatry

Mark Hyman Rapaport, MD is the Reunette W. Harris Professor and Chair of the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine in Atlanta, Georgia. Dr. Rapaport is also the Chief of Psychiatric Services for Emory Healthcare. Before coming to Emory, he was the Polier Chair of the Department of Psychiatry at Cedars-Sinai Medical Center and a Professor and Vice Chair of Psychiatry at University of California, Los Angeles (UCLA).

A board-certified psychiatrist, Dr. Rapaport has written over 185 articles for such peer-reviewed publications as American Journal of Psychiatry, Biological Psychiatry, Journal of Clinical Psychiatry and Neuropsychopharmacology. He is the founder of the New Investigators’ Program for the ASCP annual meeting (formerly NCDEU) and the editor of 5 “Focus” workbooks. He is the founding-Editor and Chief of FOCUS: The Journal of Lifelong Learning in Psychiatry, published by American Psychiatric Publishing, Inc. and the American Psychiatric Association (APA). Dr. Rapaport’s research has focused on psychoneuroimmunology, psychopharmacology, clinical trial methodology, and alternative treatments for psychiatric symptoms. Dr. Rapaport is a member of the American College of Psychiatrists, American Society of Clinical Psychopharmacology, Anxiety Disorders Association of America, the Psychiatric Research Society and the Collegium International Neuropsychopharmacology (CINP). He is a distinguished life fellow of the American Psychiatric Association, and a fellow of ACP, CINP, and the American College of Neuropsychopharmacology. He is Past-President of the American Society of Clinical Psychopharmacology and the Past-President of the American Association of Chairs of Departments of Psychiatry. He is the past Chair of the APA Council on Medical Education and Lifelong Learning.

James C. Ashworth, MD
Interim Chair, Department of Psychiatry and Vice-Chair, Clinical Services Medical Director, Huntsman Mental Health Institute

James C. Ashworth, MD, Associate Professor (Clinical), is a graduate of the University of Utah School of Medicine in Salt Lake City, Utah. He completed a four-year adult psychiatry residency at the USAF Wilford Hall Medical Center in San Antonio, Texas after being awarded an Air Force scholarship. He completed a two-year fellowship in Child and Adolescent psychiatry at the University of Utah, and then served as an active duty Psychiatrist and Child and Adolescent Psychiatrist.

After separating from the military, Dr. Ashworth returned to Salt Lake City and began working as the Medical Director of Youth Services at the University of Utah Neuropsychiatric Institute. Between 2005 and 2013, Dr. Ashworth’s main clinical endeavor was working with Intellectually Disabled patients in the University’s Neurobehavior HOME Program. More recently, Dr. Ashworth has expanded his interests to innovative ways of supporting primary care providers in the delivery of mental health care to their patients. Dr. Ashworth is a co-founder of the GATE program which is a web-based consultation model to primary care providers. He was also active in setting up the Mental Health Integration program which embeds third year psychiatry residents in our primary care clinics. Active in the professional community, Dr. Ashworth served as a gubernatorial appointee to the State Board of Substance Abuse and Mental Health. He has been a Utah Medical Association delegate, and he
currently sits on the Salt Lake County Behavioral Health Advisory committee. Over the years he has taught courses for both second and third year medical students as well as regular courses for general psychiatry, triple board, and traditionally trained child psychiatry residents. In 2009, he was awarded the annual Resident Teaching Award.

A natural leader, Dr. Ashworth became Chief of the Division of Child and Adolescent Psychiatry in 2003. Under his leadership the Division of Child and Adolescent Psychiatry faculty more than tripled in size. In July 2013, Dr. Ashworth stepped down as Division Chief when he became the Medical Director of the University of Utah Neuropsychiatric Institute (UNI), now Huntsman Mental Health Institute, and Associate Chair of Clinical Services in the Department of Psychiatry. In January of 2019, Dr. Ashworth was asked to serve as Acting Chair of the Department of Psychiatry and was then appointed as Interim Chair of the Department as of July 1, 2019.

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**Ross VanVranken**  
**Executive Director, Huntsman Mental Health Institute**

Ross VanVranken is the Executive Director for the University of Utah Huntsman Mental Health Institute (HMHI), formerly Utah Neuropsychiatric Institute (UNI), and Administrator of Behavioral Health Services for the University of Utah Health. HMHI is a $180 million gross enterprise, supporting a system of behavioral health care anchored by a 170-bed acute psychiatric and substance use hospital. HMHI services all ages, disorders and socioeconomic groups.

Mr. VanVranken’s primary role is to ensure HMHI’s commitment to providing the highest standard of care across the full continuum of behavioral health services. He is responsible with maintaining HMHI’s standing as a community leader in the area of behavioral health.

Mr. VanVranken has been a leader in behavioral health dating back to the early 1980s. He is an active participant in clinical and service delivery at both the regional and national level. Mr. VanVranken started as director of UNI in 1991. Prior to assuming his current role, Mr. VanVranken served in a variety of clinical and administrative capacities in both the private sector and for the University Hospital. He is a native of Utah receiving his undergraduate degree in Psychology and master’s degree in Social Work from the University of Utah.
ABOUT HUNTSMAN MENTAL HEALTH INSTITUTE

As part of a world-renown academic health system, the University of Utah Huntsman Mental Health Institute (HMHI) focuses on transformative discovery through research, excellence in mental health education, and exceptional mental health care for patients and their families. HMHI’s hospital facility (formerly University Neuropsychiatric Institute or UNI) offers a safe and healing environment and provides a continuum of mental health care. HMHI researchers are a pioneering force in expanding understanding of the complex functions of the brain to better serve current and future patients and the broader community.

A HISTORIC GIFT

In November 2019, the University of Utah announced a historic commitment of $150 million from the Huntsman family to establish the Huntsman Mental Health Institute. HMHI will build on the reputation and excellence of the University of Utah School of Medicine, Department of Psychiatry and its full-service psychiatric hospital, the University Neuropsychiatric Institute (UNI) to become a national model for mental health care.

UNI and a network of 10 outpatient clinics have been renamed Huntsman Mental Health Institute and will launch under a new brand in early 2021.

LINKS TO NEWS STORIES FROM HUNTSMAN GIFT ANNOUNCEMENT


Salt Lake Tribune: With $150 million gift from the Huntsmans, the University of Utah will create a mental health institute (Nov. 4, 2019) https://www.sltrib.com/news/2019/11/04/with-million-gift/


STATE OF SUFFERING: Curbing the Rise of Utah Suicides

For every person in the US who dies of suicide, twice as many die in Utah. That’s a sobering statistic. What’s worse, suicide is the leading cause of death among one of Utah’s youngest groups: teens aged 15-19. In the face of climbing Utah suicides, can we save a suffering state? Can we afford not to?

As a child, loneliness dogged Julia Ludlow like an unwanted shadow. After years of struggling to make friends, she had resigned herself to a life of solitude: quiet rides home on the school bus and nights cooped up in her bedroom, hermit-like, with no one to talk to.

Despite book smarts and a gentle demeanor, Julia struggled to connect. She felt invisible, suffocating under the isolation, until one fall day like any other in 2015, when she packed a dusty Altoids mint tin with as many Tylenol pills as she could fit. Later that afternoon, she would retreat into a quiet alcove near her school cafeteria in northern Utah and attempt to end her life. She was 13.

Luckily, fate intervened. While collecting water to wash down the rest of her pills, Julia ran into a classmate and shared her secret in between sobs. Something broke inside of her, and she agreed to meet with the school counselor and complete a mental evaluation form. “When I checked the box that said I wanted to kill myself, the fear on my parents’ faces was something I’ve never seen before,” she says.

While Julia felt utterly alone, there are many more like her. An unrelenting stigma and limited access to mental health care has been linked to a disturbing rise in suicides across the state, with some victims as young as nine.

There’s Lilith Shlosman, who first attempted suicide as a freshman due to bullying and other factors. In January 2013, 12-year-old Dylan Aranda died of suicide. By December, 30 other teens would do the same.

In 2017, Herriman High School student Chandler Voutaz died by suicide using a firearm. (Firearms are involved in about half of all teen suicide deaths.) Less than a year later, six more students from Chandler’s school had joined him.

More Utah teens die from suicide than the four other leading causes of death—poisoning, car accidents, homicide, and other injuries—combined. Because of this, Utah and a stretch of surrounding states in the Mountain West have been aptly named the “suicide belt.”

Julia Ludlow, far right, who attempted suicide at age 13, says she’s since learned to open up more and talk about how she feels. “There’s less of a stigma around my feelings,” Julia, now 17, says. “My depression is less mine and more shared.”
While youth suicides have slowly risen across the nation, Utah’s rate has soared. In 2015, the nation’s average teen suicide rate stood at 4.2 per 100,000. That same year, Utah’s stood at a horrifying 44. In the last two decades alone, the state’s youth suicide rate has tripled.

Suicide isn’t often a decision made in a single moment. It can be a choice to end life after a string of painful experiences: job stress, a breakup, the inability to connect with others. No one is immune to these struggles.

Julia Ludlow was one of the lucky ones—with her parents’ help, she soon saw a mental health counselor. But for every 100,000 Utah children in need of mental health care, there are only six child psychiatrists. Between physician shortages and spotty health insurance coverage, struggling teens are often forced to wait several weeks for a simple consultation—weeks beset by the very issues they sought help for in the first place.

Children like Julia deserve better. So how do we do that? To help a suffering, tech-dependent generation, can we meet them where they are? The answer lies in the SafeUT app.

Free. Confidential. Available 24/7. Launched in 2016 by a statewide commission, SafeUT taps into the tech divide by offering around-the-clock crisis intervention. Users can avoid lengthy waitlists, psychiatric provider shortages, and costly deductibles to find help right when and where they need it.

That often means late at night, as the app’s busiest times are between 7 pm and midnight. During this time, students are out of school, have eaten dinner with their family, and are alone in their rooms where they feel safest. Here, problems pushed down during the day resurface: bullying, anxiety, substance abuse, and general stress. Usually, confiding in friends offers no solution; talking to parents brings no comfort.

Licensed therapists from the Huntsman Mental Health Institute (HMHI), formerly University Neuropsychiatric Institute (UNI), are humbled to take each call. They recognize just how vulnerable a young life surrounded by screens can be. “It used to be you’d go to school and be bullied during the day,” says Ross VanVranken, executive director of HMHI. “Now it’s 24/7 if somebody wants to do that.”

When it comes to threats of suicide, HMHI therapists are tasked with gleaning enough information in time to perform an “active rescue” if needed. These rescues are not uncommon, and the anonymity of the app—while a source of comfort for users—often means therapists will not know the fate of those reaching out.

Shouldering that burden isn’t always easy, as most SafeUT therapists will admit. One counselor, though, calls it “an honor to sit with someone in that darkest of spaces.” The work, however difficult, is certainly worthwhile. After all, the prize is life.

In the four years since its creation, the number of tips and chats submitted through the app has soared by more than 600 percent. That surge is one of many reasons why nearly 1,000 schools have enrolled in the SafeUT app, with further expansions in the works, including one for the Utah National Guard that extends mental health support to more than 7,000 service members and their families.
The moments preceding suicide are an opportunity to understand those populations vulnerable to suicide—and how we can better support them before it’s too late. Douglas D. Gray, MD, professor of psychiatry at the University of Utah, has been doing just that.

He first started studying the social and cultural factors behind Utah’s rising youth suicides in the late 1990s. At the time, Gray was one of only two people studying suicide in the state. “To help educate people, I used to fill my old Honda Civic with training pamphlets and hand them out on the weekends,” he says. “It was the loneliest job in town.”

Now, 20 years later, Gray is astounded by how far Utah has come in researching and understanding suicide. A team of legislative champions, state coordinators, medical examiners, and student mobile crisis team members now meet struggling Utahns early on to provide support and solutions.

Thanks to researchers like Gray, in the past three years alone, the University of Utah has secured funding of more than $125 million to conduct 131 research projects on mental illness and suicide prevention. “Eight years ago, I thought I would retire and nothing for suicide would have been done,” Gray says. “Now, when I do retire, I can retire in peace. Things will keep moving forward.”

Utah’s rising rates point to a larger issue—a troubling deficit in health care access. A third of Utah adults suffer from depression, and more than half of those lack access to treatment. Utah ranks last in the United States for mental health care resources.

To address this deficit, HMHI helps hedge against access issues by offering resources on depression, mood disorders, and substance abuse. And just this year, the Huntsman Foundation committed $150 million to establishing a robust response to this crisis: the Huntsman Mental Health Institute.

“The first Huntsman generation made remarkable advancements in cancer research,” Gray says. “The second generation is focusing on the next important issue: mental health care and the stigma that comes with it.”

In a recent mental health panel hosted by U of U Health at the 2020 Sundance Film Festival, Christena Huntsman Durham acknowledged that pervasive power of stigma. “We can’t be afraid of sharing our stories, because mental illness affects every family,” she said. “We’re only as sick as our secrets.”

Durham lost her own sister to addiction 10 years ago, teaching her the importance of having a place to find help without judgment. “If you’re at your kid’s soccer game and they sprain an ankle, you immediately go to urgent care,” she said. “But if you or a loved one is suffering from mental illness, where do you go?”

“We’re working to bridge this gap, but we can’t do it alone. The simplest solution starts with a conversation. Talk. Share. Listen.”

In the face of this crisis, as with any other, there’s hope. For the first time in more than a decade, Utah’s suicide rate has stabilized. It’s a small feat, not yet significant, but it marks our place at a critical juncture. Here we ask, “What can we do next, together?”

Thanks to counseling and family intervention following her suicide attempt, Julia Ludlow—now 17—is focused on the future. She finds it easier to open up about her thoughts, even the dark ones. “There’s less of a stigma around my feelings,” she says. “My depression is less mine and more shared.”
When Julia’s father talks about his daughter since her suicide attempt, pride and pain fight for prominence in his voice, even as it breaks with relief. “She’s very compassionate,” he says. “What I love about her is she’s taking her experience and using it in a way to help those around her.”

Julia now shares her story to help inspire greater change, recently alongside Rep. Ben McAdams (D-Utah) in support of $2 million in funding for school-based suicide prevention programs. “As risk factors like depression and crisis become something we don’t hide in the shadows, [people] are looking for somebody to talk to,” McAdams said in a Salt Lake Tribune article. “We want to make sure those resources continue to be available... to people who need them.”

Julia is still the same young woman with a gentle smile, but she speaks now with a newfound confidence. She’s surer of herself, at peace. And she knows she’s not alone.
UTAH YOUTH SUICIDES

Suicide is the #1 CAUSE OF DEATH for Utahns aged 10-17.

Utah children as young as 9 years old have expressed thoughts of depression and suicide.

Utah’s YOUTH SUICIDE rate has more than tripled in the last two decades alone.

UTAH SUICIDES

It’s not only teens, though. Utah’s overall suicide rate has soared above the national average for more than 20 years.

THE PROBLEM

Utah ranks 6th in the nation for highest number of suicides.

There are only 6 CHILD PSYCHIATRISTS for every 100,000 children in Utah. The national average is approximately twice that.

THE SOLUTION

To help bridge this gap, SafeUT provides mental health counseling to more than 734K STUDENTS ACROSS THE STATE.

In its first six months alone, the SAFEUT NATIONAL GUARD APP was downloaded by 1,000 SERVICE MEMBERS.

RESEARCH INNOVATION

1 in 5 UTAH ADULTS suffer from poor mental health, but Utah ranks 51st in the nation for access to needed resources.

In the last three years, the University of Utah has conducted 131 SUICIDE RESEARCH PROJECTS across 18 DEPARTMENTS with FUNDING OF MORE THAN $125M.

These studies explore suicide’s link to genetics, veterans, postpartum depression, trauma, sleep, social dynamics, and more.
DIGITAL ASSETS

Attribution: University of Utah Health
All stills and b-roll can be accessed at this link:
https://www.dropbox.com/sh/k444d3culq4cm4/AABgaLwXged5ewfHdLc-RX1Ta?dl=0

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