UNIVERSITY OF MICHIGAN

SCHOOL OF SOCIAL WORK

S.W. 636 Mental Health Policy and Services
Winter, 2013, Tues, sec 004
OH: Mon 4:00-5:30, Tues 4:00-5:30 & by appt.
tpowell@umich.edu

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> That any sane nation, having observed that you could provide for the supply of bread by giving bakers a pecuniary interest in baking for you, should go on to give a surgeon a pecuniary interest in cutting off your leg, is enough to make one despair of political humanity. George Bernard Shaw, *The Doctor's Dilemma*

> Know that many personal troubles cannot be solved merely as troubles, but must be understood in terms of public issues … Know that the human meaning of public issues must be revealed by relating them to personal troubles — and to the problems of individual life. C. Wright Mills. *The Sociological Imagination*. New York: Oxford, 1959, p. 226.

Course Description:
This course will cover the various mental health services and programs for adults, children, and youth, and the roles that social workers perform. Promotion, prevention, treatment and rehabilitation services to the mentally ill, developmentally disabled, learning disabled and substance abuse populations will be surveyed. Contemporary policy issues, legislation, ethical issues, controversies, social movements, and trends affecting services to those with mental illness and mental disorders will be discussed. The historical context of services and how the mentally ill have been historically stigmatized and conceptualized will be reviewed, so that students will be able to develop critical thinking about mental health services. The impact of differences in the key diversity dimensions such as ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation will be examined, as these relate to various mental health policies and services. This course will also survey the various self-help, mutual aid, and natural/informal helping systems.

Course Content:
The processes and politics of mental health policy making and program development will be examined from the perspective of historical, contemporary, and future models of the mental health system. Alternative approaches to defining mental health and mental illness, developmental and other disabilities, and substance related disorders will be addressed. Epidemiological findings about the incidence and prevalence of disorders and the utilization of mental health services will be examined. A review of local, state, and national models for mental health programs and systems, along with consideration of self-help services and advocacy programs, will provide students with an opportunity to understand a range of approaches to promotion, prevention, treatment, and rehabilitation services, financing, and service delivery. This course will include consideration of individual rights, especially the rights of populations at risk, rights regarding civil commitment and treatment, professional roles vis.-a-vis. consumer rights, and consumer advocacy.

Attention will be given to persons with mental illness, developmental disabilities, learning disabilities, and substance abuse disorders-or combinations of these conditions-with special focus on individuals with severe and persistent mental conditions. U.S. mental health policy will be examined as it is enacted in programs and services, social entitlements, financing arrangements, and organizational missions. Ethical and value dilemmas connected to these topics will be examined within an American as well as comparative historical and cultural context. The major focus of this course will be on public policies and services, with an ongoing examination of the relationships of this public domain to the non-profit and

for-profit sector. Special consideration will be given to how the contemporary mental health system relates to and is experienced by economically disadvantaged persons, women, transgendered, lesbian, bisexual, gay, and queer persons, and persons of color.

Course Objectives:
Upon completion of the course, students will be able to:

1. Demonstrate knowledge of the historical context of mental health policies and services, and apply this knowledge in making a critical analysis of existing and proposed mental health systems.
2. Identify the social work practitioner's role in mental health policies and services in relation to:
    a) initiating and modifying policy and programs by providing professional activities, such as advocacy, public education, and service coordination.
    b) applying the values and ethics of the social work profession to the mental health field, especially the rights of individuals regarding civil commitment, treatment, and social services.
3. Explain how public health concepts and epidemiological data are used in developing and changing policies and monitoring mental health programs.
4. Identify and analyze the effects of oppression, discrimination, stigma, and other negative social influences on consumers of mental health services.
5. Analyze current mental health policies, legal issues, delivery systems, service settings, target populations, and service approaches in relation to contemporary social work practice in mental health.
6. Apply knowledge of the etiology of mental illness and other disabilities and the effects of psychiatric labels on the creation of programs for the prevention of illness and promotion of health in keeping with professional goals of social justice.
7. Discuss typical ethical concerns related to mental health policies and services.

Course Design:
The instructor will utilize lectures, guided discussions, and may draw upon exercises, guest speakers, and field visits. References and required readings provide the basis for class discussion, exercises, and written essay assignments.

Theme Relation to Multiculturalism & Diversity:	Multiculturalism and diversity issues will be presented in relation to the various definitions of mental health, mental illness, disabilities, and substance related disorders. Data from epidemiological studies will be examined in order to focus on populations at risk including those defined by ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression) marital status, national origin, race, religion or spirituality, sex, and sexual orientation, in regard to a) incidence and prevalence rates, and b) acceptability, accessibility, availability, and utilization of services.

Theme Relation to Social Justice:	The study of the mental health service delivery system will provide students the opportunity to assess the system in terms of injustice and the effects of stigma and discrimination on those with psychiatric labels and populations at risk. The objectives of social change and social justice will be explored in relation to legal issues and individual rights that pertain to mental health policy making and program development.
Theme Relation to Promotion, Prevention, Treatment & Rehabilitation:	An examination of the community mental health movement will allow for an emphasis on promotion of mental health and prevention of mental illness and disabilities. Research on risk and protective factors related to mental health prevention programs and how knowledge can be translated into effective interventions will be explored.
Theme Relation to Behavioral and Social Science Research:	Behavioral and social science conceptual frameworks and empirical findings will be presented throughout the course, on such topics as: epidemiology of disorders and disabilities; causes of illness and disability; program evaluations on the effectiveness of community-based mental health programs; financing of mental health services; and services to women, ethnic minorities, and economically disadvantaged populations.
Relationship to SW Ethics and Values:	This course will examine current ethical issues and controversies in the field of mental health policies and services. The NASW Code of Ethics will be used to inform practice in this area. Students will analyze ethical issues related to: stigmatization and psychiatric labels; client confidentiality; client rights and prerogatives, especially the rights of populations at risk and those related to civil commitment and treatment; prevention and elimination of discrimination; equal access to resources, services, and opportunities; respect for the diversity of cultures; changes in policy and legislation that promote improvements in social conditions; and informed participation of the public.
Intensive Focus on PODS:	This course integrates PODS content and skills with a special emphasis on the identification of theories, practice, and/or policies that promote social justice, illuminate social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

Accommodation: If you have a disability and desire accommodation, please make an appointment to see me early in the term.

Class Participation

Thoughtful and insightful participation is preferable to frequent contributions that merely restate presented facts, are not on topic, or make unsubstantiated claims. The best contributions are those that are relevant to the question at hand. They often build on or respond to the observations of others, make links to prior classes, or draw on materials and lessons from other courses. Debates and disagreements can be powerful opportunities for learning. We look forward to these

types of dialogues with you. (*My sentiments, however source unknown*).

Laptops

Please use your laptop only for class purposes.

SOURCE MATERIALS

All required readings are available online. In Ctools, click on Forums.
If you have problems with Ctools, consult the experts 734.615.5512, or visit
https://ctools.umich.edu/portal/help/main

National and international sites

World Health Organization on mental health policy, planning and service development
http://www.who.int/mental_health/policy/services/en/index.html

Substance Abuse and Mental Health Services Administration web site
http://samhsa.gov/

National Institute of Mental Health web site
http://www.nimh.nih.gov/index.shtml

National Alliance on Mental Illness
http://www.nami.org/

Depression and Bipolar Support Alliance
http://www.dbsalliance.org/site/PageServer?pagename=home

An interesting consumer site

County of San Diego Health and Human Services Agency – Network of Care
http://sandiego.networkofcare.org/mh/home/index.cfm

Sites of local interest

U-M campus sites

http://campusmindworks.org/
http://mitalk.org/
http://hr.umich.edu/mhealthy/programs/mental_emotional/understandingu/

UM Depression Center – Depression Resources – Support Groups
http://www2.med.umich.edu/psychiatry/umdc/resourcesupport.cfm

Michigan & Washtenaw County sites

Michigan Department of Community Health
http://www.mdch.state.mi.us/

Michigan Association of Community Mental Health Boards
http://www.macmhb.org/

Washtenaw County Community Mental Health
http://www.ewashtenaw.org/government/departments/community_mental_health/mh_csts_wcho.html

NAMI – Michigan
http://mi.nami.org/

NAMI - Washtenaw County
http://namiwc.org/

> Each year, I am reminded that health care is a mystery to most as I begin to teach a Harvard College undergraduate course called *The Quality of Health Care in America*, which has become one of my annual projects. Forty or 50 young people, most of them in their senior year, join my coprofessors and me in a semester-long exploration of what health care achieves and what it fails to achieve. Most of these smart interested students are ignorant of even the most basic patterns: the flow of patients, the flow of money, and the nature of the institutions that shape care. Few can describe Medicare, and even fewer know the difference between it and Medicaid. Terms such as *primary care, chronic disease, peer review, employer-based coverage, and evidence-based medicine* have only the vaguest referents in their minds. Most students assume at the outset that most of medical care is effective, efficient, scientifically grounded, and safe—despite the consistent testimony to the contrary in health services research and from the National Academies of Science. The minority who have had personal experiences of care—usually at the bedside of a grandparent or unfortunate friend—can, with the slightest encouragement, surface questions, concerns, and even outrage at flaws they saw; but most of these students assume, incorrectly, that their experience was the exception in a system that generally works well. Xv
> Donald M Berwick (from the Foreword) Kovner, A. R., Knickman, J., & Jonas, S. (2008). *Jonas and Kovner's health care delivery in the United States*. New York: Springer Pub. Co. Dr. Berwick is the former Director of the Centers for Medicare and Medicaid Services

> Like many other observers, I look at the U.S. health care system and see an administrative monstrosity, a truly bizarre mélange of thousands of payers with payment systems that differ for no socially beneficial reason, as well as staggeringly complex public system with mind boggling administered prices and other rules expressing distinctions that can only be described as weird. Henry Aaron quoted in Reinhardt, U. E., Hussey, P. E., & Anderson, G. E. (2004). U.S. Health Care Spending In An International Context. Health Affairs, 23(3), pp. 14-15.

ASSIGNMENTS

Assignment 1 Ctools/Forums

Select a Forum/reading(s) and post your critique by **Sunday midnight (12:00 a.m.)** before the class in which it is scheduled. (Some Forums contain more than one reading; read and comment on each of them in that Forum)

For each of Forums, review other students' posts, consider what you could learn from them, and comment on one of them before **Monday 9:00 a.m.** Timelines are linked to the need to review each other's posts before class. You may earn credit on up to **27 forums** and you may work ahead as much as you like.

Select your Forum, click on the PDF attachment or the URL and read the article. Prepare your response in Word (or other text editor). Save your responses for later use. Click on "Discussion," and "start a new conversation." To paste your comments click on the **W button** (paste from Word) and paste your comments in the text box and then click on "post." Be sure to click on the **W,** otherwise there will be a blizzard of formatting characters that cannot be deleted.

Please do not use attachments as they are cumbersome in Ctools.

To read all posts, click on “display message content” After reading posts click on “reply to initial message,” click on the **W button** and paste your comments in the text box and click on “post message**.”**

The critique should be approximately 150 words or more if you wish. There are 24 sets of readings and three forums that call for input about the syllabus or your papers but do not involve reading

The reading critique should discuss:

a) A major idea(s) in the article (cite page number or quote the passage) and;

b) How the ideas in the article can be used to improve policy and services. It is important to answer the "so what" question—what is the practical application of the article. You must comment on how the readings will affect your practice.

The post should discuss your unique impression of the reading, though you may also comment on other students' posts. Remember the content of your post because you will be expected to contribute to the class discussion of the reading even if it comes up after the assigned date. Remembering the article and your posts will also help you with the final exam. This is another reason to save your posts or responses.

A point will be earned by a) a thoughtful and timely post, and b) a response to another student’s post. You may earn up to a total of 27 points toward your grade. Late posts do not qualify for credit. To ensure quality class discussions the readings and conversations must be completed before class (you can post even if you can't be in class). Thus work ahead if you like so you can get the full 27 points. At the end of the course, you will copy your saved posts but not your replies to other students into Ctools/Assignments to facilitate grading.

Paper Policies

Paper topics should be related to some combination of your experiences, interests, and career plans. Topics should be approached from the perspective of what can be done (or could have been done) to improve policy which includes programs, services, and practices. Students often find it helpful to have a conference with me well before the due date. Although it can be a useful supplement to a conference, **email is not a substitute for a conference**. After the conference, please email me a brief paragraph indicating the approach you are taking in the paper. Although I do not read drafts of paper, **I am happy to comment on outlines either in person or via email**.

For a conference to be helpful, you do **not** need to have a firm topic or be ready to begin work on the paper. An early conference can help you clarify your interest, select a topic, create an outline, develop a literature search strategy, and come up with policy implications. If office hours don’t work, email me some times that do work. Give yourself enough time after the conference to pursue the ideas discussed in the conference.

Papers should build on quality references that are the best available ideas and the highest quality data relevant to the topic. Why? Policy decisions are hugely consequential in terms of the number of clients affected, the number of dollars spent, the effectiveness or cost effectiveness of the service and the options given up going forward. By carefully choosing the most informative references you can take advantage of the work that has already been done.

Relevant references are available for every paper topic (no matter how original the topic). Of course you may have to extrapolate from the literature on a related or similar topic. For example, you may want to focus on a particular oppressed group, for which there is poor quality information, say, Cambodians. In addition to what little may be available about Cambodians, you could rely heavily on the literature about South Asians or extrapolate even further to other oppressed groups. With appropriate adjustment, these extrapolated literatures could provide useful insights about Cambodians. See me (or the librarian) if you're having trouble identifying relevant references.

Preference should be given to references that are peer reviewed, evidence-based, and current. As you have a choice favor high "impact," high-quality journals. You should strive to build the paper on informative, comprehensive, insightful references. Systematic reviews of the literature reviews will often be most useful.

The quality of the literature will vary according to topic. However, do **not** choose a topic based on the availability of literature. Instead choose a topic that interests you and that raises an important policy (broadly defined) issue. Then use the best available literature for that topic. In your practice you may be faced with important problems that do not have extensive literatures associated with them. Still you must deal with the problems using the best available literature which often will mean that you will extrapolate from the literature associated with related topics.

Searching for the best available literature is an important and often time-consuming process. There are no short-cut search methods that will enable you to produce a quality paper. Literature searches should be begun long before the due date recognizing that frustration is a nearly inevitable part of the process. Consider requesting the assistance of Social Work Librarian, Susan Wortman, swortman@umich.edu

PubMed and Google Scholar are more comprehensive than PsycINFO. However PsycInfo has some nice features. For example, it offers an option to narrow search results to systematic reviews or literature reviews using the methodology option from the search results page. Thus, I encourage you to use more than one database or search engine. It is often helpful to review articles that cite one of your key articles. Google Scholar, the ISI Web of Science, and perhaps Scopus are especially good databases for this purpose. You should also check to see whether your topic is indexed in the Cochrane Collaboration or the Campbell Collaboration Library of Systematic Reviews.

At the beginning or end of the paper, **describe your search strategy, the search terms and databases used**. Include in your description the results of your search and the rationale used to select the final references used in the paper. Again, keep in mind that a high quality paper must be based on the best evidence available.

The answer to what is a sufficient number of references will vary depending on how comprehensive they are and the nature of the paper. However, fewer than four or five should raise a flag about whether important aspects of the topic have been adequately covered. Remember it's not about getting a minimum number of articles; **it's about getting the most relevant articles on the various aspects of your topic.**

> Research--like life--is a contradictory, messy affair. Only on the pages of "how-to-do-it" research methods texts or in the classrooms of research methods courses can it be sorted out into linear stages, clear protocols, and firm principles. 477 Plummer, K. (2008). Critical humanism and queer theory: Living with the tensions. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The landscape of qualitative research* (pp. 477-499). Los Angeles: Sage Publications.

When you refer to an article include both the page numbers and the doi citation when available. When using Internet material content that is not peer reviewed scrutinize it carefully for quality and possible bias.

Some high impact policy-oriented journals that tend to have authoritative articles are: *Health Affairs, Milbank Quarterly, Health Services Research, New England Journal of Medicine, JAMA, Lancet, Archives of General Psychiatry, American Journal of Psychiatry, Psychiatric Services, Annual Review of Psychology, Schizophrenia Bulletin, Social Service Review, Social Work Research, Social Work.*

For those who wish to delve further into the topic of "impact" refer to the Journal Citation Reports® Web of Knowledge http://www.lib.umich.edu/database/link/27437 . The most appropriate list of top journals in the Journal Citation Report can be found by choosing JCR Social Sciences Edition then selecting a category such as Health Policy & Services, Social Work, Psychiatry, or Clinical Psychology. You may also consult Google Scholar's top publication metrics tool for Health Policy & Medical Law which ranks top journals http://goo.gl/WWhJO . The Kaiser Foundation also provides a list of journal recommendations for health policy. You can find all of these journals from the library http://www.kaiseredu.org/Journal-Browser.aspx. For a couple of interesting articles see: Hodge, D. R., & Lacasse, J. R. (2011). Ranking disciplinary journals with the Google scholar H-index: A new tool for constructing cases for tenure, promotion, and other professional decisions. *Journal of Social Work Education, 47*(3), 579-596; Hodge, D. R., Lacasse, J. R., & Benson, O. (2012). Influential publications in social work discourse: The 100 most highly cited articles in disciplinary journals: 2000–09. *British Journal of Social Work, 42*(4), 765-782. doi: 10.1093/bjsw/bcr093

> In the academic world, most of the work that is done is clerical. A lot of the work done by professors is routine. Noam Chomsky 11/2/03 NY Times
>
> Writing is 90 percent procrastination: reading magazines, eating cereal out of the box, watching infomercials. It's a matter of doing everything you can to avoid writing, until it is about four in the morning and you reach the point where you have to write. Having anybody watching that or attempting to share it with me would be grisly." Paul Rudnick, *New Yorker* writer

Assignment 2 (1st paper): Policymaking opportunities for the direct practitioner

(Note: I'm thinking about the first paper as a more "micro" paper and the second as a more "macro" paper but if you wish you can reverse the order, or do both papers as either "micro" or "macro" ones. Note also the special opportunity to do an alternative paper option, one on self-help services, for either the first or second paper described at the end of the syllabus)

"If you do not find a thesis, your essay will be a tour through the miscellaneous. An essay replete with scaffolds and catwalks –'We have just seen this; now let us turn to this' – is an essay in which the inherent idea is weak or nonexistent. A purely expository and descriptive essay, one simply about "Cats," for instance, will have to rely on outer scaffolding alone (some orderly progression from Persia to Siam) since it really has no idea at all. It is all subject, all cats, instead of being based on an idea about cats." Sheridan Baker, University of Michigan English Professor, 1950-1984

This paper challenges the naïve assumption that practitioners merely enact policy developed and promulgated--usually in writing--by elites such as legislators, CEOs, judges, etc. This is not to minimize the importance of formal, macro policy (the focus of the second paper). But it does insist-- following the analysis in the Powell, Garrow, Woodford & Perron article that "play in the system" provides opportunities, indeed even requires the practitioner (sometimes without awareness) to make policy.

> …[in] 1955, … there were 1.7 million episodes [of care]. Episodes increase impressively between 1992 and 2000, from nine million to thirteen million. Similarly, numbers of mental health providers have risen dramatically. Although the supply of traditional providers such as psychiatrists and psychiatric nurses has increased only modestly, there have been larger increases in psychology and social work and very large increases in counseling and psychosocial rehabilitation. Patient care full-time-equivalent (FTE) staff in mental health organizations increased from 347,000 in 1986 to 532,000 in 1998. Mechanic, D., & Bilder, S. (2004). Treatment of People with Mental Illness: A Decade-Long Perspective. Health Affairs, 23, p.86.

In developing your topic, consider an agency you're familiar with and reflect on how policies (patterned actions) have formed in a variety of areas. Some of these policies might have to do with how missed

appointments are handled, length of sessions, availability of in-home or office appointments, flexibility or the lack of it in tailoring services to clients, leeway to interpret the "rules" about programs, employment of affirmative outreach strategies, choice of program theory (e.g., CBT, Interpersonal Therapy, Motivational Interviewing, self-help or mutual aid groups), service priorities (e.g., housing, addiction services, employment, education, etc.), cultural sensitivity or responsiveness to PODS issues, effectiveness of intake procedures, effectiveness of discharge or termination procedures, use of the recovery concepts and practices, patterns of diagnosing, use of people-centered, ability to provide for material needs (e.g., clothing, food), choice of individual/group formats, use of support groups.

The above should suggest that there are countless possibilities so choose one that is aligned with your interests. For your consideration, here are more examples focusing on process-like issues: staff training, support staff procedures; organizational climate (for example, a dignified and hopeful climate vs. a negative and gossiping one), worker safety, meals with clients, smoking, transportation, confidentiality, fee schedule, client transfer, billing ethics, confidentiality, prayer with clients, religious practices, billable hours, email and clients.

Whatever policy or practice issue you choose, **comment on how specifically it may advantage or disadvantage people from a variety of other cultural groups such as those associated with age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation** (Source: CSWE EPAS)

> …choosing what to learn is the hard part; learning it is a lot easier. Daniel Tosteson

Policy implications: Discuss how the policy you have worked on might be implemented, changed, improved, or maintained as a result of your analysis. This means the paper should discuss the actions to be taken regarding the chosen policy.

Grading rubric:

Definition of problem, clarity of focus, and discussion of link to PODS issues (5 points)

Use of best available evidence-based literature and description of adequate search strategy (5 points)

Discussion and analysis of options to address the problem (5 points)

The validity and feasibility of the action recommendations and the presentation of a detailed, well developed implementation plan (5 points) Total = 20

The paper is due in Ctools/Assignments (Inline format) at the start of class February 19. Use single-spaced, Times New Roman 12 point font. Suggest 1500 – 2400 words, or the equivalent of 5-8 double-spaced pages, and more if you wish, 20 points. If you are developing a portfolio, the papers could be good artifacts.

Late papers are subject to point deductions and do not receive comments unless arrangements are made in advance.

Assignment 3 (2nd paper): Analysis of a Macro Policy Topic (Micro paper possible, let's talk).

Like a poor man's right in the law. Shakespeare, *Pericles*

> Injustice anywhere is a threat to justice everywhere. MLK, 1963 “Letter from Birmingham Jail”
>
> Frankly I have never yet engaged in a direct action movement that was “well timed,” according to the timetable of those who have not suffered unduly from the disease of segregation.” MLK, 1963 “Letter from Birmingham Jail”

The 2nd paper focuses on a macro topic. The goal is to develop **recommendations or action implications with supporting evidence** that will improve the services or policy.

The best lack all convictions, while the worst
Are full of passionate intensity W.B. Yeats

Mental health policy is determined by a number of factors. You may wish to focus on any one of the following factors: inequality, economic cycles (recession), legislation (including appropriations), The Patient Protection and Affordable Care Act, .governmental priorities (addiction treatment, evidence-based practices), judicial decisions (Olmstead), reimbursement policies (employment/insurance), cultural values (Arab American, e.g., Lebanese, Appalachian, etc.), religious practices (faith-based), etc.

Everybody is ignorant only on different things. Will Rogers

Another way to think about policy might be to focus on any one of the following topics: recovery concepts; homelessness, assessment of any one of the evidence-based programs (ACT (assertive community treatment), family psychoeducation, illness management, supported employment, supported housing, integrated tx of co-occurring disorders), complementary and alternative medicine (integrative health), insurance parity, Medicaid , criminal/legal system services, mental illness and violence/guns, program planning models, PODS in the agency environment, infant mental health, services for people with developmental disabilities, involuntary treatment, media influences, e.g., Jared Loughner, John Nash, Patrick Kennedy, Paul Wellstone, Pete Domenici, vocational and employment services, Kevin’s law (Kendra’s law), reimbursement mechanisms, inpatient care issues, outpatient care issues, residential treatment, psychiatric rehabilitation, peer support, psychoeducation of consumers, clubhouses (Fountain House), the consumer movement, advocacy groups, self-help groups, medication policies, anti-psychotic medication policies, mood disorder medication policies, foster care, managed care, prevention, multiple family therapy groups, social skills training, social justice issues, multiculturalism, cultural sensitivity, feminist services, acute care crisis stabilization residences, intensive outpatient services, advance directives, assisted outpatient treatment (ATO), service disparities (by race, ethnicity, gender, age, disability status, sexual orientation).

Still other possibilities are: child advocacy, veterans services, insurance policies, medication in schools, transinstitutionalization in prisons, harm reduction, prevention, aging, Medicaid and work incentives, undocumented immigrants, prison reentry, HIV-AIDS, rural mental health, involuntary clients, pharmaceutical formulary issues and so on.

As the above examples suggest, you can choose among many topics and pains should be taken to choose one that is meaningful and workable. No matter what the topic, the paper must be approached from a policy perspective. What is the situation now? What could be done, or what actions would you recommend to improve policy and services in this area?

The grading rubric is the same as the one for the first paper.

The paper is due in Ctools/Assignments (Inline format) at the start of class March 26. Use Times New Roman 12 point font and single space the text. Suggested length 5-8 double-spaced pages (1500-2300 words), more if you wish, 20 points. Again think about portfolio artifacts.

Assignment 4 is a brief presentation to the class based on one or both of your papers. Prepare a one-page handout that includes your major points and a few print and Internet references. Plan to discuss your presentation with the class. The presentation is worth up to **3 points**. The presentations will be scheduled **April 9 & April 16**.

Assignment 5 Exam: A short-answer essay, take home, exam will be discussed in the **April 22** class. The questions will be based on class readings, discussions, presentations and videos. Thus it will be helpful to take notes as you go along. It will also be helpful if you keep track the names of the persons and incidents depicted in the videos. The exam will be due on **April 25** and counts **30 points** toward final grade.

Final Grade

100	A+	95-99	A
90-94	A-	87 - 89	B+
83-86	B	80-82	B-
77-79	C+	73-76	C
70-72	C-	63-69	D
60-62	D-	≤ 59	E

From the ***Student Guide***

> **Grades in Academic Courses**
> Letter grades from "A" through "E" are given for class performance. "A" grades are given for exceptional individual performance and mastery of the material. The use of "A+", "A", and "A- " distinguish the degree of superiority. "B" grades are given to students who demonstrate mastery of the material. "B+" is used for students who perform just above the mastery level but not in an exceptional manner. "B- " is used for students just below the mastery level. "C" grades are given when mastery of the material is minimal. A "C - " is the lowest grade which carries credit. "D" grades indicate deficiency and carry no credit. "E" grades indicate failure and carry no credit.

The fine print is for problems that I hope won't arise. But just in case, here are the rules: If you miss more than two sessions (30 minutes or more late or leaving early counts as a missed session), the grade will be lowered five points for each session beyond two that is not made up. Even if you miss for understandable reasons, missing more than two sessions simply means you've had only part of the course. To make up a session find out from other students what was covered in the missed sessions and develop a make-up plan to be submitted via email for my approval. The plan should focus on the topic of the missed session, and should involve three or more hours of effort.

Laptops are ok if you find them helpful, but be careful they don't distract the class or pose a barrier in small group discussions. Use of laptops for other than class purposes is of course not permitted.

In fairness to other students, papers cannot be rewritten for a higher grade except when the initial grade is the equivalent of C- or below. In that case the paper can be rewritten and the grade will be the average of the first and second paper. I am, of course, available to meet with you to explain my comments on your paper and to suggest ways to strengthen your work.

If you would like me to reconsider your grade, please submit in writing your evaluation of the paper and your reasons for the request before asking for an appointment. Please refer to any conference about the paper and the understanding we had about the goals and the content of the paper.

Preliminary Schedule of Topics, Readings, and Assignments

1-15 What is policy?

Who should determine policy?
The relevance of policy to both the Interpersonal Practitioner and the macro practitioners

Discussion of syllabus and assignments

Video: When Medicine Got It Wrong

January 21 MLK Day, Attend a Session

1-22

1) Inequality, Gudrais, Harvard 2008; Funds We Trust, Surowiecki, New Yorker, 12/24/12; Doctor Not Needed, NYT, 12/15/12

2) Grob & Goldman, Defining Mental Illness, 2006; Squires, International Comparison of Costs, 2012; Mark et al.,US Spending on MHSA, 2011

1/29

3) Mechanic, Affordable Care Act, 2012; Claxton, Health Benefits, 2012; Watkins, et al. Care for Veterans, 2011

4) Syllabus a) interest b) quotation, errors

Video: When Medicine Got It Wrong

2-5

5) Powell, Garrow, Woodford & Perron: Policy Making Opportunities for Direct Practitioners in Mental Health and Addiction Practitioner-Implemented Policy: Working the play (Dolgoff & Gordon)

6) White, W. L., & Kelly, J. F. (2011). Recovery management: What if we *really* believed that addiction was a chronic disorder? In J. F. Kelly, & W. L. White (Eds.), *Addiction recovery management theory, research and practice* (pp. 67-84). Totowa, NJ: Springer Science+Business Media, LLC.

Video: We Are Not Alone (Fountain House)

2/12

7) Bradley, et al., Spending on Social Services and Improved Outcomes; Squandering Medicare Funds; and Cost Comparisons

8) Affordable Care Act (ACA): Think tank and advocacy organization analyses

9) Outline of the first paper

Video Hospital Without Walls

2-19

10) Evidence-Based Program Types

11) National Registry of Evidence-based Programs and Practices

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Paper due at start of class.

2-26

12) Mechanic: Some important trends and Frank & Glied: Policy Determinants

13) Solomon; How does this personal story highlight public issues or raise public policy questions? Davidson on recovery

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3-5

Spring Break

3-12

14) Culture, Race, and Ethnicity, pp. 3-22 Surgeon General's Report

15) Grob & Goldman. Policy Fragmentation

3-19

16) Kessler, Prevalence and Treatment of Mental Disorders; Marsha Linehan (One of Us)

17) Emerging Addiction Treatment Concepts

18) Planning for second paper

3-26

19) Prevention: Family and School Interventions

20) McGuire & Miranda 2008 racial and ethnic disparities

Additional Resources (not required):

Kawachi I., Daniels N., & Robinson DE. (2005). Health disparities by race and class: why both matter. Health Affairs, 24(2), 343-52.

Culture, Race, and Ethnicity Supplement

http://media.shs.net/ken/pdf/SMA-01-3613/sma-01-3613A.pdf
African Americans 3
American Indians and Alaska Natives 4
Asian Americans and Pacific Islanders 5
Hispanic Americans 6

Shryock, A., & Abraham, N. (2000). Family resemblances: Kinship and community in Arab Detroit. N. Abraham, & A. Shryock Arab Detroit: From Margin to Mainstream (pp. 573-610). Detroit: Wayne State University Press.

Paper due at start of class.

4-2

21) Shorter, Antipsychiatry, Freud to Prozac. DSMV issues

22) Dawidoff: A policy requirement

4-9	**Student presentations**

23) World Mental Health Casebook, A Cohen, A Kleinman. Saxena & Garrison

24) Seligman, Consumer Reports psychotherapy survey

4-16	**Student presentations**

25) Self-Help, professional help, informal help (Powell)

26) Powell & Perron, Self-help groups and M/SU agencies

4-23	**Course review and discussion of take home exam**

27) Use of Self-Help Groups: National Survey on Drug Use and Health (NSDUH) Participation in Self-Help Groups for Alcohol and Illicit Drug Use: 2006 and 2007; National Survey on Drug Use and Health (NSDUH), Mental Health Support and Self-Help Groups

Resource: U - M Depression Center Resources Support Group Resources
http://www2.med.umich.edu/psychiatry/umdc/resourcesupport.cfm

4-26	**Take home exam due. Please evaluate the course**

Paper on Self-Help Services may substitute for either the 1st or 2nd paper. You must discuss the paper with me before visiting a group. The aim of the paper will depend on your experience with self-help or mutual help groups and fellowships.

Decide which group you want to learn about NAMI (National Alliance on Mental Illness), DBSA (Depression Bipolar Support Alliance), Recovery Inc. A.A. or NA.

Consult relevant websites
http://www.nami.org/
http://www.namiwc.org/
http://www.dbsalliance.org/
http://www.dbsalliance.org/site/PageServer?pagename=support_findsupport
http://www.aa.org/
http://www.bma-wellness.com/papers/First_AA_Meeting.html (a fine introduction to A.A.)
http://www.hvai.org/ (local meeting directory for A.A.)
http://na.org/admin/include/spaw2/uploads/pdf/An_Introduction_to_NA_Meetings_Rev2008.pdf

If you attend a 12-step meeting, the meeting must be an **"open"** meeting unless you qualify for a closed

meeting (open meetings generally have a speaker and everyone is welcome, closed meetings are for those who desire to stop drinking or using). Attendance at two meetings of different groups or two or more meetings of the same group is desirable but I understand this may not be possible given your time constraints.

Attend the meeting alone to get a sense of how the newcomer might feel going to the first meeting. **Arrive early and stay late**; have a conversation with at least two people. Consider asking how a newcomer gets phone #s, a temporary sponsor, or finds a home meeting. Do not take notes in the meeting and respect anonymity of the members. Identify yourself as a student as appropriate.

Describe the type and location of the meeting.
Observe the characteristics of the participants: age, gender, socio-economic status, ethnicity, race, sexual orientation, gender identity, religious affiliation, etc.
Describe the "culture and climate" of the meeting (e.g., friendly, formal, disorganized, business-like, intellectual, literature oriented, or any characteristics you found noteworthy).
How did you feel about being there? How did you feel about the others that were there?
What did you learn from the meeting and conversations you had?

N.B. Discuss how your agency might better cooperate with this self-help group, organization, program, or fellowship. Discuss the policy issues associated with cooperation and how they might be addressed.

Students with self-help experience should consider more advanced topics. Some possibilities are:

The distinctive nature of the self-help experience
Sponsorship and professional therapy: similarities and differences
Voluntary versus mandatory participation
Service work and its opportunities
Organizational development issues for self-help programs
Comparing and contrasting self-help meetings and group therapy
The opportunities and risks associated with extra group contacts and events
The natural course of self-help affiliation
The uses of self-help literature
Higher power, God, and spirituality: Issues and dilemmas
The parodies of self-help and their effects, e.g. YouTube "humor"
The misuse of self-help
The risks of self-help participation
The preparation of professionals for effective cooperation with self-help groups
Anonymity issues for the professional in recovery
Integrating self-help into professional counseling
The effectiveness (and ineffectiveness) of self-help involvement

Again I recommend we have a conversation about this assignment.

References are essential (as they are in all papers) to enable you to begin with what is known about these self-help programs and fellowships

Suggest 1500 – 2400 words, or the equivalent of 5-8 double-spaced pages, and more if you wish, Submit to Ctools/Assignments.

Another possible paper project--Advanced Directives

Mental Health America Creates Psychiatric Advance Directive Awareness Campaign

Mental Health America recently launched a new online resource to inform individuals with mental health conditions, their families and health care professionals about the importance of psychiatric advance directives (PADs) as a tool that provides instructions regarding treatment or services that an individual would or wouldn't want during a mental health crisis. The public awareness initiative, which was launched during the first week in October (Mental Illness Awareness Week), is called My Plan, My Life – My Psychiatric Advance Directive http://www.MyPlanMyLife.com. Another such resource is available online from the Temple University (TU) Collaborative on Community Inclusion: a guide to help individuals create not only a PAD but a plan for other areas of their life – such as bill paying, child care, and pet care – in the event of a mental health crisis. The TU guide, called the "Advance Self-Advocacy Plan: A Guidebook for Creating a Mental Health Advance Plan or Psychiatric Advance Directive," is available at http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/self_determination_psychiatric_advanced_directives_self_directed_care/ASAP_Guidebook.pdf .

Sources: http://www.nmha.org/index.cfm?objectid=B120AA4D-1372-4D20-C8D6B0863A5C0195

Miscellaneous

Interesting video
Peer helping
http://www.youtube.com/watch?v=vV0JSZ2k1oQ

Graduates continue to build your practice on the best available literature.
Stay informed
http://guides.lib.umich.edu/stayinformed