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.

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. 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.

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 laptops, tablets, and phones for class purposes only. To do otherwise means that you are disengaged and a distraction to others in the class. Thanks!

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
Affordable Care Questions

http://apps.npr.org/affordable-care-act-questions/

Healthy People 2020

World Health Organization on mental health policy, planning and service development

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

National Institute of Mental Health web site

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

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

National Council for Behavioral Health
http://www.thenationalcouncil.org/

Psychiatric Rehabilitation Association
http://www.uspra.org/

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

Controversial

http://mentalillnesspolicy.org/

http://www.drugpolicy.org/about-drug-policy-alliance

http://www.thefix.com/

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
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 co-professors 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


**ASSIGNMENTS**

**Assignment 1  Ctools/Forums**

1) Select a Forum/reading(s) and post your critique by *Saturday midnight (12:00 a.m.*) before the class in which it is scheduled. (Some Forums contain more than one reading and you should comment on all of them)

2) To complete the task for each Forum, review other students’ posts and select one that contains a new insight for you. Reply to the selected post commenting on the insight before *Sunday midnight (12:00 a.m.*) . (Make a meaningful comment. Don’t simply say I agree with you …)
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). Click on “Discussion,” and ”start a new conversation.” Paste your comments in the text box and then click on “post.” Save your posts in one document as you will need to turn them in at the end of the course. It is not necessary to save your replies.

Do not use attachments in Ctools as they are cumbersome.

To read all posts, click on “display message content” After reading posts click on “reply to initial message,” 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 forum articles should be read slowly and thoughtfully. The critique should discuss:

a) A specific idea(s) in the article and a response to any questions I pose in the forum.

b) The contribution the article can make to your career or to policy improvement. To put it another way, you should comment on a potential practical application of the article. You may want to give yourself some time for reflection after reading the article before creating your post.

Take care to remember the content of the article and your posts as this will help you with the final exam. It’s another reason to be thoughtful about your posts and to save them.

One point will be earned for each forum by a) a thoughtful and timely post, and b) a reply to another student’s post. You may earn up to a total of 27 points toward your grade. Late posts do not receive credit. Why? To participate meaningfully and to contribute to a positive class environment you must have read and reflected on all the required readings.

Consider that unforeseen events may arise and you may want to work ahead to get the full 27 points.

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. The term policy 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.
A quality paper must build on the best available ideas and evidence relevant to the topic. Why be such a stickler about “best?” Why—because policy decisions have huge consequences for client well-being and on diminished opportunities to spend the dollars on other important programs. Thus, we must be concerned not just with effectiveness but rather cost effectiveness recognizing the opportunity costs involved in sinking resources in a new program. 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 particular the topic), provided you extrapolate judiciously 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 review the literature about South East Asians or extrapolate even further to other oppressed groups. With appropriate adjustment, these extrapolated literatures may 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. Where 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 can often be helpful.

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 or program issue. Then use the best available literature for that topic. This is similar to what you may encounter in practice where you may be faced with important problems that do not have extensive literatures associated with them. Let’s not side-step this reality in the classroom.

Searching for the best available literature is an important and time-consuming process. A substantial amount of the total time spent producing the paper should be spent on getting the best available literature. There are few if any short-cut search methods that will enable you to produce a quality paper. Literature searches should be started well before the due date recognizing that obstacles are likely to be encountered. Consider requesting the assistance of Social Work Librarian, Susan Wortman, swortman@umich.edu

PubMed is more comprehensive than PsycINFO though the latter can be an excellent second database. It is often helpful to review articles that cite one of your key articles. Google Scholar (or the ISI Web of Science, and Scopus) are good for this purpose. If you are writing about a widely studied topic you should check whether your topic is indexed in the Cochrane Collaboration or the Campbell Collaboration Library of Systematic Reviews.

Be sure to check out this screencast which takes you step by step through a PubMed search. http://www.screencast.com/t/CrNndqbe9v

Another way of thinking about the search is to avoid the streetlight effect. It is a type of observational bias where people only look for whatever they are searching for by looking where it is easiest.

The parable is told several ways but includes the following details:

A policeman sees a drunk man searching for something under a streetlight and asks what the drunk has lost. He says he lost his keys and they both look under the streetlight together. After a few minutes the policeman asks if he is sure he lost them here, and the drunk replies, no, that he
lost them in the park. The policeman asks why he is searching here, and the drunk replies, "this is where the light is." Wikipedia 1/3/2014

At the end of each paper describe your literature search. What databases were used? PubMed should normally be one of them and is often sufficient. What search terms or key words were used? What results were obtained? Which search terms worked best? Did you use “Related articles” from PubMed? Did you find articles examining the references of a key article? Did you use Google Scholar (or Web of Science or Scopus) to find other articles that cite one of your key articles? What criteria did you use to select the references included in the paper?

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. But the most important point is that it's not about getting a minimum number of articles; it's about getting the most valid and helpful information about 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 that is not peer reviewed scrutinize it carefully for quality and possible bias.


Optional: 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: You may find it more meaningful to do 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 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 to develop 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, use 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. an uncaring and cynical 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 it specifically may advantage or disadvantage people from at least one cultural group 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 propose could be implemented. This means the paper should discuss action steps.

Grading rubric:

Definition of problem, clarity of focus, and discussion of link to PODS issues (4 points)

Discussion and analysis of reasons for the problem and options to address the problem (4 points)

The discussion of cost-effective remedies for the problem followed by action recommendations (or plans to implement). 8 points.

Implications for one or more minority groups. 2 points

The literature search strategy used to research your topic (include details of literature search. 2 points)  Total = 20 points

Literature search questions: What databases were used? (PubMed should normally be one of them and is often sufficient.) What search terms or key words were used? What results were obtained? Which search terms worked best? Did you use “Related articles” from PubMed? Did you find articles examining the references of a key article? Did you use Google Scholar (or Web of Science or Scopus) to find other articles that cite one of your key articles? (You could decide this wasn’t a high priority given your time constraints)? What criteria did you use to select the references included in the paper? (this requires a thoughtful response)?

Total = 20

The paper is due in Ctools/Assignments (Inline format) at the start of class February 17. Use single-spaced, Times New Roman 12 point font. Suggest 1500 – 2400 words, or the equivalent of 3-4 single-spaced pages, and more if you wish. Consider including your papers in your portfolio.

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).

Here's a fish hangs in the net
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”

You may wish to focus the 2nd paper focuses on a macro topic if you focused the first on a micro topic though the choice is up to you. Whatever the policy level, 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 would 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., 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 but care should be taken to choose one that is meaningful and can be approached from a policy perspective. The grading rubric is the same as for the first paper.

The paper is due in Ctools/Assignments (Inline format) at the start of class March 24. Use Times New Roman 12 point font and single space the text. Suggest 1500 – 2400 words, or the equivalent of 3-4 single-spaced pages, and more if you wish. Consider including your papers in your portfolio.

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 7 & April 14.

Assignment 5 Exam: A short-answer essay, take home, exam will be discussed in the April 21 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 24 and counts 30 points toward final grade.

435 Much Madness is divinest Sense
by Emily Dickinson

Much Madness is divinest Sense —
To a discerning Eye —
Much Sense — the starkest Madness —
‘Tis the Majority
In this, as All, prevail —
Assent — and you are sane —
Demur — you're straightway dangerous —
And handled with a Chain —

Assignment percentages are as follows:

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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**
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 20 MLK Day, Attend a Session

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<tr>
<th>1-20</th>
<th>MLK Day</th>
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<td>1)</td>
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<td>Inequality, Gudrais, Harvard 2008; Funds We Trust, Surowiecki, New Yorker, 12/24/12; Doctor Not Needed, NYT, 12/15/12</td>
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<td>Care Integration in the Patient Protection and Affordable Care Act: Implications for Behavioral Health. Squires, International Comparison of Costs, 2012; (Optional) Mark et al. US Spending on MHSA 2006;</td>
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<td>Syllabus a) describe your interest b) ask a paper question, c) comment on quotation, d) identify errors</td>
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<td>Video: When Medicine Got It Wrong</td>
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| 2-3  |         | 5)        |
|      |         | 6)        |
|      |         | Video: We Are Not Alone (Fountain House) |

<p>| 2/10 |         | 7)        |
|      |         | 8)        |
|      |         | Affordable Care Act (ACA): Think tank and advocacy organization analyses |
|      |         | 9)        |
|      |         | Outline of the first paper |
|      |         | Video: Hospital Without Walls |</p>
<table>
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<tr>
<th>Date</th>
<th>Topics</th>
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| 2-17 | 10) Evidence-Based Program Types  
11) National Registry of Evidence-based Programs and Practices |
| 2-24 | 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 |
| 3-3  | Spring Break |
| 3-10 | 14) Culture, Race, and Ethnicity, pp. 3-22 Surgeon General’s Report  
| 3-17 | 16) National Survey on Drug Use and Health (2012) Highlights pp. 1-6, Marsha Linehan, (One of Us) OPTIONAL Kessler 2005  
18) Planning for second paper |
| 3-24 | 19) Prevention: Family and School Interventions. Healthy People 2020  
20) Shorter, Antipsychiatry, Freud to Prozac |
| 3-31 | 21) SAMHSA Behavioral Health 2012, pp xxiii-xxxiv and pp. 7-32  
22) Dawidoff: A Policy Document |
| 4-7  | Student presentations |
24) Seligman, Consumer Reports psychotherapy survey

4-14 Student presentations

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

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

4-21 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/resourcessupport.cfm

4-24 Take home exam due. Please evaluate the course

Additional Resources (not required):

Affairs, 24(2), 343-52.

Culture, Race, and Ethnicity Supplement, Surgeon General’s Report

A. Shryock Arab Detroit: From Margin to Mainstream (pp. 573-610). Detroit: Wayne State University
Press.

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.)
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 when 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/mutual aid group 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 we should have a conversation before you begin 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_advance_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=vV0JSZ2kIoQ

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