Know that many personal troubles cannot be solved merely as troubles, but must be understood in terms of public issues …

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

“It is difficult to get a man to understand something when his salary depends on his not understanding it.” Upton Sinclair

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*

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. (Practice Behaviors 8.IP, 8.SPE, 8.CO, 8.MHS) 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. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS, 8.IP, 8.SPE, 8.CO, 8.MHS) 3. Explain how public health concepts and epidemiological data are used in developing and changing policies and monitoring mental health programs. (Practice Behaviors 8.IP, 8.SPE, 8.CO, 8.MHS) 4. Identify and analyze the effects of oppression, discrimination, stigma, and other negative social influences on consumers of mental health services. (Practice Behaviors 4.IP, 4.SPE, 4.CO, 4.MHS, 5.IP, 5.SPE, 5.CO, 5.MHS) 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. (Practice Behaviors 8.IP, 8.SPE, 8.CO, 8.MHS) 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. (Practice Behaviors 5.IP, 5.SPE, 5.CO, 5.MHS) 7. Discuss typical ethical concerns related to mental health policies and services. (Practice Behaviors 2.IP, 2.SPE, 2.CO, 2.MHS, 8.IP, 8.SPE, 8.CO, 8.MHS)

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.

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.

An examination of the community mental health movement will allow for an emphasis on promotion of mental health and prevention of mental illness.
Treatment & Rehabilitation: 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.

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.

Religious holidays: Please let me know if you wish to be excused for a holiday in any religious tradition or faith.

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

Class Participation

The class environment should be challenging yet welcoming for everyone. Unpopular opinions expressed in a respectful way are especially welcome. If you tend to talk a lot, consider holding back. If you tend to hang back, consider stepping up. Please let me know in whatever way is comfortable how we can make participation as good as it can be.

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. (Source unknown but my sentiments).
Laptops, tablets, phones

Please use your devices for class purposes only. Please don’t distract the class by using the devices for non-class purposes. If you feel disengaged ask me for suggestions. I need your help to create a positive classroom culture. Thanks!

SOURCE MATERIALS

All required readings are available online. In Canvas, click on Discussions.

National and global health sites

Commonwealth Fund
http://www.commonwealthfund.org/

Kaiser Family Foundation
http://kff.org/

http://www.integration.samhsa.gov/ (physical and mental health/primary care)

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/

PODS issues


http://store.samhsa.gov/product/PEP14-LGBTACAENROLL?WT.mc_id=EB_20141209_PEP14-LGBTACAENROLL

Sotomayor dissent starts p 51 of document though it is numbered p 1 of her dissent

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

Mental/Behavioral Health Apps
http://www.psychiatryadvisor.com/top-10-mental-health-apps/slideshow/2608/
http://www.workithealth.com/

Controversial
http://mentalillnesspolicy.org/

636-003-out-W17
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/mhealth/programs/mental_emotional/understandingu/

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

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/

NAMI – Michigan
http://mi.nami.org/

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

Other interesting sites
http://www.youtube.com/watch?v=I_8_vv7WTKc&feature=youtu.be  ROSC
http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror

DALYS = years of life lost + years lived with disability
http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-cause-patterns

ASSIGNMENTS

Assignment 1  Canvas/Discussions

1) Select a Discussion/reading(s) and post your critique by **Sunday night (11:55 p.m.)** before the
class in which it is scheduled. (Some Discussions contain more than one reading and you should
comment on all of them, noting connections among them)

2) To complete the task for each Discussion, review other students’ posts and select one that
contains a new insight for you.  Reply to the selected post before **class** (Try to make a
meaningful comment; not just I agree with you …)

Timelines are tied to the need to review each other's posts before class. You may earn credit on up to 25
Discussions and you may work ahead as much as you like.

Select your Discussion, 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 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. However, it is not necessary to save your replies.**
The critiques should be approximately 150 words or more if you wish. The articles are meant to be closely read so that you can make a thoughtful comment. The critique should discuss:

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

b) The contribution the article can make to your career or to policy improvement. This is to say you should comment on a potential practical application of the article. To do this well 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 is earned for each Discussion when it contains a) a thoughtful and timely post, and b) a reply to another student’s post. You may earn up to a total of 25 points toward your grade. Late posts are not eligible for credit. Why? To participate meaningfully and to contribute to an engaged class environment you must have read and reflected on all the required readings.

Please do your part to contribute to informed class discussions.

Consider that unforeseen events may arise and you may want to work ahead to get the full 25 points.

Assignment 2 (1st paper)

Write a paper on one of the major evidence-based programs: 1) Supported Employment or Supported Education (SEE), 2) Family Psychoeducation, 3) Individualized Resiliency Training, 4) Psychopharmacology (See Kane; Mueser in Canvas)

Or write a paper on either Assertive Community Treatment (ACT) or Integrated Behavioral Healthcare in a primary care setting (see links in Canvas)

Grading rubric:

- What problem(s) does the program address or try to resolve? What is the nature of the program (or describe the program) (3 points)

- What evidence supports the program? What uncertainties remain or what additional questions need to be answered? (2 points)

- What will it take to implement a program with fidelity to the model or improve an already operating program? What needs to be done to ensure that the program is PODS competent? (Be sure to comment on how it specifically may advantage or disadvantage people from at least one cultural group such as those associated with age, race, ethnicity, people of color, socioeconomic status, gender, gender identity and expression, immigration or refugee status, political ideology, recovery status, religion, sex, and sexual orientation) (3 points)

- How can you use this information in your own career development? (2)

Total = 10
The paper is due in Canvas/Assignments Due at the start of class February 14. Use single-spaced, Times New Roman 12 point font. Suggest 1000-1250 words (about 450 words per single-spaced page), and more if you wish. Consider including your papers in your eportfolio.

Late papers are subject to point deductions and are not eligible for comments unless arrangements have been made in advance.

Assignment 3 (2nd paper): A policy analysis paper that includes action steps to improve the policy. I recommend that you schedule a conference with me to discuss your possibilities and plans. At the conference we can discuss the grading rubric for your paper, otherwise I will adapt the rubric from the 1st paper for your paper.

Anyone who does not occasionally worry that he may be a fraud almost certainly is. Nor does the worry absolve one from the charge; one may still be a fraud, just one who rightly worries about it on occasion. Likewise, anyone who does not occasionally worry that she is wrong about the existence or nonexistence of God most likely has a fraudulent belief. Worry can make the belief or unbelief genuine, but it cannot make it correct. William Irwin  NYT 3/26/16

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”

Mental health policy is influenced by numerous broad socio-economic, political, and cultural factors. You could do a paper on any of these topics: inequality, economic cycles (recession), legislation (including appropriations), the future of the Affordable Care Act, the Trump administration’s approach to services, governmental priorities (addiction treatment, medication assisted treatment, evidence-based practices), judicial decisions (Olmstead), reimbursement policies (employment/insurance), cultural values (Arab American, e.g., Lebanese, Appalachian, etc.), religious values (faith-based), traditional and social media, etc.

Everybody is ignorant only on different things. Will Rogers

Your paper could also be drawn from or inspired by a huge number of more specific topics: mental health services in primary care, recovery from mental illness and/or substance misuse problems, homelessness, ACT (assertive community treatment), family psychoeducation, 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, positive/negative agency culture (culture that supports effective programs), PODS in the agency environment, infant mental health, services for people with developmental disabilities, involuntary treatment, Kevin’s law (Kendra’s law), assisted outpatient treatment (ATO), media influences, e.g., John Nash (A Beautiful Mind), Patrick Kennedy memoir, Paul Wellstone, Pete Domenici, vocational and employment services, reimbursement mechanisms, inpatient care issues, outpatient care issues, residential treatment, psychiatric rehabilitation, peer support specialists, clubhouses (Fountain House), the consumer movement, advocacy groups, self-help/mutual help groups, e.g., NAMI, 12-step groups, medication policies (anti-psychotics, anti-depressants, mood regulators, anoxylitics, stimulants, buprenorphine/suboxone, methadone, etc.) 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, service disparities (by race, ethnicity, gender, age, disability status, sexual orientation).

Additional specific topics are: mental health courts, sobriety courts, veterans services, child advocacy,
insurance policies, medication in schools, transinstitutionalization (inappropriate incarceration), harm reduction, prevention, aging services, Medicaid and work incentives, undocumented immigrants, prison reentry, HIV-AIDS, rural mental health, clients, pharmaceutical formulary issues, mental health apps, etc. and so on.

"Knowing is not enough; we must apply. Willing is not enough; we must do." —Goethe

Another approach might be to take an agency you’re familiar with and consider possible improvements in policy (what regularly happens or the course of action or the pattern of actions). Some of the policies that might be developed could 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, latitude to interpret the “rules” about programs, use of affirmative outreach strategies, choice of program theory (e.g., CBT, Interpersonal Therapy, Motivational Interviewing, coordination with self-help or mutual help groups), service priorities (e.g., housing, addiction services, employment, education, etc.), cultural sensitivity or responsiveness to PODS issues, effectiveness of intake procedures, problems with referral procedures, use of relapse prevention procedures, fidelity to recovery oriented system of care (ROSC) procedures, use of recovery concepts and practices, trends in diagnosis, use of people-centered approaches, responsiveness to client material needs (e.g., clothing, food), choice of individual/group modalities.

Even this huge list is not exhaustive; there are countless possibilities. Still more options might focus on issues such as: agency culture (positive/negative) or organizational climate (a dignified and hopeful climate vs. an uncaring and cynical one), staff training, support staff procedures, cultural competence, worker safety, meals with clients, smoking, transportation, confidentiality, fee schedule, client referrals, billing ethics, confidentiality, prayer with clients, religious practices, billable hours, email and clients, (add your own favorites).

The point of all these possible topics is to encourage you to choose one that is meaningful to you, aligned with your interests, and can be approached from a policy perspective. I can help you talk through the possibilities. Almost any interest you have will have a mental/behavioral health dimension.

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

The rubric for this paper will individualize or adapt the one used for the first paper. However, there is an important addition that you must attend to. The paper must include a paragraph on your literature search

The paper must build on the best available evidence from the highest quality journals. Of course it is understood that the quality of evidence varies by topic. You should not choose a topic because there is a readily recognizable literature; instead choose a topic that is of interest and career-relevant. I can help you identify a literature. To think about the quality of your evidence see Canvas/Discussion (National Registry of Evidence-based Programs and Practices (NREPP); Assessing the Quality of the Evidence).

Here are the questions your need to answer: What databases were used? PubMed should normally be one of them and is often sufficient but feel free to also use PsyInfo, or others you may be familiar with. 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 examine the references of key articles for other references? What criteria did you use to select the references included in the paper? (Optional: Did
you use Google Scholar (or Web of Science or Scopus) to find other articles that cite one of your key articles?), How would you assess the quality of the available evidence or research—to what extent does the research inspire confidence, or do the findings and conclusions seem plausible? (Optional: Highly developed examples of literature searches are in Canvas/Discussions (Literature search examples).)

The paper is due in Canvas/Assignments at the start of class March 21. Use Times New Roman 12 point font and single space the text. Suggest 2500 – 3000 words, or the equivalent of 6-7 single-spaced pages, and more if you wish. Be sure to include a description of your literature search. Consider including your papers in your portfolio.

Further thoughts: Paper topics should ordinarily 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. 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. I am happy to comment on outlines of your paper either in person or via email though I do not read drafts.

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.

Some ideas to be perused at your “leisure.”

A quality paper must build on the best available evidence relevant to the topic. Why is “best” so important? Policy decisions have huge consequences for client well-being and agency expenditures. This means we must be concerned not only with effectiveness but also with matters of comparative effectiveness and cost effectiveness. By carefully choosing the best available evidence from the highest quality literature you will build on work already done and avoid repeating the mistakes of those who have gone before you. Remember you are not likely to be the first person to be concerned about the problem you are interested in.

Relevant references are available for every, even the most particular of singular, paper topic though you may have to judiciously extrapolate from the literature on a related topic. For example, you may want to focus on a particular oppressed group, for which there is little information, say, Cambodians. In addition to your search on Cambodians, you could review the literature about South East Asians or extrapolate still further to other oppressed groups. With appropriate adjustment, the literatures included in these ever-widening circles may provide useful insights about Cambodians. Some of the best information and insight may be in articles from these larger contexts, e.g., oppressed peoples rather than in the scant literature about particular groups. See me if you’re having trouble identifying relevant references.

Preference should be given to references that are peer reviewed, empirically informed, and current. Where you have a choice favor high “impact,” high-quality journals. You should aim to build the paper on informative, comprehensive, insightful references. Systematic reviews of the literature are often the best place to start (and sometimes to end).

The quality of the literature will vary according to topic. However, as earlier said 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 which it is understood may not
be all that great. Your choice should be based on the compelling nature of the problem rather than the quality of the literature. In this respect, the task is similar to what you face in practice when you come up against important problems that do not have extensive literatures associated with them. In the field or in the classroom your job is not to ignore the problem but to use the best available evidence to do the best we can with a vexing problem.

Searching for the best available evidence/literature is an important and time-intensive process. Plan on spending a substantial amount of the total time spent on the paper on getting the best available literature. Committing to an adequate search is the beginning of a quality paper. That said certain efficiencies are available. The Substance Abuse and Mental Health Services Administration (SAMHSA) is a source of many useful publications in behavioral health that may summarize what is known about your topic. http://store.samhsa.gov/list/All+New+Products?sortBy=3&sortByValue=0&pageNumber=1&ascending=true. Facing Addiction, the Surgeon General’s Report is a comprehensive landmark publication that is sure to be valuable for a long time to come. https://addiction.surgeongeneral.gov/

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) can be 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.

Here’s a screencast for a step by step search through PubMed. http://www.screencast.com/t/CrNndqbe9v

Another way of thinking about searches is to avoid the streetlight effect. It is a form of bias caused by looking only where looking is easiest. Here’s one version of the parable:

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, 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

What is a sufficient number of references?
The answer 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 you’ve missed an important dimension of the topic. Think of it this way it's about getting the best available evidence on the major dimensions of your topic. If you are not already taking advantage of one of the terrific computer programs to manage your citations, consider doing so. http://guides.lib.umich.edu/citationmanagement.

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.

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.

**Not for everyone:** To delve further into the topic of “impact” visit [http://guides.lib.umich.edu/citation](http://guides.lib.umich.edu/citation). Also refer to the Journal Citation Reports® Web of Knowledge [http://www.lib.umich.edu/database/link/27437](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](http://www.lib.umich.edu/database/link/27437) for Health Policy & Medical Law which ranks top journals [http://goo.gl/WWhJO](http://goo.gl/WWhJO).


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 4** is a brief presentation (7 minutes) to the class based on your paper. However, it is not a review or summary of your paper. It is an opportunity to teach the class something you have determined we should know about. Consider taking one aspect of your paper up a notch by clarifying or refining the argument. A way to begin the presentation is to say something like: What I want you to learn from presentation is … or: My objective is …. (Do not begin with something like “what I wrote my paper about”—that’s not what we care about). Prepare a one-page handout that sets forth the content related to your objectives or argument and a few print and Internet references. Plan to discuss your presentation with the class.

Another option, not for everyone, would be to prepare a Pecha Kucha presentation (not a typical PowerPoint presentation). Time limit 6 minutes, 40 seconds; load program before class. [https://remixhumanities.wordpress.com/2010/11/03/pecha-kucha-in-the-classroom-tips-and-strategies-for-better-presentations/](https://remixhumanities.wordpress.com/2010/11/03/pecha-kucha-in-the-classroom-tips-and-strategies-for-better-presentations/)

The presentation is worth up to **5 points**. The presentations will be scheduled **April 4 & 11**.

**Assignment 5 Exam:** A short-answer essay, take home, exam will be discussed in the **April 18** 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.

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 one session (30 minutes or more late or leaving early counts as a missed session), the grade will be lowered five points for each session beyond one that is not made up. Although you may miss for completely understandable reasons, missing more than one session simply means you've missed an important 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.

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**  
1-10 What is 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 16 MLK Day, Attend a Session  

1-17  
1) Powell, Garrow, Woodford & Perron: Policy Making Opportunities for Direct Practitioners; Priority-setting institutions for global health working group. Washington, D.C.: Center for

2) SAMHSA Improving cultural competence SMA 14-4849, 2014. Read Executive Summary xv - xxi and a chapter of your choosing but be sure to give Ch 4 and Ch 6 a look

1-24
3) Close reading of the syllabus a) Identify a behavioral health related topic not mentioned on pp. 7-8 of the syllabus. b) Comment on the mental health relevance of any quotation. c) Report errors or problems in the syllabus. d) Discuss how some aspect of this course will support your career

4) Kane et al., Mueser et al. for Discussion; and links for first paper

Video: When Medicine Got It Wrong

1-31
5) Integrated Care in Primary Health Systems. Improving Chronic Illness Care (Bodheim; Sayer; Behforouz

6) Alegria, Removing obstacles, 2016; Behavioral Equity; LGBT PPACA assistance

2/7
7) Using think tank support and advocacy organizations

8) Osborn International Survey; Collins mental health global challenges

Video possibilities: Hospital Without Walls, Opening Minds, A New Freedom, Pleasure Unwoven

2-14
9) Evidence-Based Program Types

10) National Registry of Evidence-based Programs and Practices

Paper due at start of class.

2-21
11) Prevention: Facing Addiction, Ch. 3; or Family and School Interventions; or Caloyeras, et al.

12) Facing Addiction SGR, Ch. 4 Treatment

2-28
Spring Break

3-7
13) Planning for second paper

14) Solomon OR Dawidoff. Davidson and Recovery
3-14

IOM_2011_LGBT_BarriersHealthCare_pp61-68.pdf

Defining ‘Mental illness’ in mental health policy. Health Affairs, 25(3), 737-749. doi:
10.1377/hlthaff.25.3.737

3-21

17) Barriers to mental health treatment: results from the National Comorbidity Survey
Replication, Mojtabai, 2011


Paper due at start of class.

3-28

19) Seligman, Consumer Reports Psychotherapy Survey

20) SAMHSA Behavioral Health 2012, pp xxiii-xxxiv and pp. 7-32

4-4

Student presentations

21) Racial/Ethnic Differences in Mental Health Service Use among Adults, SAMHSA 2015

22) Shorter, Antipsychiatry, Freud to Prozac

4-11

Student presentations

23) Case Studies across the globe (examples of innovative service ideas)

24) Self-help/mutual-help groups for people with mental health, addiction, and behavioral
health conditions Thomas J. Powell and Linda F. Kurtz

4-18

Course review and discussion of take home exam

25) Behavioral health trends in the U.S. Results from the 2014 National Survey on Drug Use
and Health; Marsha Linehan, NYT (a person with lived experience); OPTIONAL Kessler 2005

4-24

Take home exam due. Please evaluate the course

Paper on self-help or mutual-help services may substitute for either the 1st or 2nd paper. To take up
this option, 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 e.g., 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 just as they are in all papers to enable you to begin with what is known about these self-help programs and fellowships

Miscellaneous

Interesting video
Peer helping or a consumer operated service
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