COURSE DESCRIPTION

This course will cover the various mental health services and programs for adults, children, and youth. It will discuss the roles that social workers perform in promotion, prevention, treatment and rehabilitation services to persons with mental illness, developmental disabilities and substance abuse problems. Contemporary policy issues in mental health services, particularly as they relate to larger political and social trends will be discussed. Legislation, ethical issues, stakeholder controversies and social movements affecting services to persons with mental illness will also be discussed. The historical context of services marred as they were by social control measures and stigmatizing practices will be assessed. The impact of race, gender, ethnicity, sexual orientation, and social class on mental health policies and services will be examined. The course will also examine the potential and actual role of various self-help, mutual aid, and natural/informal helping systems.

COURSE CONTENT

The process 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 studied. Epidemiological findings related to the incidence and prevalence of disorders and the utilization of mental health services will be examined. Local, state, and national models of mental health programs including self-help and advocacy programs will be reviewed. These programs will represent a range of approaches to promotion, prevention, treatment, and rehabilitation services, along with a range of financing, and service delivery mechanisms. Individual rights, especially as they relate to involuntary treatment and professional conduct will be discussed. Attention will be given to persons with mental illness, developmental disabilities, learning disabilities, and substance abuse disorders—or combinations of these conditions—with a special focus on individuals with severe and persistent mental conditions. US mental health policy will be examined as it is enacted in programs and services, social entitlements, financing arrangements, and organizational missions. Associated ethical and value dilemmas will be examined within an American as well as comparative historical and cultural context. The major focus of the course will be on public policies and services, with simultaneous examination of the relationships among
the increasingly overlapping public, non-profit and for-profit sectors. Special consideration will be given to how the contemporary mental health system is experienced by economically disadvantaged persons, women, gay male, lesbian, bisexual and transgendered persons, and persons of color.

OBJECTIVES

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 initiating and modifying policy and programs through their service providing activities and other professional activities, e.g. advocacy, public education, service coordination, applying the values and ethics of the social work profession to the mental health field, especially the rights of individuals regarding 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, service approaches, in relation to contemporary social work practice in mental health.
6. Use knowledge about the etiology of mental illness and other disabilities and the effects of labeling to design prevention and promotion programs for the prevention of illness and promotion of health.

RELATIONSHIP TO CURRICULAR THEMES

1. Multicultural Issues
Multicultural issues are presented in relation to the various definitions of mental health, mental illness, disabilities, and substance related disorders. Data from epidemiological studies are examined in order to focus on racial/ethnic/cultural groups and other populations at risk in regard to (a) incidence and prevalence rates; (b) acceptability, access, availability, and utilization of services.

2. Social Change and Social Justice
The study of the mental health service delivery system provides students opportunity for assessment of the system in terms of injustice and the effects of stigma and discrimination or those with psychiatric labels to populations at risk. The objectives of system improvement and social justice are explored in relation to legal issues and individual rights that pertain to mental health policy making and program development.

3. Promotion and Prevention
An examination of the community mental health movement allows for an emphasis on promotion of mental health and prevention of mental illness and disabilities is explored in the context of research on risk and protective factors related to mental health prevention programs and how the knowledge can be translated into effective interventions.
4. Social Science
Social and behavioral science conceptual frameworks and empirical findings are 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 SOCIAL WORK 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.

ACCOMODATION
If you need accommodation for a disability (mental or physical), please make an appointment to see me early in the term so that we can make the necessary arrangements.

READINGS
The majority of required readings are accessible online. These readings are reflected below by items 1-4. To access the reading, use Mirlyn <http://mirlyn.lib.umich.edu/>. Click on the link at the top right corner of the page: GO TO FIND OTHER LIBRARY CATALOGS. Scroll to the bottom of the first column, then click on the Course Reserves link. For Course Name, enter sw 636 and click on SEARCH. Then click on Instructor: Powell (not Greifer). If a link does not work, try it later (some of the external sites may be down for short periods). If a link doesn’t work later, please contact the library, and notify me. Alternatively, you may access these readings by going directly to the http sites, via Google and other search engines, as listed below:

   http://www.michigan.gov/mentalhealth


6. A model consumer-oriented Internet site
http://sandiego.networkofcare.org/mh/home/index.cfm

7. University of Michigan sites:
http://www.lib.umich.edu/socwork/mentalpol.html
http://www.lib.umich.edu/socwork/rescue/ebsw.html
https://ctools.umich.edu/portal
http://www.lib.umich.edu/socwork/

8. Additional mental health sites:
http://www.nami.org/ (NAMI, National)
http://mi.nami.org/ (NAMI, Michigan)
http://namiwc.org/ (NAMI, Washtenaw County)
http://comnet.org/ (Comnet)
http://www.michigan.gov/mdch (Michigan Department of Community Health)
http://www.macmhb.org/ (Michigan Assoc of Community Mental Health Boards).
http://www.ewashtenaw.org/government/departments/community_mental_health (CMH)

9. Recommended Texts:
• Mechanic, David (1999). Mental Health and Social Policy — The Emergence of Managed Care, Allyn and Bacon.

PRACTITIONER RELEVANT ANALYSIS OF IMPLEMENTED POLICY

Policy can be defined in various ways. But one of the most fruitful ways is to think of policy as a course or pattern of action that is carried out in programs and services. The services often are generated by “policies” set by legislative, executive, and court officials; by employers, insurance companies; agency board members and executives; professional associations, etc. However, it is important to remind oneself that policies proclaimed at these high levels are not equivalent to what is implemented at the services or practice level. High level policy is usually mediated, interpreted, and sometimes significantly transformed by practitioners, e.g., policies relevant to confidentiality or outpatient directives. Thus we must be concerned not only with what is promulgated but even more with what is implemented. In this course we will often focus on
implemented policy, that which actually takes place as services are provided, or not provided. This focus is obviously relevant to both IP and Macro specialists.

Policies, considered to be a course of action or a recurring pattern, are not necessarily recorded in written documents; indeed they may be quite at odds with what is in written in published documents. Sometimes policy exists without a published document, e.g., requiring certain cost-saving measures. Other times, written “policy” documents are not policy at all if they do not influence the course of action.

Perhaps you can think of a policy in an agency that is not written or recorded, e.g., requiring that preference be given to less costly services. Or a “policy” to compromise paperwork when it conflicts with client services. Others might be to discourage Axis II diagnoses when they risk eligibility for managed care payments. Still another may be the pattern of some or many utilization reviewers to be more generous in authorizing outpatient sessions when they have had previous positive experiences with the provider.

Policy is the end result of a number of influences. There are broad cultural, economic and political influences (e.g., the impoverished general funds of state governments). These influences shape laws, court decisions, managed care strategies, service bureaucracy directives, Medicaid and Medicare policies, employee benefit programs, funding formulas, insurance regulations, agency organizational structures and so on. These “big picture” influences are in turn shaped or mediated by local practices. Indeed, big picture influences are sometimes substantially altered or even reversed at the implementation level (e.g., as practitioners interpret benefit policies or bypass red tape perhaps using the backing of consumer groups or NAMI). Local actions may also prompt “big picture” changes via feedback loops between system levels (e.g., in highlighting the risks of suicide or homicide when adequate emergency services are not in place).

Implemented policy is influenced by such factors as the information, skills, network ties, and value commitments of the practitioner. These more local and immediate factors moderate—both for good and ill—the way the big picture influences are translated into actual practice. Thus an important focus of the course will be on how the implementing practitioner can contribute to effective policy by her interpretations of directives and discretionary actions. And we’ll also note that as the practitioner’s discretionary actions become patterned, he or she is making policy in a direct way. Some of these practitioner generated policies may be inspired in part by the advocacy efforts of consumers and family members. The efforts of practitioners and clients may be combined for the purpose of relieving distressing symptoms, improving social functioning, attacking joblessness and homelessness, combating stigma, and changing insensitive and ineffective aspects of the service system.

Policy effectiveness should be measured in terms of the quality of services delivered and/or in terms of client or customer outcomes. This also means they must measure up to PODS standards, that is pass examination when screened for Privilege, Oppression, Diversity, and Social Justice defects.

A word about how we refer to the people we serve: we will consider the politics and the propriety or appropriateness of referring to people who have contact with the system as consumers, survivors, customers, self-identified persons with an illness, clients or patients. We will also consider why it stigmatizes people and creates deviance to refer to them as “schizophrenics, bipolars, or borderlines” rather than as people with a particular disorder, e.g., schizophrenia.
Particular attention will be given to community-based services for people with serious mental illness. These services can be grouped as follows:

1. **Case management and assertive community treatment programs**: (Case management is a term for which no agreed upon substitute has emerged despite the ease with which its dehumanizing connotations can be deconstructed;)
2. **Psychosocial rehabilitation programs** including Fountain House, Fresh Start, Art Oasis, and Full Circle community programs with special emphasis on the most promising elements of their supported education and employment programs;
3. **Supported housing programs** including Fairweather Lodges, Avalon residences, adult foster care homes, supported apartments, and nursing homes;
4. **Consumer-provider programs** including JIMHO and other peer counseling and consumer advocacy and drop-in programs, and
5. **Self-help, mutual aid and support programs** including Recovery Inc., Depression and Bipolar Support Alliance (formerly the Manic-Depressive and Depressive Association), Schizophrenics Anonymous, National Empowerment Center affiliates, National Mental Health Consumers Association, and numerous other potentially relevant nonmental-health-specialized groups such as Alcoholics Anonymous, Compassionate Friends, Overeaters Anonymous, Adult Children of Alcoholics (and Al-Anon) groups.

**CLASS FORMAT**

The format of the class will follow a flexible pattern along the following lines: Sessions will begin with a brief lecture and discussion of the readings. In this segment we will focus on the Privilege, Oppression, Diversity, Social Justice (PODS) implications of the material. Presentations or input via guests, video programs, or students may follow. This will be followed by small group discussion of the “public issues” or policy-relevance of the presentation. Because the complexity of the material varies, it sometimes will be necessary to carryover discussions from one class to the next, which means that attendance at every session is even more important than it might otherwise be. To get maximum benefit from the course, plan to participate knowledgeably in the discussions, which of course means keeping up with the readings. The presentations, discussions, videos, and readings will be incorporated in the mid-term exam; thus it will be helpful to keep detailed notes on these components of the course.

**ASSIGNMENTS**

1. **Class Participation (10 percent)**
   Criteria for good classroom participation: Come to class; ask good questions; read the required readings; be involved and interactive with the teacher and your fellow students; don’t be afraid to make suggestions to the teacher; bring in information from other places; don’t just speak up a lot, but think about how to facilitate the involvement and learning of others in the classroom.

   Attendance is required. Please let me know in advance if you have to miss class. You will be responsible to obtain copies of handouts and to find out what took place while you were gone.

2. **Class Presentation: (25 percent)**
   Students will develop and deliver a class presentation on a topic listed below. Alternatively, students may choose another topic of their preference, which requires pre-approval from the instructor. The presentation should be approximately 10-15 minutes in length. One week before
it is due, I would like to see a fairly well developed description/outline of the presentation so that I can incorporate it into my plans for the next week. You can prepare for some of these topics by gathering information from the library. In other cases, you may also want to make contact with someone in the community to gather information about what they are doing. I can make suggestions about possible contacts. You may work individually, or in pairs. You may teach the class about something you already know well, or about something you are just learning yourself.

Students will sign up for a topic by January 18, unless you want to present a topic on the 18th of January (in that case, please sign up by January 11th). I will be happy to discuss the topic with you, and make suggestions regarding resources.

**Presentation Topics/Due Date**

- **January 25**
  - The Community Mental Health Movement
  - Deinstitutionalization

- **February 1**
  - DSM, the medical model and relevant critiques

- **February 8**
  - The VA system (mental health care for Veterans)
  - Mental health care provided through religious institutions (esp. through African American churches)

- **February 15**
  - Psychiatric Rehabilitation
  - The concept of ‘recovery’
  - ACT (Assertive Community Treatment)
  - Family Education
  - National Alliance for the Mentally Ill

- **February 22**
  - Local Programs: mental health care at the shelter
  - Local Programs: Avalon Housing
  - Local Programs: Ypsilanti’s SOS

(March 1 Vacation)

- **March 8**
  - Alcoholics Anonymous

- **March 15**
  - Programs for children
  - Programs for adolescents
  - Programs for the elderly

- **March 22**
  - Mental health parity
  - Mental health care provided through Medicare/Medicaid
  - SSI/SSDI

- **March 29**
  - Mental health services to criminal offenders

- **April 5**
  - Outpatient commitment
  - Licensing in the State of Michigan
3. Mid-Term Exam (25 percent)

The mid-term exam will address any of the topics covered in the first half of the class, including any topics addressed during class time (e.g., presentations). Students will be given a list of questions that will be answered in essay format. Grading criteria will be discussed beforehand.

4. Policy Analysis Paper (40 percent)

In recent years, a number of critical public policy issues have been debated. These public policy issues present ideal areas for topics for analysis for the course paper. For example, the Yates' murder case in Houston represents a number of challenges to Texas' policy on the insanity defense. In the state of Maine, a successful effort was made to pass a state law that authorizes "universal insurance coverage" paid for by the state. However, federal law prevents its implementation. For a number of years, advocates for African Americans have complained that federal drug laws are biased against them. The allegation centers on different sentencing for possession of powered cocaine vs. crack cocaine. In the past 10 years, the growth in managed health care and its application to mental health has been remarkable. The present and future impact of these developments on clients, state and federal governments, and the field of social work offer policy students an ideal opportunity to study, evaluate, and critique these and related developments as they occur.

For this course, each student is required to complete a paper that focuses on one of the following:

1. a detailed and careful analysis of a single public policy in mental health, health or substance abuse (examples will be shared in class);
2. a detailed analysis of the process involved in the development of or citizen challenge to a specific public policy in one of these areas (mental health, or substance abuse);
3. a detailed analysis of the outcomes (actual or predicted) of a specific public policy in mental health or substance abuse on a specific group (aged, racial, ethnic, gender etc.);
4. a detailed analysis that includes a combination of 1-3 with a specific focus on mental health or substance abuse.

The policy selected for analysis can be drawn from Michigan legislation, the legislation of one or more states, from the federal government, or from policies that govern a state or federal agency. One example at the moment is a state's policy on execution of persons with mental illness or mental retardation while another focuses on the impact of a state's welfare policies on availability of mental health care for children. There are community groups who are opposed to these current policies and are proposing a new set of policies to govern the insanity defense and persons found not guilty by reason of insanity. The policy selected can be one that is under consideration or has actually been passed. You can also select a major judicial decision that affects mental health or substance abuse (see for example the Olmstead decision: bazelon.org).

Students should identify legislators, organizations, groups, and committees that have worked on or are currently working on the policy issue of interest. Each student is encouraged to work with or observe groups, organizations, or committees currently working on their selected area of interest if this is possible.

Students should investigate the history of the policy problem or issue, become familiar with proposals to introduce new policies or modify existing policies, seek the opinions of those with various views on the issue, and determine which groups and individuals (such as state legislators, professional groups, citizen advocacy groups) are supportive of, opposed to, or are neutral on the
policy. It is important to understand the rationale or reasons, pro and con, of those who support and those who oppose the legislation or proposed legislation.

You may work with class colleagues to gather information. However, each student must complete her/his own paper. It may help to approach this project as if you were a legislative aide working for a state or federal legislator, or a policy analyst in a social welfare agency or in a membership or advocacy organization concerned about social welfare policy. As another option, you may approach the project as if you were a staff member of a key legislative committee and you have been assigned to prepare a detailed analysis to familiarize committee members of all aspects of the problem, issue, and policy.

NOTE: Length of paper should not exceed 20 double spaced pages.

Proposed Outline for Paper

(1) Brief Introduction
The introduction should state the importance of the policy issue or problem for the development of social welfare policy in Texas, another state, the United States as a whole, or another nation. Include in your introduction a statement of what you plan to accomplish in your paper and the source of your interest in this area.

(2) Description of the problem
What is the nature of the problem? How widespread is the problem? How many people are affected by the problem? What is the history of the problem? How long has it existed? How does it manifest itself? Are specific populations more impacted than others? Who specifically is affected and how? What are the known or suspected causes of the problem? Include here a brief description of how the policy is intended to (or has) address the problem. This is an important section in that you must establish that a problem exists and its dimensions.

(3) Historical background of this policy
What are the historical antecedents of the policy? What is the legislative, judicial, administrative, and/or broader social, economic, and political history of the policy? How has the policy changed over time? What recent events led to the creation of the proposed policy? When and how did the most recently proposed policy originate? What are the policies in various other states or nations? What corresponding policies exist at the federal level?

(4) Description of the policy
How is the policy intended to work? On what knowledge base or scientific grounding, if any, does the policy rest? What are the hypotheses that undergird the policy? Is there any relevant theoretical base on which the policy is founded? What resources or opportunities is the policy expected to provide (e.g., economic opportunity, case, in-kind services, redistribution of goods and services, empowerment, status, preventive services, education, others)? Who will be covered by the policy and how (i.e., selective entitlement, universal entitlement, means testing, or other)? How will the policy be implemented? What are the intended short and long term goals and outcomes of the policy? Under what administrative auspices will the policy be developed and implemented? What funding will be needed? What are the potential or actual sources of funding? How adequate is the funding compared to the needs addressed in the policy? What provisions are made for overseeing, evaluating, and coordinating
policy implementation? What criteria, if any, will be used in determining the effectiveness of the policy outcomes? How long is the policy expected to exist (i.e., is there a specific requirement for review and continuation)?

(5) Identification of individuals and groups concerned about the policy issue and their position
Each student is encouraged to interview concerned individuals (including elected officials, legislative assistants, members of citizens' or advocacy groups, consumer organizations, human service providers, professional associations, and others) and to attend, if possible, meetings of organizations, agencies, and committees where the issue is discussed. Such activities should be incorporated in the analysis section of the paper and cited in the references.

(6) Policy Analysis
This is the most important section of the assignment. This section is based on responses to a number of interrelated questions: What value premises or ideological assumptions underlie the policy approach? What hypotheses about causation is the policy based on? Are the goals just and democratic? Do the goals contribute to a better quality of life for the target population? Do the goals adversely affect the quality of life for the target of other populations? Are the goals consistent with the value of professional social work? Are the goals, purposes, and objectives of the policy attainable in the near future? What are the potential unplanned effects if the policy is implemented? Other pertinent questions will be drawn from the particular policy analysis model that you select to apply. The models of policy analysis will be discussed in detail in class and one or more models of analysis will be demonstrated in classroom exercises.

(7) Conclusions
Based on your analysis, what conclusions do you reach about the proposed or actual policy? For example, if you have selected a legislative policy, are the goals socially, economically, and especially, politically feasible (i.e., is there sufficient support to pass the proposed legislation or sustain the implementation of legislation that has been passed, or is there sufficient power in the hands of community groups to change the direction of existing policy)? Or if you have selected a recent judicial decision by a lower court, is it likely that a higher court would support or overturn the policy? Is public sentiment favorable toward the goals? Are the goals of the proposed policy economically feasible (i.e., is sufficient funding available for the successful implementation of the policy, and is it likely that funding will be continued as needed in the future)? Is the policy important enough to justify the expenditure of scarce resources? Are the goals administratively feasible (i.e., Are there responsible administrative agencies capable of effectively implementing the policy to achieve its stated goals)? Is there a process of legislative oversight that will permit the legislature or the courts to determine whether the agencies have in fact implemented the program as proposed in legislation? Are there alternative policies that might better achieve the goals?

(8) Recommendations
What Are your recommendations regarding the legislative policy, proposed policy, administrative policy, or court decision? Do you recommend it is it is currently stated? Would suggest modifications or major alternations? How would you improve it?

(9) Implications for Social Work

(10) References
The number of references will vary depending on your topic, but it is anticipated that at least 10 scholarly references will be needed to complete an analytical paper of this type. Use APA referencing style.
Note: The policy analysis should be a balanced critical evaluation of the policy issue or proposal, presenting accurately and fairly the positions of the proponents and opponents. No matter how strongly you feel about the policy issue, you should present an analysis that is as objective as possible with recommendations that are based on empirical evidence where possible and a well considered philosophical and theoretical perspective. The paper should be written as a polished professional product, suitable for use by others interested in the topic. Students should carefully consider the topic they want to explore and provide the title in writing to the instructor by January 25. The completed policy analysis paper is due on April 5. The instructor is available to assist in developing the focus and outline for the paper. Students will have an opportunity to share their topics, conclusions, and recommendations with other members of the class in the final two sessions of the course.

PRELIMINARY SCHEDULE

January 11 Session One: Introduction to the Course
- Introductions
- The Syllabus

January 18 Session Two: Orientation to the Course
- Topics
  - Definitions of mental health and illness, policies and services
  - Public health perspective
  - Policy making groups
  - Mental health personnel
  - Global burden of disease research
- Readings
  - Surgeon General’s Report:
    - Chapter 1 (Introduction and Themes), pages 1-11.
    - Chapter 2: Fundamentals, pages 31-45,49-52, 64-73, 80-92 (52-64 is optional)

January 25 Session Three: History of MH Policies and Services
- Topics
  - History
  - The CMH movement
  - Deinstitutionalization
- Readings
  - Surgeon General’s Report, Chapter 2: Fundamentals, pages 73-80
- Class Presentations
  - The Community mental health movement
  - Deinstitutionalization
February 1 Session Four: Epidemiology

- **Topics**
  - The DSM
  - Prevalence, Incidence, Utilization, Mental Health problems in the Community
  - Social Factors in Mental Health and Illness

- **Readings**

- **Presentations**
  - DSM, the medical model, and relevant critiques

February 8 Session Five: Mental Health Services

- **Topics**
  - Current Structure of Services
  - Small Group Discussion of Criteria for Assessing Quality, and Making Priorities
  - Care for Veterans
  - Through Religious Institutions
  - Alternative Treatments

- **Readings**
  - SGR: Chapter 4, Adults and Mental Health
  - SGR Culture, Race and Ethnicity Supplement: “Chapter 4. Mental Health Care for Asian Americans and Pacific Islanders”

- **Presentations**
  - The VA system (mental health care for Veterans)
  - Mental health care provided through religious institutions (esp. through African American churches)
  - Alternative therapies

February 15 Session Six: The Seriously Mentally Ill

- **MIDTERM EXAM DISTRIBUTED TO STUDENTS -- TAKE HOME**

- **Topics**
  - Rehabilitation
  - PACT
  - Family Education
  - NAMI

- **Readings**
- An article on the PACT program
- An article on the McFarlane Psychoeducational Multiple Family Group model

**Presentations**
- Psychiatric Rehabilitation
- The concept of ‘recovery’
- ACT (Assertive Community Treatment)
- Family Education
- National Alliance for the Mentally Ill

**February 22 Session Seven: Homelessness**

**MIDTERM EXAM DUE**

**Topics**
- Local Programs:
  - The Shelter
  - Avalon Housing
  - SOS

**Readings**
- SGR, Ethnicity Supplement: “Chapter 6. Mental Health Care for Hispanic Americans”

**Presentations**
- Local Programs: mental health care at The Shelter
- Local Programs: Avalon Housing
- Local Programs: Ypsilanti’s SOS

**March 1 VACATION**

**March 8 Session Eight: Alcohol, Drugs, and CoMorbidity**

**Topics**
- AA/NA
- Impaired Practitioners

**Readings**

**Presentations**
- Alcoholics Anonymous
March 15 Session Nine: Children, Adolescents, and the Elderly

- **Topics**
  - Children
  - Adolescents
  - The Elderly

- **Readings**
  - SGR Chapter 3 “Children and Mental Health”
  - SGR Chapter 5 “Adults and Mental Health”

- **Presentations**
  - Programs for children
  - Programs for adolescents
  - Programs for the elderly

March 22 Session Ten: Financing of Mental Health Care

- **Topics**
  - Insurance
  - Managed Care
  - Government Programs (Medicaid, Medicare, SSI, SSDI)
  - Parity

- **Readings**
  - SGR: Chapter 6 “Organizing and Financing Mental Health Services”

- **Presentations**
  - Mental health parity
  - Mental health care provided through Medicare/Medicaid
  - SSI/SSDI

March 29 Session Eleven: The Courts

- **Topics**
  - Services to Criminal Offenders
  - The Mentally Ill in Jails instead of Mental Hospitals
  - The Relationship between Violence and Mental Illness

- **Readings**
  - NIMH Strategic Plan for Reducing Health Disparities
Teplin, L., and Voit, E. Criminalizing the Seriously Mentally Ill: Putting the Problem in Perspective

• Presentations
  ➢ Mental health services to criminal offenders

April 5 Session Twelve: Other Policy Issues

• Topics
  ➢ Involuntary and Outpatient Commitment
  ➢ Licensing
  ➢ Legal Risk Management
  ➢ Preparation for Being Sued

• Readings
  ➢ SGR: Chapter 7 “Confidentiality of Mental Health Information”

• Presentations
  ➢ Outpatient commitment
  ➢ Licensing in the State of Michigan

April 12 Session Thirteen: Wrap Up

• Topics
  ➢ Advocacy
  ➢ Prevention
  ➢ Anti — Stigma Efforts
  ➢ Vision for the Future
  ➢ Self-care for Mental Health Practitioners (Secondary PTSD; need for Tx, impaired providers)

• Readings
  ➢ SGR: Chapter 8 “Vision for the Future”