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. 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:
   a) initiating and modifying policy and programs through their service providing activities and other professional activities, e.g. advocacy, public education, service coordination.
   b) 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.
INCIDENT

Once riding in old Baltimore
Heart-filled, head-filled with glee,
I saw a Baltimorean
Keep looking straight at me.
Now I was eight and very small,
And he was no whit bigger,
And so I smiled, but he poked out
His tongue, and called me, "Nigger."
I saw the whole of Baltimore
From May until December;
Of all the things that happened there
That's all that I remember
Countee Cullen (1903-1946)

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.

By permitting chronic patients to live on the streets, clothed in tattered rags, scavenging through trash for sustenance, and sleeping over street grates for warmth, have we not allowed the concept of least restrictive environment to reach its surrealistic endpoint? Frank R. Lipton, 1993.

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 of the Course 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.
SOURCE MATERIALS

As a reminder to keep an open mind and not commit to first reactions, consider what the *Journal of the American Medical Association* (10/14/39) had to say about the arguably most influential book in the health and human service literature, *Alcoholics Anonymous*. [It is] “a curious combination of organizing propaganda and religious exhortation. The one valid thing in the book is the recognition of the seriousness of addiction to alcohol. Other than this, the book has no scientific merit or interest.”


The texts are two Surgeon General’s Reports plus other items that will be on electronic reserve:

http://www.surgeongeneral.gov/library/mentalhealth/cre/

http://www.surgeongeneral.gov/library/mentalhealth/home.html

http://www.lib.umich.edu/socwork/collect.html
http://www.lib.umich.edu/socwork/mentalpol.html
http://www.lib.umich.edu/socwork/sw636.html
http://coursetools.ummu.umich.edu/

A very comprehensive site is: [http://www.nyu.edu/socialwork/wwwrsrw/](http://www.nyu.edu/socialwork/wwwrsrw/)
Also try these:
http://www.samhsa.gov/
http://www.mentalhealth.org/
http://www.health.org/
http://psychcentral.com/resources/ (Links to many other mental health references)
http://www.mentalhealth.com/ Internet Mental Health
http://www.fedworld.gov/ (gateway to federal government information)
http://www.NAMI.org/ (National Alliance for the Mentally Ill (NAMI))
http://www.mdch.state.mi.us/ Michigan Department of Community Health
http://www.co.washtenaw.mi.us/DEPTS/CMH.HTM

Please add to my list of important Internet sites.
Some Thoughts on Practitioner Relevant Policy Analysis

Mental health policy can be thought of in various ways. A way especially relevant to practitioners is to think about policy as a course of action or trend that is expressed in goals, objectives, programs and services. This definition emphasizes implemented policy, that which actually takes place as services are provided. These policies may not be recorded in written documents; indeed they may contradict what is in written in published documents. A policy exists then when one can discern a course of action or a recurring pattern rather than when there is simply a published document. Similarly written “policy” documents are not policy if they do not influence the course of action.

Perhaps you can think of a policy in an agency you are familiar with that is not recorded, e.g., giving preference to less costly services. Or think of a “policy” document that is not, e.g., paperwork requirements are ignored to provide more services. Others might be to discourage Axis II diagnoses since they prejudice managed care payments. Or a utilization reviewer may be inclined to authorize a larger number of outpatient session based on previous positive experiences with the provider.

Policy is the product of a number of influences. There are broad cultural, economic and political influences (e.g., the strong present economy). 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). Local actions may also stimulate “big picture” changes via feedback loops between system levels (e.g. in highlighting risk exposure).

Implemented policy is mediated by such factors as the information, skills, connections and value commitments of the practitioner. These more local and immediate factors moderate—both for good and ill—the way the big picture influences become operational in 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 as the practitioner’s discretionary actions become patterned, he or she is making policy in perhaps a more direct way. Some of these practitioner generated policies may be stimulated by the advocacy efforts of consumers and family members. Their concerns include relieving distressing symptoms, improving social functioning, addressing joblessness and homelessness, combating stigma, and overcoming insensitive and ineffective aspects of the service systems that presumably exist to serve them.

Policy effectiveness, measured in terms of the quality of services delivered and the generation of positive client or customer outcomes for multicultural populations, is an important focus of the course. Policies, or programs and services, will be evaluated or assessed in terms of their: a) level of use by intended populations in relation to need and demand b) adequacy in terms of its operations or procedures, c) accessibility d) satisfaction, e) quality, f) effectiveness, g) risk (including the risk for creating deviance), h) restrictiveness, and i) cost. These criteria will be considered from the viewpoint of the various stakeholders and actors in the client system, e.g. customer, family, direct care staff, professional groups, local officials, state mental health agency, etc. They will also be considered from the perspective of multicultural groups and ethnic/minority persons which include: seniors, women, poor or low income persons, LGBT
persons, members of oppressed ethnic groups, or persons with disabilities. With respect to how we refer to people, we will consider the politics and propriety of referring to people who have contact with the system as consumers, survivors, customers, self-identified persons with an illness, clients or patients.

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 (a term for which no agreed upon substitute has emerged despite its dehumanizing connotations) and assertive community treatment (ACT) programs; 2) psychosocial rehabilitation programs including Fountain House and Full Circle community programs with special emphasis on the most promising of their supported education and employment components; 3) supported housing programs including Fairweather Lodges, 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., Manic-Depressive and Depressive Association, Schizophrenics Anonymous, National Empowerment Center affiliates, National Mental Health Consumers Association, and numerous other non-mental-health-specialty--but potentially relevant--groups such as Alcoholics Anonymous, Compassionate Friends, Overeaters Anonymous, Adult Children of Alcoholics (and Al-Anon) groups.

**ASSIGNMENTS**

The assignments are not as daunting as they might first appear. The amount of text used to describe assignments is not an indication of their difficulty but of the choices available to you. Indeed you can create your own assignment. And if you’re stuck, be sure to come talk to me, I’ll help you find something suited to your interests.

Know that many personal troubles cannot be solved merely as troubles, but must be understood in terms of public issues — and in terms of the problems of history-making. 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.

Counterpoint: Not all personal troubles (e.g., a child’s death from cancer) have an immediate cause or solution in the public sector. Moreover, agencies that purport to “address” problems may function to discourage the community and potentially helpful individuals from providing meaningful assistance. Those who hold such views favor more personalistic approaches such as those espoused by the Catholic Worker/Hospitality House movement. TJP

The format of the class will be flexible but something like the following. The session will open with a brief lecture and be followed by a discussion of the readings. After the break, there will be a presentation made by various guests, video programs, or students. This will be followed by a policy-relevant discussion (see Mills above) of the presentations. Sometimes it will be necessary to carryover discussions from one class to the next. Thus attendance is very important, as is keeping up with the readings; come to class prepared to participate constructively in the discussion. The presentations, discussions, and readings will also be incorporated in the final exam and therefore it will be helpful to keep detailed notes on classroom presentations including the persons and incidents depicted in the videos.
Your Contributions to the Class Part I, Part II

Part I: By the Saturday before the session you are scheduled for the readings, click on coursetools/announcements and associate two very brief comments with your name for each reading on 1) most important points, and 2) most questionable points (If you have a problem with coursetools, you may e-mail me or bring a hard copy of your points to class. After we troubleshoot the problem you can post the comments on coursetools.) 5 points.

Part II: On the last day of class, submit a one page evaluation of your contributions and participation in the class. Note what you learned by listening to others, and how others might have learned because you listened and responded to their agenda. Citing specific examples, evaluate your overall participation in terms of how it contributed to the quality of the class. Discuss the extent to which your comments were explicitly linked to the course readings. Assess your success in maintaining a balance--one that was functional for you--between saying too much or too little.

If you missed any sessions, note the date and the content of those sessions, and what you did to get the content or “make up” the class. 10 points.

Paper Outline: Submit an outline of your major paper (see options below) including the title, an outline of the argument, the search strategies or resources to be used, and probable conclusions. Comment specifically on what will be the most important policy or program implications of the paper. I will be happy to discuss this assignment with you during office hours, or at other mutually convenient times. This outline will enable you to get an early start on the major paper, and it should go a long way toward a satisfying and professionally-relevant intellectual experience. Due February 4 or 5; 1-2 pages; 5 points.

Major paper: Use feedback on outline to develop a, b, or c options. Remember one of the options, c, is a paper designed to uniquely suit your interests. The number of print and Internet references will be somewhat variable depending on the nature of your paper.

a) Describe a program that you are familiar with either because you have visited or worked in it. The program could be a self-help program (e.g., NAMI, MDDA), an ACT or clubhouse program, a shelter or breakfast program, or an agency that has been either a work or field placement site for you. Discuss who actually uses the program how this compares with those for whom it was designed or who could make best use of it. The description should include an analysis of the environment or service network within which the program is located, i.e. where do they get their referrals from and where do they send people. Also include a detailed description of the actual operations of the service program. Evaluate or assess the program in terms of its: a) availability in relation to need and demand b) adequacy in terms of its operations or procedures, c) accessibility d) satisfaction, e) quality, f) effectiveness, g) risk to recipients, h) restrictiveness, and i) cost. Some of these criteria will be more important than others depending on the program. Also consider using other criteria that are specially relevant to your program. Pay special attention to how the program responds, or fails to respond, to the interests of one or more cultural groups which include: people of color, oppressed ethnic or religious groups, seniors, women, poor or low income persons, LGBT persons, or persons with disabilities. Also assess how the program might be evaluated differently depending on whether one’s perspective is that of a
consumer, family member, service provider (including difference among the various groups), third party payers, corporate purchasers, the tax paying public, and other stakeholders in your program. Discuss the priority you would assign to this program relative to other important or essential programs. Include a minimum of six substantive references balanced between peer-reviewed print sources and quality Internet sites.

or

b) Write a paper that discusses the insights available in a work of literature (a novel, short stories, poetry or drama) with significant content on persons from disadvantaged cultural groups (see groups noted above). The work(s) should be carefully chosen to ensure that the material contains policy relevant insights and lends itself to policy analysis. By reflecting on the lives of fictional characters and their situations, we may be able to think in fresh ways about what is needed in the way of programs and services, or how the existing ones might be made more responsive to human problems. To the extent possible, illustrate policy-relevant insights and principles drawn from the work by examples from your own experience. Although technical or professional articles are not your primary sources, they may be used to supplement the creative literature. With this option, it is especially important to discuss with me how it will be policy-relevant before you get too far into the assignment.

Some examples of works that might be used are:


or

c) Student’s Choice: A paper that you have designed and discussed with me.

All papers should use references balanced between print and Internet references. The quality of the references is very important; they should be peer reviewed, evidence based, objective, and current. The number of references that would be appropriate will vary depending on how comprehensive they are and the nature of your paper. Although fewer might be appropriate for a paper based on a work of literature, the typical number of references should be about six.

The major paper is due March 11 or 12, 35 points. Suggested length 6-10 pages.
Please number the pages of your paper, and also please do not put papers in folders as they make the papers more difficult to handle. Late assignments will have three points of the grade deducted unless arrangements have been made in advance.

**System Improvement Project:** The system improvement assignment is a small group project from which we will learn to develop new programs/services; modify existing ones; or improve the political or financial context of proposed or already operating programs. The range of appropriate topics is purposefully very wide. Topics that would be appropriate include: the recovery concept; homelessness, insurance parity, criminal/legal system services, Andrea Yates, program planning models, infant mental health; services for people with developmental disabilities; involuntary treatment, housing models; supported work or education; vocational and employment services, involuntary treatment, reimbursement mechanisms, access to medications, inpatient and outpatient care, residential treatment, assertive community treatment, psychosocial rehabilitation, peer support, integrated treatment for co-occurring mental illness and substance abuse, psychoeducation of consumers and families; the elimination of service disparities (by race, ethnicity, gender, age, disability status, sexual orientation), self-help and consumer service models, and mental health advocacy. The art of letter writing or memoing might also be a topic and some of the points that might be included are noted in the paragraphs below. Each group will select a topic, conduct independent research, and explicate the link between the topic and one of the course themes (multicultural, social justice, science, or prevention). Having completed this preparation, the group will make a presentation to the class. The handout should include appropriate print and Internet references. As part of the presentation, the group will develop an evaluation form to be used by the class. The form must be submitted to me one week before the presentation. Each group will then evaluate its own presentation according to the pre-approved criteria in such a manner that would facilitate the assignment of a grade between **5 and 10 points**. The system improvement presentations will be scheduled the first two weeks of April.

A letter or memo should recommend a specific course of action noting the diversity or “minority” aspects of the issue. Although the issue may be relevant to “majority” persons it should have a distinctive meaning for one of the following groups of persons: seniors, women, poor persons, LGBT persons, persons from an oppressed ethnic group, or persons with disabilities. The letter or memo should be addressed to a carefully selected policy maker. Your letter or memo should address the arguments against your recommendation; indeed you might want to begin your letter or memo by addressing the objections. Be careful to use correct full names and titles, and if it is not completely obvious, explain why you chose your correspondent. The tone should be informative and analytical—eschewing overwrought purple prose. Most memos should not exceed 1-3 pages. If more is needed you may wish to put some of your material in an attachment since most busy policy makers will not read more than one page unless they get drawn in by the first page.

The policy maker to whom the letter or memo will be sent might be as near as a fellow worker or as distant as a high official. A specific action should be requested though it probably should be a modest one such as a request that the information be forwarded to another person, that an appointment be offered, or that a reply be made to your statement. Support your argument as opportunity and time allows with references. Consider the special value citations may have from general circulation publications such as the New York Times, Wall Street Journal, Washington Post, the Detroit Free Press, Ann Arbor News or national serials such as Fortune, Newsweek, or the New Yorker. For many policy makers, such publications will be viewed as especially authoritative, influential, and politically relevant. Specialized, technical publications such as Social Work, American Psychologist, or the American Journal of Psychiatry can be used to supplement the use of general circulation publications, and will of course be of primary relevance to many mental health professionals.

An alternative to the memo could be to prepare a brief written report on how you have, or plan to, affect a specific relevant course of action (policy) in an agency or in another professional environment.
**Exam:** A short-answer essay, take home, exam on the readings and class discussions will be discussed in the April 15 or 16 class and will be due on April 22 or 23. Counts **35 points** toward final grade.

The fine print: Attendance will be taken at each session. If you anticipate missing a session, it is your responsibility to get the handouts and notes from another student. If you are absent on the day your readings are discussed, five points will be permanently lost since the opportunity to be a resource person to the group will be foregone.

If you miss more than two sessions for whatever reasons, five points will be deducted from your grade for each session over two unless you make up the session. To make up a session start by finding out from other students what was covered in the missed sessions and develop a make-up plan to be submitted in writing for the instructor’s approval. The plan may involve reporting on an agency, video, and/or readings that are relevant to the topic of the missed session. The make-up work generally should involve three or more hours of effort. Because they are fragile, personal copies of videos shown in class will not be available for loan.

In fairness to other students (and to my workload), papers cannot be redone for a higher grade except when the initial grade is C+ or below. In that case the grade will be the average of the first and second paper. I will be happy, of course, to meet with you to elaborate my comments on your paper and to suggest ways to strengthen your work.

If you would like me to reconsider your grade, submit in writing a self-evaluation of the paper explaining your reasons for the request. If there was a pre-paper conference with me, refer to the understanding we reached about the goals and the content of the paper. If there wasn’t a conference, discuss how your paper built on the relevant literature (cite specific citations) and class discussions. Also discuss the extent to which specific policy implications were developed in your paper.

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Preliminary Schedule

1-7/8  Overview: Description, Objectives and Assignments.
Mental disorder, mental illness, mental health issues
Evidence based treatments and Disparities in Access to Service, Recovery models
The Practitioners Role in Policy Development.
Multicultural Ground Rules
Psychosocial clubhouse programs
NAMI of Washtenaw County Mtg., Information, NAMI Office 734-994-6611
Jan 14th 7pm social; 7:30 program: James Abelson, M.D., Ph.D., Anxiety Disorders.
St Clare’s Episcopal Church/ Temple Beth Emeth, 2309 Packard, Ann Arbor

1-14/15  Witkin; Stanley L., and Harrison, W David. Editorial: Whose evidence and for what purpose?
Social Work. 2001; 46(4):293-296. (see Electronic Reserves, SW Library)

Mental Health A Report of the Surgeon General

Mental Health Executive summary, Chapter 1 and Chapter 6 (all sections)
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter1
Uncertain Journey
Jan 16 7:15 PM NAMI Board Meeting (All welcome), NEW Center

1-21/22  Culture, Race, and Ethnicity A Supplement to Mental Health: A Report of the Surgeon General
Executive Summary
http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-1.html

Population size, prevalence, race, ethnicity, culture, public health approach, need, availability,
accessibility, utilization, appropriateness and outcomes
http://www.mentalhealth.org/cre/ch1_scope.asp
(Martin Luther King Day 1/21)

1-28/29  Culture Counts: The Influence of Culture and Society on Mental Health
Culture of the Patient, Culture of the Clinician, Culture, Society, and Mental Health Services,
Racism, Discrimination, and Mental Health, Demographic Trends
http://www.mentalhealth.org/cre/ch2.asp

Policy Perspectives. Assertive Community Treatment Programs.

2-4/5  Internet Research on Mental Health Topics, Sally Lawler
Review websites and do research on Major paper and System Improvement Project
http://www.lib.umich.edu/socwork/mentalpol.html
http://www.lib.umich.edu/socwork/sw636.html

Outline of paper due

February 11, NAMI meeting: 7:30 Joseph Himle, MSW, Ph.D. Talking Therapies: Cognitive
Behavioral Therapy and Interpersonal Therapy, St Clare’s Episcopal Church/ Temple Beth
Emeth, 2309 Packard, Ann Arbor

2-11/12  Organizing and financing mental health services. Confidentiality of mental health information. A
vision for the future.
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter7
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter8

Four Lives; Bonnie tapes

636-out-W02.doc
2-18/19 The Fundamentals of Mental Health and Mental Illness
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter2

Untreated serious mental illness, 48 hours

2-25/26 Spring Break

3-4/5 http://www.surgeongeneral.gov/library/mentalhealth/cre/
American Indians and Alaska Natives 4
Asian Americans and Pacific Islanders 5
Hispanic Americans 6

March 11, NAMI meeting: Donna J. Champine, M.A., M.D., Mental Illness in Children and Adolescents, 7:30 St Clare’s Episcopal Church/Temple Beth Emeth, 2309 Packard, Ann Arbor

3-11/12 Children, ch 3; Adults, ch4; Older adults 5
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter3

Policy making opportunities in agency practice.

Infant Mental Health; The Long Goodbye
Major paper due

3-18/19 LGBT, Gender, Physical Disability


4-1/2 System Improvement Group presentations
NAMI meeting, April 8 7:30 What it’s like to have a mental illness (A panel of consumers) St Clare’s Episcopal Church/Temple Beth Emeth, 2309 Packard, Ann Arbor

4-8/9 System Improvement Group presentations

4-15/16 Course review and discussion of take home exam

4-22/23 Take home exam due