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*

Conversation enriches the understanding, but solitude is the school of genius. –Edward Gibbon

**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.”

We will make extensive use of the two Surgeon General’s Reports below. These are available on the Internet; they (parts of, or an entire document) may also be available in print form either at no charge or at nominal cost. Other items that will be on electronic reserve:


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://coursertools.ummu.umich.edu/

A very comprehensive site is: http://www.nyu.edu/socialwork/wwwrsw/
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

Numerous additional Internet sites are also listed in CourseTools under Resources.

Some Thoughts on Practitioner Relevant Policy Analysis

Policy can be defined in various ways. I find it useful 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, or not provided. These policies don’t have to be recorded in written documents; indeed they may contradict what is in written in published documents. A policy exists then when a course of action or a recurring pattern can be discerned rather than when there is simply a published document. Indeed, according to this way of thinking, 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 be more generous in authorizing outpatient sessions based on previous positive experiences with the provider.

Policy is a product of a number of influences. There are broad cultural, economic and political influences (e.g., the present impoverishment 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). Local actions may also prompt “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, 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 filter down into 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 we’ll be careful to 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. Some of their efforts may be turned toward more effective relief from distressing symptoms, improving social functioning, attacking joblessness and homelessness, combating stigma, and changing insensitive and ineffective aspects of the service systems that presumably exist to serve them.

Policy effectiveness can be measured broadly in terms of the quality of services delivered and/or in terms of client or customer outcomes. The effectiveness of policy for multicultural populations will be an important focus of the course. Specific criteria used to measure the effectiveness of policies, or programs and services might include: a) the level of use (in relation to need and demand) by intended populations b) the adequacy of its interventions and procedures, c) accessibility d) satisfaction, e) quality, f) evidence of positive outcomes, g) risk (including the risk for creating deviance), h) restrictiveness, and i) cost. These criteria should 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. A word about 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. We will also consider why it is stigmatizing and deviance generating to refer to people as “schizophrenics, bipolars, or borderlines.”

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 the ease with which its dehumanizing connotations
can be deconstructed), and assertive community treatment (ACT) programs; 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., Manic-Depressive and Depressive Association (Depression and Bipolar Alliance), Schizophrenics Anonymous, National Empowerment Center affiliates, National Mental Health Consumers Association, and numerous other potentially relevant non-mental-health-specialized groups such as Alcoholics Anonymous, Compassionate Friends, Overeaters Anonymous, Adult Children of Alcoholics (and Al-Anon) groups.

ASSIGNMENTS

The amount of text used to describe assignments should not suggest difficulty or complexity but rather the number of options you have. Indeed one of the options is to create your own assignment from scratch. And if you’re stuck, be sure to talk to me, I can help you design a paper that suits 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, some agencies that purport to “address” problems seem to exist primarily to assuage the community’s conscience while doing little to alleviate the problem. Thus they may serve 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: Sessions will begin with a brief lecture and be followed by a discussion of the readings using the CourseTools Discussions as a jumping off point. After the break, there will be a presentation or input 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 which is why attendance is very important. To get maximum benefit from these discussions it also will be necessary to keep up with the readings. Please come to class prepared to participate in the discussions. 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.

Assignment 1: Select two of the readings in CourseTools for critique (one by Feb 10, and one after that). To ensure adequate coverage of all the readings, only two critiques may be posted per reading. If it turns out because of the number of students we need more critiques I will indicate out where it would be good to have extra coverage. Post your critique by the Friday before the class in which it is due to be discussed. The critique should be approximately 250 words (or more). The critique should discuss how you could make use of the information or analysis as a policy maker or a designer of service programs. Be specific and detailed in your critique, offering concrete examples, if possible.
In addition create brief responses of about 100 words (or more) to each of five critiques over the term. The response should be your unique impression of the reading, and not just a reaction to an earlier posted critique. Each response must be posted before the session in which the reading is due to be discussed.

Challenge yourself to be creative and pragmatic in critiquing and responding to the readings; no simple formula exists to guide this task.

If the above assignment is carefully and completely done, it can contribute up to 10 points toward your grade. Missing responses, late responses, scanty responses will result in fewer points.

Assignment 2: Mental Health Services: History and Comparative Perspectives
Select a topic narrow enough to be described in terms of specific events and forces, e.g., ACT, clubhouses, supported housing, supported education, supported employment, the consumer movement, advocacy groups, self-help groups, anti-psychotic medication, mood disorder medications, Medicaid financing, foster care, managed care, prevention, consultation, multiple family therapy groups, psychoeducation, social skills training, social justice or other values, multiculturalism, cultural sensitivity, feminist services, acute care crisis stabilization residences, intensive outpatient services, co-occurring disorder services, third party funded psychotherapy, advance directives, outpatient treatment directives… Discuss one of these topics (check with me to clarify your focus) in terms of the specific historical events and forces that have shaped current programs and practices. Be sure to explain how these events and forces are reflected in current services and practices. Also, to the extent possible, compare how such services are delivered in other countries and different cultures. **Ten points. Due Feb 10. suggested length: three pages.**

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

Assignment 3: Major paper:
a) Describe a program that you are familiar with either because you have made a site visit 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 perhaps most likely an agency that has been either your work or field placement site. Discuss who actually uses the program and how this compares with the clients, customers, or mandated persons 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 what happens to people after the program. 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 interventions and procedures, c) accessibility d) satisfaction, e) quality, f) evidence of positive outcomes, 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 evaluation might vary depending on whether one’s perspective is that of a consumer, family member, service provider (perhaps differentiating among different groups of providers), third party payers, corporate purchasers, the tax paying public, and other stakeholders in your program. Discuss what kind of priority you would assign to this program relative to other
important or essential programs.

or

b) Student Designed Paper If you choose this option you must discuss it with me beforehand.

I strongly encourage you to confer with me before starting either paper. I can help you select a topic of interest, sharpen your focus, identify resources, plan your analysis, and organize your report.

All papers should have a balance of 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 the paper. Fewer than six would be unusual, but again it is quality not quantity that counts.

The major paper is due March 10, 35 points. Suggested length 8-12 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. Assignments handed in late will be marked down unless arrangements have been made in advance.

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”

Assignment 4. System Improvement Project: The system improvement assignment is designed to help you learn to develop new programs/services; modify existing ones; or improve the political or financial context of proposed or already operating programs. The idea is not just to present material on a topic, but to set forth recommendations about how services or policy could be improved in your topical area. The range of appropriate topics is purposefully very broad. Appropriate topics include: the recovery concept; homelessness, complementary and alternative medicine (integrative health), insurance parity, criminal/legal system services, program planning models, infant mental health; services for people with developmental disabilities; involuntary treatment, using media events to advance policy agendas, e.g., John Nash, Andrea Yates, Pete Domenici; supportive 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.

Each group will select a topic, conduct independent research, and develop action recommendations and steps which are consistent with themes emphasized in the course (multicultural sensitivity, social justice goals, scientific or evidence-based interventions, and where possible prevention goals). The presentation should include a handout with appropriate print and Internet references. The evaluation form to be filled out by the class should contain items that address the specific and substantive aims of the presentation, and should encourage written comments.

Following the presentation, each group will review the evaluation forms and evaluate its own
presentation according to its own objectives and the criteria set forth in the evaluation form. The spokesperson for the group will then e-mail me a paragraph summary of the group’s evaluation of the presentation. I will then assign a **grade for the group, up to 10 points**. The system improvement presentations will be scheduled the last week in March and the first week of April.

**Assignment 5 Exam:** A short-answer essay, take home, exam on the readings and class discussions will be discussed in the April 14 class and will be due on April 21. Counts **35 points** toward final grade.

Grades will be determined as follows:

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<th>Paper Grade (Max 35 points)</th>
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<tr>
<td>A+ = 35</td>
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<td>A- = 32</td>
<td>B+ = 30</td>
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<td>B = 29</td>
<td>B- = 28</td>
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<td>C+ = 26</td>
<td>C = 25</td>
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<td>C- = 23</td>
<td>D = ≤ 22</td>
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**Final Grade**

| 97-100 | A+ | 93-96 | A |
| 89-92  | A- | 85-88 | B+ |
| 81-84  | B  | 77-80 | B- |
| 73-76  | C+ | 69-72 | C |
| 65-68  | C- | ≤ 64  | D |

The fine print: If you miss more than two sessions, no matter what the reason, five points will be deducted from your grade for each missed session over two unless you make up the session. To make up a session start by getting the handout to determine what you missed. Develop a make-up plan to be submitted for instructor approval. The plan should be relevant to the topic of the missed session, and should involve three or more hours of effort.

In fairness to other students, 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. However, I am always happy 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 we had a pre-paper conference, describe the understanding we reached about the goals and the content of the paper. If a conference did not take place, discuss how your paper built on the relevant literature (refer to specific citations) and class discussions.

### Preliminary Schedule of Topics, Readings, and Assignments

1-6

- 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
- Self-assessment
- NAMI of Washtenaw County Mtg., Information, NAMI Office 734-994-6611
- Jan 13th 7pm social; 7:30 program: Navigating the Local Mental Health System, Steve Wiland
- St Clare’s Episcopal Church/Temple Beth Emeth, 2309 Packard, Ann Arbor

1-13

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

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<tr>
<td>1-20</td>
<td>Culture, Race, and Ethnicity A Supplement to Mental Health: A Report of the Surgeon General Executive Summary</td>
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<td><a href="http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-1.html">http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-1.html</a></td>
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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)

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<tbody>
<tr>
<td>1-27</td>
<td>Culture Counts: The Influence of Culture and Society on Mental Health</td>
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<td>Culture of the Patient, Culture of the Clinician, Culture, Society, and Mental Health Services, Racism, Discrimination, and Mental Health, Demographic Trends</td>
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<td><a href="http://www.mentalhealth.org/cre/ch2.asp">http://www.mentalhealth.org/cre/ch2.asp</a></td>
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Policy Perspectives. Assertive Community Treatment Programs.

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<td><a href="http://www.mentalhealthcommission.gov./reports/reports.htm">http://www.mentalhealthcommission.gov./reports/reports.htm</a></td>
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Review websites for research on Major paper and System Improvement Project
http://www.lib.umich.edu/socwork/mentalpol.html
http://www.lib.umich.edu/socwork/sw636.html

February 10, NAMI meeting: 7:30 St Clare’s Episcopal Church/ Temple Beth Emeth, 2309 Packard, Ann Arbor

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<th>Date</th>
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<tr>
<td>2-10</td>
<td>Organizing and financing mental health services</td>
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<td><a href="http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6">http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6</a></td>
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Four Lives; Bonnie tapes

**Assignment 2 due**

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<tr>
<td>2-17</td>
<td>The Fundamentals of Mental Health and Mental Illness</td>
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<td><a href="http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter2">http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter2</a></td>
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Untreated serious mental illness, 48 hours

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<td>2-24</td>
<td>Spring Break</td>
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<td>African Americans 3</td>
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<td>American Indians and Alaska Natives 4</td>
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<td>Asian Americans and Pacific Islanders 5</td>
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<td>Hispanic Americans 6</td>
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<td>3-10</td>
<td>Children, ch 3; Adults, ch4; Older adults 5</td>
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<td><a href="http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter3">http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter3</a></td>
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Policy making opportunities in agency practice.

Infant Mental Health; The Long Goodbye

**Major paper due**

3-17 LGBT, Gender. Physical Disability
Evidence-Based Practices Illness Management & Recovery; Medication Management; Assertive Community Treatment; Family psychoeducation; Supported employment; Co-occurring disorders: Integrated dual disorders treatment [Web Page]. URL http://mentalhealthpractices.org. Critique two of the six modules


3-24 Whither psychotherapy--as a mental health service? Consumer Reports; Seligman

3-31 **System Improvement Group presentations**
NAMI meeting, April 7 7:30 St Clare’s Episcopal Church/Temple Beth Emeth, 2309 Packard, Ann Arbor

4-7 **System Improvement Group presentations**
Organized Self-Help, Consumer Provided Services, Informal Help, Powell

4-14 Course review and discussion of take home exam

4-21 Take home exam due

**Reading Schedule**

The information in the schedule below should be the same as above but perhaps in easier to use form.


Mental Health: A Report of the Surgeon General, Executive summary, Ch. 1 and Ch. 6 (all sections)
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter1

1-20 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
http://www.mentalhealth.org/cre/ch1_scope.asp


1-27 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


http://www.mentalhealthcommission.gov/reports/reports.htm
Review websites for research on Major paper and System Improvement Project
http://www.lib.umich.edu/socwork/mentalpol.html
http://www.lib.umich.edu/socwork/sw636.html

2-10 Organizing and financing mental health services
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6


2-17 The Fundamentals of Mental Health and Mental Illness
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter2

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

3-10 Children, ch 3; Adults, ch4; Older adults 5
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter3


3-17 Evidence-Based Practices Illness Management & Recovery; Medication Management; Assertive Community Treatment; Family psychoeducation; Supported employment; Co-occurring disorders: Integrated dual disorders treatment [Web Page]. URL http://mentalhealthpractices.org. Critique or comment on two of the six modules


**Required Readings**


**Other Valuable Resources**


Bazelon Center. (Psychiatric advance directive [Web Page]. URL


