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.

A Personal Note: If you need an accommodation for any kind of disability, please make an appointment
to see me early in the term so that we can make the necessary arrangements.

SOURCE MATERIALS

Famous last words: the Journal of the American Medical Association (10/14/39) said about arguably the
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.” Moral: Don’t be so quick when you run into the unfamiliar, keep an open mind

All required readings are accessible via the Social Work Library. Visit
http://www.lib.umich.edu/socwork/collect.html (then click on Electronic Reserves, Winter, 2004). If
a link doesn’t 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.

We will make extensive use of the President's New Freedom report and the two Surgeon General’s
Reports below. These are available on the Internet; they (either in part or whole) may also be available in
print form either at no charge or at nominal cost. All other readings will be on electronic reserve:
Policy can be defined in various ways. I think it makes a lot of sense to conceive 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 remember 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 transformed by practitioners. Thus we must be concerned not only with that which is promulgated but also with that which is implemented, and the interaction between the two. In this course we will often be concerned with implemented policy, that which actually takes place as services are provided, or not provided.
Policies, thought of as a course of action or a recurring pattern, are not necessarily recorded in written documents; indeed they may contradict what is in written in published documents. Sometimes policy exists without a published document. 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 you are familiar with that is not recorded, e.g., giving preference 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 prejudice 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 condition 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 risk exposure such as possible suicide or homicide).

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 filter down to 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 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 systems that presumably exist to serve them.

Policy effectiveness should be measured in terms of the quality of services delivered and/or in terms of client or customer outcomes. To be effective, they must also measure up to PODS standards, that is pass examination when looked at through the lenses of Privilege, Oppression, Diversity, and Social Justice. 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) availability and accessibility in relation to need and demand b) adequacy in terms of its interventions and activities, c) satisfaction of consumers and families, d) quality according to accepted standards, e) evidence of positive outcomes, f) risk to recipients, g) restrictiveness, and h) 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. Note you will run into these criteria and considerations as one of the options under the major paper.

A word about how we refer to the people we’re supposed to 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.”
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., 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 non-mental-health-specialized groups such as Alcoholics Anonymous, Compassionate Friends, Overeaters Anonymous, Adult Children of Alcoholics (and Al-Anon) groups.

ASSIGNMENTS

This discussion of assignments is meant to indicate the many options you have. Indeed the option to create your own assignment is yours for the asking. Please confer with me to get the best fit between the course and your interests. I can help you design assignments that suit 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.

Another point: Some agencies that purport to “address” problems seem to exist primarily to assuage the community’s conscience while doing little to alleviate the problem. In fact 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 follow a flexible format along the following lines: Sessions will begin with a brief lecture and discussion of the readings using the CourseTools Discussions. 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 lead to a discussion of the policy-relevance of the presentation (see Mills above). Sometimes it will be necessary to carryover discussions from one class to the next, thus attendance at every session is important. To get what you want out of this course, you’ll have to keep current with the readings so that you can participate knowledgeably in the discussions. The presentations, discussions, videos, and readings will be incorporated in the final exam; thus it will be helpful to keep detailed notes on these elements including the persons and incidents depicted in the videos.

Assignment 1 https://coursetools.ummu.umich.edu/2004/winter/swps/636/001.nsf: Select six of the readings in CourseTools for critique (three by Feb 9, and three after that). Post your critique (do not use the attachments feature, instead paste your comments in the text box) by the Friday before the class in which it is due to be discussed. I know that this early posting may be difficult (try doing critiques weeks ahead) but the reason I’m asking you to post by Friday is that so we can review your critique before the class in which it will be discussed. As the person contributing the critique, you may be asked in class to summarize certain points in the reading or to expand on one of the points you made in the critique.
The critique should be approximately 250 words or more. The critique should discuss how you could use the information or analysis as a policy maker or a designer of service programs. Be specific and detailed in your critique, illustrating your points with examples from your experience, if possible. Your critique may refer to earlier posted responses but it must also address the substance of the reading.

Six postings will contribute 10 points toward your grade. Points will be deducted for missing responses and late responses (unless individual arrangements were made).

Assignment 2: Mental Health Services: Historical and Comparative Perspectives
Select a topic narrow enough to be described in terms of specific events and forces. Here’s a laundry list of possibilities: 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, 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, etc. Discuss one of these subjects (I’d be glad to speak with you about your focus) in terms of the specific historical events and social forces that have shaped current programs and practices. Be sure to explain how these events and forces are reflected in current services and what their impact has been on PODS goals. And where similar services are offered in other countries and in different cultures, discuss how they are different from the ones you are writing about. Ten points. Due Feb 9. 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:
In the academic world, most of the work that is done is clerical. A lot of the work done by professors is routine. Noam Chomsky 11/2/03 NY Times

a) Write a paper on any topic related to mental health services or policy. Please confer with me beforehand and after our conference, email me a paragraph or two describing what the focus of the paper will be.

or

b) Describe a program that you are familiar with such as a self-help program (e.g., NAMI, Depression and Bipolar Support Alliance, Schizophrenics Anonymous), an ACT or clubhouse program, a shelter or breakfast program, or any of the variety (laundry list) of programs that have been mentioned in this syllabus or in class. The program may be one you have worked in, done your field placement in, or one that you have observed usually on more than one occasion. Discuss who actually uses the program and compare that with who it was intended for. Describe the environment or service network of which the program is a part, i.e. how people get to the program or the referral network, and where the clients go after the program. Provide a detailed description of the actual operations or components of the program, including those activities that are not part of the formal program, or even those that would not likely be acknowledged publicly. In other words we are interested in what the program does as well as what they say the program does. Evaluate or assess the program in terms of its: a) availability and accessibility in relation to need and demand b) adequacy in terms of its interventions and activities, c) satisfaction of consumers and families, d) quality according to accepted standards, e) evidence of positive outcomes, f) risk to recipients, g) restrictiveness from the consumers’ perspective, and h) cost to consumer and third-party payers (provide estimate of actual dollar costs of service, as well as the actual cost burden to various stakeholders). For example, an ACT service may be costly but impose no burden on the recipient, while
outpatient therapy may be less costly but impose a significant burden on the user because of high copays or limited coverage of services. Note some of the above criteria will be more important than others depending on the program. Also please note that if other criteria are relevant to your program (and this may often be the case), you should assess your program accordingly. Pay special attention to how the program responds, or fails to respond, to the interests of people from a particular cultural group such as people of color, oppressed ethnic or religious groups, seniors, women, poor or low income persons, LGBT persons, or persons with disabilities. Discuss how the evaluation might vary depending on whether one’s perspective is that of a consumer, family member, service provider (perhaps differentiating among providers such as nurses, physicians, social workers, psychologists, etc.), third party payers, corporate purchasers, tax payers, and other stakeholders in your program. Lastly, discuss how you would prioritize this program relative to other important or essential programs.

You may want to confer with me even before you are ready to begin work on the paper. Sometimes it’s good to let ideas simmer for awhile. Then when you’re ready to begin active work you will have a theme or an approach, have identified resources, and have a plan for organizing your report.

All papers should have a balance of journal and Internet references. The quality of the references is paramount; they should be peer reviewed, evidence-based, objective, and current. In the paper, describe the keywords you used to search one or more of the following databases: Medline, PsychInfo, Family & Society Studies Worldwide, or another database specific to your topic. Report the results of your search, and discuss the rationale you used to choose the key references for the paper. The appropriate number of references will depend on how comprehensive they are and the nature of the paper. However, fewer than six should raise a flag, but again it’s quality not quantity that counts.

Some policy-oriented journals that sometimes get overlooked in such papers are: Health Affairs, Health Services Research, Journal of Mental Health Policy and Economics, Journal of Behavioral Health Services Research, Administration and Policy in Mental Health, New England Journal of Medicine, JAMA, Lancet.

The major paper is due March 8, 35 points. Suggested length 8-12 pages.

Please number the pages of your paper, and do not use 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.

Assignment 4. System Improvement Project.

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”

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 goal is not simply to present material on a topic, but to present recommendations about how services or policy could be improved in the topical area. The range of appropriate topics is purposefully very broad. Appropriate topics include (again the laundry list): the recovery concept; homelessness, complementary and alternative medicine (integrative health), insurance parity, criminal/legal system services, program planning models, PODS in the agency environment, infant mental health; services for people with developmental disabilities; involuntary treatment, media events as an opportunity 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 or action steps that 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 that you will create and ask the class to fill out 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 assess 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. When this assignment is satisfactorily completed, each member of the group will receive 10 points toward the final grade. This means that each member of the group should consider that s/he has an ethical obligation to do a fair share of the presentation work. If you are unable to do your share, please let me know as other individual arrangements can be made. The system improvement presentations will be scheduled March 29 & April 5.

**Assignment 5 Exam**: A short-answer essay, take home, exam on the readings and class discussions will be discussed in the April 19 class and will be due on April 26. 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>
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<td>B = 29</td>
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<tr>
<td>C+ = 26</td>
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<td>C- = 23</td>
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**Final Grade: Assignments 1-5 equal potential 100 points**

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<tr>
<th>97-100</th>
<th>A+</th>
<th>93-96</th>
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<tr>
<td>89-92</td>
<td>A-</td>
<td>85-88</td>
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<td>73-76</td>
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<td>65-68</td>
<td>C-</td>
<td>≤ 64</td>
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From the **Student Guide**

**Grades in Academic Courses**

Letter grades from "A" through "E" are given for class performance. "A" grades are given for exceptional individual performance and mastery of the material. The use of "A+", "A", and "A-" distinguish the degree of superiority. "B" grades are given to students who demonstrate mastery of the material. "B+" is used for students who perform just above the mastery level but not in an exceptional manner. "B-" is used for students just below the mastery level. "C" grades are given when mastery of the material is minimal. A "C - " is the lowest grade which carries credit. "D" grades indicate deficiency and carry no credit. "E" grades indicate failure and carry no credit.
The fine print: If you miss more than two sessions—and reasons aren’t relevant—five points will be deducted from the grade for each missed session over two unless you make up the session. When you miss a session it is your responsibility to find out what you missed, and to collect the materials that were distributed. To make up a session submit your make-up plan to me in writing for approval. The plan should be relevant to the topic of the missed session, and should involve as much time as the class plus preparation time.

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 your evaluation of the paper explaining your reasons for the request. If we conferred before the paper was written, describe the understanding we reached about the goals and the content of the paper. If we didn’t confer, discuss how your paper built on the relevant literature (refer to specific citations) and class discussions.

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

1-12  The rationale for the course (Mills), the role of providers (Shaw), the practitioners’ influence on policy (Powell)

The content of the course as seen through the assignments

Policy discussion groups

Psychosocial clubhouse programs http://www.iccd.org/Clubhouse%20Directory/directory.htm
http://fountainhouse.org/

The PODS orientation of course.


Note absence of reference to organized consumer and family groups DBSA, NAMI, and integrative self-help resources like A.A. for people with co-occuring disorders

(see Electronic Reserves, SW Library)

Mental Health A Report of the Surgeon General

Mental Health Executive summary, Chapter 1
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter1

NAMI of Washtenaw County Mtg., Information, NAMI Office 734-994-6611
Jan 12th 7:30 program: 20th Anniversary of NAMI: Progress and Prospects
St Clare’s Episcopal Church/Temple Beth Emeth, 2309 Packard, Ann Arbor

1-19  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

But please do readings

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)

1-26  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

Policy Perspectives. Assertive Community Treatment Programs.

<table>
<thead>
<tr>
<th>Date</th>
<th>Assignment</th>
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<tbody>
<tr>
<td>2-9</td>
<td>Organizing and financing mental health services <a href="http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6">http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6</a></td>
</tr>
<tr>
<td>2-16</td>
<td>The Fundamentals of Mental Health and Mental Illness <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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<tr>
<td>2-23</td>
<td>Spring Break</td>
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<tr>
<td>3-1</td>
<td>Read any two of the five selections below: <a href="http://www.surgeongeneral.gov/library/mentalhealth/cre/">http://www.surgeongeneral.gov/library/mentalhealth/cre/</a></td>
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<tr>
<td></td>
<td>African Americans 3</td>
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<td></td>
<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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<tr>
<td>3-8</td>
<td>Read one of the chapters on children, adults, older adults. <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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<tr>
<td></td>
<td>Infant Mental Health; The Long Goodbye Major paper due</td>
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<th>Date</th>
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<tr>
<td>4-12</td>
<td>Special Interest Topics</td>
</tr>
<tr>
<td>4-19</td>
<td>Course review and discussion of take home exam</td>
</tr>
<tr>
<td>4-26</td>
<td>Take home exam due</td>
</tr>
</tbody>
</table>

**Reading Schedule**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</table>
2-9 Organizing and financing mental health services
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter6


2-16 The Fundamentals of Mental Health and Mental Illness
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter2

3-1 Two of the five selections below:

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

3-8 One of the three selections below

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


3-15 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


3-22 Whither psychotherapy--as a mental health service? Consumer Reports; Seligman


4-5 Organized Self-Help, Consumer Provided Services, Informal Help. Powell

Required Readings


636-out-W04-Tu.doc


**Other Valuable Resources**


