SOCIAL POLICY AND SERVICES
MENTAL HEALTH POLICY
S653 (FALL, 1993)

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Course Rationale: The purpose of this course is to provide
intensive study of a specific field of service delivery and to
provide an opportunity for syntheses of learning which has
occurred. This course is one of the curricular offerings
directed toward the development of a specialization in a specific
field of practice.

Study of the specific service delivery system will be
structured on the model explicated in previous courses; namely,
problem definition, social policy goals, program design, and
service delivery.

This course will examine mental health policies and services in
the United States. Historical and current trends in mental
health services and legislation will be reviewed. We will
discuss issues including: the role of state operated facilities
in a community based service delivery system, the economics of
disability and health care, the effects of deinstitutionalization,
services to special populations, rights of people in services,
roles of families and consumers in policy making, and paradigms
for mental health delivery.

Course Objectives

A. General Objectives for all Social Policy and Services III
   Courses.

The student will be expected to:

1. Develop specialized knowledge in one field of service
   delivery with specific focus on:

   a. The dimension of the problem affecting the population
      served;
   b. The structure, organization, and funding of services;
   c. The legal framework which influences and governs services;
   d. Trends and issues which effect service delivery in the
      specific field;
   e. Differential social work roles and interventions;
   f. Effects of the service delivery system on devalued
      populations;

2. Demonstrate the ability to critically analyze problems and
   services.

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3. Participate actively in the process of creative selection, synthesizing and application of knowledge relevant to the field of study.

4. Develop commitment to explore and discover more effective means of service delivery.

Specific Objective

The student will be expected to:

1. Examine the incidence and prevalence of "mental illness".

2. Develop an understanding of the major issues and trends underlying mental health policy development in the United States.

3. Develop an understanding of the major issues and trends in providing care and services to people with mental illness.

4. Develop an understanding of the historical background of community mental health centers, specific legislation and social policy changes in the postwar eras.

5. Demonstrate an understanding of the political,. economic, and social constraints on mental health agencies in the 1990's.

6. Demonstrate an understanding of the structure, organization, and funding arrangements of mental health delivery systems.

7. Demonstrate an awareness of the impact of gender, race, ethnic background, age, disability, sexual orientation, and economic standing on mental health issues, policies, and programs in development and implementation.

8. Demonstrate an understanding of the strengths and weaknesses of policies and programs developed to meet the mental health needs of society.

9. Acquire an understanding of the social worker's role in the formation and implementation of mental health policies.

10. Understand the importance of consumer's rights and participation in the delivery of mental health programs.

11. Enhance the student's ability to participate in the planning and evaluation of mental health programs.

12. Enhance the student's awareness of other fields of thought and influences about mental health services.

Mutual Expectations

What I expect of students

1. To contribute to the class discussions

2. To treat all participants with respect

3. To turn in all assignments on time

4. To read and think critically about the assigned readings.

5. To take personal responsibility for the learning process.

What Students can Expect of the Instructor:

1. I will be available in class or personally for feedback and guidance relevant to the class.

2. I will ask you to formally and informally to evaluate the class and will use your feedback to better the course.

3. I will strive to have assignments graded by the next class period.

4. I will work hard to make this a class that is informative and enjoyable.

5. I will treat you with respect.

Course Requirements

CLASS PARTICIPATION (50pts.)

Students are expected to attend class and actively participate in the learning process. While the specific content of the course is important, it is more important that you continue to develop your ability to explore and examine issues critically. The ability to think critically is often sparked by dialogue and debate.

PERSPECTIVE PAPER (100 pts, DUE OCT. 12)

Mental health policy is shaped by many actors including legislators, academics and analysts, professional helpers, family members, and consumers of services. Each of these groups have a perspective on what important issues, services, and policy decisions are critical to a well functioning mental health system. Two sources of information are needed to complete a paper which should be a maximum of ten pages in length: professional literature and a personal interview(s) or observation(s). There have been many professional publications on the issues facing family members of the severely and persistently mentally ill and, obviously, professional helpers

and academics regularly share there views about a range of topics of interest in mental health services and policies. More recently we have seen primary consumers perspectives' offered (this is particularly true in the <u>Psychosocial Rehabilitation Journal</u>, <u>Hospital</u> and <u>Community Psychiatry</u>, and <u>Innovations and Research</u>). Depending on your interest area you might interview a professional, attend a family support group or information meeting sponsored by the Alliance for the Mentally Ill or consumer group etc.. It is up to you. Two approaches seem reasonable - pick a topic to explore (such as should State Hospitals be closed etc.) or use an exploratory approach where you take your cues from your interview or observation and then research the professional literature on the topic. Your paper may look something like this:

I   Introduce the Topic
II   Review of the Professional Literature
III   What Programs and Policy are in place or are needed
        to address the issue(s).
IV   Possible Ramifications -
V   Your Overall Reaction/Conclusion

        Where it is requested, the confidentiality of your source of information should be protected. This is of prime importance if you interview primary consumers. Your paper should demonstrate your familiarity with the professional literature. Citations and references should be in APA style.

TERM PAPER   (200 PTS, DUE NOV. 23)

        This scholarly paper should cover a critical issue in mental health services and policy. It should cover the points below which I will explicate in class:

I.   Definition of the Problem
II.   Causes and Consequences
III.   Ideology and Values
IV.   Gainers and Losers
V.   Current Intervention Efforts and Policies (or)
        Potential Innovative Polices and Programs to Address Stated
        Problem or Issue.
VI.   Your overall impressions/analysis/conclusions

Topics could include such things as dual diagnosis clients, services to special populations, homelessness, rural mental health services, mental illness and poverty, etc. Make this your paper -- one that you enjoy and one that represents a topic that you are interested in. Feel free to seek me out for any questions, advice, or direction. The professional literature should be well covered (meaning more than just a couple of citations) and should be well-written and concise). The paper should be no more than 20 pages in length.

2 TESTS   (50 pts each, Oct. 26 & Dec. 7).

These objective tests will cover the reading assignments and the material covered in class).

Late Assignments

If you feel a need to extend a deadline you must speak to me in advance (more than one day) about this and an agreement will be reached. I reserve the right to extract a 10% a day penalty for late papers.

Grading

Grades are assigned by the actual quality of your work not the effort you extended. The following scale will be used.

    A: 450-405
    B: 404-360
    C: 359-315
    D: 314-270
    F: 269 >

PRIMARY TEXT

Mechanic, D., (1989) Mental Health and Social Policy, 3rd. Ed. Englewood Cliffs, NJ: Prentice Hall.

CLASS SCHEDULE

8/31   Orientation/Introductions/Overview

9/7   Historical Context

       Readings: Mechanic Chapter, 1, 2, & 4

9/14   Historical Context Cont.

       Readings   Rothmann, D. (1971) The Discovery of the Asylum, Chps. 5 & 9 pgs 109-154.

9/21   The Origins and Development of Community Mental Health

       Readings   Mechanic, Chp. 5

                  Taber, M. A Theory of Accountability for the Human Services and the Implications for Social Program Design. Administration in Social Work, 11(3/4), 1987, 115-126.

       Chambers, Ch. 1

9/28 CMHC Movement Cont./Deinsitutionalization

Readings: Lurigio, A. & Lewis, D. Worlds that Fail: A
             Longitudinal Study of Urban Mental Patients,
             Journal of Social Issues, 45(3), 1989, 79-90.

             Warner, R. Deinstitutionalization: How did we
             get where we are? Journal of Social Issues,
             45(3), 1989, p. 17-30.

             Mechanic, D. & Rochefort, D. A Policy of
             Inclusion for the Mentally Ill, Health Affairs,
             1992(Spring), 128-150.

             Sullivan, W.P. Reclaiming the Community:
             Deinstitutionalization and the Strengths
             Perspective, Social Work, 37(3), 1992, p. 204-
             209.

             Lamb, R. Is it time for a Moratorium on
             Deinsitutionalization?, Hospital and Community
             Psychiatry, 43(7), 1992, p. 669

Oct. 5   Deinstitutionalization cont./Community Support
             Program

             Mechanic Ch. 9

             Turner, J. & TenHoor, W. The NIMH Community
             Support Program: Pilot approach to a needed
             Social Reform, Schizophrenia Bulletin, 4(3),
             1978, p. 319-344.

             Rice, D., Kelman, S., & Miller, L. The economic
             burden of mental illness, Hospital and Community
             Psychiatry, 43(12), 1227-1232.

Oct. 12   Family Issues

             Wahl, O. & Harman, C. Family views of stigma,
             Schizophrenia Bulletin, 15(1), 1989 131-139.

             Lefley, H. Expressed emotion: Conceptual,
             clinical, and social policy issues, Hospital and
             Community Psychiatry, 43(6), 590-598

             Spaniol, L., Zipple, A., & FitzGerald, S. How
             professionals can share power with families:
             Practical approaches to working with families of
             the mentally ill, Psychosocial Rehabilitation
             Journal, 8(2), 1984, p. 77-84

Hatfield, A. Families as caregivers: A historical perspective. in A. Hatfield & H. Lefley (Eds.), <u>Families of the Mentally Ill</u> New York: Guilford Press, 1987, p.3-30.

Oct. 19   Psychosocial Rehabilitation

Mechanic, Ch. 7

Bellack, A., & Mueser, K. Psychosocial treatment of schizophrenia, <u>Schizophrenia Bulletin</u>, <u>18</u>(2), p. 317-336

Cnaan, R., Blankertz, L, Messinger, K., & Gardner, J. Psychosocial Rehabilitation: Toward a definition, <u>Psychosocial Rehabilitation Journal</u>, <u>11</u>(4), 1988, p.61-77.

Cnaan, R., Blankertz, L., Messinger, K., & Gardner, J., Psychosocial Rehabilitation: Towards a theoretical base, <u>Psychosocial Rehabilitation Journal</u>, <u>13</u>(1), 1989, 32-55.

Munich, R., & Lang, E. The boundaries of psychiatric rehabilitation. <u>Hospital and Community Psychiatry</u>, <u>44</u>(7), 1993, p.661-665.

Oct. 26   Test

Nov. 2   Case Management

Rose, S. Case Management: An advocacy / empowerment design. In S. Rose (Ed.) <u>Case management and social work practice</u>. New York: Longman, 1992   p. 271-297

Libassi, M. The chronically mentally ill: A practice approach. In S. Rose (Ed.) <u>Case management and social work practice</u>. New York: Longman, 1992, 77-90.

Harris, M. & Bergman, H. Case management with the chronically mentally ill: A clinical perspective. In S. Rose (Ed.) <u>Case management and social work practice</u>. New York: Longman, 1992,   91-100.

Rapp, C. The strengths perspective of case management with persons suffering from severe mental illness. In D. Saleebey (Ed.) <u>The strengths perspective in social work</u>. New York: Longman, 1992, 45-58

Nov. 9   Case Management (cont.)

Moore, S. Case management and the integration
of services: How service delivery systems shape
case management. Social Work 37(5), 1992, p.
418-423.

Austin, C. Case management: Myths and
realities. Families in Society, 71(7), 1990, p.
398-405.

Intagliata, J. Improving the quality of care
for the chronically mentally disabled: The role
of case management. In S. Rose (Ed.) Social
Work and case management, New York: Longman,
1992, p. 25-55.

Brennan, J. & Kaplan, C. Setting new standards
for social work case management, Hospital and
Community Psychiatry, 44(3), 1993, p.219-222.

Nov. 16   Vocational Rehabilitation/Housing Programs/
                          Education/Recreation

Mechanic, Ch. 11

Anthony, W., & Blanch, A. Supported employment
for persons who are psychiatrically disabled:
An historical and conceptual perspective.
Psychosocial Rehabilitation Journal, 11(2), 5-23.

Ridgway, P. & Zipple, A. The paradigm shift in
residential services: From the continuum to
supported housing approaches. Psychosocial
Rehabilitation Journal, 13(4), 1990, 11-31.

Carling, P. Housing and supports for persons
with mental illness: Emerging approaches to
research and practice. Hospital and Community
Psychiatry, 44(5), 439-449.

Kninsely, M., & Fleming, M. Implementing
supported housing in state and local mental
health systems, Hospital and Community
Psychiatry, 44(5), 456-461.

Nov. 23   Consumer Initiatives/Self-Help

Rootes, L., & Aanes, D. A conceptual framework
for understanding self-help groups. Hospital and
Community Psychiatry, 43(4), 1992, p. 379-381.

Sherman, P., & Porter, R. Mental health
consumers as case management aides. Hospital
and Community Psychiatry, 42(5), 494-498.

Rappaport, J., Reischl, T., & Zimmerman, M. Mutual help mechanisms in the empowerment of former mental patients. In D. Saleebey (Ed.) The Strengths Perspective in Social Work, New York: Longman, 84-97.

Kaufmann, C., Freund, P., & Wilson, J. Self-help in the mental health system: A model for consumer-provider collaboration. Psychosocial Rehabilitation Journal, 13(1), 5-21.

Lin, M., & Kleinman, A. Psychopathology and clinical course of schizophrenia: A cross-cultural perspective. Schizophrenia Bulletin, 14(4), 555-567.

11/30   Systems Issues/In Summary

Mechanic Chp. 11 & 12

Wintersteen, R. Rehabilitating the chronically mentally ill: Social work's claim to leadership. Social Work, 31(5), 1986, 332-337.

Anthony, W. Recovery from mental illness: The guiding vision of the mental health system in the 1990's. Psychosocial Rehabilitation Journal, 16(4), 1993, 11-23.

12/7   Test 7

(AN EXTENSIVE BIBLIOGRAPHY WILL BE PRESENTED AT A LATER DATE)