

**HMP 693: Mental Health Policy in the United States  
Syllabus, Fall 2009**

**Logistics**

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**Class Meetings:** Wednesdays, 4:30-6:30 pm, Rm 2690, SPH I Crossroads

**Office Hours:** By appointment.

**Description:**

HMP 693 provides a broad overview of mental health policy in the United States. The class has a seminar format, with frequent guest speakers and discussions. The main goals of the course are for students to become familiar with the major policy issues and to gain experience analyzing these issues. The class can be taken for three credits with the completion of a research project.

**Materials:**

All readings will be available on CTools, except one book you will need to purchase:

Frank, R, Glied, S. (2006). Better but Not Well: Mental Health Policy in the United States Since 1950. John Hopkins University Press.

You can get this in paperback for \$22 from Amazon.com or other online vendors. Order it right away if you haven't already, because I expect you to have read the full book (about 150 pages) by the sixth class session (October 21<sup>st</sup>).

**2 versus 3 credits:**

You can take the course for 3 credits instead of 2 if you design a research project during the course. This project is described in detail in a separate document. I especially encourage you to design the research project if you think that mental health policy research may be an important part of your academic and/or professional career. I am happy to talk with you about whether doing this project makes sense for you.

## Course Philosophies

### Readings:

The average amount of required reading is moderate, for two reasons. First, you should have time to read all required readings carefully. Second, you should have time to do a lot of thinking as you read. This class is about thinking through the analysis process more than it is about collecting facts. Note that the reading assignments for some class sessions are longer than others. Try to plan ahead for that variation.

In addition to the required readings, supplemental readings are available in case you want to explore a topic more deeply. I do not expect you to read the supplemental readings, but I do encourage you to do so if you are really interested in a specific topic.

Preparing for each session by reading and thinking is the most important thing you can do in order to enhance the learning experience for the class as a whole. Our discussions should build upon the readings, not repeat and clarify them. We will be analyzing policy issues, not simply describing them. We need every person in the room to be prepared for a challenging and creative discussion.

I encourage you to take the reading pledge ☺:

*I vow to prepare for each class by doing the readings carefully and thoughtfully unless a serious emergency prevents me from doing so, because I want the discussions in this class to be as enriching as possible for myself and my classmates. Go Blue!*

### Class Participation:

Keep in mind that you can often enhance discussions by raising interesting questions as much as you can by offering answers. This class is about learning and building knowledge. I do not want you to feel like you are being carefully evaluated each time you speak. Take risks and share your creativity.

### Grading:

2 credit option: If you meet the following three requirements, you will get at least a B+:

- 1) Miss no more than one class (if an emergency prevents you, talk to me)
- 2) Do the readings before all classes
- 3) Arrive at each class having prepared two or more policy recommendations that are specific to issues addressed in the readings. You will turn in one copy of these recommendations to me at the start of each class. You may want to retain another copy for yourself, because you may be asked to share your recommendations during the class (or, even better, you may want to do so unsolicited). The written copy that you turn in does not need to be formal – just 1-2 paragraphs per recommendation to summarize your point (more detailed explanations are fine too, if you're feeling inspired). Be sure to

include your name on the sheet of paper. Not having these recommendations written at the start of class counts as ½ a missed class. So, if you fail to bring these recommendations twice but make it to every class, you can still get an A- or A.

Getting an A, versus an A-, versus a B+, will depend on the quality and effort evident in your policy recommendations and general class participation. An A+ is also possible through exceptional contributions via policy recommendations and class participation.

I hope that everyone will earn an A- or higher. I assume you are in this course because you care about the topic and want to take it seriously.

3 credit option: If you are doing the research project for a third credit, two thirds of your grade will be based on the criteria above, and one third will be based on your research project, which is described in detail in a separate document. Your grade on the research project will again be based on your diligence. If you meet the deadlines and put careful thought into your work, you will get at least a B+. If you miss more than one deadline (without prior approval) or put less than careful thought into your work, you will get a B or lower.

If you have unavoidable circumstances that prevent you from meeting any of these expectations, I am happy to discuss your situation. In general I'm happy to answer questions about grading.

### **Academic Integrity:**

The class environment should be challenging yet welcoming for all students. If you ever feel this is not the case, please talk to me. For those who are designing the research project, here are some obligatory words about plagiarism: any instances will be dealt with harshly. If you are unsure how to reference or quote sources, refer to sources such as the following web site: [http://owl.english.purdue.edu/handouts/research/r\\_plagiar.html](http://owl.english.purdue.edu/handouts/research/r_plagiar.html).

**Feedback:** I welcome your thoughts about how the class is going at any time. If you have feedback, please email me, schedule an appointment, or leave a note in my mailbox.

## Course Outline and Schedule

### 1. Introduction (Sept 9)

- a) Preview of course, expectations, logistics
- b) Primer on mental disorders
  - i) What is "mental health"?
  - ii) Disorders: types, prevalence, diagnostic categories
- c) Policy analysis framework to guide our discussions
  - i) What is the "problem"?
  - ii) What are the policy alternatives?
  - iii) What is the policy formation process?
  - iv) What are policy effects?
  - v) What is the optimal policy?

Sept 9 Required Readings:

None.

Sept 9 Supplemental Readings:

1. U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General—Executive Summary* (pp. vii-xxi). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
2. The President's New Freedom Commission on Mental Health (2003). *Executive Summary of Final Report*, pp. 1-18. Rockville, MD.
3. U.S. DHHS (1999). *Surgeon General's Report Chapter 2 pp. 39-60 (Overview of Mental Illness, Overview of Etiology, Psychosocial Influences on Mental Health and Mental Illness, Overview of Development, Temperament, and Risk Factors)*.
4. Regier, D. et al. (2009). The conceptual development of DSM-V. *Am J Psychiatry* 166(6): 645-650.
5. Goldman, HH, Grob, GN (2006). Defining "Mental Illness" in Mental Health Policy. *Health Affairs* 25(3): 737-749.
6. WHO World Mental Health Survey Consortium (2004). Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA* 291(21):2581-90.

7. Mayes, R, Horwitz, AV (2005). DSM-III and the Revolution in the Classification of Mental Illness. *Journal of the History of the Behavioral Sciences*, Vol. 41(3), 249-267, Summer 2005.
8. Kessler et al (2005). Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry* 62: 617-627.
9. Zachar, P. and Kendler, K. (2007). Psychiatric Disorders: A Conceptual Taxonomy. *Am J Psychiatry* 2007; 164:557–565.
10. Hollander, E, and Allen, A. (2006). Is Compulsive Buying a Real Disorder, and Is It Really Compulsive? *Am J Psychiatry* 163(10): 1670-1672.
11. Koran, L. et al. (2006). Estimated Prevalence of Compulsive Buying Behavior in the United States. *Am J Psychiatry* 2006; 163:1806–1812.

## **2. Mental Health Treatment: How Much Do We Really Know about What Works? (Sept 16)**

### Sept 16 Required Readings:

1. U.S. DHHS (1999). Surgeon General's Report Chapter 2 pp. 62-72 (Overview of Prevention, Overview of Treatment).
2. Pincus, H. et al. (2007). Can Psychiatry Cross the Quality Chasm? Improving the Quality of Health Care For Mental and Substance Use Conditions. *Am J Psychiatry* 2007; 164:712–719.
3. Spend ~30 minutes or more browsing the American Psychiatric Association's practice guidelines: [http://www.psych.org/psych\\_pract/treatg/pg/prac\\_guide.cfm](http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm)
4. Horvitz-Lennon, M., et al (2009). Improving Quality and Diffusing Best Practices: The Case of Schizophrenia. *Health Affairs* 28(3): 701-712.

### Sept 16 Supplemental Readings:

5. Young AS, Klap R, Sherbourne CD, Wells KB (2001). The quality of care for depressive and anxiety disorders in the United States. *Arch Gen Psychiatry* 58(1):55-61.
6. Druss BG, Miller CL, Rosenheck RA, Shih SC, Bost JE (2002). Mental health care quality under managed care in the United States: a view from the Health Employer Data and Information Set (HEDIS). *American Journal of Psychiatry* 159(5): 860-2.

7. Drake, R., Skinner, J., Goldman, H. (2009). What Explains the Diffusion of Treatments for Mental Illness? *Am J Psychiatry* 165(11): 1385-1392.
8. Wang, P. et al. (2009). Improving mental health treatments through comparative effectiveness research. *Health Affairs* 28(3): 783-791.

**3. Financing and Organization of Mental Health Services; Debate on Health Care Reform (Sept 23)**

- a) Overview: Who pays for services, who provides services
- b) Public sector
- c) Private sector
- d) Managed behavioral health organizations
- e) Implications for access and quality

Sept 23 Required Readings:

1. Scheffler, RM, Eisenberg, D (2004). How Money Makes its Way Through the Mental Health System. *Family Therapy Magazine* March/April 2004: 12-19.
2. Druss, B (2006). Rising Mental Health Costs: What Are We Getting for our Money? *Health Affairs* 25(3): 614-622.
3. Frank, R, Glied, S (2006). Changes In Mental Health Financing Since 1971: Implications For Policymakers And Patients. *Health Affairs* 25(3): 601-613.

Sept 23 Supplemental Readings:

4. U.S. DHHS (2001). Surgeon General's Report Chapter 6 (pp. 405-432)
5. Policy briefs from the Bazelon Center for Mental Health Law (9 briefs, each 3-5 pages long, plus one longer brief on the "Unfulfilled Promise of Olmstead...")
6. Buck, JA (2003). Medicaid, Health Care Financing Trends, and the Future of State-Based Public Mental Health Services. *Psych Services* 54(7): 969-975.
7. Dixon, S. (2009). Implementing Mental Health Parity: The Challenge for Health Plans. *Health Affairs* 28(3): 663-665.
8. Frank, R., Goldman, H., McGuire, T. (2009). Trends in Mental Health Cost Growth: An Expanded Role for Management? *Health Affairs* 28(3): 649-659.

**4. The public mental health system and its most important challenges (Sep 30) (Jeff Capobianco, Washtenaw Community Health Organization (WCHO))**

Sep 30 Required Readings:

1. The President's New Freedom Commission (2003). Goals and Recommendations (pp. 19-82). (*this is a long reading – you only need to browse it*)
2. Mechanic, D (2003a). Policy Challenges in Improving Mental Health Services: Some Lessons from the Past. *Psychiatric Services* 54(9): 1227-1232.
3. Coulter Edwards, B, and Smith, V. (2007). Insights and Opportunities: State Medicaid Directors Identify Mental Health Issues. *Psychiatric Services* 58:1032–1034.
4. Newman, S., Goldman, H. Putting Housing First, Making Housing Last: Housing Policy for Persons With Severe Mental Illness. *Am J Psychiatry* 165(10): 1242-1248.

Sep 30 Supplemental Readings

5. NAMI Report Card on the States (*check out Section I, pp. 1-30, plus anything else that interests you*)

**5. Guest: John Greden, MD (Oct 7)**

Readings TBA

**\*\*\*\*No class on October 14<sup>th</sup> (I have to be at a conference in Virginia)\*\*\*\*\***

6. a) **Historical perspective on mental health policy**  
**(Book Club Day ☺: Better But Not Well, by Frank & Glied (2006))**  
b) **Racial and ethnic disparities in mental health...and how much should we worry about them?**  
**(Oct 21)**

Oct 21 Required Readings:

1. Frank, R, Glied, S. (2006). Better but Not Well: Mental Health Policy in the United States Since 1950. John Hopkins University Press.
2. The President's New Freedom Commission Report (2003). Goal 3: Disparities in Mental Health Services Are Eliminated (pp. 49-55).
3. McGuire, T., Miranda, J. (2008). New Evidence Regarding Racial And Ethnic Disparities In Mental Health: Policy Implications. *Health Affairs* 27(2): 393-403.

4. Satel, S (2002). I Am a Racially Profiling Doctor. *New York Times* May 5, 2002; Section 6, Column 1, p. 56.

Oct 21 Supplemental Readings:

5. Glied, S., Frank, R. (2009). Better But Not Best: Recent Trends in the Well-Being of the Mentally Ill. *Health Affairs* 28(3): 637-648.
6. Alegria, M, Perez, DJ, Williams, S (2003). The Role of Public Policies in Reducing Mental Health Status Disparities for People of Color. *Health Affairs* 22(5): 51-64.
7. Miranda, J., et al. (2008). Mental health in the context of disparities. *Am J Psychiatry* 165(9): 1103-1108.
8. Swanson, J. et al. (2009). Racial Disparities In Involuntary Outpatient Commitment: Are They Real? *Health Affairs* 28(3): 816-826.

7. **a) Prevention and treatment for children;**  
**b) policy issues for elderly populations**  
**(Oct 28)**

Oct 28 Required Readings:

1. WHO (2004). Prevention of Mental Disorders: Effective Interventions and Policy Options. Summary Report. Geneva, Switzerland. (*this is long – browse it if you do not have time to read carefully*)
2. Charney et al (2003). Depression and Bipolar Support Alliance Consensus Statement on the Unmet Needs in Diagnosis and Treatment of Mood Disorders in Late Life. *Archives of General Psychiatry* 60: 664-672.
3. Karlin, BE, Duffy, M. (2004). Geriatric Mental Health Policy: Impact on Service Delivery and Directions for Effecting Change. *Professional Psychology: Research and Practice* 35(5): 509-519.

Oct 28 Supplemental Readings:

4. Department of Health and Human Services Administration on Aging (2001). Older Adults and Mental Health: Issues and Opportunities.
5. Jeste, D. V., Alexopoulos, G. S., Bartels, S. J., Cummings, J. L., Gallo, J. J., Gottlieb, G. L. et al. (1999). Consensus statement on the upcoming crisis in geriatric mental health: Research agenda for the next 2 decades. *Archives of General Psychiatry* 56: 848-853.

6. U.S. DHHS (2001). Surgeon General's Report Chapter 5 pp. 336-381.
7. Grabowski, D. et al. (2009). Mental Illness in Nursing Homes: Variations across States. *Health Affairs* 28(3): 689-700.
8. U.S. DHHS (2001). Surgeon General's Report, Chapter 3, pp. 136-193 (starting with "Overview of Mental Disorders in Children).
9. Glied, S, Cuellar, AE (2003). Trends and issues in child and adolescent mental health. *Health Affairs* 22(5): 39-50.
10. Knitzer, J, Cooper, J (2006). Beyond Integration: Challenges For Children's Mental Health. *Health Affairs* 25(3): 670-679.
11. U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services, 2000.
12. Moffit, T., and Melchior, M. (2007). Why Does the Worldwide Prevalence of Childhood Attention Deficit Hyperactivity Disorder Matter? *Am J Psychiatry* 164(6): 856-858.

**8. a) College students: mental health during a pivotal period;  
b) employment, productivity, and mental health  
(Nov 4)**

Nov 4 required readings:

1. Mowbray, C et al (2006). Campus Mental Health Services: Recommendation for Change. *American Journal of Orthopsychiatry* 76(2): 226-237.
2. Kadison and DeGeronimo (2004). Chapter 5: What are colleges doing about the crisis? And what more should be done?, from *College of the Overwhelmed*.
3. Danziger, S, et al (2009). Mental illness, work, and income support programs. *Am J Psychiatry* 166(4): 398-404.
4. Drake, R, et al. (2009). Social Security and Mental Illness: Reducing Disability with Supported Employment. *Health Affairs* 28(3): 761-770.

Nov 4 supplemental readings:

5. Kadison and DeGeronimo (2004). Chapter 4: Crisis on campus: feeling hopeless and helpless, from *College of the Overwhelmed*.

**9. a) Substance abuse policy;  
b) Mental health and the criminal justice system  
(Nov 11)**

Nov 11 Required Readings:

1. Burnam, MA, Watkins, KE (2006). Substance Abuse With Mental Disorders: Specialized Public Systems And Integrated Care. *Health Affairs* 25(3): 648-658.
2. Gabel, J. et al. (2007). Substance Abuse Benefits: Still Limited After All These Years. *Health Affairs* 26(4):: w474–w482.
3. Mark, T. et al. (2007). Trends in Spending for Substance Abuse Treatment, 1986-2003. *Health Affairs* 26(4): 1118–1128.
4. Cuellar, AE et al (2006). A cure for crime: Can mental health treatment diversion reduce crime among youth? *Journal of Policy Analysis & Management* 25(1): 197-214.

Nov 11 Supplemental Readings

6. SAMHSA (2002). Executive Summary (pp. i-xix): Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders. Bethesda, MD: Substance Abuse and Mental Health Services Administration.
5. Watson, A., Hanrahan, P., Luchins, D., Lurigio, A. (2001) Mental Health Courts and the Complex Issue of Mentally Ill Offenders. *Psychiatric Services* 52(4):477-481
6. Monahan, J, Swartz, M, Bonnie, RJ (2003). Mandated Treatment In The Community For People With Mental Disorders. *Health Affairs* 22(5): 28-38.
7. Steadman, HJ, SM Morris and DL Dennis (1995). The diversion of mentally ill persons from jails to community-based services: a profile of programs. *American Journal of Public Health* 85(12): 1630-163.
8. Draine, J. and Solomon, P. (1999). Describing and Evaluating Jail Diversion Services for Persons With Serious Mental Illness. *Psychiatr Serv* 50: 56-61.
9. Volkow, N., and O'Brien, C. (2007). Issues for DSM-V: Should Obesity Be Included as a Brain Disorder? *Am J Psychiatry* 164(5): 708-710.

**10. Stigma of mental illness and related policy issues (Nov 18)**

Nov 18 Required Readings:

1. Corrigan, P (2004). How Stigma Interferes with Mental Health Care. *American Psychologist* 59(7): 614-625.
2. Mechanic D. (2003b). Is the Prevalence of Mental Disorders a Good Measure of the Need for Services? *Health Affairs*. Sep-Oct;22(5): 8-20.
3. Mojtabai, R. (2007). Americans' Attitudes Toward Mental Health Treatment Seeking: 1990–2003. *Psychiatric Services* 58(5): 642-651.
4. Appelbaum, P. (2006). Violence and Mental Disorders: Data and Public Policy. *Am J Psychiatry* 163(8): 1319-1321.

Nov 18 Supplemental Readings

5. Huskamp, H (2006). Prices, Profits, and Innovation: Examining Criticisms of New Psychotropic Drugs' Value. *Health Affairs* 25(3): 635-646.
6. Frank, RG, Conti, RM, Goldman, HH (2005). Mental Health Policy and Psychotropic Drugs. *Milbank* 83(2): 271-298.
7. Metzl JM, and Angel, J. 2004. Assessing the impact of SSRI antidepressants on popular notions of women's depressive illness. *Social Science and Medicine* 58: 577-584.
8. Gibbons, R. et al. (2007). Relationship Between Antidepressants and Suicide Attempts: An Analysis of the Veterans Health Administration Data Sets. *Am J Psychiatry* 2007; 164:1044–1049.
9. Olfson M, Marcus SC, Druss B, et al (2002). National trends in the outpatient treatment of depression. *JAMA* 287:203–209.
10. Tomes, N (2006). The Patient As A Policy Factor: A Historical Case Study Of The Consumer/Survivor Movement In Mental Health. *Health Affairs* 25(3): 720-729.
11. Pescosolido, B. et al. (2007). Stigmatizing Attitudes and Beliefs About Treatment and Psychiatric Medications for Children With Mental Illness. *Psychiatric Services* 58(5): 613-618.
12. Simon, R. (2007). Just a Smile and a Hello on the Golden Gate Bridge. *Am J Psychiatry* 164(5): 720-721.

**\*\*\*November 25: No class (day before Thanksgiving)\*\*\***

**11. a) Medication versus therapy/counseling;  
b) Changes in the mental health workforce  
(Dec 2)**

Dec 2 Required Readings:

1. West et al (2003). Financial Disincentives for the Provision of Psychotherapy. *Psych Services* 54(12): 1582-1584.
2. Brent, D (2007). Antidepressants and Suicidal Behavior: Cause or Cure? *Am J Psychiatry* 164(7): 989-991.
3. Pfeffer, C. (2007). The FDA Pediatric Advisories and Changes in Diagnosis and Treatment of Pediatric Depression. *Am J Psychiatry* 164(6): 843-846.
4. Druss BG. (2002). The mental health/primary care interface in the United States and context. *General Hospital Psychiatry* 24(4):197-202.
5. Wang, P. et al. (2006). Changing Profiles of Service Sectors Used for Mental Health Care in the United States. *Am J Psychiatry* 163:1187–1198.
6. Scheffler and Kirby (2003). The Occupational Transformation of the Mental Health System. *Health Affairs* 22(5): 177-188.

Dec 2 Supplemental Readings:

7. Goldman, W (2001). Is There a Shortage of Psychiatrists? *Psychiatric Services* 52(12): 1587-1589.
8. Goldberg, RJ (1999). Financial Incentives Influencing the Integration of Mental Health and Primary Care. *Psychiatric Services* 50(8): 1071-1075.

**12. Collective recommendations from the class (Dec 9)**

- a) Presentations by students who completed term projects
- b) Discussion of policy and research priorities

Dec 9 Required Readings:

Patel, V. et al. (2006). Beyond Evidence: The Moral Case for International Mental Health. *Am J Psychiatry* 163(8): 1312-1314.