Instructor’s Manual: Chapter 9

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# Learning Objectives for Chapter 9: Mental Health

After reading this chapter, you will be able to  
1. Explain the differences between mental health and mental illness, and between normal and abnormal mental health.  
2. Identify at least five types of serious mental disorders.  
3. Explain the medicalization of mental health and its effect on individuals as well as on mental health professionals and organizations.  
4. Describe in broad terms how mental health has historically been defined and treated.  
5. Understand the importance of mental health parity and its current status.  
6. Identify mental health social work roles and settings.  
7. Recognize how diversity affects mental health and mental health treatment.

# Lecture Notes for Chapter 9: Mental Health

Social workers are the largest providers of mental health services in the United States. Mental health social workers are known as clinical social workers, psychiatric social workers, psychotherapists, or behavioral health care specialists. Mental health social workers may specialize in child, adolescent, adult or even older adult (geriatric) mental health as well as forensic social work, counseling for persons with developmental, physical, or neurocognitive disorders, or drug and alcohol rehabilitation. They collaborate with a multidisciplinary team of psychiatrists, psychologists, and nurses.

Mental Health and Mental Illness

* Definitions of Mental Health Status
  + Mental health - state of emotional wellbeing, free from incapacitating conflicts, with an ability to make rational decisions and cope with environmental stresses and internal pressures.
  + Mental illness - disease that causes mild to severe disturbances in thinking, perception and behavior. They can significantly impair a person’s ability to cope with life’s ordinary demands and routines.
* Normal Versus Abnormal Mental Health
  + Normal Mental Health
    - Accurate perception of reality
    - Autonomy and independence
    - Capability for growth and development
    - Environmental mastery—able to meet the varying demands of day-to-day situations.
    - Positive friendships and relationships
    - Positive view of the self
  + Abnormal Mental Health
    - Not all symptoms and problems in living are caused by mental disorders
    - Mislabeling can be harmful
    - Use person-first language (“man with Bipolar Disorder” vs. “he’s Bipolar”)
* Mental Health Disorders and the DSM-5
  + *Diagnostic and Statistical Manual of Mental Disorders* - used to classify and diagnose mental disorders
  + Diagnostic codes are used for insurance reimbursement
  + Fifth version, DSM-5, published in 2013 by the American Psychiatric Association
  + Includes some changes, such as combining Substance Abuse and Dependence
  + Has received some criticism, such as reducing criteria for some diagnoses, which makes it easier to get prescriptions
  + Categories of Disorders
    - Neurocognitive Disorder - Dementias such as Alzheimer’s which lead to loss of mental functions, including memory loss and a decline in intellectual and physical skills.
    - Personality Disorder – Inability to adapt to change leading to distress. Unhealthy patterns of behaving, feeling, interacting and thinking .Ten personality disorders are classified in the DSM-5: Borderline, Antisocial, Narcissistic, Histrionic, Obsessive-Compulsive, Avoidant, Dependent, Paranoid, Schizoid, Schizotypal
    - Anxiety Disorders – Phobias involve experience extreme fear or dread from a particular object or situation. Panic disorders involve sudden intense feelings of terror for no apparent reason and symptoms similar to a heart attack.
    - Depressive Disorders – Can involve loss of ability to concentrate, think clearly, or make simple decisions.
    - Bipolar Disorders **–** Fluctuations between manic episodes and depressive episodes.
    - Schizophrenia Spectrum and Other Psychotic Disorders **-** A serious disorder that affects how a person acts, feels, and thinks. Schizophrenia is believed to be caused by chemical imbalances in the brain that produce multiple symptoms including delusions, hallucinations, impaired reasoning, incoherent speech, and withdrawal.
    - Eating Disorders- Anorexia is self starvation while bulimia involves cycles of bingeing (consuming huge amounts of food) and purging (Abusing laxatives or self inducing vomiting).
    - Neurodevelopmental DisordersUsually First Diagnosed in Childhood and Adolescence - Includes Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, and ODD (Oppositional Defiant Disorder).
    - Posttraumatic Stress Disorder (PTSD) – Symptoms that appear when someone has experienced trauma (e.g. combat, rape, torture, battery or catastrophes like fires, accidents, floods, earthquakes, hurricanes).

Evolution of the Mental Health System

* Institutionalization and Deinstitutionalization
  + Colonial America – jailed; first hospitals for mentally ill in 1773
  + Long term hospitalization of the “insane” restricted rights
  + 1960s, in connection with Civil Rights Movement, deinstitutionalization was implemented. Large residential institutions were closed, and mental health care shifted to outpatient treatment in clinics, short-term hospitalization and supervised group homes in the community.
  + Resulted in increase in homelessness of individuals with mental illness
* Medicalization of Mental Illness
  + Conceptual shift from labeling disorders as “badness” to regarding people with mental disorders as “sick” or a “sickness.”
  + Reduction of stigma associated with mental disorders
  + Creates expectation that a therapy can be developed to treat or cure the disorder
* Social Work Perspectives
  + Dorothea Dix (mid-1800s) - heightened awareness of inhumane treatment inside institutions that housed people with mental health challenges, disabilities and behavior problems.
  + Mary Richmond (early 1900s) - the founder of social casework, showed how poverty was closely linked to mental health, personality development, and effective coping skills.
  + Ida Cannon (early 1900s) – first social worker employed by Massachusetts General Hospital to work with clients with mental health problems.
  + World War I (1914­–1918) - social workers in hospitals and clinics helped soldiers with physical and psychological problems, like “shell shock,” and trauma. Subsequently, hospital based medical/health social work started to grow.
  + Freudian theory (1920s) – People begin seeking counseling services and mental health assistance. Child guidance clinics and juvenile court systems opened to address children with emotional problems and mental health disorders. In 1922 in St. Louis, the first clinic staffed by a team that included a psychologist, a psychiatrist and a social worker was opened, and this model evolved into what is now called a “mental health team.”
  + World War II (1939–1945) - Veterans Administration Hospitals became the largest recruiter of professional social workers, a trend that continues today.
  + National Mental Health Act (1946) - first major piece of approved mental health legislation.
* Mental Health Movements
  + Moral Treatment – 1800s - rejected using manacles, chains and restraints, believed people in asylums should be treated humanely, like children rather than animals. But, asylum patients were still thought to have something wrong with them, deficits that needed to be overcome.
  + Mental Hygiene Movement – 1920s - strived to reform institutional care, establish child guidance clinics, and educate the public about mental health.
  + Mental Health Movement - 1940s - supported community mental health centers, behavioral approach, goal to treat people and change society.
  + Legal Advocacy Movement – 1960s - Supreme Court ruled that mental illness and need for treatment were insufficient to justify involuntary confinement, thereby supporting deinstitutionalization. However, little was done to increase dignity and personal choice.
  + Deinstitutionalization Movement - 1960s to 1970s - relocated people from state hospitals back into the community.
  + Consumer Movement – current – National Alliance on Mental Illness (NAMI) - supports research, education, social policy, and political activities that help to improve access to community-based services.
* Mental Health Parity and the Affordable Care Act
  + Mental Health Parity Act – 1998 – Established mental health parity/equalitywith medical health policy. A person who is diagnosed with a mental disorder should receive the same level of professional care as a person diagnosed with a physical disorder, and mental health professionals should be reimbursed for their services as physicians and other medical personnel are.
  + Affordable Care Act - Emphasizes several emerging models for mental health care
    - Integrated care **-** care coordination for people with psychiatric disorders that includes general medical illness and substance use disorders.
    - Medical home **-** a patient-centered approach rather than a provider-centered approach; the health care providers work collaboratively with the mental health team and the patient’s family.
    - Accountable care organizations -Groups of physicians, hospitals and other health care providers join together to provide coordinated care to their Medicare patients.

Social Work Practice in Mental Health

* Social Work Roles in Treatment
  + Licensed Clinical Social Workers (LCSWs) - assess, diagnose, and treat all forms of mental disorders, including serious mental illnesses such as major depression, schizophrenia, and substance-related disorders.
  + Mental health social workers often help families cope with trauma, loss, and addiction.
* Mental Health Settings
  + Community mental health programs - Overseeing assessments, interventions, and evaluations of people and programs related to mental health services.
  + Disaster relief programs - Planning and implementing international and humanitarian relief and response efforts to victims of natural and other disasters.
  + Hospitals and skilled nursing facilities - Facilitating intakes, discharge planning, and monitoring of ongoing acute and chronic care needs.
  + Military and veteran services - Providing direct service, supervision and administration, research, and policy formulation.
  + Rehabilitation programs - Supporting clients to recover and rehabilitate from mental health and co-occurring disorders.
  + Schools - Helping teachers and educational professionals to evaluate students’ behavior at school in order to provide early intervention; sharing information with students, teachers, and administrators about mental health and mental illness;guiding schools toward funding to expand mental health services.
  + Private practice
  + Employee assistance programs - Counseling employees with personal problems and workplace issues.
  + Inpatient and outpatient clinics - Helping clients adapt to significant lifestyle changes related to a loved one’s death, disability, divorce, or job loss; providing substance abuse treatment; helping people who experience anxiety, depression, a crisis or trauma.
* Mental Health Literacy
  + Ability to recognize disorders and obtain mental health information.
  + Interventions to increase mental health literacy may include public campaigns, agency or school-based programs, online interventions, and information sharing through social media.
* Digital Mental Health Information and Therapy
  + Some people use e-counseling and e-therapy for treatment. This can be effective for people with PTSD or people who live in rural areas where local support is not available.
  + Other options involve using avatars or comic chat, in which participants take on the role of a comic character in a comic strip.
  + Many people find support and information in peer support sites, where people sharing similar diagnoses can compare notes.

Diversity and Mental Health

* *Age -* Mental health problems can occur at any age.
* *Class -* The disproportionate rates of mental health problems, in the lower social class, show that mental health is associated with social inequality.
* *Race and Ethnicity -* Although African Americans have a lower rate of serious mental illness than the overall average for Americans, African Americans are more likely than their white counterparts to be diagnosed with schizophrenia. Non-Hispanic blacks are 40% less likely than non-Hispanic whites to experience depression during their lifetime.
* *Gender -* Women in the U.S. are 70% more likely than men to experience depression during their lifetime.
* *Sexual Orientation -*  Lesbian, gay, and bisexual young people are at an increased risk of mental health problems, particularly on measures of suicidal behavior and multiple disorders.

Advocacy on Behalf of People with Mental Health Issues

* Economic and Social Justice – insurance impacts availability of care
* Environmental Factors – residence influences mental and physical health
* Human Needs and Rights – demonstrate respect with person first language
* Political Perspectives – policy issues include urban vs. rural services, cost of service, continuity of care, and availability of inpatient services

Your Career in Mental Health Social Work

* Job growth for mental health social workers will be much faster than the average for all careers through 2020.
* Mental health parity allows more people to be eligible for mental health coverage under their insurance plans.
* Clinical social work is the higher end of the pay scale for social workers.

# Key Concepts for Chapter 9: Mental Health

Deinstitutionalization

Diagnostic and Statistical Manual of Mental Disorders (DSM)

Medicalization

mental disorders

mental health parity

mental illness

posttraumatic stress disorder (PTSD)

psychopharmacology

psychotropic medications

stigma

# Case Study for Chapter 9: Mental Health

Jackie was a very bright young woman. During high school and college she excelled at computer science and exhibited a love and flair for fashion. The summer that she contemplated returning to graduate school, Jackie’s parents noticed she was exhibiting some bizarre behaviors. She claimed to hear voices and see things that were not there. In addition, Jackie’s hygiene became less important to her and she obsessed about colors and Princess Diana.

After a complete biopsychosocial assessment with the family’s doctor and a recommended local mental health specialist, Jackie was deemed to have a mental challenge that was labeled as both a disability and schizophrenia. Soon thereafter, to occupy her days, Jackie became active in NAMI, and was on NAMI’s Speaker’s Bureau. Jackie also enjoyed making crafts for her nieces and nephew. She also capably managed the Cheer Fund at her family’s local church.

1) What type of support might social workers need to provide to Jackie, her parents, and her siblings?

2) Besides volunteering for NAMI, what else might Jackie do with her time?

3) Where can Jackie and her family find more information about mental health disorders and their treatment?

4) If Jackie’s condition worsens, what might be an appropriate response from her family? From her clinical social worker?

# Discussion Questions for Chapter 9: Mental Health

Discussion Question #1

Given the fact that social workers are very interested in advocating for the rights of the mentally ill, but deinstitutionalization has sometimes led to greater homelessness and a lack of a support system for clients discharged from inpatient mental health treatment programs, what is the proper stance for social workers to take on the deinstutionalization movement as a whole? Is it possible to have an overall stance, or must it be on a case-by-case basis?

Discussion Question #2

Prescriptions for psychotropic medications have proliferated in America over the last few decades, particularly in the 21st century. What factors do you think are behind the meteoric rise in prescriptions for antidepressants and other psychotropic drugs?

Discussion Question #3

Most prescriptions for psychotropic medications are given out by people’s primary care physicians (family doctors) rather than psychiatrists. What are the reasons for this? Is this good? Bad? Both?

Discussion Question #4

Should parents’ mental health be a consideration in custody cases? If a parent has a significant/severe mental disorder but his/her children are not being neglected or abused, should the system be able to remove those children based on concerns about the potential future danger they may encounter if the parent’s mental state worsens? For example, suppose a single father has a significant cocaine addiction, but to this point, his 4-year-old daughter remains adequately nourished and shows no signs of abuse. The father refuses to go into treatment. Can the state remove his daughter based on concerns about the father’s condition?

# Chapter Exercises for Chapter 9: Mental Health

1. Locate research articles or resources that examine how social workers are working to understand mental disorders, and write a report on your findings. These are some possible topics: What are social work researchers saying about the basis of mental illness? How can biomedical, behavioral, and social scientists work together to improve early detection, prevention, and treatment of mental disorders?

2. Choose a mental health disorder to report on. Then use Internet and library resources to gather articles and information about how this disorder is diagnosed and treated. Include both psychopharmacological and counseling interventions.

3. Research the types of mental health services available in your community. What types of settings and services are most common? Which seem to be in short supply? Draw a simple map that shows where those facilities are located. What are your conclusions about your community’s ability to treat all sorts of mental illnesses and disorders and all sorts of people who need mental health services?

4. Working in groups, research cultural diversity issues in mental health treatment. How do race and ethnicity affect access to treatment and its efficacy? What aspects of the treatment are insensitive to the needs of culturally diverse people? Explore the full array of available interventions for people with mental health problems:

• Behavioral approaches

• Psychopharmacology

• Community outreach

• Family therapy interventions

• Group counseling

• Program development

• Self-help groups

• Therapeutic communities

• Rehabilitation and support services

# Class Activities for Chapter 9: Mental Health

**Class activity #1**

Split the class into groups of 4-5 students. Provide them with the following and ask them to answer the questions that follow. When groups have finished their individual discussions, bring the discussion back to the full class.

People who have mental disorders often experience significant stigma. Even though this has improved in recent years, there are still a significant number of people who think people can recover from their disorders if they simply want it and try hard enough. Answer each of the following questions in order. Do not read the next question without first completing the question you are answering.

1. Write down a list of things people say to people suffering from depression that show they do not truly understand what it is like to live with a mental disorder or what the process of recovering from one is like.

2. Reimagine these statements as if they were said to someone with a physical condition like diabetes, cancer, or paralysis. How would they sound? Try some of them out loud.

3. What are more appropriate ways to respond to someone who is suffering from depression?

4. If we thought of depression as a physical illness, what positive changes might happen for people with depression?

**Class activity #2**

There are very particular impressions people have of various mental disorders. Some may be perceived as serious, while the legitimacy of others is questioned right from the initial diagnosis. After discussing these conditions in class, ask your students individually to write the names of the following disorders in their notebook or on a separate piece of paper:

Major Depressive Disorder

Bipolar Disorder

Posttraumatic Stress Disorder

Panic Disorder

Anorexia Nervosa

Attention-Deficit Hyperactivity Disorder

Ask the students to write down the first few words or phrases that come to mind when they think about each disorder. After giving them some time to do that, ask them to rank the disorders in terms of which they think would be the easiest to work on with a client. In other words, which disorder do they think they could do the best job of helping a client to overcome? Why?

After they have taken some time to do this, put them into groups of 4-5 for small group sharing of their answers, and then discuss as a full class. Are there common ideas or perceptions about these disorders? How might one’s approach to a client differ if one is less comfortable with a particular disorder she/he may have?

**Class activity #3**

This is a mental health-specific version of an activity first introduced in Chapter 2 of your instructor’s guide. Have the class stand up and scatter around the room. Label one side of the room “agree” (write on the chalkboard/whiteboard or put up a sign on one wall) and label the other side of the room “disagree.” Tell the students you will be reading a series of statements and you would like them to move to a place in the room that reflects how they feel about the statement. If they strongly agree, they should move far to the “agree” side of the room. If they somewhat agree, they may move halfway between the middle of the room and the “disagree” wall. After everyone has decided where to stand, ask for volunteers to explain why they are standing where they are.

Statements

We do a good job of recognizing mental health concerns in people around us.

Social workers in any area of practice need to have a strong understanding of mental health issues.

The fact that we prescribe so many more drugs for mental disorders than we used to is a problem.

We have created mental disorders that shouldn’t be labeled as mental disorders at all.

Mental disorders are as difficult to recover from as physical illnesses.

I believe people other than psychiatrists (and other doctors) should be able to prescribe psychotropic drugs if they have enough schooling and training in mental health and pharmacology.

Sometimes it seems like people are proud of their mental disorders.

There are no people with mental disorders I would be uncomfortable treating.

Feel free to add your own based on class discussions or comments you may have received from students.

# Video and Multimedia for Chapter 9: Mental Health

#### Video Clips

* [A Black Dog Named Depression](https://www.youtube.com/watch?v=XiCrniLQGYc)   
  A look at what it’s like to deal with depression, courtesy of the World Health Organization.
* [No Health Without Mental Health](https://www.youtube.com/watch?v=zQbtDaJCi0M)   
  A TED Talk by Denny Morrison, who has over 40 years of experience in the mental health field.
* [Why Suicide Feels Like a Reasonable Option](https://www.youtube.com/watch?v=D1QoyTmeAYw)   
  Canadian mental health professional and advocate Mark Henick talks about his history of depression and suicide attempts.

#### Audio Clips

* [Brain Training May Help Calm the Symptoms of Schizophrenia](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=359655855&m=361069861)   
  A look at new therapies being developed for the treatment of schizophrenia,and brief conversations with some people trying to overcome the disorder.
* [Middle-aged and Older Men and Suicide](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=347386843&m=347472111&live=1)   
  Suicide is rising among middle-aged men and remains high among elderly men—what can be done?

# Web Resources for Chapter 9: Mental Health

* [Hyperbole and a Half: Depression](http://hyperboleandahalf.blogspot.com/2013/05/depression-part-two.html)   
  Web cartoonist Allie Brosh presents a depiction of what it’s like for her to deal with her depression.
* [The ACA and Mental Health](http://www.mentalhealth.gov/get-help/health-insurance/)   
  A look at the intended changes of the Affordable Care Act as it pertains to mental health coverage.
* [Anxiety and Depression Association of America](http://www.adaa.org/)   
  Resources for people dealing with anxiety and depressive disorders.

# SAGE Journal Articles for Chapter 9: Mental Health

[**SAGE Journal User Guide**](http://www.uk.sagepub.com/sageEdge/orvis3e/files/SJ-userguide.pdf)

Article 1.

[Wahab, S. (2005). Motivational interviewing and social work practice.*Journal of Social Work, 5*(1), 45-60.](http://jsw.sagepub.com/cgi/reprint/5/1/45?ijkey=wLo9qtmnY/T5.&keytype=ref&siteid=spjsw)doi:10.1177/1468017305051365

This article defines and explains the rationale for Motivational Interviewing, a tool for promoting individual behavior change that draws on individual strengths and respecting self-determination.  This approach is compatible with social work values and ethics and is increasingly used by social workers in a variety of settings.

#### Questions:

1. What limitations in older (CBT) approaches to behavior change is Motivational Interviewing designed to address?
2. What is the overall goal of motivational interviewing?
3. Discuss how and why motivational interviewing is compatible with social work perspectives and practice.

Article 2.

[Watkins, D. C. (2012). Depression over the adult life course for African American men: Toward a framework for research and practice.*American Journal of Men's Health, 6*(3), 194-210.](http://jmh.sagepub.com/cgi/reprint/6/3/194?ijkey=vO2m0oiMl8ifQ&keytype=ref&siteid=spjmh) doi:10.1177/1557988311424072

This article explores a life course perspective in understanding the unique experiences of African American men with depression.  The author develops a framework for understanding the social determinants of depression in this population and how these risk and protective factors vary over the lifespan.

#### Questions:

1. What is the life course perspective, and how does it relate to health development?
2. What specific stressors experienced frequently by African American men may contribute to increased risk of poor mental health?
3. What is the role of identity in mental health promotion among African American men?
4. For each of the six social determinants of depression developed in this article, identify an area for intervention that would reduce the risk of poor mental health for this population.