**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.