

SAULT COLLEGE OF APPLIED ARTS AND TECHNOLOGY

SAULT STE. MARIE, ONTARIO



Sault College

COURSE OUTLINE

COURSE TITLE: Social Service Work in Mental Health
CODE NO. : SSW211 **SEMESTER:** 4
PROGRAM: Social Service Worker Program
AUTHOR: Judi Gough, MSW, RSW
DATE: Jan/05 **PREVIOUS OUTLINE DATED:** Jan/04
APPROVED:

	_____ DEAN	_____ DATE
TOTAL CREDITS:	3	
PREREQUISITE(S):	PSY102 & SSW120	
HOURS/WEEK:	3	

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For additional information, please contact the Dean,
School of Health and Human Services
(705) 759-2554, Ext. 603/689

I. COURSE DESCRIPTION:

In this course, SSW students have an opportunity to understand the mental health needs of specific populations from a holistic approach. Students will study prevalent mental health disorders and develop skills to identify, assess, and intervene effectively. Students will be introduced to the unique difficulties, challenges and considerations that confront vulnerable and at-risk populations. A holistic, competency-based approach is emphasized. Students are provided with knowledge and skills are developed which aim to improve the social functioning of individuals and families experiencing mental health problems.

II. LEARNING OUTCOMES AND ELEMENTS OF THE PERFORMANCE:

Upon successful completion of this course, the student will demonstrate the ability to:

1. Assess the needs and resources of individuals and assist them to achieve their goals.
Potential Elements of the Performance:
 - a. explain the nature of mental health disorders as represented by the DSM-IV TR and other sources
 - b. explain the strengths and barriers imposed by the diagnostic process (including social stigma, labeling, etc.)
 - c. describe how to ensure that basic rights of service consumers are protected in service delivery
 - d. collect, analyze and synthesize information through observation, research and assessment
 - e. produce accurate written materials that clearly describe facts
 - f. identify a solution focus in work with consumers in mental health situations
 - g. describe casework models with high risk populations

2. Recognize symptoms and behaviours of psychiatric disorders.
Potential Elements of the Performance:
 - a. Identify symptoms and behaviours of the major mental health disorders studied in class
 - b. Explain the impact of the disorders on the individual and family functioning
 - c. Document effectively in concrete, objective and client-centered manner

3. Describe how diagnosis is done in a medical model of service delivery, and how this can be done in a solution- focused/strengths-based model.
Potential Elements of the Performance:
 - a. Demonstrate familiarity with the various diagnostic models
 - b. Demonstrate ability to complete strengths-based biopsychosocial reports
 - c. Explain strengths-based intervention approaches with high-risk populations

4. Provide access to resources in order to assist individuals, families, groups and communities
Potential Elements of the Performance:
 - a. describe the primary mental health services available in Sault Ste. Marie and District
 - b. describe methods of determining client-based resources and supports
 - c. describe the process of referral and follow-up
 - d. identify service delivery gaps and their impact on consumers
 - e. identify strategies for collaboration with community leaders to advocate for services where there are currently service gaps
 - f. identify reliable, evidence-based sources for reference materials for clients, their families, and self

5. Describe helpful attitudes and skills for working with people with psychological disorders and 'at risk' populations
Potential Elements of the Performance:
 - a. demonstrate collegial, team support and collaboration
 - b. describe and demonstrate supportive and non-judgmental attitudes in working with those diagnosed with a mental illness
 - c. demonstrate beginning competence in taking a social history

III. TOPICS:

The following topics may be discussed. **It is important to note that it is not possible within the time frame of this course to address all of the mental health problems experienced by individuals, or that are included in the DSM-IV-TR.** This course will be confined to those mental health issues that are most commonly found in the daily practice of social work. *This does not imply that the other disorders are less important or challenging to those persons with these particular diagnoses.* Students are encouraged to explore other mental health diagnoses on their own time.

1. Current assessment and treatment issues
2. Identification of at-risk populations and various disorders
3. Competency Based Assessment
4. SSW case management skills and principles with high risk populations
5. Community mental health approaches, community services available and the role of SSW
6. Discussion of relevant social policies, legislation and services available

IV. REQUIRED RESOURCES/TEXTS/MATERIALS:

Zide, Marilyn & Gray, Susan. (2001). *Psychopathology: A competency-based assessment model for social workers*. New York: Brooks-Cole.

V. EVALUATION PROCESS/GRADING SYSTEM:

1. Analysis of one movie (case study: Due Feb. 18)	30%
2. Biopsychosocial assessment and service plan (Due Mar 18)	30%
3. Exam (April 22)	30%
4. Attendance & Participation	<u>10%</u>
	100%

The following semester grades will be assigned to students in post-secondary courses:

<u>Grade</u>	<u>Definition</u>	<u>Grade Point Equivalent</u>
A+	90 – 100%	4.00
A	80 – 89%	3.00
B	70 - 79%	3.00
C	60 - 69%	2.00
D	50 – 59%	1.00
F (Fail)	49% and below	0.00
CR (Credit)	Credit for diploma requirements has been awarded.	
S	Satisfactory achievement in field /clinical placement or non-graded subject area.	
U	Unsatisfactory achievement in field/clinical placement or non-graded subject area.	
X	A temporary grade limited to situations with extenuating circumstances giving a student additional time to complete the requirements for a course.	
NR	Grade not reported to Registrar's office.	
W	Student has withdrawn from the course without academic penalty.	

Note: For such reasons as program certification or program articulation, certain courses require minimums of greater than 50% and/or have mandatory components to achieve a passing grade.

It is also important to note, that the minimum overall GPA required in order to graduate from a Sault College program remains 2.0.

VI. SPECIAL NOTES:

Special Needs:

If you are a student with special needs (e.g. physical limitations, visual impairments, hearing impairments, or learning disabilities), you are encouraged to discuss required accommodations with your professor and/or the Special Needs office. Visit Room E1101 or call Extension 703 so that support services can be arranged for you.

Retention of Course Outlines:

It is the responsibility of the student to retain all course outlines for possible future use in acquiring advanced standing at other post-secondary institutions.

Plagiarism:

Students should refer to the definition of “academic dishonesty” in *Student Rights and Responsibilities*. Students who engage in “academic dishonesty” will receive an automatic failure for that submission and/or such other penalty, up to and including expulsion from the course/program, as may be decided by the professor/dean. In order to protect students from inadvertent plagiarism, to protect the copyright of the material referenced, and to credit the author of the material, it is the policy of the department to employ a documentation format for referencing source material. The APA format is followed for the purposes of this course.

Course Outline Amendments:

The professor reserves the right to change the information contained in this course outline depending on the needs of the learner and the availability of resources.

Substitute course information is available in the Registrar's office.

Writing Standards

As graduating students, it is reasonable to expect that all written work will be written to the highest professional standard. All writing will be that of a graduating level student: concise, error free, grammatically correct, organized, etc. for all assignments.

Please double-space, using no larger than a 12 point font, and use 1" margins all around. Include a separate title page that includes your name, title of the paper, and the date due (and submitted if different from the date due). Correct all grammar and spelling errors. Fifteen percent of each graded assignment will be based on writing style. Writing is a particularly critical skill in our profession, and I will do my best to give you feedback on all of your work. Failure to cite sources may be construed as plagiarism. Students who plagiarize are subject to failure of the paper, course or dismissal.

Other Requirements:

1. All submissions must be in word processing format and follow APA Guidelines, unless otherwise indicated.
2. Students are expected to be familiar with and abide by the College's “Student Rights and Responsibilities” policies.
3. Late assignments will be handled at the professor's discretion and for substantial and substantiated reasons only. It is the student's responsibility to make arrangements directly with the professor.
4. Students are expected to come prepared to class to participate in discussion and review of course material. Grades assigned for participation/attendance will reflect the student's knowledge of the content discussed, willingness to share thoughts about the material, ability to respect viewpoints different from their own, and professional behaviour.
5. Students must arrive on time for scheduled classes. The professor reserves the right to deny access to the class when a student is late.

VII. PRIOR LEARNING ASSESSMENT:

Students who wish to apply for advanced credit in the course should consult the professor. Credit for prior learning will be given upon successful completion of a challenge exam or portfolio.

VIII. DIRECT CREDIT TRANSFERS:

Students who wish to apply for direct credit transfer (advanced standing) should obtain a direct credit transfer form from the Dean's secretary. Students will be required to provide a transcript and course outline related to the course in question.

Class Schedule and Structure

Classes are held on Thursday for two hours and Friday for one hour. For each mental health disorder that will be explored, the following will be covered in Thursday classes:

- Current theories and research on contributing factors to the illness
- Primary symptoms
- Current theories about contributing factors to the illness
- Best practice recommendations for treatment and intervention.
- Competency-based assessment

To the extent possible, case studies, in-class assessment, and guest speakers will augment the material presented. Friday classes will be used to augment the material presented in the previous Thursday class. There may be additional assigned readings as relevant to the topic.

Date	Class Topics	Assigned Reading
January 13/14	<ul style="list-style-type: none"> • Review of course outline and class structure • Reference text and additional resources • Social work roles in the field of mental health 	Text: pages ix-17, appendix (pages 305-314)
January 20/21	<ul style="list-style-type: none"> • Defining mental health • Diagnosis of psychiatric disorders • Dominant theories of mental health • Introduction to DSM-IV-TR • Multiaxial system • Case study 	Text: pages ix-17, appendix (pages 305-314)
January 27/28	<ul style="list-style-type: none"> • Competency based assessment • Schizophrenia and other psychotic disorders: theories 	Text: Chapter 3

February 3 / 4	<ul style="list-style-type: none"> • Schizophrenia and other psychotic disorders: symptoms • Case Study 	Text: Chapter 3
February 10/11	<ul style="list-style-type: none"> • Schizophrenia and other psychotic disorders • Treatment approaches (psychosocial, cognitive therapy, medications) and services 	Text: Chapter 3
February 17/18	<ul style="list-style-type: none"> • Mood disorders: Depressive Disorders: Symptoms and theories • Major depression • Dysthymia 	Text: Chapter 4
February 24/25	<ul style="list-style-type: none"> • No class: winter break 	
March 3/4	<ul style="list-style-type: none"> • Mood disorders: Bipolar Treatment and Services • Risk assessment 	Text: Chapter 4
March 10/11	<ul style="list-style-type: none"> • Concurrent Disorders 	Supplementary materials
March 17/18	<ul style="list-style-type: none"> • Disorders Usually First Diagnosed in Infancy, Childhood or adolescence: Mental retardation, learning disorders, Communication disorders, pervasive developmental disorders 	Text: Page 305-306 http://mysite.verizon.net/res7oqx1/id7.html http://www.cmho.org/pdf_files/ECMHT-TRG.pdf : Early Childhood Mental Health Treatment: A Training Guide (resource)

<p>March 24/25</p> <p>*No class Friday, March 25: Good Friday</p>	<p>Disorders Usually First Diagnosed in Infancy, Childhood or adolescence: Attention Deficit and disruptive behaviour disorders</p>	<p>Text: Page 305-306 http://mysite.verizon.net/res7oqx1/id7.html http://www.cmho.org/pdf_files/0_6_Literature_Review_and_Practice_Guide.pdf: Children's Mental Health Services for Children 0-6: Review of the literature and practice guide.</p>
<p>March 31/April 1</p>	<ul style="list-style-type: none"> • Anxiety Disorders: Generalized anxiety disorder, panic disorder, specific and social phobia Obsessive Compulsive disorder, post-traumatic stress disorder 	<p>Text: Chapter 5</p>
<p>April 7/8</p>	<ul style="list-style-type: none"> • Eating Disorders 	<p>Text: Chapter 8</p>
<p>April 14/15</p>	<ul style="list-style-type: none"> • Personality Disorders 	<p>Text: Chapter 9</p>
<p>April 21/22</p>	<ul style="list-style-type: none"> • Final Exam (Comprehensive) 	
<p>April 28/29</p>	<p>Exam April 29th</p>	

Assignments

I. Movie review and analysis:

Purpose of assignment:

The purpose of the assignment is to assist students in the following ways:

- To develop skills in recognizing and identifying symptoms and behaviours of various mental health disorders and/or high-risk situations.
- To explain and describe the impact of the disorders on the person and family functioning
- To document effectively in concise, client-centred and objective manner
- Demonstrate ability to assess needs, resources, and strengths and organize information in a professional manner
- Demonstrate ability to identify professional issues (i.e. ethical issues, boundaries, therapeutic models, approaches)

Instructions:

Students are to select one movie from the list below, and focus on the main character in the movie to complete a “case study”. Students must inform the professor in advance of their movie selection if they select a movie not listed below. The professor reserves the right to determine if the movie selected is appropriate.

Students are expected to submit a minimum 4 page (maximum 6) typed submission, using the headings below. The submission must resemble a formal client report and use professional, respectful and client-centred language.

The following categories are to be addressed in the report:

- I. Client Name:
- II. Demographic Information: (age, gender, residence, income level, family constellation, employment) This section may vary depending upon information available
- III. Genogram: (if adequate information)
- IV. Eco-map:
- V. Presenting Concerns and/or Signs & Symptoms: This section must adequately, but concisely, outline the presenting difficulties, symptoms, and signs that the main character is coping with. Areas to consider include emotional, psychological, behavioural, academic, employment, and social functioning. Be specific, concrete and behavioural in describing the difficulties.
- VI. Impact of the disorder on the character, and others:
Discuss how the concerns impact the day-to-day functioning of the client. Also discuss how the concerns impact others in the client’s life.
- VII. Factors Contributing to the Current Difficulties: This section will discuss in paragraph form, any known environmental factors, developmental factors, client history, and significant events which you believe (and/or the “client” shares) that may contribute to the current problems in functioning.
- VIII. Strengths/Resources/Supports: This section describes the strengths, capacities, talents of the “client”, discusses how client is coping with the difficulties successfully. Discuss the client’s support systems, both formal and informal.

- IX. Impressions/Assessment Summary:** This is a summary statement that describes in a concise manner your professional impressions and observations. Include a tentative diagnosis when appropriate. (Although SSW's do not diagnose, I am assessing your ability to identify areas of concern and recognize symptoms according to the DSM IV –TR. Use your text as a resource when needed)
- X. Recommendations:** (In this section, consider the character as your client, what goals would you and the client mutually contract around.)

Movies for Consideration:

1. A Beautiful Mind
2. Radio
3. As Good as it Gets
4. What about Bob
5. Analyze This
6. Don't Say a Word
7. The War
8. What's Eating Gilbert Grape
9. Forest Gump
10. The Awakening
11. Girl Interrupted
12. I am Sam

Movie Assignment Grading Criteria:

The professor will consider the following in assigning a final grade:

1. Professionally formatted, use of professional, client-centred language
2. Free of grammar and spelling errors
3. Student demonstrates ability to concisely and accurately record information
4. Student demonstrates beginning level ability to identify symptoms/signs and document concerns in behavioural, respectful manner
5. Student demonstrates ability to understand and document impact of concerns on client and family functioning
6. Student completes all sections as outlined thoroughly
7. Student demonstrates ability to assess needs and develop recommendations accordingly
8. Student demonstrates ability to “critically” analyze the movie

Students must also submit a minimum one page (double-spaced) report in addition to the above report (for minimum of five pages in total for the assignment) that discusses the movie in relation to some of the following:

1. How accurately does the movie depict the realities of the challenges that might be part of this particular mental illness
2. In movies where there is a professional helper, how is this person portrayed? 3. identify and discuss any professional/ethical concerns (i.e. boundaries, value conflicts) observed in the movie.
3. Identify and discuss the therapeutic approaches/model portrayed (if any)
4. Discuss generally how the movie stigmatizes or normalizes the issue/population.
5. Would you recommend this film to a person diagnosed with this illness, or to a family member? Support your reasons.
6. Other relevant impressions/thoughts

Due Date: February 18, 2005

Value: 30%

II. Biopsychosocial Assessment and Service Plan

This assignment provides the opportunity to research a specific disorder, develop a case study, and present the information in the form of a biopsychosocial assessment and service plan.

Part A: Biopsychosocial Assessment:

Using the guideline on pages 13-14 of the course outline, develop an intake report based on a case study that you create. The case study should be based on the current information available on the specific symptoms and characteristics of a 'disorder' (or more than one disorder). The case study should be on a mental health disorder that is different from the one that you researched for the movie that you chose. It cannot be a case study or assessment completed previously for another class. You may use the questions and categories listed in your text on pages 13-15 as resources as well. If an area is not covered that is significant to your client, you may add the category or information.

The report is to be typed, 12 font, single-spaced, with headings and page numbers. In addition to the hard copy, the assignment must also be submitted on a disk with your name and the assignment title on it which will be returned when the assignment has been marked. The report must reflect the following and will be graded on the same:

1. Professionally formatted, well organized, written in full sentences/paragraphs, no spelling or grammar errors.
2. Reflects your knowledge (based upon research/best practices) of the client's Situation
3. Uses descriptive, behavioural, clear and respectful, and client-centred language.
4. Avoids "I think, I feel" statements. (it is more appropriate to use language such as "The client reported..." The client recalls/states/indicated.." Avoids reporting your opinions – your impressions should be based upon the client profile and observations/facts/research knowledge – for example avoid statements such as " I feel this client has unresolved guilt associated with..." if this is concern, state as " The client reported guilt about...."
5. 5. Material is based on facts (related to the disorder, etc.)
6. The reports should inform the reader clearly about the client and the impact of the disorder on the client and his or her social functioning. It must be consistent with what we know about the disorder. Remember to build in uniqueness to your client!
7. Reference Page (APA format)

Students are expected to submit a bibliography detailing a **minimum of three** professional resources used to assist your developing the case study, and your knowledge of the disorder (using APA format). I do not want you to write a research paper. Use the knowledge you have read to help you "build" your client. For example – when we research ADHD – we know that it is a disorder that impacts inhibition. Therefore when I describe my client and the difficulties, I am going to report clear, concrete, descriptive problems that my client has with respect to this symptom. For example "Mr. And Mrs. Smith indicated that their son's teacher reports that Johnny often speaks out of turn in class." This research will be a critical component of your work. What is being assessed is your ability to integrate this knowledge and the consistency with the research. If no evidence of research, your grade will be compromised.

Part B: Service Plan

The Service plan must reflect “best practices” and take into consideration the unique needs of your client. Best practices are based upon research regarding what are the most effective interventions to assist a person who has been diagnosed with a particular disorder or mental illness.

For example, for a child diagnosed with ADHD, the research suggests a multi-modal approach including medication, education/knowledge for both parents and child on the impact of the disorder, educational/academic accommodations, and cognitive-behavioral instruction on parenting social skills training. Therefore, if you have a client with ADHD we usually do not recommend individual counseling for the child unless there are other complicating factors.

Your service plan must be built upon your assessment of both the client’s needs and strengths.

Your plan will be graded based upon the following criteria:

1. Identification of the needs/strengths is based on the assessment and reflects your understanding of the client situation.
2. Demonstrates knowledge of “best practice”
3. Utilizes the client’s strengths, resources and/or natural resources
4. Goal statements are concrete, measurable and specific
5. Strategies are clearly outlined detailing timelines, responsibility
6. Typed, professionally formatted, free of grammar and spelling errors
7. Free of judgment statements, concerns/needs are described in specific, behavioural, client stated manner
8. Goals are realistic, attainable, doable and strategies to attain goals are clear, realistic
9. Majority of assessment domain areas are completed (if relevant)
10. Goals reflect the primary areas of concern and demonstrate ability to prioritize based upon client wishes and best practices.

Due date: March 18th

Value: Biopsychosocial assessment:	20%
Service Plan:	<u>10%</u>
	30%

Biopsychosocial Assessment Report

Demographics:

Client Name: _____ File #: _____
D.O.B.: _____
Date of Meeting: _____
In attendance at meeting: _____
Date of Report: _____
Prepared By: _____

Reason for Referral:

In this section, identify what made the client seek help now, who, if anyone suggested the referral, what the client is requesting. Describe the events leading up to the referral or the factors precipitating the referral.

Presenting Problem(s):

Identify what the problems are (use descriptive, behavioural language, from the client's &/or family's perspective)

Identify the contributing factors and components of the problem (history- when the problem first started, how long the problem has been going on, how often the problem occurs, the intensity of the problem, what happen before the problem occurs, what happens after the problem).

In this section, we primary discuss the signs, symptoms, concerns that the client identifies and relevant information pertaining to the client situation/problems. May also, mention, some of the clients' strengths, ways he or she is coping.

Current Living Arrangements:

In this section, describe the client's residence, where he or she lives and with who. Discuss any housing, neighbourhood, safety concerns.

Functional Assessment:

(I) Cognitive Functioning:

In this section report on intellectual functioning, client perception of problem, evidence of problem solving, rational thinking.

(II) Emotional Functioning:

In this section report on clients' affect, stressors, ability to identify and express range of feelings/emotions appropriately. Any indicators of difficulties, stressors.

(III) Behavioural Functioning:

In this section, report on "concrete" behaviours, how client behaves with others, in the interview, mannerisms, physical appearance.

(IV) Physiologic Functioning:

In this section, report on any recent illnesses, surgeries, medical conditions. Report on current medications, Describe diet, and lifestyle. Any evidence of substance abuse.

(V) Mental Status:

Report on any disturbances in appearance, dress, thoughts, and level of awareness, attention, memory, and emotional tone, orientation to person, place and things. GAF score.

(VI) Developmental Considerations:

Report on pregnancy, childbirth complications, milestones, developmental course, and illnesses. Identify any relation to the current problem if any.

(VII) Current Family Functioning:

Report on each family's members perspective of the problem and its impact on family as a whole. Discuss marital status, divorce, and relationships. Family structure – describe the family system, relationships, boundaries, cohesion, rules, decision-making, coping methods, parenting practices, relevant family concerns. Family strengths and resources.

Also, report on any other significant relationships the client identifies. Report any information on how the “problem” impacts social functioning, relationships.

Background Information:

Family of Origin

In this section report on client's own family of origin, who is in the family, any significant addiction, psychiatric or medical history, trauma, losses, relevant family history and relationships within the family.

Birth and Childhood:

In this section discuss any concerns during the pregnancy, birth, early development, childhood significant events, illnesses, and trauma.

Education and Employment History:

In this section discuss any academic/learning difficulties (past and present). Identify academic successes, work/employment history and status. Identify how the presenting problem occurs/impacts in this area, discuss any identified concerns, strengths in relating to co-workers, supervisors. Identify any concerns regarding financial status (poverty, budgeting, debt).

Legal History:

In this section, report on any criminal, illegal behaviours or trouble with the law.

Social and Recreational Interests:

Report on any activities, hobbies, groups the client is involved in either presently or in past. Describe how the presenting problem may be impacting this area. Describe peer relationships and any concerns, impact. Report on peer group (positive, support or negative interactions)

Religious and Spiritual Interests:

Discuss any pertinent religious affiliations and/or spiritual beliefs. Discuss how this assists or hinders the client and their coping with the difficulties.

Client Successes, Strengths, Competencies:

In this section discuss the client's unique capacities, skills, attitudes, motivations, strengths and potential. Report on the indicators of resilience. Report on particular areas of coping. Describe any life experiences that can be mobilized to support the client. Which areas of competence may need to be reinforced or supported?

Client's Supports & Resources (Environmental Factors):

Report on environmental characteristics that influence coping and adaptive patterns. Report on adequate the resources are (i.e. poverty, housing, employment, transportation) Report on what actual supports the client has. Report on risk factors within the environment. Report on resiliency factors within the environment. Report on any barriers within the community/environment. Discuss any ethnic, cultural factors of relevance.

Assessment Summary/Impressions:

In this section, you should summarize concisely, the primary impressions, information gathered. Discuss your impressions/observations.

Recommendations:

In this section, report on what you and the client have mutually agreed upon. Do not go into your service plan. Just recommendations. For example. The client has agreed that family therapy may be useful. She is open to a referral to... The client has agreed to a psychiatric consultation. A referral will be made to Dr. Smith.

SSW211

**Social Service Work in Mental Health
Bibliography and Recommended Websites**

The following are some suggested readings. Unless indicated in the course outline, they are not required. There are also numerous web sites which are useful, and which I recommend that you become familiar with. Clients and families often use the Internet to seek information, and it is helpful to know what is available. If you find other resources which are relevant, please bring these to class so that we can share the wealth. This list is not exhaustive. It is intended to be a general list that will provide you with some basic resources.

<http://www.ontario.cmha.ca/index.asp> Canadian Mental Health Association: Ontario
http://www.ontario.cmha.ca/content/about_mental_illness/aboriginal_resources.asp
(resources with specific references and links to the Aboriginal mental health resources)
<http://www.cmha.ca/> Canadian Mental Health Association: national
<http://www.camh.net> (Centre for Addiction and Mental Health)
<http://www.psych> (quick reference to psychotropic medications)
<http://www.nimh.nih.gov> (National Institute of Mental Health)

<http://www.nami.org> (National Alliance for the Mentally Ill)
<http://www.schizophreniadigest.com> (Schizophrenia Digest)
<http://www.nationalhomeless.org> (National Coalition for the Homeless)
<http://www.medscape.com/homepage> (Medscape: Psychiatry and Mental Health)
http://www.ontario.cmha.ca/content/about_mental_illness/aboriginal_resources.asp
<http://www.mentalhealth.org> U.S. Department of Health and Human Services: Centre
for Mental Health Services
<http://www.cmho.org/> Children's Mental Health Ontario
<http://www.communitylivingalgoma.org/> Community Living Algoma
<http://mysite.verizon.net/res7oqx1/> Complete DSM-IV Diagnostic Criteria for Mental
Disorders
<http://www.surgeongeneral.gov/library/mentalhealth/toc.html>: Mental Health: A Report of
the Surgeon General (U.S. document, but very relevant)
http://www.phac-aspc.gc.ca/media/issues/mental_e.html: Health Canada: Health Issues:
Mental Health

Accordino, Michael P. & Porter, D. (2001). Deinstitutionalization of persons with severe mental illness: context and consequences. *Journal of Rehabilitation*, 67 (2), 16- 21.

Avery, Lisa. (1998). A Feminist perspective on group work with severely mentally ill women. *Women and Therapy*, 1 (4), 1-14.

Ball, Steven. (1994, January). A group model for gay and lesbian clients with chronic mental illness. *Social Work*, 39 (1), 109.

Banyard, Victoria et al. (2001). Understanding links among childhood trauma, dissociation and women's mental health. *American Journal of Orthopsychiatry*, 71 (3), 311-321.

Beck, A. & Rector, N. (2000). Cognitive therapy of schizophrenia: a new therapy for the new millennium. *American Journal of Psychotherapy*, 54 (3), 291-300.

Bentley, Kia (2002). *Social work practice in mental health: Contemporary roles, tasks, and techniques*. CA: Brooks Cole.

Bentley, Kia and Joseph Walsh (2001). *The social worker and psychotropic medication: toward effective collaboration with mental health clients, families, and providers*. Brooks Cole.

* Dziegielewski, Sophia et al. (1998). Treatment of sexual dysfunctions: what social workers need to know. *Research on Social Work Practice*, 8 (6), 685-697.

Estroff, Sue et al. (1991). Everybody's got a little mental illness: Accounts of illness and self among people with severe, persistent, mental illness. *Medical Anthropology Quarterly*, 5, 331-369.

Freud, Sophie. (1999). The Social construction of normality. *Families in Society*, 80, (4), 333-339.

- Gabriel, Sue. (1996). *The Psychiatric tower of babble: Understanding people with developmental disabilities who have mental illness*. Eastman, Quebec: Diversity City Press Inc.
- Grove, W.M and Tellegen, A. (1991). Problems in the classification of personality disorders. *Journal of Personality Disorders*, 5, 31-41.
- Jamieson, Kay Redfield. (1993). *Touched with fire: Manic-depressive illness and the artistic temperament*. The Free Press.
- Jamison, Kay Redfield. (1996). *An unquiet mind*. Alfred A. Knopf Publishing Company. (autobiography)
- * Kern, A. & Waller, G. (2000). Childhood emotional abuse and early psychopathology. *Clinical Psychology Review*, 20 (7), 887-904.
- * Kutchins and Kirk. (1995). Should DSM be the basis for teaching social work practice in mental health: NO!, *Journal of Social Work Education*, 1995, 31(2),
- * LaBruzza, Anthony et al. (1995). Using DSM -IV: A clinician's guide to psychiatric diagnosis. *Clinical Social Work Journal*, 23, 475-478.
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