

SWK-S 600 Health and Behavioral Health Care in a Global Context: Interprofessional Collaboration Practice (3 cr.)

Course Information

Semester Year: May 2019
Section Number: XXXXX

Location: IUPUI and South Korea Day: May 15, 16, 22, & 23

June 1 to June 14

Time:

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Course Description

This course will discuss health and behavioral health care through interprofessional collaborative practice in a global context. With an increasing attention towards the globalization of health care issues and the importance of interprofessional collaborative practices in health care, it is important for future health care professionals to expand their understanding and knowledge about health care programs beyond the U.S. This course is designed to: 1) enhance students' knowledge and understanding about diverse health and behavioral health care programs and interprofessional collaborative practices implemented in health care in an international context and 2) enable them to conduct a cross-cultural comparison of health care programs between the U.S. and South Korea. Throughout the course, students will be involved in a variety of learning activities, while exploring and experiencing health and behavioral healthcare models and interprofessional collaborative practices in diverse settings in South Korea.

Course Competencies

Council on Social Work Education (CWSE) 2015 EPAS Competencies addressed by this course.

Primary

- Competency 2 Engage Diversity and Difference in Practice
 - Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. They also understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. (CSWE, 2015 EPAS, p. 7)

Secondary

- Competency 1 Demonstrate Ethical and Professional Behavior
- Competency 5 Engage in Policy Practice



Course Objectives

- S600-01: Understand different health and behavioral care program in diverse settings.
- S600-02: Develop and understanding about the collaboration with diverse professionals in health and behavioral health care.
- S600-03: Demonstrate an awareness of the influence of culture on the role of health care professionals and collaborative approaches in health and behavioral health care.
- S600-04: Conduct cross-cultural comparisons on health care programs and collaborative practice models between the U.S. and South Korea.
- S600-05: Increase cultural competence to serve individuals with diverse cultural backgrounds and practice in a global community.

Required Readings

- Buchmueller, T.C, Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on racial and ethnic disparities in health Insurance coverage. *American Journal of Public Health, 106*(8), 1416-1421.
- Cuff, P., Schmitt, M., Zierler, B., Cox, M., De Maeseneer, J., Maine, L. L., & ... Thibault, G. E. (2014). Interprofessional education for collaborative practice: views from a global forum workshop. *Journal of Interprofessional Care*, 28(1), 2-4. doi:10.3109/13561820.2013.828910
- French, M. T., Homer, J., Gumus, G., & Hickling, L. (2016). Key provisions of the patient protection and affordable Care Act (ACA): A systematic review and presentation of early research findings. *Health Services Research*, *51*(5), 1735-1771.
- Jenkins, R., Baingana, F., Ahmad, R., McDavid, M., & Atun, R. (2011). How can mental health be integrated in health system strengthening? *Mental Health in Family Medicine*, 8, 115-117.
- Kahng, S., & Kim, H. (2010). A developmental overview of mental health system in Korea. *Social Work in Public Health*, 25, 158-175.
- Kaiser Family Foundation (Producer). (Nov. 18, 2015). *Health of Healthcare System* [Video file]. Retrieved from https://www.youtube.com/watch?v=klR7TCPQh0c
- Kim, D. (2010). Introduction: Health of the health care system in Korea. *Social Work in Public Health, 25,* 127-141.
- Lee, Y. H., Ahn, D., Moon, J., & Han, K. (2014). Perception of interprofessional conflicts and interprofessional education by doctors and nurses. *Korean Journal of Medical Education*, 26, 257-264. doi:http://dx.doi.org/10.3946/kjme.2014.26.4.257
- Oelke, N. D., Thurston, W. E., & Arthur, N. (2013). Intersections between interprofessional practice, cultural competency and primary healthcare. *Journal of Interprofessional Care*, *27*(5), 367-372. doi:10.3109/13561820.2013.785502
- Seo, J. (2010). Public long-term care insurance for the elderly in Korea: design, characteristics, and tasks. *Social Work in Public Health, 25*, 185-209.
- Woolf, S., & Aron, L. (2013). *U.S. Health in International Perspectives: Shorter Lives, Poorer Health.* Washington, D.C.: Institute of Medicine of the National Academies.



- Han, K., & Jo, S. (2012). Does culture matter? A cross-national investigation of women's responses to cancer prevention campaign. *Health Care for Women International, 33*, 75-94. doi:10.1080/07399332.2011.630117
- Kwon, H., Yoon, L., Joormann, J., & Kwon, J. (2013). Cultural and gender differences in emotion regulation: Relation to depression. *Cognition and Emotion*, *27*, 769-782. http://dx.doi.org/10.1080/02699931.2013.792244
- Mitchell, R., Parker, V., & Giles, M. (2011). When do interprofessional teams succeed? Investigating the moderating roles of team and professional identify in interprofessional effectivenss. *Human Relations*, 64, 1321-1343. doi: 10.1177/0018726711416872
- Patel, V. (2012). Global mental health: From science to action. *Harvard Review of Psychiatry, 20*, 6-12. doi:10.3109/10673229.2012.649108
- Shin, P., & Regenstein, M. (2016). After the Affordable Care Act: Health reform and the safety net. *Journal of Law, Medicine, & Ethics, 44*(4), 585-588.

Course Content

South Korea has been providing universal health care for its population since 1977. Life expectancy in South Korea was among the highest in developed countries at 81 years in 2015, but health care expenditure was at 7.6 percent of the GDP in 2012 as opposed to 16.9 percent in the United States. Throughout the course, students will gain an in-depth understanding about quality health and behavioral health care in South Korea and furthermore, develop critical and analytical perspectives by comparing and contrasting health care services between the U.S. and South Korea. During their stay in South Korea, students will visit multiple local agencies that implement a variety of health and behavioral health care programs, utilizing interprofessional collaborative practices. Furthermore, through collaboration with a local university, students will have an opportunity to interact with local students, which will facilitate their learning about health care as well as to promote cultural understanding about South Korea. A number of enriching cultural excursions will be also offered to enhance students' cultural competence.

Resources

- Canvas email will also be used as a method of communication between instructors and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas (Resource tab).



Course Outline

Module 1: On-campus seminars (5 hours each day).

Student should attend all four pre-departure sessions prior to departing for South Korea.

Seminar Day 1

- A. Overview of the health care in the U.S.
 - a. Overview of health care system: structure and its delivery system
 - b. Changes in the health care system through the implementation of the Patient Protection and Affordable Care Act
 - c. Review of nationwide health indicators
 - d.
 - e. Disparities in health and health care system
- B. Health care in a global context

Seminar Day 2

- A. Overview of behavioral health care
- B. Overview of the health and behavioral health care in South Korea

Seminar Day 3

- A. Overview of interprofessional collaboration in health and behavioral health care
- B. Interprofessional Collaborative Practice Case Study Presentation

Assignment

Group Assignment

On-campus session assignment: As a group, students are required to present a case study from interprofessional collaborative practice following the guideline provided by course instructors.

Seminar Day 4

- A. Understanding Korean culture
 - a. Cultural engagement activities
- B. Learning basic Korean language
- C. Learning cultural contexts in professional behavior, appearance, and communication
- D. How to interact with clients and service providers of health care facilities and programs as well as local Korean students to be paired up with our students
- E. Trip logistics

Assignment

Individual Assignment

On-campus session assignment: Each student is required to select a topic about Korean culture and present it in class. Students can use a variety of materials such as handouts, video clips, etc. Be creative!!



Module 2: In-country sessions

All field visits and attendance to lectures are mandatory. Students will have the opportunity to attend guest lectures and participate in facilitated discussions. Students will also be able to observe and interact with agency staff and clients during site visits at the organizations listed below during summer of 2019.

Daily Schedule

Day 1 Arrival: afternoon/check in hotel and group dinner

Day 2 Cultural Excursion

Day 3 Morning briefing

National Health Insurance Services Health Insurance Review Agency

Reflection/debriefing

Day 4 Morning debriefing

Korean Association for Children with Leukemia and Cancer

Reflection/debriefing

Day 5 Morning debriefing

Community Welfare Center for Older Adults

Reflection/debriefing

Concert in Chang Kyung Goong Palace

Day 6 Cultural excursion: DMZ

Reflection/debriefing

Day 7 Morning debriefing

Seoul Bukbu Hospital (Citi hospital)

Reflection/debriefing

Day 8 Cultural Excursion

Day 9 Cultural Excursion

Day 10 Morning debriefing

Community Mental Health Center

Reflection/debriefing

Day 11 Morning debriefing

Health Network: City of Gwangmyeong (Healthy City designated by the WHO) -Haan

Community Welfare Center

Reflection/debriefing

Day 12 Morning debriefing



Health Network: City of Gwangmyeong (Healthy City designated by the WHO) - Community Welfare Center for People with Disability Reflection/debriefing

Day 13 Final Presentations

Day 14 Departure

Assignments

Individual Assignments

- Travel Journal: Students are required to write in a travel journal at least THREE times perweek. Students are required to maintain a daily travel journal. It includes daily critical reflections on assigned readings, videos, individual and guest lecturers/presentation, active learning experiences, site visits to governmental and non-governmental organizations, and cultural excursions.
- 2) **DigitalStorytelling:**StudentswillberequiredtocreatedigitalstorytellingthatwillcaptureTWO themethathasimpactedthemonapersonalandprofessionallevel.Studentsshouldutilize research and reading assignments to support their storytelling, while using their critical thinking skills to apply its relevance to health care practice
 - a. Theme one: Personal Growth
 - i. How would this experience has influenced you? e.g. thinking, perspectives, emotion, etc.
 - ii. Integrating experiences and learning from both on-campus and in-country sessions (e.g. CULTURAL HUMILITY, site visits, etc), reading assignments, personal experiences and educational journey with your reflection.
 - b. Theme two: Professional Growth
 - i. How would your awareness influence your future professional-self?
 - ii. Critical REFLECTION on how the experiences would impact your professional growth as a healthcare professional.

Group Assignments

1) Final Presentation: Students will select a topic area/population and conduct cross-cultural comparison for their final project. The topic should be specific to conduct clear comparison between two countries.

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours. All assignments should be produced on a wordprocessor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.).

Course requirements with weights toward the final grade are as follows: Individual Grade (I), Group Grade (G)



Assignments

1.	On-campus seminar assignment (G)			
	a.	DUE:	TBA	
	b.	Final Grade:	10	
2.	On-campus seminar assignment (I)			
	a.	DUE:TBA	TBA	
	b.	Final Grade:	10	
3.	Travel Journal (I)			
	a.	DUE: TBA	TBA	
	b.	Final Grade:	20	
4.	Final Project and Presentation (G)			
	a.	DUE:	TBA	
	b.	Final Grade:	25	
5.	Class Participation			
	a.	DUE:	TBA	
	b.	Final Grade:	10	
6.	Digital Storytelling			
	a.	DUE:	June 5, 2018	;
	b.	Final Grade:	40	

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not



exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

Α	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
В	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
С	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

Course Policies

Assignment

Students are expected to submit all assignments on time. If you need to extend a deadline you MUST speak to instructor prior to the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% for every day late. IU has a subscription with the Turnitin plagiarism detection service, and faculty members have the right to submit student papers to the service to check for originality. Turnitin.com service will be used for all student papers in this course.

Attendance and participation

Students are expected to attend and participate in all class sessions. Students should complete readings and homework as assigned and come to class prepared for discussion and questions. Because of the nature of this course and group assignments, regular attendance is required and extremely important. Class attendance and active participation in class activities are considered essential for the satisfactory completion of the course objectives. If you are absent, it is your responsibility to get notes from other students regarding materials covered during your absence. If you are absent on the day an assignment is due, you need to submit your assignment before the beginning of the class. Missing more than two of the scheduled classes will result in a letter-grade deduction for the course. Violation of the daily curfew policy during the in-



country experience will result in a half-letter deduction for the course. Late arrivals and early departures will also lead to course point deductions. It is up to the instructor's discretion to decide the deduction points. If you miss five or more classes you will fail the course.

University and School Policies

For your convenience, the University website provides a complete list of campus-wide *course policies* (http://registrar.iupui.edu/course_policies.html or http://registrar.iupui.edu/policies/index.shtml or http://www.iue.edu/policies/index.shtml or http://www.iun.edu/bulletin/policies/index.shtml). Whereas knowledge of and compliance with all of these policies is important, it's imperative that you be aware of and comply with those that are outlined as follows:

Academic integrity

Students should be familiar with the Indiana University Code of Student Rights, Responsibilities, and Conduct (http://www.iu.edu/~code/), from which many of the policies below are derived. In addition, students should refer to the MSW General Student Handbook and their respective campus supplements for more detailed information about these policies and additional resources available to them.

Cheating

Cheating is grounds for failing the course and possible dismissal from the program and/or university. Cheating is considered to be any attempt to use or provide unauthorized assistance, materials, information, or study aids in any form and in any academic exercise or environment. A student must not use external assistance on any "in-class" or "take-home" examination, unless the instructor specifically has authorized external assistance. This prohibition includes, but is not limited to, the use of tutors, books, notes, calculators, computers, and wireless communication devices.

A student must not use another person as a substitute in the taking of an examination or quiz, nor allow other persons to conduct research or to prepare work, without advance authorization from the instructor to whom the work is being submitted.

A student must not use materials from a commercial term paper company, files or papers prepared by other persons, or submit documents found on the Internet. A student must not collaborate with other persons on a particular project and submit a copy of a written report that is represented explicitly or implicitly as the student's individual work.

A student must not use any unauthorized assistance in a laboratory, at a computer terminal, or on fieldwork.

Plagiarism

Plagiarism is a form of cheating and is grounds for failing the course and possible dismissal from the program and/or university. Plagiarism is defined as presenting someone else's work, including the work of other students, as one's own. Any ideas or materials taken from another source for either written or oral use must be fully acknowledged, unless the information is common knowledge. What is considered "common knowledge" may differ from course to course.

A student must not adopt or reproduce ideas, opinions, theories, formulas, graphics, or pictures of another person without acknowledgement. A student must give credit to the originality of others and acknowledge indebtedness whenever:



- Directly quoting another person's actual words, whether oral or written;
- Using another person's ideas, opinions, or theories;
- Paraphrasing the words, ideas, opinions, or theories of others, whether oral or written;
- Borrowing facts, statistics, or illustrative material; or
- Offering materials assembled or collected by others in the form of projects or collections without acknowledgement.

Education and Title VI

Title VI of the Civil Rights Act of 1964 (http://www2.ed.gov/about/offices/list/ocr/docs/hq43e4.html) protects people from discrimination based on race, color, or national origin in programs or activities that receive Federal financial assistance. Programs and activities that receive ED funds must operate in a non-discriminatory manner. These may include, but are not limited to: admissions, recruitment, financial aid, academic programs, student treatment and services, counseling and guidance, discipline, classroom assignment, grading, vocational education, recreation, physical education, athletics, housing, and employment if it affects those who are intended to benefit from the Federal funds.

Disability accommodations

Indiana University is committed to creating a learning environment and academic community that promotes educational opportunities for all individuals, including those with disabilities. Course directors are asked to make reasonable accommodations, upon request by the student or the university, for such disabilities. It is the responsibility of students with documented physical or learning disabilities seeking accommodation to notify their course directors and the relevant campus office that deals with such cases in a timely manner concerning the need for such accommodation. Indiana University will make reasonable accommodations for access to programs, services, and facilities as outlined by applicable state and federal laws.

Students needing accommodations because of disability will need to register with Adaptive Educational Services (AES) and complete the appropriate forms issued by AES before accommodations will be given.

Campus Offices

- Bloomington: Disability Services for Students https://studentaffairs.indiana.edu/disability-services-students/
- East: Disability Services http://www.iue.edu/disability/
- Indianapolis: Adaptive Educational Services https://aes.iupui.edu/
- Kokomo: Accessibility Services http://iuk.edu/career-services/accessibility-services/index.php
- Northwest: ADA ACCESSIBILITY http://iun.edu/ada-accessibility/
- Southeast: Disability Services https://www.ius.edu/disability-services/
- South Bend: Disability Support Services https://www.iusb.edu/disability-support/

Class Participation and Observance of Religious Holidays

Any student who is unable to attend classes or participate in any examination, study, or work requirement on some particular day or days because of his or her religious beliefs must be given the opportunity to make up the work that was missed or to do alternative work that is intrinsically no more difficult than the original exam or assignment. Upon request and timely notice, students shall be provided a reasonable accommodation. It is recommended that dates and times for examinations and other major course



obligations be announced at the beginning of the semester or summer session and that students let instructors know of conflicts very early in the semester, so that accommodations can be made. Students seeking accommodation for religious observances must make a request in writing by the end of the 2nd week of the semester to the campus registrar, or equivalent for non-semester length courses, to the course instructor and must use the Request for Course Accommodation Due to Religious Observance form from the campus registrar. In the case of religious holidays for which the date may change, the student should state the approximate date and when the exact date is known, inform the instructor of the exact date. The University will not levy fees or charges of any kind when allowing the student to make up missed work. In addition, no adverse or prejudicial effects should result to students because they have made use of these provisions.

Military Withdrawal

Indiana University realizes students who are members of the U.S. armed forces may be called to active duty, specialized training, or as part of disaster relief efforts with little notice. While the following policy does NOT pertain to initial active duty training (i.e. basic training), this policy is provided in order to minimize disruptions or inconveniences for students fulfilling their unanticipated U.S. military responsibilities in the midst of an academic term/session. For the complete policy information, go to http://veterans.iupui.edu/resources/withdrawal/

Grades of Incomplete

A grade of Incomplete (I) may be assigned by an instructor only when exceptional circumstances such as an illness, injury, or a family emergency prevents a student from finishing all the work required for the course. The grade of Incomplete may be considered only when a substantial portion of the course work has already been completed, the coursework is of satisfactory quality, and no more than one major exam or assignment is outstanding. The student who does not meet these requirements should meet with her/his advisor to withdraw from the course(s) in question. The student should refer to the Registrar's Office on her/his respective campus regarding the policies and deadline for automatic withdrawal for the semester in question. The student is responsible for initiating the request for a grade of Incomplete. If the instructor agrees, the instructor and student complete and sign a Record of Incomplete and Contract for Completion of Course Requirements form to ensure that a sound educational plan and time frame for completion of course requirements have been established. Failure to fulfill the terms of this contract within the stipulated time frame may result in a failing grade. For removal of a grade of Incomplete, the student is subject to the IUSSW policy, which has precedence over the University policy. The student in the School of Social Work is expected to complete outstanding course work expeditiously, since many courses serve as prerequisites for others. Generally, students may carry no more than one grade of Incomplete at any given time. However, in cases of severe crisis, a student may work with her/his advisor to request grades of Incomplete in multiple courses.

Professional Conduct Policy

Students in a professional program are expected to conduct themselves as professionals in relation to the class and assignments. Full participation is encouraged as long as it is appropriate to the course content. Respect for the opinions of others is expected. Frequent lateness or professionally unbecoming class conduct are likely to result in a lowered grade or deem a student unsuitable for field placement. Students are evaluated on their personal and professional behavior or conduct in this class as described in the NASW Code of Ethics (http://www.socialworkers.org/pubs/code/default.asp). With the exception of legally prescribed medications, any use of consciousness altering substances before, during, or between class sessions obviously impairs learning and is unacceptable.



Electronic Devices in the Classroom

Computers may be used to support the learning activities in the classroom. These include such activities as taking notes and accessing course readings under discussion. However, non-academic use of laptops and other devices are distracting and seriously disrupt the learning process for everyone. Neither computers nor other electronic devices are to be used in the classroom for non-academic reasons. These include emailing, texting, social networking, and use of the Internet. The use of cell phones during class time is prohibited and these should be set on silent before class begins. In the case of an emergency, please step out of the room to take the call. Failure to meet these expectations may result in a loss of participation points or a request from the instructor to leave class.

Inclement Weather or Other University Emergency

Important information about closings from the university will be sent the IU campus alert system. The instructor will post an announcement on Canvas or send an email to all class members if she/he is cancelling class.

Evaluation of Course

Consistent with the School and University policy, a formal evaluation of the course and its instructor will be completed at the end of the course.

Expectations for Writing

Effective practice of generalist social work requires excellent writing skills to communicate information accurately and concisely to others involved in helping client systems. For this reason, formal writing assignments in social work courses will be evaluated both for the content and ideas presented as well as for the clarity of that presentation. All formal papers will be typed, double-spaced and paginated. In order to support professional expectations of utilizing evidence to inform practice at all levels, APA style is to be used to cite academic sources, including in-text references and bibliography. The formal APA manual and other guides to writing in APA style are available in the bookstore and are an expected part of the textbooks for the BSW program. Students experiencing writing difficulties are advised to seek assistance at the University Campus Writing Center.

Bibliography

- Adams, N., Daniels, A., & Compagni, A. (2009). International Pathways to Mental Health Transformation. *International Journal of Mental Health*, *38*(1), 30-45. doi:10.2753/IMH0020-7411380103
- Al-Rousan, T., Rubenstein, L., Sieleni, B., Deol, H., & Wallace, R. B. (2017). Inside the nation's largest mental health institution: a prevalence study in a state prison system. *BMC Public Health*, 171-9. doi:10.1186/s12889-017-4257-0
- Battams, S., & Henderson, J. (2010). The physical health of people with mental illness and 'the right to health'. *Advances in Mental Health*, *9*(2), 116-129.
- Beronio, K., Glied, S., & Frank, R. (2014). How the Affordable Care Act and Mental Health Parity and Addiction Equity Act Greatly Expand Coverage of Behavioral Health Care. *Journal of Behavioral Health Services & Research*, 41(4), 410-428. doi:10.1007/s11414-014-9412-0
- Bischoff, R. J., Springer, P. R., & Taylor, N. (2017). Global Mental Health in Action: Reducing Disparities One Community at a Time. *Journal of Marital & Family Therapy, 43*(2), 276-290. doi:10.1111/jmft.12202



- Cleary, M., Hunt, G., O'Connor, N., & Snars, J. (2010). The Concord Centre for Mental Health's new 'phase of illness' model of care: are we on the right track? *Australasian Psychiatry*, 18(3), 246-249. doi:10.3109/10398561003686755
- Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing Racial/Ethnic Disparities in Treatment across Episodes of Mental Health Care. *Health Services Research*, 49(1pt1), 206-229. doi:10.1111/1475-6773.12095
- de Haan, A. M., Boon, A. E., Vermeiren, R. R., & de Jong, J. T. (2012). Ethnic differences in utilization of youth mental health care. *Ethnicity & Health*, *17*(1/2), 105-110. doi:10.1080/13557858.2011.645150
- Essock, S. M., Olfson, M., & Hogan, M. F. (2015). Current practices for measuring mental health outcomes in the USA: International overview of routine outcome measures in mental health. *International Review of Psychiatry*, *27*(4), 296-305. doi:10.3109/09540261.2015.1014314
- Golden, R. L., & Vail, M. R. (2014). The Implications of the Affordable Care Act for Mental Health Care. *Generations*, *38*(3), 96-103.
- Griffith, R., & Tengnah, C. (2005). Community powers under the Mental Health Act: care or control? *British Journal of Community Nursing*, 10(5), 236-242
- Gumber, S., & Stein, C. H. (2013). Consumer Perspectives and Mental Health Reform Movements in The United States: 30 Years of First-Person Accounts. *Psychiatric Rehabilitation Journal, 36*(3), 187-194. doi:10.1037/prj0000003
- Hu, M., Liu, S., & Reeves, S. (2014). Interprofessional collaboration in long-term care: collaborative practice and education in Taiwan, *Journal of Interprofessional Care, 28*(4), 283-284, doi: 10.3109/13561820.2014.862385
- Jenkins, R., Baingana, F., Ahmad, R., McDaid, D., & Atun, R. (2011). International and national policy challenges in mental health. *Mental Health in Family Medicine*, 8(2), 101-114.
- Joo, J. (2011). Transnationalization of Korean popular culture and the rise of "Pop Nationalism" in Korea. The *Journal of Popular Culture, 44*(3), 489-504.
- Kaskie, B., & Szecsei, D. (2011). Translating Collaborative Models of Mental Health Care for Older Adults: Using Iowa's Experience to Inform National Efforts. *Journal of Aging & Social Policy, 23*(3), 258-273. doi:10.1080/08959420.2011.579501
- Khang, Y., John W Lynch, J. W., & Kaplan, G. A. (2004). Health inequalities in Korea: age- and sex-specific educational differences in the 10 leading causes of death. *International Journal of Epidemiology, 33*, 399-308.
- Kim, J. (2011). The politics of culture in multicultural Korea. *Journal of Ethic and Migration Studies, 37*(10), 1583-1604.
- Kohn-Wood, L. P., & Hooper, L. M. (2014). Cultural Competency, Culturally Tailored Care, and the Primary Care Setting: Possible Solutions to Reduce Racial/Ethnic Disparities in Mental Health Care. *Journal of Mental Health Counseling*, 36(2), 173-188.
- Lee, Y., Ahn, D., Moon, J., & Han, K. (2014). Perception of interprofessional conflicts and interprofessional education by doctors and nurses. *Korean Journal of Medical Education*, 26(4), 257-264.
- Lieberman, J. A., Goldman, M. L., Olfson, M., Pincus, H. A., & Sederer, L. (2017). Improving Mental Health Care in America: An Opportunity for Comprehensive Reform. *Psychiatric Times*, *34*(4), 1-4.
- Lind, A. (2013). Coming to Consensus: Developing an Approach to Measuring Quality of Integrated Care Programs. *Generations*, *37*(2), 54-61.
- Luca, S., Blosnich, J., Hentschel, E., King, E., & Amen, S. (2016). Mental Health Care Utilization: How Race, Ethnicity and Veteran Status are Associated with Seeking Help. *Community Mental Health Journal*, *52*(2), 174-179. doi:10.1007/s10597-015-9964-3
- McCabe, H. (2014). The final rule on essential health benefits: Another opportunity for social work advocacy in health reform. *Health & Social Work, 39*(2), e21-e24.



- Mitchell, R. J., Parker, A. V., & Giles, A. M. (2011). When do interprofessional teams succeed? Investigating the moderating roles of team and professional identity in interprofessional effectiveness. *Human relations*, 64(10) 1321–1343.
- Myers, N. (2010). Culture, Stress and Recovery from Schizophrenia: Lessons from the Field for Global Mental Health. *Culture, Medicine & Psychiatry, 34*(3), 500-528. doi:10.1007/s11013-010-9186-7
- Nelson, G., Ochocka, J., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 1—Literature review and overview of the study. *Journal of Community Psychology*, 34(3), 247-260. doi:10.1002/jcop.20097
- Pescosolido, B. A., Medina, T. R., Martin, J. K., & Long, J. (2013). The "Backbone" of Stigma: Identifying the Global Core of Public Prejudice Associated With Mental Illness. *American Journal of Public Health*, 103(5), 853-860. doi:10.2105/AJPH.2012.301147
- Seong Jin, C., Jun Young, L., Jin Pyo, H., Lee, H. B., Maeng Je, C., & Bong Jin, H. (2009). Mental health service use in a nationwide sample of Korean adults. *Social Psychiatry & Psychiatric Epidemiology, 44*(11), 943-951. doi:10.1007/s00127-009-0015-7
- Stefanovics, E., Rosenheck, R., He, H., Ofori-Atta, A., Cavalcanti, M., Neto, H., & ... Leddy, M. (2016). Cross-National Analysis of Beliefs and Attitude Toward Mental Illness Among Medical Professionals From Five Countries. *Psychiatric Quarterly*, 87(1), 63-73. doi:10.1007/s11126-015-9363-5
- Zachor, D., Yang, J., Itzchak, E., Furniss, F., Pegg, E..... Jung, W. (2011). Cross-cultural differences in comorbid symptoms of children with autism spectrum disorders: An international examination between Israel, South Korea, the United Kingdom and the United States of America. *Developmental Neurorehabilitation*, 14(4), 215-220.