

Reflections on Behavioral Health Crisis in Communities: Reimagining Social Work Curriculum and Practice

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Abstract: Social work prepares future generations of behavioral health professionals who comprehensively understand community-based mental health challenges. Social workers collaboratively partner with different disciplines in designing systems (human and technological) that reflect a seamless delivery for community residents, especially where residents enter the mental health systems through 911 calls. This paper describes how a graduate social work student and a faculty team collaborated with professionals from different backgrounds to design such a system. Additionally, the experience details the importance of social workers partnering with first responders—often the first point of contact for community residents regarding mental health. The lessons learned can guide how social work pedagogy can be more reflective of current complex community needs wherein the curriculum is horizontally and vertically integrated and guided by interprofessional collaborative practice. Additionally, these lessons speak to the dilution of hegemony practiced by faculty vis-à-vis social work students.

Keywords: social work curriculum integration, interprofessional collaborative education, mental health, crisis response

Introduction

The anxiety and uncertainty surrounding the COVID-19 pandemic has exacerbated the rates of suicidal behavior, ideation, attempt, and death in the United States (Centers for Disease Control and Prevention, 2020). A coalition of healthcare experts declared a National Emergency in Child and Adolescent Mental Health, which is “inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020” (American Academy of Pediatrics, 2021, para. 2). The issuance of a report in December 2021 by the U.S. Office of the Surgeon General, *Protecting Youth Mental Health*, set the stage for improving mental health crisis response for all citizens. However, the mental health crisis in the U.S. is not just reserved for the youth. Concurrent with issuance of the report by the Surgeon General, the White House Office of National Drug Control Policy has also recognized the growing national need for effective mental health and substance use interventions for all ages (The White House, 2022). This crisis is a clarion call for social workers to respond more proactively to changing policies in behavioral health, a term defined by the Substance Abuse and Mental Health Service Administration (n.d.) as “the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.” Additionally, social workers need to ensure that their respective states develop comprehensive infrastructure for the rollout of the 988 hotline authorized by the Model Law Enforcement and Other First Responders Deflection Act (The White House, 2022). As innovative and holistic change agents, social workers are needed at the forefront of the mental health crisis: for ensuring that policies are appropriately implemented; for filling in

demand gaps; for collaborating with stakeholders to build or strengthen a seamless responsive mental health delivery system; and for ensuring that social work interventions and organizational strategies for addressing the behavioral health crisis remain agile and culturally responsive. To prepare these change agents for a dynamic and complex future, a re-imagining of the social work curriculum should invite insights from practitioners, service users, professionals from fields outside of social work, and students engaged in community-based research and internship experiences (Chukwu et al., 2022). “If social work is to engender and maintain its unique and vital role in problematizing simplistic, depoliticized and individualizing constructions of mental health and illness, we need to promote more contextualized and holistic understandings of people’s experiences” (Morley & Macfarlane, 2010, p. 46). This reflective piece incorporates three different voices—graduate student, faculty teaching clinical practice, and faculty teaching community/policy practice—recommending changes in how we prepare the next generation of change agents to address the “complicated and complex problems” (Westley et al., 2007, p. 9) that appear as “wicked problems” (Rittel & Webber, 1973, p. 160).

Narrative 1: MSW Student, Kiarra

Student Background

In May of 2023, I graduated with my Master of Social Work degree. In 2019, I graduated with a Bachelor of Fine Arts degree in Theatre Arts. While in my undergraduate, I became acquainted with arts-based social justice in the form of the Theatre of the Oppressed methodology, which fostered a passion for social work within me. When I decided to pursue my MSW degree, I made two commitments to myself: I would pursue extensive experiential opportunities, and I would attempt to subsidize the cost of schooling to the extent possible. In spring 2022, the solution for both came in the form of a Graduate Research Assistantship (GRA) in the Social Work and Human Services Department under Dr. Nandan. Dr. Nandan was seeking graduate student assistance in an ongoing project examining the relationship between mental health crises and 911 responders. The following description and reflection illuminate my assistantship as well as portray recommendations to enrich social work education for future generations of change agents.

The Project

At the onset of my assistantship, Dr. Nandan had secured 200 randomly selected incident reports of closed cases from 2019, authored by county police officers responding to 911 calls. My role was to hand-code and categorize terms related to mental health, directly or indirectly. The five categories were Diagnoses, Abnormal Behaviors, Drugs, Medications, and Crimes. Each category was assigned to a color and when I came across a term that matched the category, I highlighted that term in the corresponding color. For example, if I read the term “schizophrenia,” I highlighted it in green—the color designated for the “Diagnosis” category. I kept a spreadsheet of all the terms identified under each category. The purpose of hand-coding reports was to identify a large database of “organic” words and phrases used by police officers that might indicate a potential mental-health crisis or might guide mental health providers for follow-up assessment and case management. Dr. Nandan was working collaboratively with

faculty and graduate students from Information Systems as well as Computer and Data Science to ultimately develop an AI software capable of similar analysis in real-time on a large data set of police incident reports. Essentially, I was providing a social work perspective to these collaborators for bolstering their natural language processing and AI-building abilities.

Some of the cases were easily classified as mental health calls, particularly if a diagnosis or suicide-related term was used. However, beyond that, classifying a case as mental health-related or as needing follow-up became a little subjective. Consequently, I discussed the dilemma with both Dr. Nandan and another clinical social work faculty member. Through regular deliberations, we determined that incident reports could be placed into three classifications:

1. Mental health calls that could benefit from clinical intervention or follow-up.
2. Domestic/social calls that could benefit from clinical support or follow-up.
3. Calls not requiring clinical support or follow-up.

I was provided with incident reports in two separate batches. The results of my coding are provided below in Table 1. By separating the cases into two batches and classifying them separately, I was able to confirm that my coding and classification strategies were yielding consistent results. In both batches, I determined that nearly one-third of cases could have benefitted from social work interventions.

Table 1

Determining Need for Clinical Support or Follow-Up in a Random Sample of 911 Calls

Batch 1:

Classification of 911 Call	Total # of Calls	# of Calls that Could Benefit from Clinical Support or Follow Up	# of Calls Not Requiring Clinical Support or Follow Up
Mental Health Concern	12	12	0
Domestic/Social Concern	19	19	0
Other	69	0	69
Grand Total	100	31	69

Batch 2:

Classification of 911 Call	# Total Number of Calls	# of Calls that Could Benefit from Clinical Support or Follow Up	# of Calls Not Requiring Clinical Support or Follow Up
Mental Health Concern	11	11	0
Domestic/Social Concern	21	21	0
Other	68	0	68
Grand Total	100	32	68

While working on this project, I was continuously switching between roles: graduate research assistant, full-time student, clinical intern, and aspiring social worker. Though I

spent a lot of time analyzing the cases within the larger context of the social work field, this project greatly impacted me personally, academically, politically, and clinically. In this article, I reflect on these impacts and propose recommendations for academicians, field placement supervisors, and the social work practice community.

Reflection

I felt enthusiastic about understanding the intersection of crisis response and the mental health crisis in the United States. The fragility of our national mental health and its ill-equipped response system has long been evident to me personally. The system (and its fragility) existed before COVID-19, but the pandemic certainly exacerbated both and pushed these topics to the forefront of the national agenda. Simultaneously, the police-related tragedies of recent years accompanied by images of mass protest and political rhetoric that occupied the media in the aftermath of the George Floyd murder swirled in my mind. It was impossible to broach the project without considering the larger social context of fear, control, and tragedies. Preliminary solutions to crisis response were already in the making in select Georgia counties, including co-response teams, which pair a police officer with a licensed mental health clinician. I wondered what this meant for career opportunities as I inched closer to graduation. I also wondered what it would be like to work on a co-response team, what funding and human power it would take to realistically address the need, and how much these positions would be paid. Should the government mandate these co-responder positions? From where would the funding come? How would the government fiscally value the clinicians needed to fill the positions? If the clinical positions were not paid at a competitive rate, would the age-old social work dilemma be furthered? Should social workers take an underpaid position simply because there is a void in service for a vulnerable population, or would they be enabling a systemic problem of underfunded and undervalued service by doing so? In the same vein, do social workers play a social control role or a social care role?

Academically, my coursework was building a new conceptual lens through which to view the project: Human Behavior in the Social Environment (HBSE) taught me the person-in-environment perspective, which prompted me to consider the interpersonal, intrapersonal, cultural, and societal factors that influenced each case. I was exposed to psychological theoretical frameworks through which to analyze individuals. For example, were there levels of Maslow's Hierarchy of Needs not being met that led the individual to the crisis? In Social Work Practice I, we discussed the preventative approach to social issues. I pondered how much access the individuals in the case files had to quality, affordable mental health resources and community services. Had access been ideal, could the crisis be preempted? Meanwhile, Social Work Practice II (Community Practice) introduced me to the relevance of social workers on multidisciplinary teams. As a social work student analyzing police case files, I was actively engaging in multidisciplinary practice. It excited me to know that at least in the local county, key leadership within law enforcement valued the input of social workers, information systems, and computer and data science disciplines enough to share closed incident reports for analysis. To contextualize this partnership, the local law enforcement had already approached the social work program to recruit interns for addressing local community-based mental health calls. After I hand-coded the data, it was transferred to the computer and data science faculty for natural

language processing to design algorithms for computers to replicate human coding on a mass scale.

As Congress addressed the national mental health crisis in real time, the Social Welfare Policy & Services course helped me to discern the political undercurrents of the project. It brought to life how bills are thrown back and forth between the Senate and House of Representatives, and how painstaking regulations are created to satisfy multiple interests. An entire course could be devoted to the mental health crisis response legislation that rolled out in Georgia in 2022, but Dr. Nandan made a valiant effort to devote a portion of the semester to reviewing other relevant national and state political agendas to contextualize this topic. What could not be covered at length was provided as supplemental material.

The Model Law Enforcement and Other First Responders Deflection Act (The White House, 2022) was designed to provide first responders with resources and partnerships to serve community members with mental illness and substance use disorders more effectively. Months later, the 988 mental health crisis line launched across all 50 states (Krass et al., 2022). Each state was tasked with the responsibility of aligning its call centers with 988 by the summer of 2022, aided with grants from the Substance Abuse and Mental Health Service Administration totaling almost \$105 million (U.S. Department of Health & Human Services, 2022). At the state level, the Georgia Behavioral Health and Peace Officer Co-Responder Act, also known as House Bill 1013, was signed into law. At face value, this law seemed like a shiny solution to a very wicked problem (Westley et al., 2007). I often wondered how the proposed solutions would play out in practice. Dr. Nandan brought in speakers from a variety of sectors including the Georgia senate, a local community service board, a local sheriff's department, and an academic from Emory University engaging in research on using Reddit threads (online forum posts) as predictors of substance use trends. It became clear that while some of these essential stakeholders—important parts of the solution puzzle—intended to work with one another, others would continue to operate in silos using their language and interests: a microcosm for national discord. Would we ever build a comprehensive and seamless service delivery system that we so casually refer to in the behavioral health realm?

Clinically, as I settled into my practice experience at an internship, I began considering the individuals in the case reports through a social work lens. Several community residents who may have benefitted from clinical support or follow-up (see Table 1) were declining transport to mental health units or ER. As an aspiring social worker, I knew better than to assume that the termination of the case equated to the termination of the crisis for the client. I longed to enquire from each of the individuals depicted in the table about their experiences with the first responders. Why was the decision made to contact 911? What was the desired outcome? What benefit did the intervention serve? Why was the decision made to reduce hospital transport? What happened in the aftermath of the response? I presumed that many community residents were left with no meaningful/consequential resources or outcomes, and their attempts at seeking help were ineffectual. It seemed to me that the residents were not seeking an instant fix from a first responder, but rather access to resources and follow-up, more akin to social work case management. Without this personalized intervention, I wondered if the residents' underlying symptomologies and maladaptive interpersonal behaviors would worsen, warranting future

crises of a more severe nature and subsequent strain on first responders. As you can see, the more I analyzed the data, the more questions I developed about what this meant for prospective social workers, social work academicians, and the profession.

Recommendations

By reflecting on my experience, I have formulated some suggestions to improve the efficacy of the GRA role within social work programs. Due to the highly sensitive nature of the police reports, I carried out most of my work on this project in a small, windowless, secluded, and secure office. I sifted through hundreds of papers highlighting key terms and recording them in an Excel sheet for hours upon hours. From one angle, this was an ideal way to focus on open coding and categorizing quantitative data. However, this seclusion curtailed my creativity and problem-solving abilities since I couldn't deliberate my thought processes with another person. The only time I contacted my professor was when I had questions. Being immersed in this work did stir a fair amount of curiosity and some innovative ideas, but without any structured and dedicated time and space to process these ideas, they evaporated into the harsh fluorescent overhead lights in the office. I longed to have meaningful dialogues with all of the faculty members and other students outside of the social work department who were working on the project alongside me. I wondered about the perspectives of GRAs from information systems and computer science who were working on the project and tried to imagine how a criminal justice professor would view this work. How enriching would it have been to have a group discussion with an active co-response team? However, the task at hand was large and intimidating. So, early in my social work journey, I lacked the energy, confidence, and conviction to advocate outside of my student-researcher role and propose to be a part of the larger solution.

To truly enable an innovative and responsive interprofessional practice model, I call for a radical subversion of the rigid academic model that renders students subordinate to the decorated faculty and title-holders. Students and research assistants should be treated as equals in the research process, valued for the nuance that their generational lens and so-called "less scholarly" objectivity brings into the room. Since students are accustomed to operating within the system of academic oppression, faculty and staff members should bear the responsibility for setting a new tone—a responsibility particularly well-suited for social work faculty and staff.

When faculty members embark on projects similar to the one described, notwithstanding the exceedingly sensitive nature of the data and the novelty of the initiative, they should be open to a collaborative approach and follow up with scheduled debriefing sessions with all members. GRAs and faculty advisors should be given a forum to meet with one another to process the work and seek input. This model not only empowers the student to see themselves as a substantial voice, fostering the future of social work research, but it also reinforces the mission-minded values of the profession, which position changemaking above personal pride.

Faculty Narrative: A Response to the MSW Student's Reflection & Recommendations

Faculty Backgrounds

Dr. Monica Nandan, PhD, MSW, MBA is a macro-practice faculty member teaching in the clinically focused MSW program. Her research, teaching, and community service focuses on behavioral health prevention and intervention. She recruited Kiarra for the project based on strong recommendations from a clinical faculty in the program. Kiarra's reflections have caused two faculty members with different emphases in the MSW curriculum (policy, community practice, and clinical practice) to re-examine and reimagine how we teach MSW students.

Dr. Michelle Rhue, PhD, LCSW, MFT teaches clinical practice courses as a faculty member and also has her own private practice. Her research focuses on curriculum development as well as Interprofessional Practice & Education (IPE). As a clinician, she provides therapeutic services to individuals, couples, and families, and clinical supervision to professionals working towards their clinical state licensure.

Response 1: A Four-Pronged Approach

Based on Kiarra's reflections and insights, as well as in working collaboratively with partners from different disciplines across the university and within the community, one thing is very clear: Social work education needs to be true to its roots and adopt holistic, systemic, and flexible or agile interventions and strategies that are responsive to the evolving, dynamic, and complex community challenges.

Reflecting on how I (Dr. Nandan) have been teaching in BSW and MSW programs over the past 30 years, I have been struck by the number of times I have encountered ethical and moral obligations and dilemmas as an academician and social work practitioner preparing future generations of social workers. I have asked myself this question several times: How can we continue training future change agents for a world that is increasingly becoming more complex and dynamic using teaching strategies and content that are not keeping up with what is required? On the one hand, let's critically examine the current rates of domestic violence, poverty, income inequality, harsh work conditions in some industries and sectors, etc., and on the other hand, comprehensively review and reflect on what and how we are teaching in our respective programs. While teaching and practicing, should we not collaborate with other stakeholders who are also contributing to the solution puzzle for these complex social problems? As an academician and practitioner, I have more questions than answers, because this ethical and moral obligation must be addressed by us all who prepare future social workers. National research shows that social work students generally shy away from policy practice and research courses (Bernklau Halvor, 2016; Gredig & Bartelsen-Raemy, 2018). Based on the reflections offered by the MSW student and our academic obligations, we (Dr. Nandan and Dr. Rhue) are proposing a four-pronged approach:

1. Changes to how we teach social welfare policy courses.
2. Changes to the social work curriculum.

3. Consideration for interdisciplinary research.
4. Incorporation of interprofessional curriculum and skills.

Prong 1

Within social welfare policy courses, social work students need to understand that often several areas of policy simultaneously impact the lives of vulnerable populations: health, education, mental health, law enforcement, immigration, veterans' services, and housing, for instance. Understanding how these areas of policy intersect and often negatively impact the lives of clients can shed light on the assessments conducted by social workers and social work students. Stone and Sandfort (2009) describe a framework for understanding the policy field that impacts a community problem (e.g., healthcare, education, etc.). For instance, students can choose a substantive issue/community problem; identify the laws and regulations at various levels that impact the problem; gather programs created and funding available to solve the problem; identify the organizations that are attempting to address the problem and the level of power they possess to influence the problem; and ascertain the linkages between these organizations. Such an approach could enable students to understand the importance of working collaboratively with diverse stakeholders (who may not be social workers) who are implementing policies in the different realms—education, law enforcement, immigration, etc.—to create a meaningful impact. Moreover, in this course, social work students should apply policy practice skills (Jansson, 2019) to real-life policy issues. For instance, students need to learn self-advocacy skills to address ethical questions posed by Kiarra: “If the clinical positions are not paid at a competitive rate, would the age-old social work dilemma be furthered? Should social workers take a position because there is a void in service for a vulnerable population, or would they be enabling a systemic problem of underfunded and undervalued service by doing so?”

Prong 2

The siloed orientation in teaching social work is not doing justice in preparing social workers for a global, dynamic, and complex future—wicked problems (Westley et al., 2007). Social work curriculum delivery could adopt a “portfolio” orientation where every course provides necessary insights into understanding the layers of the onion of a wicked problem, enabling students to integrate the contents horizontally and vertically, scaffolding a wholistic and flexible solution/intervention—similar to the medical school curriculum in some places (Vidic & Weitlauf, 2002). For instance, an assignment/case which integrates relevant theories and practices from several lenses (e.g., policy practice, human behavior in the social environment, community organizing, clinical intervention with individuals and families, and research methods) could greatly enhance students' understanding of a “real world” issue. This understanding can enable them to design innovatively responsive interventions—under the guidance of a faculty team—that could be implemented through their internship site. This approach could shed new light, particularly on the relevance of two courses that most social work students try to avoid: Social Welfare Policy (Bernklau Halvor, 2016), and Research Methods (Bolin et al., 2012; Gredig & Bartelsen-Raemy, 2018). If faculty members who teach the courses align the assignments that enable students to understand and respond to complex issues using the skills learned in these courses, graduates of such social work programs would

not only be well prepared for the marketplace but would also be able to appropriately respond to other complex issues in the future. Moreover, social work programs should consider team-teaching models, where faculty members who teach clinical practice courses work alongside faculty who teach community and policy-practice to enable students to design prevention and intervention strategies that cut across all levels. This approach to teaching could address questions and reflections by Kiarra related to what triggered a 911 call by a community resident; what the desired outcome for them at the site; what can be mobilized in the future for the resident; and what can be done to address “the residents’ underlying symptomologies and maladaptive interpersonal behaviors... [and averting] future crises of a more severe nature and subsequent strain on first responders.”

Prong 3

In addition, we are proposing that social work students need to be involved in interdisciplinary “real world” research which addresses complex community problems (Miller et al., 2019). These students need to experience working with interdisciplinary faculty-research teams. Such research would not only allow social workers and students from other disciplines to “de-layer” complex issues through research but would also enable them to think creatively as an interdisciplinary team to design solutions and strategies. Such approaches to teaching and doing research can greatly enhance social work students’ research competencies (Gredig & Bartelsen-Raemy, 2018). These strategies could also address Kiarra’s recommendation to treat GRAs as “equals in the research process, valued for the nuance that their generational lens and so-called ‘less scholarly’ objectivity brings into the room.”

Prong 4

To a clinically focused MSW faculty, the student’s experiences and reflections demonstrate the value of developing a professional working relationship between social workers and law enforcement. There is a need for building a collaborative relationship that would bridge the growing gap in effective and efficient responses to citizens calling for assistance when experiencing a mental health crisis. The importance of guided training and education of social work students for interprofessional collaborative practice extends beyond healthcare professionals to include all the stakeholders and providers in the social and human service arenas.

Response 2: On Interprofessional Collaboration

According to Schot et al. (2020), *interprofessional collaboration* is defined “within health care as an active and ongoing partnership between professionals from diverse backgrounds with distinctive professional cultures and possibly representing different organizations or sectors working together in providing services for the benefit of healthcare users” (p. 333). Over the last decade, research literature has consistently validated the benefits of interprofessional collaborative practice as an ideal approach to providing more holistic and quality care to patients in need of healthcare services (Guraya & Barr, 2018; McCave et al., 2020). Kiarra’s reflection

illustrates the benefits of collaborative practice to help address the mental health crisis growing in our country.

Kiarra's reflection also illuminates the importance of training and preparing future generations of social workers and other social service sector providers (e.g., first responders) in requisite skills for interprofessional practice (values, communication, roles and responsibilities, and teamwork) in the community settings. Her narrative spoke to her desire to regularly interact with students from other disciplines who were concurrently working on different components of the project. When tending to citizens battling a mental health crisis, first responders, mental health professionals, and the team of students working on the project need to operate as a cohesive interprofessional team.

Interprofessional education (IPE) is becoming the prerequisite to proper preparation for interprofessional collaborative practice (ICP; de Saxe Zerden et al., 2018; McCave et al., 2020). IPE focuses on building the knowledge, skills, and abilities of professionals to establish efficient partnerships in client care (Interprofessional Education Collaborative [IPEC], 2016). Research supports the effectiveness of IPE closing the gap in communication, role clarification, and maintaining the focus of holistic client care within the interprofessional practice (de Saxe Zerden et al., 2018; Guraya & Barr, 2018; Yan et al., 2007).

Essentially, this student's reflection and interprofessional collaborative experience confirms the significance of preparing students adequately for interprofessional collaborative practice by increasing opportunities for interprofessional education training in the curriculum. The World Health Organization (2010) reports:

Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration to improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength. (cf. IPEC, 2016, p. 8)

In social work education, we teach the importance of assessing clients' needs systemically. As professional social workers, we work with multiple professionals in diverse organizational settings, but what is not often taught is how to develop those interprofessional collaborative relationships (Adamson et al., 2020). Fortunately, the Council on Social Work Education (2022) has acknowledged the significance of including interprofessional collaboration in our core competencies. However, Kiarra's experience demands a more intentional approach to prepare social work students with interprofessional collaborative competencies. Collaborative learning and practice opportunities in social work programs will not only enhance students' abilities to provide effective and holistic care but will also decrease fragmented responses to community mental health crises (D'Souza et al., 2018).

Conclusion

This narrative and reflection has established the importance of educating graduate social work students in interprofessional collaborative practice orientation for addressing complex and dynamic community behavioral health challenges. Social work educators can lead the way in partnering with professionals from different disciplines as well as community stakeholders for designing responsive behavioral health systems (human and technological). These educators can also lead the way in integrating the practical significance of research and policy into all forms of social work practice and illustrate how exactly to apply this with real-life community examples. Scaffolding students' assignments (especially if they originate in internship sites) throughout the social work curriculum, where students apply the skills they have learned in each of the courses, can enable students to effectively integrate course contents into understanding and solving real-life issues. In essence, we are recommending that social work curricula and pedagogical approaches may need to change to prepare the future generations of change agents in the social work profession who can effectively address challenges specific to a population or community.

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