PSYD37H3:

THE SOCIAL CONTEXT OF MENTAL HEALTH AND ILLNESS

Instructor: Charmaine C. Williams, PhD, RSW

Class time and location: Thursdays, 12:00-2:00pm, SW309

Office hours: by appointment

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This is a required course for the Combined Program UTSC Mental Health/FIFSW Master of Social Work degree.

Course description and rationale:

This course explores how social practices and ideas contribute to the ways in which society, individuals and families are affected by mental health and illness. At this point in our history we understand mental illness and mental health to be largely influenced by biological factors, specifically, workings of the brain. At the same time, we have always known that social factors play a very strong role in promoting mental health and can make big differences in who gets mentally ill, who receives adequate and appropriate treatment, and who can achieve good quality of life after diagnosis of mental illness.

We will be looking at how social issues intersect with mental health and illness in this course. The scope of social will include local and global communities, popular culture, and ideologies linked to social justice and injustice. At the same time, this course will ask you to develop self-awareness around what you believe about mental health and illness and how that affects your view on the topics, your role as a member of society and, potentially, a future role as a health professional.

Important Dates

Start of class: January 7

• Assignment 1 due: February 11

Presentation/Final Assignment Proposal due: February 25

Assignment 2 Presentation dates: March 17, March 24, March 31

• Assignment 3 due: April 7

Course Materials

Most course materials are available through the University of Toronto Library system and listed, with links, on the Blackboard Learning Portal. In addition to journal articles, the course will make use of online videos and other sources.

Week	Topic	Readings & Discussion
January 7	Introduction and Overview	What's going to happen in this course (and why is a social worker teaching it)? In the era of the brain, why care about the social context of mental illness? Why might this be especially important for health professionals?
		Triggers?
		Pescosolido, B.A. (2013). The public stigma of mental illness: What do we think; What do we know; What can we prove? <i>Journal of Health and Social Behavior</i> , 54(1), 1-21.
		PSYD37H3 syllabus
		wearyourlabel.com
January 14	Mental Diversity – The future of	In a perfect world have we cured mental illness or integrated it? What would a world that embraced mental diversity look like?
	madness?	A tale of mental illness Elyn Saks TED Talks https://youtu.be/f6CILJA110Y
		Corstens et al (2014). Emerging perspectives from the Hearing Voices Movement: Implications for Research and Practice. <i>Schizophrenia Bulletin</i> , 40 (suppl. 4), S285-S294.
		Jost, A. (2009). Mad Pride and the medical model. Hasting Center Report, 39(4), c3.

Week	Topic	Readings & Discussion
January 21	100 (or so) years of Psychiatry	Since mental health care was institutionalized in the $18^{th}/19^{th}$ century, the pendulum has swung wildly between optimism and disengagement. How much does this have to do with psychiatry itself, and how much is based in social changes around it? What are your thoughts on the social marketing of mental health interventions over time?
		Mental: A History of the Madhouse (BBC Documentary). https://youtu.be/oswUssXzFIY Or https://youtu.be/oswUssXzFIY
		Novella, E. J. (2010). Mental health care in the aftermath of deinstitutionalization: A retrospective and prospective view. <i>Health Care Analysis</i> , 18(3), 222-238.
		Dyck, E. (2010). Spaced-out in Saskatchewan: Modernism, Anti-Psychiatry, and Deinstitutionalization, 1950-1968. <i>Bulletin of the History of Medicine, 84 (4)</i> , 640-666.
January 28	What is mental health and what causes	How do social determinants influence mental health and illness? How do we balance individual vs. social contributions to mental illness, mental health and recovery?
	mental illness?	Manderscheid, R.W. et al (2010). Evolving definitions of mental illness and wellness. <i>Preventing Chronic Disease</i> , 7(1),
		http://www.cdc.gov/pcd/issues/2010/jan/09- 0124.htm.
		Pilgrim, D. (2002). The biopsychosocial model in Anglo-American psychiatry: Past, present and future? <i>Journal of Mental Health, 11,(6),</i> 585-594.
		Czyzewski, K. (2011). Colonialism as a broader social determinant of health. <i>The International Indigenous Policy Journal, 2(1),</i> http://ir.lib.uwo.ca/iipj/vol2/iss1/5.

Week	Topic	Readings & Discussion
February 4	Why suicide?	Why suicide? What evolutionary, psychological or social motivations drive it? How do we apply what we know to understanding suicide clusters? Suicide among young men and the elderly? Parasuicidal behaviour? Desire for assisted suicide? Kamikaze pilots and suicide bombers? Kraft, T.L. et al. (2010). Brief Report: Why suicide? Perceptions of suicidal inpatients and reflections of clinical researchers. Archives of Suicide Research, 14(4), 375-382. Aubin, H., Berlin, I. & Kornreich, C. (2013). The evolutionary puzzle of suicide. International Journal of Environmental Research and Public Health, 10 (12), 6873-6886. Kushner, H.I. & Sterk, C.E. (2005). The limits of social capital: Durkheim, suicide, and social cohesion. American Journal of Public Health, 95(7), 1139-1143.
February 11	Society, and mental health	If society is to invest in promoting mental health, where should that investment be made? Levy , B. et al. (2014). Stigma and discrimination: A socio-cultural etiology of mental illness. The Humanistic Psychologist, 42(2), 199-214. Mehta, N., Croudace, T & Davies. S.C. (2015). Public mental health: evidence-based priorities. Lancet, 385(9976), 1472-1475. Knifton, L. (2015). Collective wellbeing in public mental health. Perspectives in Public Health, 135(1), 24-26.
February 18		READING WEEK

Week	Topic	Readings & Discussion
February 25	The social context of diagnosis and treatment of mental illness	General medicine takes human experience and attaches diagnostic labels to it that determine treatment, usually with medication or surgery. New medical diagnoses are discovered/invented and rejected. Does this get questioned the way psychiatric diagnoses does? Why do you think psychiatric diagnoses get such harsh scrutiny from outsiders but general medical diagnoses do not? Diagnostic and Statistical Manual: Psychiatry's Deadliest Scam (up to 10:12) http://archive.org/details/cchr_psychiatry Pickersgill, M.D. (2014). Debating DSM-5: Diagnosis and the sociology of critique. Journal of Medical Ethics, 40(8), 521-525. Kelm, M.E. (1993). "The only place likely to do her any good": The admission of women to British Columbia's provincial hospital for the insane. BC Studies, 96, 66-89. http://ojs.library.ubc.ca/index.php/bcstudies/article/
March 3	Culture, healing and mental illness	Psychiatry is a western invention – can it work beyond our cultural context? Is mental illness a universal experience? Can non-Western healing traditions work in our cultural context? The Moth Presents Andrew Solomon: Notes on an Exorcism https://youtu.be/-UBgBpFGODI . Kirmayer, L.J. Pedersen, D. (2014). Toward a new architecture for global mental health. Transcultural Psychiatry, 51(6), 759-776. Hassan, G. & Kirmayer, L. J.(2015). UNHCR commissioned report on Syrian refugees. Culture, context and the mental health and psychosocial wellbeing of Syrians: A review for mental health and psychosocial support staff working with Syrians affected by armed conflict. Emphasize sections 5 & 6. http://www.unhcr.org/55f6b90f9.pdf

Week	Topic	Readings & Discussion
March 10	Families, caregiving and mental illness	The biggest controversy in the original iteration of this course was over whether families cause mental illness or not - What do you think? How are families implicated and affected by mental health and mental illness?
		Inman, S. (2012). Stop blaming me for my daughter's mental illness. The Huffington Post: Huffpost Living Canada, April 2012. http://www.huffingtonpost.ca/susan-inman/schizophrenia b 1411502.html
		Bland. R (1998). Understanding grief and guilt as common themes in family response to mental illness: Implications for social work practice. Australian Social Work, 51(4), 27-34.
		Williams, C.C. & Mfoafo-M'Carthy, M. (2006). Care: Giving, receiving and meaning in the context of mental illness. <i>Psychiatry</i> , 69(1), 26-46.
March 17	Student Presentations	
March 24	Student Presentations	
March 31	Student Presentations	

ASSIGNMENTS AND EVALUATION

Writing Style Requirements

Please follow the guidelines in the 6th edition of the APA publication manual for format and citations in your written assignments. Students are encouraged to consult with campus writing centre if they feel challenged by writing assignments. All assignments must be submitted in electronic format (typewritten, 12 point font) through the Blackboard portal, unless directed otherwise.

Written assignments will be graded on their clarity, comprehensiveness, originality, appropriate use of reference materials and technical adequacy.

Grading Scheme: % of Final Mark Due Date

Assignment 1 30% February 11, 2016

Proposal for 2 & 3 feedback only February 25, 2016

Assignment 2 Presentation 20% March 17, 24, 31, 2016

Assignment 3: Final paper 50% April 7, 2016

<u>Assignment 1</u>: Reflective Paper (approximately 6 pages, no references required aside from the citation for the paper chosen as a topic)

- Choose one journal article from the assigned readings from the first ½ of the course (between January 7 and February 11)
- Reflect on the paper using the following questions as a guide:
 - What is one concept, idea, research finding, theory in this paper that you found new or intriguing?
 - Why do you think this particularly concept etc. is interesting or important (to you)?
 - How does it relate to what you have learned previously in your program about mental health and illness? How does it relate to what you have learned previously in your life about mental health and illness?
 - As you reflect on this concept etc., how do you think you could use or apply it in the future? What might you want to explore further in the area?
- Criteria for evaluation: writing quality, clarity, use of the guiding questions, creativity or originality in addressing the assignment.

Proposal for assignment 2 & 3: (ungraded – for feedback and guidance)

- Topic of presentation and description of source material
- Issues to be addressed in the presentation and paper

<u>Assignment 2</u>: 10-minute presentation (preview of paper)

- Present the proposed topic of your final paper, explaining why you think it is a useful artifact to explore the social context of mental health and illness.
- Present the questions you plan to pursue in exploring it and why you have identified these as your questions.
- Audiovisual aids are recommended (e.g., powerpoint).

Assignment 3: Final paper

- Choose something from popular culture (e.g., TV series, movie, blog, vlog, twitter feed, ad campaign, fashion line, graphic novel, book, art exhibit....). Provide a description of this artifact*, providing links to supplementary material as needed. The artifact cannot originate from a health institutional source.
- Identify how you think it speaks to or represents the social context of mental health and illness
- Provide a critique of how you believe it promotes and/or undermines stigma against mental illness
- Describe what you see as lessons that can be learned from this particular artifact that could influence how we educate the public about mental health and illness
- Note:
 - Make explicit links to concepts and resources from the course
 - Demonstrate self-directed learning by drawing on additional sources to support your arguments.

Grade Scale

Letter Grade	Percentage
	equivalent
A+	90-100%
Α	85-89%
A-	80-84%
B+	77-79%
В	73-76%
B-	70-72%
C+	67-69%
С	63-66%
C-	60-62%
D+	57-59%
D	53-62%
D-	50-52%
F	0-49%

^{*}artifact: an object made by a human being, typically an item of cultural or historical interest

COURSE POLICIES

Learning Environment

We believe in an educational approach that fosters a positive working partnership between the instructor and students. Based on principles of adult learning, the class will be taught using a wide variety of instructional methods including lectures, large and small group discussions, videos, student presentations, etc. Students are encouraged to share their knowledge and experience in various aspects of the course content.

Academic Integrity

Students are expected to commit to the highest standards of integrity, and to understand the importance of protecting and acknowledging intellectual property. It is assumed that they have a clear understanding of how to cite references appropriately, thereby avoiding plagiarism. Common examples of problematic academic practices that lead to consequences for plagiarism include:

- Copying and pasting from an source and providing a citation but forgetting to put quotation marks around the content;
- Using material from a source and making changes in specific words or sentence structure but not citing the original source.
- Using ideas from a source without citing the original source. Suspected plagiarism is immediately reported to the Chair's Office. Please take the time to review your work carefully to avoid these consequences.

For more information on academic integrity, consult the Code of Behaviour on Academic Matters. You may also find it helpful to consult the document "How Not to Plagiarize", available at http://www.writing.utoronto.ca/advice/using-sources/how-not-to-plagiarize.

For general writing assistance, consider consultation with the UTSC Writing Centre..

Turnitin.com: Students will be required to submit their course assignments through the Turnitin.com section of the portal for a review of textual similarity to other written work and detection of possible plagiarism. In doing so, students will allow their essays to be included as source documents in the Turnitin.com reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the Turnitin.com service are described on the Turnitin.com website.

Students are encouraged to submit assignments early to detect and correct inadvertent errors in citation practices.

AccessAbility Resources

If you need or desire an accommodation for a disability or medical condition, please contact AccessAbility Services for assistance. I strongly encourage you to register immediately with Accessibility Services http://www.accessibility.utoronto.ca. so they can assist us in making use of available resources to facilitate your learning experience. Consultations with AccessAbility Services are confidential and communicated to instructors with your consent, as needed.

Use of Electronic Devices in the Classroom:

In consideration of your classmates and your own learning, please turn off or mute your devices during class. Devices may be used to support learning activities in the classroom, for example, taking notes and accessing course readings under discussion. Non-academic use of laptops and other devices is not acceptable. For reasons of privacy as well as protection of copyright, unauthorized video or audio recording in classrooms is prohibited. Students using devices as part of accommodations are excepted from this expectation – please alert me if this applies to you.

Late assignments

A late assignment is deducted one grade point (i.e., from an A to an A-) for each day that it is late. An assignment is considered late as soon as the due date and time passes. Students are encouraged to submit assignments early to avoid late penalties due to technical issues. Problems with the Blackboard Portal will not be accepted as an excuse for late submission.

Students who need to seek extensions due to illness or other personal circumstances must provide appropriate documentation as soon as possible and arrange new deadlines.

Missed presentations: Students who are absent for their assigned presentation date without approved supporting documentation will receive a mark of zero for that assignment. If there is an approved reason for missing the presentation, students must contact me as soon as possible to make alternate arrangements.

Religious Observances

Please notify the instructor if religious observances conflict with class attendance or due dates for assignments so we can make appropriate arrangements for alternate scheduling of evaluations or make up of missed work.

Absence Due to Illness

If illness is likely to interfere with your meeting a due date for an assignment or other requirements, you should have your physician or health care provider complete a Verification of Student Illness or Injury Form http://www.illnessverification.utoronto.ca/getattachment/index/Verification-of-Illness-or-Injury-form-Jan-22-2013.pdf.aspx You must submit documentation to me on or before the deadline date.

Course Evaluation: Student Feedback Matters

Course evaluations for this course will be completed through an online system. You will receive an email invitation at your **mail.utoronto.ca** email address that will direct you to where you can complete the evaluations for all courses that are in the online system.

The University of Toronto has updated course evaluation procedures to make them more convenient for students. Course evaluations are very important to ensuring the quality of education at this Faculty and informing the development of its curriculum.

The survey used to evaluate this course have been developed in collaboration between faculty and students and the university's teaching and learning experts to ensure that it will provide information about teaching and learning that can be used to enhance and assure the quality of education here at the University of Toronto. If you would like more information about course evaluation at the University of Toronto, please consult http://www.teaching.utoronto.ca/teaching/essentialinformation/evaluation-framework.htm