



THE UNIVERSITY OF BRITISH COLUMBIA
School of Social Work
 Course Outline – SOWK 440J/570

The UBC School of Social Work acknowledges that we are located on the traditional, ancestral, and unceded territory of the x^wməθk^wəyəm (Musqueam) people.

School Vision: Building upon a foundation of social justice and an ethic of care, we are a community of learners actively engaged in the development of critical, transformative knowledge for social work practice.

BSW Mission Statement: The Bachelor of Social Work (BSW) program addresses issues of power and issues of discrimination based on age, race, gender, sexual orientation, class and culture. The educational objective of the BSW curriculum is to provide students with the knowledge, values and skills necessary for an initial level of professional practice, focusing on the interface between personal problems and public issues. Critical thinking and structural analysis are central to the learning experience offered by the School and to the promotion of social justice and human well-being.

Year/Term	2019-2020 Summer
Course Title	SOWK 440J/570: Integrative Seminar in Global Mental Health
Course Schedule	Summer Course 2020
Course Location	Online

Instructor	Office Location	Office Phone	E-mail address
Dr. Mohamed Ibrahim	JBB 241	604-822-2100	mohamed.ibrahim@ubc.ca
Office Hours	By Zoom		

COURSE DESCRIPTION:

The SOWK 440J/570 Integrative seminar in Global mental health introduces to students an emerging and important global mental health field. Global mental health is an area of study, research, and practice that places a priority on improving mental health and achieving equity in health for all people worldwide (Patel, 2012). This elective will introduce students to advanced competencies in global health practice and research, such as the global burden of mental health, social and economic determinants of mental health, the globalization of biomedical psychiatry, global mental health governance, human rights, and equity. Students will discuss practical and ethical challenges in delivering care in low-resource settings, describe tools, and strategies to address the needs of specific vulnerable populations in resource limited countries.

RATIONALE

According to the Global Burden of Diseases report, mental illness is considered to be among the top 20 diseases causing disability globally. Social workers practicing in international settings can play a role in policy development, health education and promotion, direct provision of psychosocial interventions, assessment, referral/linkage, and mobilization of self-help, mediation, advocacy, community development, public education and research. This provides an opportunity for social workers to gain necessary knowledge and skills required to work as mental health practitioner in a global context.

COURSE DESIGN

This 3-credit course spans 6 weeks of online blended learning consisting of live online lectures, self-directed individual and group discussions.

LEARNING OUTCOMES:

Upon completion of this course, students will be able to demonstrate knowledge outcomes, such as

- Describe the major global causes of morbidity and mortality (global burden of disease)
- Identify the major multinational efforts and collaborations (e.g. Millennium Development Goals, Sustainable Development Goal, and Mental Health Action Gap (mhGAP)) to improve health globally
- Critically examine key aspects of globalizing western biomedical mental health to the Global South
- Describe barriers to health and healthcare access in low-resource settings and for vulnerable populations
- Identify and critically analyze health and social interventions and strategies that have been used to improve global mental health outcomes for individuals, families and communities
- Generate ideas and solutions to global health challenges faced by resource limited settings

UNIVERSITY POLICIES:

Attendance: “Regular attendance is expected of students in all their classes (including lectures, laboratories, tutorials, seminars, etc.). Students who neglect their academic work and assignments may be excluded from the final examinations. Students who are unavoidably absent because of illness or disability should report to their instructors on return to classes (UBC Calendar).”

Academic Integrity: In the UBC scholarly community at large, we share an understanding of the ethical ways in which knowledge is produced. A core practice of this shared value of academic integrity is that we acknowledge the contributions of others to our own work. It also means that we produce our own contributions that add to the scholarly conversation. We don’t buy or copy papers or exams. We also don’t falsify data or sources, or hand in the same work in more than one course.

Because it is so important that research be done ethically, we require students to meet these expectations. Any Instance of academic misconduct, whether intentionally or unintentionally, can and often will result in receiving a minimum grade of zero for the assignment, and these cases will be reported to the Department Head or Chair and the Faculty of Arts Associate Dean, Academic. For more information see the UBC Calendar entries on “[Academic Honesty](#),” “[Academic Misconduct](#),” and “[Disciplinary Measures](#),” and check out the [Student Declaration and Responsibility](#). Also see “[Tips for Avoiding Plagiarism](#)” from the Chapman Learning Commons and bookmark the [OWL](#) website for how to use APA citation style.

Retaining Assignments: Students should retain a copy of all submitted assignments (in case of loss) and should also retain all their marked assignments in case they wish to apply for a Review of Assigned Standing. Students have the right to view their marked examinations with their instructor, providing they apply to do so within a month of receiving their final grades. This review is for pedagogic purposes. The examination remains the property of the university.

Mental Health: During your time in this course, if you encounter medical, emotional, or other personal problems that affect your attendance or academic performance, please notify us, as well as your Academic Advisor. Please refer to the UBC Calendar for a discussion of academic concession. UBC Students are allocated up to seven personal counselling appointments via their student fees. To set up an off-campus counseling appointment, contact Empower Me at **1-844-741-6389**.

Early Alert Program: We participate in the Early Alert Program which helps me support students who are facing difficulties that are interfering with school. If you are feeling stressed, please notify one of the instructors and indicate that you would like assistance. While we are not trained to help with personal problems, we can connect you with support from people who can assist you. Any information that they receive from you or us is strictly confidential and is in the interest of your academic success and wellbeing. For more information, please visit earlyalert.ubc.ca.

Support: UBC provides resources to support student learning and to maintain healthy lifestyles but recognizes that sometimes crises arise and so there are additional resources to access including those for survivors of sexual violence. UBC values respect for the person and ideas of all members of the academic community. Harassment and discrimination are not tolerated nor is suppression of academic freedom. UBC provides appropriate accommodation for students with disabilities and for religious observances. UBC values academic honesty and students are expected to acknowledge the ideas generated by others and to uphold the highest academic standards in all of their actions.

Details of the policies and how to access support are available at:

<https://senate.ubc.ca/policies-resources-support-student-success>

COURSE POLICIES:

Attendance

The attendance policy is in the social work student handbook on page 11:

<https://socialwork.ubc.ca/current-students/>

The School considers class attendance to be an essential component of integrated learning in professional social work education. Therefore, regular attendance is required in all social work courses. Instructors may count repeated late arrivals or early departures as an absence, and a meeting should be set up to discuss this with the student.

The University accommodates students with disabilities who have registered with Access and Diversity. Students, who will require accommodation for attendance due to disability, are encouraged to inform the instructor, and if necessary, to contact Access and Diversity preferably not later than the first week of class. The School will also accommodate religious observance, according to University Policy 65, and students are expected to inform the instructor. Students who wish to be accommodated for unavoidable absences due to varsity athletics, family obligations, or other similar commitments, must notify their instructors in writing at least two weeks in advance, and preferably earlier. This reflects expectations for professional social workers in their place of employment.

If students miss three or more classes, they may be considered to have not met the requirements of the course. If students have valid reasons, they could be withdrawn from the course with the approval of the instructor – otherwise, they would fail the course.

SUBMITTING ASSIGNMENTS:

Assignments are due as noted in this course outline, unless otherwise informed by the instructor.

RETURN OF MARKED STUDENT ASSIGNMENTS:

All assignments are to be submitted via the UBC Canvas course site. Assignments will be marked with track changes and comments provided in the same manner.

LATE ASSIGNMENTS:

Generally, late assignments will not be accepted. In emergency situations, students must discuss any potential lateness with their instructor and be prepared to have a medical certificate available. Assignments submitted after the deadline with no documentation will be penalized by one percentage point per day.

REQUIRED TEXTBOOK:

There is no required textbook for this course, however list of required readings will be provided in the course outline and it is the student's responsibilities to access through UBC library databases.

PREREQUISITES AND/OR COURSE RESTRICTIONS:

The course is cross-listed for BSW and MSW students.

COURSE SCHEDULE:

*Please note that many factors will influence the order of the sessions below and that the schedule is subject to changes – as much notice as possible will be provided.

SOWK 440J/571

SESSION 1:	May 11th to 17th, 2020
TOPIC:	<p style="text-align: center;"><u>Learning activities for session 1 on May 12th at 9:00 AM</u></p> <p>Log in for live lecturer by instructor at 9:00 AM PST for</p> <ul style="list-style-type: none"> ● Overview of course, including course outline and assignments ● An Introduction to Global Health ● The emergence of global health governance ● Key milestones in addressing global health issues ● The global burden of diseases ● Global pandemics and responses at global and local levels ● Case examples of SARS, MERS and COVID-19 https://www.youtube.com/watch?v=mOV1aBVYKGA&t=35s ● Public Health Emergency--British Columbia's response to Opioid Overdose and COVID-19 public health emergencies <p><u>Class Activities</u></p> <p>2. Online class discussion on the current pandemic at local, national and global level. -discuss how inequities are manifested in the current COVID-19 pandemic in the context of vulnerable individuals and groups and those experiencing</p>

	<p>homelessness, precarious employment, addiction etc.</p> <p>In this discussion, each student is required to;</p> <ol style="list-style-type: none"> 1. At least share one post and 2. Respond to at least one post by another student. 3. Provide links or references that you based your responses on
READING:	<p>World Health Organization. (2008). <i>The global burden of disease: 2004 update</i>. World Health Organization. https://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf?ua=1</p>
SESSION 2:	May 18th to 24th 2020
TOPIC:	<p>Log in for live lecturer by instructor on May 19th at 9:00 AM PST for</p> <p><u>Global mental health-the emergence of global mental health as a field of research, practice, and policy</u></p> <ul style="list-style-type: none"> ● The Global mental Health Burden of diseases ● Addressing Global Mental Health Inequities https://www.youtube.com/watch?v=yzm4gpAKrBk&t=497s ● Scaling up of mental health services in Lower and Middle Income Countries (LMIC) https://www.youtube.com/watch?v=v3DNgYbnepo&feature=emb_logo ● Introduction to WHO's Mental Health Action Gap(mhGAP) ● Bridging the GAP through LMIC based initiative: a review of evidence from; African Mental Health Research Initiative (Southern Africa) (AMARI)-- https://amari-africa.org/ Sangath Goa (India)--http://www.sangath.in/who-we-are/ Africa Mental Health Research & Training Foundation https://africamentalhealthresearchandtrainingfoundation.org/
READING:	<p>Patel, V. (2012). Global Mental Health: From Science to Action, <i>Harvard Review of Psychiatry</i>, 20:1, 6-12 https://doi.org/10.3109/10673229.2012.649108</p> <p>Patel, V., & Prince, M. (2010). Global mental health: A new field comes of age. <i>Journal of American Medical Association</i>, 303(19), 1976-1977.</p> <p>World Health Organization. (2019). The WHO special initiative for mental health (2019-2023): universal health coverage for mental health. In <i>The WHO special initiative for mental health (2019-2023): universal health coverage for mental health</i>.</p> <p>Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: scarcity, inequity, and inefficiency. <i>The lancet</i>, 370(9590), 878-889.</p> <p>WHO. (2010). <i>[M]hGAP: Mental Health Gap Action Program: Scaling up care for mental, neurological and substance use disorders</i>. WHO</p>

	<p>Geneva.</p> <p>Chibanda, D., Bowers, T., Verhey, R., Rusakaniko, S., Abas, M., Weiss, H. A., & Araya, R. (2015). The Friendship Bench programme: a cluster randomised controlled trial of a brief psychological intervention for common mental disorders delivered by lay health workers in Zimbabwe. <i>International journal of mental health systems</i>, 9(1), 21.</p> <p>Shidhaye, R., Murhar, V., Gangale, S., Aldridge, L., Shastri, R., Parikh, R., ... & Patel, V. (2017). The effect of VISHRAM, a grass-roots community- based mental health programme, on the treatment gap for depression in rural communities in India: a population-based study. <i>The Lancet Psychiatry</i>, 4(2), 128-135.</p> <p>Musyimi, C., Mutiso, V., Ndetei, D., Henderson, D., & Bunders, J. (2017). Mental health outcomes of psychosocial intervention among traditional health practitioner depressed patients in Kenya. <i>Culture, Medicine, and Psychiatry</i>, 41(3), 453-465.</p> <p>Mbwayo, A., Ndetei, D., Mutiso, V., & Khasakhala, L. (2013). Traditional healers and provision of mental health services in cosmopolitan informal settlement in Nairobi, Kenya. <i>African Journal of Psychiatry</i>, 16, 134-140.</p> <p>Musyimi, C.W., Mutiso, V.N., Nandoya, E.S., & Ndetei, D.M. (2016). Forming a joint dialogue among faith healers, traditional healers and formal health workers in mental health in a Kenyan setting: towards common grounds. <i>Journal of ethnobiology and ethnomedicine</i>, 12(1), 2-8.</p>
SESSION 3:	May 25th to 31st 2020
TOPIC:	Community based mental health: Perspectives from organizations in Nairobi, Kenya – and – an examination of reflexivity, positionality, power and ethics.
READING:	<p>Please log on from 9-11am on May 26th for a live session facilitated by the Office of Regional and International Community Engagement (ORICE).</p> <p>This week will be facilitated with the team from ORICE and will include a guest panel with a few organizations in Nairobi, Kenya that provide community based mental health services. Through the guest talks and group discussion, we will examine questions of what it means to study and collaborate on global mental health from various social locations.</p> <p>Guest Speakers include: Representatives from Kamili Organization (https://www.kamilimentalhealth.org/) and Carolina for Kibera (https://carolinaforkibera.org/), 1-2 other organizations pending.</p> <p>Readings:</p> <p>Merriam, Sharan B., Johnson- Bailey, Juanita, Lee, Ming-Yeh, Kee, Youngwha, Ntseane, Gabo, & Muhamad, Mazanah. (2001). Power and positionality: Negotiating insider/ outsider status within and across cultures. <i>International Journal of Lifelong Education</i>, 20(5), 405-416.</p> <p>Suarez, Eliana. (2016) "Trauma in global contexts: Integrating local practices and socio-cultural meanings into new explanatory frameworks of trauma."</p>

	<p>International Social Work 59.1 (2016): 141-153.</p> <p>Yan, M.C. (2016). Multiple positionality and intersectionality: Towards a dialogical social work approach. In A. Al-Krenawi, J.R. Graham, & N. Habibov (Eds.), <i>Diversity and Social Work in Canada</i> (pp.114-138), Don Mills, ON: Oxford University Press.</p> <p>Class Activities:</p> <p>From the readings, links and video/talk (it is yet to be determined if this dialogue with partners can be done live or if it needs to be pre-recorded. Much of this will depend upon how COVID-19 impacts services in the weeks to come in Kenya), please plan to:</p> <ol style="list-style-type: none"> 1. Participate in the live class with ORICE for discussion related to the talks & the readings 2. Respond to at least one of the questions posed in Canvas on the readings 3. Respond to fellow student's postings (at least 2 responses) 4. Complete the reflective journal #2 that analyzes considerations and implications of positionality, power in relation to your role as a social worker studying (and practicing) in the realm of global mental health.
SESSION 4:	June 1st to 7th 2020
TOPIC:	<p><u>Self-directed weeklong online class session</u></p> <p><u>Critical aspects in global (biomedical) mental health –</u> Individuals living with mental health challenges face communal, structural and interpersonal stigma, shame and discrimination on daily basis. For this session we will discuss the role the colonial past has shaped stigma within the mental health system. In particular we will discuss</p> <ul style="list-style-type: none"> ● Colonial biomedical psychiatry and its contemporary significance ● Decolonizing mental health ● The role peer-led self-help groups play in challenging harmful and discriminatory mental health laws, practices and systems. <p>The case of Vancouver's own MPA (Mental Patients Association)-The Inmates Are Running the Asylum: Stories from MPA. A documentary about how a group that transformed Canada's psychiatric landscape https://www.youtube.com/watch?v=JwyaRU1svrA&t=424s</p> <p>For this week, learning will be through weeklong required readings, video clips relevant to the topic and online individual discussions.</p> <p><u>ONLINE CLASS ACTIVITIES</u></p> <p>From the readings, links and videos provided for this lesson at least share:</p> <ol style="list-style-type: none"> 1. Share your critical thoughts on the readings (at least 2 responses) 2. Respond to fellow student's postings (at least 2 responses) 3. Share further info/readings related to this week's learnings.

READING:	<p>Johnston, L (2017). Operating in darkness: BC's Mental Health Act detention system. Community Legal Assistance Society</p> <p>Kanani, N. (2011). Race and madness: Locating the experiences of racialized people with psychiatric histories in Canada and the United States. <i>Critical Disability Discourses</i></p> <p>Fernando, S. (2017). Globalizing mental health or pathologizing the global South? Mapping the ethics, theory and practice of global mental health.</p> <p>Van Veen, C, Ibrahim, M & Morrow, M (2018). Dangerous discourses : masculinity, coercion and psychiatry. In Kilty, J & Del, E (Eds.). Containing madness: gender and 'psy' in institutional Contexts. Palgrave Macmillan.</p> <p>Ibrahim, M, & Morrow, M (2015). Weaning off colonial psychiatry in Kenya. <i>Journal in Ethics of Mental Health</i>. Open Volume 1:1-6</p>
SESSION 5:	June 8th to 14th 2020
	<p>The role of service user organizations in addressing social equity, improve human rights and center social justice</p> <p>Log in for live on June 2nd at 9:00 AM PST: This week's session will be hosted by Guest speaker Michael Njenga The Chairperson of Pan African Network of Persons with Psychosocial Disabilities. Executive Committee Member of the Commonwealth Disabled Peoples Forum. C.E.O - Users and Survivors of Psychiatry in Kenya The CRPD is a landmark United Nation's treaty that ensures equality, access and inclusion for persons living with disabilities including psychosocial disabilities. The CRPD has been ratified by majority of the countries but its spirit is yet to be fulfilled. Michael is a leading expert and will share his knowledge and expertise in maintreating CRPD</p> <p>Individual activities Register for the WHO Quality Rights Initiatives online course and complete the course. https://humanrights-etrain-qualityrights.coorpacademy.com/login Once completed post your completion certificate on Canvas</p>
READING:	<p>United Nations. (2006). <i>The convention on the rights of persons with disabilities</i>. United Nations. [ONLINE]. Available at: http://www.un.org/disabilities/convention/conventionfull.shtml.</p>
SESSION 6:	June 15th to 21st 2020
TOPIC:	Group presentations online on dates below
	<ol style="list-style-type: none"> 1. Homeless population and those who use drugs (Monday June 15th) 2. The older adult population (Tuesday June 16th) 3. First Nation communities (Wednesday June 17th)

	4. Frontline workers (healthcare, paramedics) (June 18th) END OF SEMESTER! BEST OF LUCK
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COURSE ASSIGNMENTS, DUE DATES AND GRADING:

Assignment 1: WHO Quality Rights Initiatives (25%).

In this assignment you are required to register for the WHO Quality Rights Initiative online course and complete the entire course of Foundations on Mental Health, Human Rights and Recovery (6 modules). The modules are ; 1) Human rights, 2) Human rights, mental health & disability, 3) Legal capacity and the right to decide, 4) Ending coercion, violence and abuse, 5) Quality services and community inclusion, 6) Mental health, wellbeing and recovery.

The completion for this assignment is on June 14th at 2359 hours.

Assignment 2: Reflexive Journals: 2 journals @ 2.5% each

1. WHO Quality Rights Initiative reflection paper Please write and submit a ONE Page reflective journal on your thoughts and experience in participating in the WHO Quality Rights Initiative. In the reflective paper, discuss the implication of this WHO initiative in Canada’s mental health care system.

This paper is not according to APA.

2. Please write and submit a TWO page reflective journal using the DEAL model (describe, examine, articulate learning) that analyzes considerations and implications of positionality, power in relation to your role as a social worker studying (and practicing) in the realm of global mental health. This paper does not need to adhere to APA standards.

Assignment 3: Research Paper -30%

The third assignment is a major comparative research paper. More often, western knowledge and ways of knowing is privileged and globalized to Global South. In the 4th week of our class readings and discussions, we will discuss critical aspects of global mental health and how western approach to mental health is globalized and mainstreamed at the expense of Indigenous and local culturally and spiritually appropriate psychosocial and spiritual community wellbeing. In this paper, you are expected to research one or two specific local mental health intervention(s) or advocacy program(s) in a Global South setting. In your paper, provide existing literature (if any) on the program, discuss and/or interview specific individual(s) with knowledge of the specific interventions, program or models of approach. Provide the historical background, how the model/approach/intervention works, and its strengths and areas for improvement. Examine and assess the potential for mainstreaming such initiatives.

Finally, investigate the potential and possibility of Global South-to-North transfer of such initiatives and how it can benefit the diverse needs of Global North residents.

This paper is APA (double space, 12 point, Times New Romans, in-text citation and reference page). There is a page limit of 8 pages and a minimum of 6 pages excluding the reference page (s).

This paper is June 28, 2020 at 2359 hours and submitted on canvas as a **WORD DOCUMENT ONLY**.

Assignment 4: Student Led Seminar -30%

As the world grapples with an unprecedented global health crisis, the focus has been so far largely on containing the spread of infections. Countries around the world have taken to drastic measures such as shutting down business and work and instituting physical distancing. However, as these measures drag on the impact of isolation and restriction impacts different sectors of the community differently depending on their vulnerabilities.

For this assignment each group will be assigned specifically vulnerable to research, interview (phone or video) experts and group members where possible to understand the impact and come up with recommendations.

5. Homeless population and those who use drugs
6. The older adult population
7. Frontline workers (healthcare, paramedics)
8. First Nation communities

You will be expected to lead or co-lead (depending on student numbers) a seminar based on the topic assigned. You will moderate class engagement through online discussion of the reading and related resources and through designing and facilitating a class activity. Students are encouraged to be creative and to make use of participatory activities to engage their classmates.

Signup schedule will be provided on the first week of class

Assignment 5: Participation -10%

For this class to be successful in reaching its goals, regular student attendance and a desire to actively participate in learning and teaching is critical.

Class attendance during live log in and active online participation will be 10% of the final grade.

Links on how to write an academic paper:

[http://wiki.ubc.ca/Library: Getting_Started_with_your_Research_Paper](http://wiki.ubc.ca/Library:Getting_Started_with_your_Research_Paper)

<http://www.writing.utoronto.ca/advice/general/general-advice>

https://umanitoba.ca/student/academiclearning/media/Writing_an_Academic_Paper_NEW.pdf

Required and Optional Readings (Summary)

- Ash, S.L. and Clayton, P.H. (2009), "Generating, deepening, and documenting learning: the power of critical reflection in applied learning", *Journal of Applied Learning in Higher Education*, Vol. 1 No. 1, pp. 25-48. (Accessible [here](#))
- Ibrahim, M, & Morrow, M (2015). Weaning off colonial psychiatry in Kenya. *Journal in Ethics of Mental Health*. Open Volume 1:1-6
- Ibrahim, M. (2017) Mental Health in Africa: Human rights approaches to decolonization. In Morrow, M & Malcoe, LH (Eds.). *Critical Inquiries: Theories and Methodologies for Social Justice in Mental Health*. University of Toronto Press. Toronto.
- Kaaya, S., Eustache, E., Lapidos-Salaiz, I., Musisi, S., Psaros, C., & Wissow, L. (2013). Grand challenges: improving HIV treatment outcomes by integrating interventions for co-morbid mental illness. *PLoS medicine*, 10(5), e1001447.
- Kenya Human Rights Commission. (2011). *Silenced minds: The systemic neglect of mental health system in Kenya*. Available at: <http://www.khrc.or.ke/>.
- Kiima, D., & Jenkins, R. (2010). Mental health policy in Kenya-an integrated approach to scaling up equitable care for poor populations. *International Journal of Mental Health Systems*, 4(1), 19.
- Mbwayo, A., Ndeti, D., Mutiso, V., & Khasakhala, L. (2013). Traditional healers and provision of mental health services in cosmopolitan informal settlement in Nairobi, Kenya. *African Journal of Psychiatry*, 16, 134-140.
- Mohan, B. (2011). Rethinking international social work. In *Development, Poverty of Culture, and Social Policy* (pp. 131-144). Palgrave Macmillan, New York.
- Mupedziswa, R, Rankopo, M & Mwansa, L.K (2019). **Ubuntu** as a Pan-African philosophical framework for social work in Africa. In Twikirize, JM & Spritzer, H eds. *Social work practice in Africa: indigenous and innovative approaches*.
- Musyimi, C., Mutiso, V., Musau, A., Matoke, L., & Ndeti, D. (2017). Prevalence and determinants of depression among patients under the care of traditional health practitioners in a Kenyan setting: policy implications. *Transcultural psychiatry*, 54(3), 285-303.
- Musyimi, C., Mutiso, V., Nayak, S., Ndeti, D., Henderson, D., & Bunders, J. (2017). Quality of life of depressed and suicidal patients seeking services from traditional and faith healers in rural Kenya. *Health and quality of life outcomes*, 15(1), 95. DOI 10.1186/s12955-017-0657-1
- Musyimi, C., Mutiso, V., Ndeti, D., Henderson, D., & Bunders, J. (2017). Mental health outcomes of psychosocial intervention among traditional health practitioner depressed patients in Kenya. *Culture, Medicine, and Psychiatry*, 41(3), 453-465.
- Musyimi, C.W., Mutiso, V.N., Nandoya, E.S., & Ndeti, D.M. (2016). Forming a joint dialogue among faith healers, traditional healers and formal health workers in mental health in a Kenyan setting: towards common grounds. *Journal of ethnobiology and ethnomedicine*, 12(1), 2-8.
- Ndungu, E. M. (2019). The role of mobile phones in social work service delivery: a Kenyan perspective. : In Twikirize, JM & Spritzer, H eds. *Social work practice in Africa: indigenous and innovative approaches*.
- Patel, V., & Prince, M. (2010). Global mental health: A new field comes of age. *Journal of American Medical Association*, 303(19), 1976-1977.
- Pockett, R., & Beddoe, L. (2017). Social work in health care: An international perspective. *International Social Work*, 60(1), 126-139.
- Rahman, A., Surkan, P. J., Cayetano, C. E., Rwagatare, P., & Dickson, K. E. (2013). Grand challenges:

integrating maternal mental health into maternal and child health programmes. *PLoS Medicine*, 10(5), e1001442.

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: scarcity, inequity, and inefficiency. *The Lancet*, 370(9590), 878-889.

United Nations. (2006). *The convention on the rights of persons with disabilities*. United Nations. [ONLINE]. Available at: <http://www.un.org/disabilities/convention/conventionfull.shtml>.

USP-Kenya. (2013). Studies on human rights violation of persons with psychosocial disabilities in Kenya.

USP-Kenya. Advancing the rights of persons with psychosocial disabilities in Kenya. Available at <http://www.uspkenya.org/wp-content/uploads/2017/08/Advancing-the-Rights-of-Persons-with-Psychosocial-Disability-Booklet-Sample.pdf>

WHO. (2010). *[M]hGAP: Mental Health Gap Action Program: Scaling up care for mental, neurological and substance use disorders*. WHO Geneva.

World Health Organization. (2015). *MhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental Neurological and Substance Use Conditions in Humanitarian Emergencies*. World Health Organization.

LEARNING ANALYTICS

Learning analytics includes the collection and analysis of data about learners to improve teaching and learning. No learning analytics are being used in this course.

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UBC GRADING CRITERIA:

UBC GRADING CRITERIA			
Letter Grade	Percent Range	Mid-Point	
A+	90-100	95	Represents work of exceptional quality. Content, organization and style are all at a high level. Student demonstrates excellent research and reference to literature where appropriate. Also, student uses sound critical thinking, has innovative ideas on the subject and shows personal engagement with the topic.
A	85-89	87	
A-	80-84	82	
B+	76-79	77.5	Represents work of good quality with no major weaknesses. Writing is clear and explicit and topic coverage and comprehension is more than adequate. Shows some degree of critical thinking and personal involvement in the work. Good use of existing knowledge on the subject.
B	72-75	73.5	
B-	68-71	69.5	
C+	64-67	65.5	Adequate and average work. Shows fair comprehension of the subject, but has some weaknesses in content, style and/or organization of the paper. Minimal critical awareness or personal involvement in the work. Adequate use of literature.
C	60-63	62.5	
C-	55-59	57	
D	50-54	52	Minimally adequate work, barely at a passing level. Serious flaws in content, organization and/or style. Poor comprehension of the subject, and minimal involvement in the paper. Poor use of research and existing literature.
F	0-49		Failing work. Inadequate for successful completion of the course or submitted beyond final date of acceptance for paper.