COURSE OUTLINE

SOWK 440J/571

The UBC School of Social Work acknowledges that we are located on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (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

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.

MSW Mission

The MSW program offers an accessible, advanced professional degree focused on social work practice in the fields of child and family welfare, health and social care, and international and social development, using a social justice lens. The purpose of this MSW program is to prepare our graduates to be competent social work professionals, equipped with state-of-the-art knowledge and skills, a critical analytic lens, and a social justice orientation.

During this pandemic, the shift to online learning has greatly altered teaching and studying at UBC, including changes to health and safety considerations. Keep in mind that some UBC courses might cover topics that are censored or considered illegal by non-Canadian governments. This may include, but is not limited to, human rights, representative government, defamation, obscenity, gender or sexuality, and historical or current geopolitical controversies. If you are a student living abroad, you will be subject to the laws of your local jurisdiction, and your local authorities might limit your access to course material or take punitive action against you. UBC is strongly committed to academic freedom, but has no control over foreign authorities (please visit http://www.calendar.ubc.ca/vancouver/index.cfm?tree=3,33,86,0 for an articulation of the values of the University conveyed in the Senate Statement on Academic Freedom). Thus, we recognize that students will have legitimate reason to exercise caution in studying certain subjects. If you have concerns regarding your personal situation, consider postponing taking a course with manifest risks, until you are back on campus or reach out to your academic advisor to find substitute courses. For further information and support, please visit: http://academic.ubc.ca/support-resources/freedom-expression.

Course Info

Year/Term	Summer 2021, Term 1: May 13–June 17, 2021 (synchronous)
Course Title	SOWK 440J/571, Integrative Seminar in Global Mental Health

Year/Term	Summer 2021, Term 1: May 13–June 17, 2021 (synchronous)
Credit Value	3
Course Schedule	Thursdays, 1-4pm PDT (synchronous)
Course Location	Online via Zoom: https://us02web.zoom.us/j/85100572522?pwd=ZDJoaGUvMW10ZVNFYW1POVFWYno2dz09 Meeting ID: 851 0057 2522 Passcode: 3rr5PZ

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

Prerequisite

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

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 Structure and Learning Activities

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

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Required Textbooks(s) and Learning Materials

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.

Required and Optional Readings (Summary)

Ash, S.L. & Clayton, P.H. (2009). Generating, deepening, and documenting learning: the power of critical reflection in applied learning. *Journal of Applied Learning in Higher Education, 1*(1), 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, L. H. (Eds.), *Critical Inquiries: Theories and Methodologies for Social Justice in Mental Health*. University of Toronto Press.

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., Ndetei, 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.

Mupedziswa, R., Rankopo, M. & Mwansa, L. K. (2019). ***Ubuntu*** as a Pan-African philosophical framework for social work in Africa. In Twikirize, J. M. & Spritzer, H. (Eds.), *Social work practice in Africa: Indigenous and innovative approaches.* Fountain Publishers.

Musyimi, C., Mutiso, V., Musau, A., Matoke, L., & Ndetei, 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., Ndetei, 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., Ndetei, 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., & 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. *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, J. M. & Spritzer, H. (Eds.), *Social work practice in Africa: Indigenous and innovative approaches.* Fountain Publishers.

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]. 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. 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.

Assessment of Learning

Provided in class and on Canvas.

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. The **Pacific Time Zone** is used in this Course Schedule; please plan accordingly for your time zone.

** Each week there will be **synchronous class time**, where we meet online together for a live lecture and discussion at a scheduled time, as well as **asynchronous class activities** that students complete during the week on their own schedule. Asynchronous learning includes weekly required readings, video clips relevant to the topic, Canvas discussion board participation, group work, and online learning modules (see Assignment 1 description for details).

SESSION 1	May 13, 2021 Synchronous class **1–4 pm PDT on Zoom**
TOPIC	**Course Overview & Introduction to Global Health** **Log in for live lecture by Instructor 1–4 pm PDT on Zoom** - 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 **ASYNCHRONOUS CLASS ACTIVITIES** Online class discussion on the current pandemic at local, national and global levels using the discussion boards on Canvas. Discuss how inequities are manifested in the current COVID-19 pandemic in the context of vulnerable individuals and groups and those experiencing homelessness, precarious employment, addiction etc. In this discussion, each student is required to; 1. Share at least one discussion post, and

	2. Respond to at least one post by another student
	3. Provide links or references relevant to/associated with your post
READINGS	World Health Organization. (2008). *The global burden of disease: 2004 update*. World Health Organization. https://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf?ua=1
SESSION 2	May 20, 2021 Synchronous class **1-4 pm PDT on Zoom**
TOPIC	**Global Mental Health—the emergence of global mental health as a field of research, practice, and policy** Log in for **live lecture by Instructor 1–4 pm PDT on Zoom** - 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/ <u>**ASYNCHRONOUS CLASS ACTIVITIES**</u> For this week on the Canvas discussion board, share at least; 1. One innovative practice, model or policy developed in the global south to address or mitigate access to mental health treatment/care based on the readings and other relevant sources you looked at. 2. Respond to at least one post by another student 3. Provide links or references relevant to/associated with your post
READINGS	Patel, V. (2012). Global Mental Health: From Science to Action, Harvard Review of Psychiatry, 20:1, 6-12https://doi.org/10.3109/10673229.2012.649108 Patel, V., & Prince, M. (2010). Global mental health: A new field comes of age. Journal *of American Medical Association, 303*(19), 1976-1977. World Health Organization. (2019). The WHO special initiative for mental health (2019-2023): universal health coverage for mental health. In *The WHO special initiative for mental health (2019-2023): Universal health coverage for mental*

health.

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

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

Chibanda, D., Bowers, T., Verhey, R., Rusakaniko, S., Abas, M., Weiss, H. A., & Araya, R. (2015). The Friendship Bench programme: a cluster randomized controlled trial of a brief psychological intervention for common mental disorders delivered by lay health workers in Zimbabwe. *International journal of mental health systems*, *9*(1), 21.

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. *The Lancet Psychiatry*, *4*(2), 128-135.

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. *Culture, Medicine, and Psychiatry*, *41*(3), 453-465.

Mbwayo, A., Ndetei, 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.

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. *Journal of ethnobiology and ethnomedicine*, *12*(1), 2-8.

SESSION 3	May 27, 2021 Synchronous class <mark>9 am-12 pm</mark> **PDT on Zoom**
TOPIC	**Community based programs: Perspectives from organizations in Nairobi, Kenya – and – an examination of reflexivity, positionality, power and ethics.** **Live session facilitated by the Office of Regional and International Community Engagement (ORICE)**, **log on by 9 am PDT** 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 services. Through the guest talks and group discussion, we will examine questions of what it means to study and collaborate on global health and social development from various social locations. Guest Speakers include: Representatives from Kamili Organization (https://www.kamilimentalhealth.org/) and Carolina for Kibera (https://carolinaforkibera.org/), 1-2 other organizations pending.

	ASYNCHRONOUS CLASS ACTIVITIES: Drawing 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: 1. Create a discussion post that reflects on the content of the live class with ORICE and the readings 2. Respond to at least one of the questions posed in Canvas on the readings 3. Respond to fellow students' postings (at least 2 responses) 4. Complete the **2-page Reflective Journal #1** 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, using the DEAL model***. APA format is NOT required for this paper***.
READINGS	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, 1*(1), 25-48. 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. *International Journal of Lifelong Education, 20*(5), 405-416. Suarez, Eliana. (2016). Trauma in global contexts: Integrating local practices and socio-cultural meanings into new explanatory frameworks of trauma. *International Social Work, 59*(1), 141-153. Yan, M. C. (2016). Multiple positionality and intersectionality: Towards a dialogical social work approach. In A. Al-Krenawi, J.R. Graham, & N. Habibov (Eds.), *Diversity and Social Work in Canada* (pp.114-138), Don Mills, ON: Oxford University Press
SESSION 4	June 3, 2021 <mark>Asynchronous class</mark>
TOPIC	**Critical aspects in local and global (biomedical) mental health** Individuals living with mental health challenges face communal, structural and interpersonal stigma, shame and discrimination on a 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 - 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. - 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
	• Madness Canada believes that mad studies must be relevant to the public, pay close attention to mechanisms of power, and remain concerned with questions of social justice https://madnesscanada.com/
	• Health Justice BC–uses research, education and advocacy to improve the laws and policies that govern coercive health care in BC. Health Justice current priority is to better support human rights and well-being in involuntary mental health and substance use care by reforming the BC *Mental Health Act.* https://www.healthjustice.ca/
	ASYNCHRONOUS CLASS ACTIVITIES
	From the readings, links and videos provided for this lesson;
	1. Share your critical thoughts on the readings (at least 2 responses)
	2. Respond to fellow students' postings (at least 2 responses) Share further info/readings related to this week's learnings.
READINGS	Johnston, L. (2017). Operating in darkness: BC's Mental Health Act detention system. Community Legal Assistance Society.
	Kanani, N. (2011). Race and madness: Locating the experiences of racialized people with psychiatric histories in Canada and the United States. *Critical Disability Discourses.*
	Fernando, S. (2017). Globalizing mental health or pathologizing the global South? Mapping the ethics, theory and practice of global mental health.
	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.
	Ibrahim, M., & Morrow, M. (2015). Weaning off colonial psychiatry in Kenya. *Journal in Ethics of Mental Health.* Open Volume 1, 1-6.
SESSION 5	June 10, 2021 Synchronous class **1-4 pm PDT on Zoom**
TOPIC:	**The role of service user organizations in addressing social equity, improving human rights and centering social justice** **Log in for live session by 1 pm PDT:** This week's session will be hosted by **Guest speaker** Michael Njenga, Chair of the Pan African Network of Persons with Psychosocial Disabilities, Executive Committee Member of the Commonwealth Disabled Peoples Forum, and C.E.O – Users and Survivors of Psychiatry in Kenya. Michael is a leading expert and will share his knowledge and expertise in mainstreaming the UN Convention on the Rights of Persons with Disabilities (CRPD). 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 a majority of the countries but its spirit is yet to be fulfilled.

	ASYNCHRONOUS CLASS ACTIVITIES
	
	1. Register for the WHO *Quality Rights Initiatives* online course and complete the course at https://humanrights-etrain-qualityrights.coorpacademy.com/login
	    • Once completed, upload your completion certificate under **Assignment 1** on Canvas
	2. Reflection paper on WHO Quality Rights Initiatives
	    • Based on the WHO *Quality Rights Initiatives* online course you completed, write and submit **Reflective Journal #2**, a **1-page** reflection of your thoughts and experience in participating in course. In the reflective journal, discuss the implication(s) of this WHO initiative in Canada's mental health care system.
	APA format is NOT required for this paper.

READINGS:	United Nations. (2006). *The convention on the rights of persons with disabilities*. United Nations. http://www.un.org/disabilities/convention/conventionfull.shtml.
SESSION 6	June 17, 2021 Synchronous class **1-4 pm PDT on Zoom**
TOPIC	**Student/Group-Led Seminars** Each group will have 45 mins, which includes seminar/presentation and Q&A discussion. **Group 1—The older adult population** **Group 2—Homeless population and those who use drugs** **Group 3—Frontline workers (healthcare, paramedics)** **Group 4—First Nations communities** **END OF SEMESTER! BEST OF LUCK**

Assignments

Provided in class and on Canvas.

School/Course Policies

Attendance

The attendance policy is in the student handbook:
https://socialwork.ubc.ca/wp-content/uploads/sites/32/2020/12/Handbook_Online_2020-21.pdf

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 setup 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.

Other school policies can be accessed through the school of social work student handbook https://socialwork.ubc.ca/wp-content/uploads/sites/32/2020/12/Handbook_Online_2020-21.pdf

In the context of COVID-19, students may choose one of the following to meet engagement/attendance requirements of the course:

- Attend scheduled in-person and synchronous sessions held by the instructor; OR
- Submit written responses to discussion questions posted by the instructor on the online discussion forum for the course on Canvas.

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.

Learning Resources

UBC Learning Commons has a variety of tools and information such as; borrowing equipment, academic integrity **(APA Citation Guide),** writing support, skills for class, skills for life and academic support to assist students in their learning. https://learningcommons.ubc.ca/

Links on how to write an academic 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

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University Policies

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. The 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 https://facultystaff.students.ubc.ca/systems-tools/early-alert.

Details of the policies and how to access support are available at:
https://senate.ubc.ca/policies-resources-support-student-success

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 class.

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UBC Grading Criteria

UBC GRADING CRITERIA			
Letter Grade	Percent Range	Mid-Point	
A+ A A-	90-100 85-89 80-84	95 87 82	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.
B+ B B-	76-79 72-75 68-71	77.5 73.5 69.5	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.
C+ C C-	64-67 60-63 55-59	65.5 62.5 57	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.
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.