

SOCIOLOGY OF MENTAL DISORDER (SOCI310) FALL 2017 SYLLABUS

Instructor: Dr. Rob Whitley
Email: robert.whitley@mcgill.ca
Session: Fall 2017
Time: Monday and Wednesday, 2:35 – 3:55pm
Classroom: ARTS W-120
Email and phone: robert.whitley@mcgill.ca, 514-761-6131 ext 4339
Office Hours: TBA
Teaching assistant: TBA
TA email: TBA
TA Office and Hours: TBA

COURSE DESCRIPTION

Traditionally, the understanding of mental disorder has been propelled by the biopsychosocial model, with equal weight placed on the biological, the psychological and the social. In this course, we will focus on the social aspect of mental disorder, examining mental disorder through a sociological lens. Students will be introduced to sociological theories of mental disorder, as well as common methods and measurements used to create knowledge in the field. We will also discuss sociologically based critiques of the psychiatric enterprise, including critical discussion of psychiatric labelling, categorization and treatments. We will then examine how social conditions can contribute to the development of mental disorder, especially among vulnerable populations. We will also discuss how social factors and unconventional treatments can contribute towards recovery from mental disorder. Finally, we will examine the inequalities faced by people labelled with mental disorder, and discuss how sociology can be used as a catalyst to foster recovery in this group.

LEARNING OUTCOMES

1. State with confidence the general theoretical, methodological and conceptual approaches to the sociology of mental disorder.
2. Understand the various sociologically-based critiques of the psychiatric enterprise.
3. Describe and analyze how social factors and social conditions can influence mental illness onset, course, outcome and recovery.
4. Discuss how sociologically informed research can uncover inequalities faced by people with mental disorder, and catalyze change to address such injustices.

ABOUT THE INSTRUCTOR

I am an Assistant Professor in the Department of Psychiatry at McGill University and at the Douglas Hospital Research Centre, as well as an Adjunct Professor in the Department of Sociology. I volunteered to teach this course out of a passion for the subject and to raise awareness in the next generation of societal leaders. I currently lead research projects funded by the Canadian Institute of Health Research (CIHR), the Mental Health Commission of Canada (MHCC), and the Social Sciences and Humanities Research Council (SSHRC). I hold an FRQ-S

Investigator Award and I have published over 100 papers in the field of social psychiatry. I have recently given invited seminars at the European Parliament, University of Melbourne, University of Sydney, and the National Autonomous University of Mexico. I do not have an office on campus; my office is at the Douglas Mental Hospital. Students are welcome to visit me in my office at the Douglas by prior appointment, or alternatively come to my office hours at McGill.

INSTRUCTIONAL METHOD

I have carefully formulated this course in order to make it stimulating and rewarding for students. I will deliver the majority of the lectures, but a minority of the lectures will be delivered by guest lecturers, many of whom are international experts in their field. Some of the guest lecturers are people living with mental disorder who will give personal perspectives on the more abstract issues we are discussing in class. I will use a variety of learning techniques in class. In addition to traditional lectures, I will show video clips to provoke thought. We will also regularly engage in structured and unstructured class discussion. It is my hope that students will voice opinions on the issues being raised, and ask questions.

CONDUCT IN CLASS

We are a community of adults and I expect students to act in a manner that brings honour upon themselves, their families and the university. I will make every effort to be prepared, on time, engaged and respectful to the other people in the class and I expect you to do the same. As such, I have formulated some policies and procedures to ensure that class is an inclusive and positive learning environment. These policies are based on feedback from student evaluations of previous classes I have taught, and are as follows:

- (i) Students are expected to attend every session. If you need to miss a session, please let me know in advance, giving valid reasons why.
- (ii) Students are expected to be on time. I understand people may be occasionally late but habitual lateness will affect your participation grade.
- (iii) Students are expected to have read the assigned articles for each week on MyCourses, as these may be discussed in class and will be tested on the exams.
- (iv) Students should switch their cellphones off during class. If you are expecting an urgent call, you should turn your phone to vibrate and sit near an exit. Utilizing a cellphone during class (including texting), unless for family or medical emergencies, will negatively affect your participation grade.
- (v) Some students have food allergies or are on religious fasts. As such, students should refrain from eating during the 80 minutes of class out of consideration for others. Breaking this rule may affect your participation grade.
- (vi) Some students have ADHD and are easily distracted. As such, ambient noise should be kept to a minimum during sessions. Slurping drinks, whispering, chatting and chewing gum are thus strongly discouraged and may affect your participation grade;
- (vii) Some students have chemical allergies. As the classroom is small and the windows do not open, students are respectfully requested to avoid wearing highly scented cologne, aftershave, deodorant, perfume or similar products;
- (viii) Students are allowed to use laptops to take notes or consult the internet on concepts/ideas being discussed. However, students are forbidden from using social media;

- (ix) Students are expected to be otherwise attentive and responsive in class;
- (x) Students are expected to be respectful when interacting with the instructor, the TA, guest lecturers and other students. Differences of opinion and lively discussion will be encouraged, but should be pursued with a generous and respectful spirit.
- (xi) Students are expected to be courteous and professional when emailing the instructor or TA, and allow a reasonable amount of time for either one to respond. Emails which are not courteous or professional will be deleted immediately without response.
- (xii) Students are not allowed to bring guests, or audio/visually record any of the sessions, unless this has been approved in advance by myself or the TA.

EXAMS, ASSIGNMENTS, GRADES AND QUESTIONS

Your grade in this class will be based on the following:

- In-class Participation	10%
- Midterm	30%
- Final exam	30%
- Term Paper	30%

In Class Participation (10%): This will count for 10% towards your final grade. The default participation grade for everyone in the class is an A. This mark will diminish accordingly for students who violate the policies outlined above in the section ‘conduct in class.’ This grade will be the last grade to be calculated, after the final exam.

Midterm Exam (30%): Date: Wednesday October 11th, 2017

The midterm exam will be an essay. It will take place in class on Wednesday October 11th, 2017 during class time. The exam will focus on learning outcomes 1 and 2 described on page 1. Please ensure you bring your McGill Student ID to the exam and place it visibly on the table.

Final Exam (30%): This will take place in December during the scheduled exam time as per the Academic Calendar. This exam will consist of short and long answer questions. The exam will focus on learning outcomes 3 and 4, i.e. only contain material learnt after the mid-term.

Term Paper (30%) Due date: Wednesday, November 22nd, 2017. Printed copy to be handed to instructor or TA during class hours (e-mailed attachments NOT accepted)

You must write an op-ed on a topic related to mental illness that interests or impassions you. The op-ed must be persuasive and present an argument. It should present facts that outline a problem, as well as potential solutions to the stated problem. Op-ed topics could be based on lecture titles, but students are also free to choose their own topic related to the sociology of mental disorder, or choose a topic transversal to various lectures. The TA and I are available to discuss potential op-ed topics and help in the choice of your topic. There are numerous resources on the web to help people plan and write a successful op-ed (e.g. <http://www.theopedproject.org/>). The resultant op-ed should be no more than 650 words, single-spaced, double-sided in 12pt font, Times New Roman, right margin unjustified, no references (i.e. no more than one physical page) with name and student number. Late submissions will not be accepted. If the op-ed is not hand-delivered by 3.55pm EST November 22nd you will receive an F grade (see below for exceptions).

Make-up Exams: Students do not have the right to take a make-up exam. Make-up exams will be granted only for certifiable reasons beyond a student's control such as illness, bereavement etc. Department and University policy will dictate the situations/provisions in which a student can be offered a make-up exam or will be allowed to submit a late essay.

Grading and Appeals: Grading of exams and assignments will be done solely by the TAs, under the Professor's guidance. You have the right to appeal a grade. If you wish to appeal, you must follow these procedures. After each exam, the best student papers will be uploaded to MyCourses (with the permission of the students receiving the best marks). Students wishing to appeal a grade must wait until they have read this paper before contacting the TA. If you still wish to appeal, send a word document to the TA outlining why you think your paper deserved a higher grade. The TA will then regrade the paper. If after this you remain unsatisfied, please see the Professor. Please note that we accept that errors can be made in grading, but these errors can be in either direction. Re-grading may lead to a higher, lower, or same grade as originally given.

Questions: Students are encouraged to ask questions DURING class rather than via email. This will allow the Professor to clarify the question, and will ensure all students benefit from hearing the question and the answer. If you are shy, you can write a question on a piece of paper and pass it to the Professor or TA surreptitiously. Questions via email are acceptable, but should be directed in the first instance to the TA. Please note that the classroom is in use before and after our own classes. This means that (i) the professor is unable to answer personalized questions before class as he must quickly set up his equipment (ii) students should quickly vacate the room after class and (iii) the professor/ TAs will have limited time to answer questions after class.

COURSE READINGS

This class will feature the use of carefully-chosen articles related to each week's topic. I have attempted to keep course load reasonable, with usually 20-30 pages per week. Sessions with heavier readings have been planned for Mondays so that you have more time to read the material. Articles listed under the 'supplemental readings' sub-section for each week are NOT compulsory, but included for the very keen, or for those writing their op-ed on the topic. There is no textbook associated with the class. However, the following textbook may be useful in understanding concepts discussed in class: "Sociology of Mental Disorders (Ninth ed.)" by William C. Cockerham. An appendix of further readings and videos related to the course is included for the very keen. PDF versions of all articles are already uploaded to my MyCourses.

A general note on reading academic journal articles in this course: all readings have been carefully chosen and screened by myself and members of my team (including undergraduate summer students) as appropriate for the undergraduate level. Some papers in this course come from academic journals using advanced concepts and language, and sometimes complex statistics. You are not expected to learn or understand the finer details of these papers. Instead you are expected to understand the general arguments and conclusions. The papers are included as it is important that you see how knowledge is generated in medical sociology and also understand the benchmark for making empirical claims in social science. However rest assured exams will be focused on 'the big picture' rather than the granular details of individual papers.

COURSE SCHEDULE

Wednesday, Sept. 6th: Intro Class and Purpose of Course

No readings.

Monday, Sept. 11th: Historical Context and Institutionalization

Articles:

- Rosenhan, D. L. (1973). On being sane in insane places. *Science*, 179(4070), 250-258.
- Talbott, J. A. (2004). Deinstitutionalization: Avoiding the disasters of the past. *Psychiatric Services*, 55(10), 1112-1115.
- Weinstein, R. M. (1982). Goffman's asylums and the social situation of mental patients. *Orthomolecular Psychiatry*, 11(4), 267-274.

Supplemental:

- Cockerham, W. C. (2014). Madness through the ages. In *Sociology of mental disorder* (Ninth ed.) (pp.14-24). NJ: Pearson.

Wednesday, Sept. 13th: Definition and Types

Articles:

- Angell, M. (June 23, 2011). The epidemic of mental illness: Why? (Part 1). *The New York Review of Books*.
- Angell, M. (July 14, 2011). The illusions of psychiatry (Part 2). *The New York Review of Books*.

Supplemental:

- Horwitz, A. V. (2011). Creating an Age of Depression: The social construction and consequences of the major depression diagnosis. *Society and Mental Health*, 1, 41-54.
- Johnston, J., & Elliott, C. (2002). Healthy limb amputation: ethical and legal aspects. *Clinical Medicine*, 2(5), 431-435.
- Cockerham, W. C. (2014). Types of mental disorders. In *Sociology of mental disorder* (Ninth ed.) (pp. 1-4, 25-43). NJ: Pearson.

Monday, Sept. 18th: Theories

Articles:

- Cockerham, W. C. (2014). Mental disorder: Concepts of causes and cures. In *Sociology of mental disorder* (Ninth ed.) (pp. 44-75). NJ: Pearson.

Supplemental:

- Cockerham, W. C. (2014). Mental disorder as deviant behaviour. In *Sociology of mental disorder* (Ninth ed.) (pp.76-100). NJ: Pearson.

Wednesday, Sept. 20th: Methods and Measurements

Articles:

- Mirowsky, J., & Ross, C. E. (2002). Measurement for a human science. *Journal of Health and Social Behavior*, 43(2), 152-70.

Supplemental:

- Cockerham, W. C. (2014). Mental disorder: Social epidemiology. In *Sociology of mental disorder* (Ninth ed.) (pp.101-111). NJ: Pearson.

Monday, Sept. 25th: Medicalization

Articles:

- Cottle, M. (1999). Selling shyness. *New Republic*, 4411, 24-29.
- Eberstadt, M. (1999). Why ritalin rules. *Policy Review*, 94, 24-44.
- Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *The BMJ*, 322(7278), 95.

Wednesday, Sept. 27th: Antipsychiatry and the Consumer/Survivor Movement

Articles:

- Rissmiller, D. J., & Rissmiller, J. H. (2006). Open forum: evolution of the antipsychiatry movement into mental health consumerism. *Psychiatric Services*, 57(6), 863-866.
- Szasz, T. S. (1960). The myth of mental illness. *American Psychologist*, 15(2), 113.

Supplemental:

- Glass, I., & Spiegel, A. (2002, Jan 18). 204: 81 Words. *This American Life*. Podcast retrieved from: <http://www.thisamericanlife.org/radio-archives/episode/204/81-words>

Monday, Oct. 2nd: Women's Mental Health

Articles:

- Rosenfield S., & Mouzon D. (2013). Gender and mental health. In *Handbook of the sociology of mental health* (pp. 277-296). Springer Netherlands.
- Bjorklund P. (2006). No man's land: Gender bias and social constructivism in the diagnosis of borderline personality disorder. *Issues in Mental Health Nursing*, 27(1): 3-23.

Supplemental:

- Wright, N., & Owen, S. (2001). Feminist conceptualizations of women's madness: A review of the literature. *Journal of Advanced Nursing*, 36(1), 143-150.
- Cockerham, W. C. (2014). Mental disorder: Age, gender, marital status. In *Sociology of mental disorder* (Ninth ed.) (pp. 127-145). NJ: Pearson.

Wednesday, Oct. 4th: Review Session/Writing Workshop

Monday, Oct. 9th: THANKSGIVING: No class

Wednesday, Oct. 11th: MID-TERM

Monday, Oct. 16th: Recovery

Articles:

- Deegan, P. E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal*, 11(4), 11.
- Mead, S., & Copeland, M. E. (2000). What recovery means to us: Consumers' perspectives. *Community Mental Health Journal*, 36(3), 315-328.
- Harding, C. M., & Zahniser, J. H. (1994). Empirical correction of seven myths about schizophrenia with implications for treatment. *Acta Psychiatrica Scandinavica Supplementum*, 384, 140-146.

Supplemental:

- Deegan, P. (1996). *Recovery as a journey of the heart*. National Empowerment Center.

Wednesday, Oct. 18th: Stigma

Articles:

- Corrigan, P. W. (2012). Research and the elimination of the stigma of mental illness. *The British Journal of Psychiatry*, 201(1), 7-8.
- Schulze, B., & Angermeyer, M. C. (2003). Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Social Science & Medicine*, 56(2), 299-312.

Supplemental:

- Cockerham, W. C. (2014). Residing in the community. In *Sociology of mental disorder* (Ninth ed.) (pp. 226-239). NJ: Pearson.

Monday, Oct. 23rd: Aboriginal Mental Health

Articles:

- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 191-220
- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from indigenous perspectives. *Canadian Journal of Psychiatry/Revue canadienne de psychiatrie*, 56(2), 84-91.

Wednesday, Oct. 25th: Immigration, Race and Ethnicity

Articles:

- Sharpley M. S., Hutchinson G., Murray R. M., McKenzie K. (2001, Apr 1). Understanding the excess of psychosis among the African—Caribbean population in England. *The British Journal of Psychiatry*, 178(40), s60-8.
- Veling W., Susser E., Jim van Os M. D., Mackenbach J. P., Selten J. P., & Hoek H. W. (2008). Ethnic density of neighborhoods and incidence of psychotic disorders among immigrants. *American Journal of Psychiatry*, 165, 66-73

Supplemental:

- Cockerham, W. C. (2014). Mental disorder: Urban versus rural living and migration/and race. In *Sociology of mental disorder* (Ninth ed.) (pp.146-172). NJ: Pearson.

Monday, Oct. 30th: Men's Mental Health

Articles:

- Brooks, G. R. (2001). Masculinity and men's mental health. *Journal of American College Health*, 49(6), 285-297.
- Hawkes, S., & Buse, K. (2013). Gender and global health: evidence, policy, and inconvenient truths. *The Lancet*, 381, 1783-87.
- Oliffe, J.L., & Phillips, M.J. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, 5(3), 194-202.

Supplemental:

- Polit, D.F., & Beck, C.T. (2012). Gender Bias Undermines Evidence on Gender and Health. *Qualitative Health Research*, 22(9), 1298.

Wednesday, Nov. 1st: Peer Support

Articles:

- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. *Schizophrenia bulletin*, 32(3), 443.
- Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: a theoretical perspective. *Psychiatric rehabilitation journal*, 25(2), 134-4.

Monday, Nov. 6th: Religion and Mental Health

Articles:

- King, M., Marston, L., McManus, S., Brugha, T., Meltzer, H., & Bebbington, P. (2013). Religion, spirituality and mental health: results from a national study of English households. *The British Journal of Psychiatry*, 202(1), 68-73.
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, 54(5), 283-291.

Supplemental:

- Whitley, R. (2008). Is psychiatry a religion? *Journal of the Royal Society of Medicine*, 101(12), 579-82.

Wednesday, Nov. 8th: Employment, Housing and Urban Issues

Articles:

- Gladwell, M. (2006). Million-dollar Murray. *The New Yorker*, 13, 96.
- Luhrmann, T. M. (2008). "The street will drive you crazy": Why homeless psychotic women in the institutional circuit in the United States often say no to offers of help. *The American Journal of Psychiatry*, 165(1), 15-20.

Supplemental:

- Whitley, R., & Prince, M. (2005). Fear of crime, mobility and mental health in inner-city London, UK. *Social Science & Medicine*, 61(8), 1678-1688.

Monday, Nov. 13th: Media and Mental Illness

Articles:

- Whitley, R., & Berry, S. (2013). Trends in newspaper coverage of mental illness in Canada: 2005-2010. *Canadian Journal of Psychiatry* 58(2), 107-112.
- Canadian Journalism Forum on Violence and Trauma (2017) Mindset: Reporting on Mental Health 2nd ed. Available here: <http://www.mindset-mediaguide.ca/>

Supplemental:

- Ellis, K. (2012). New media as a powerful ally in the representation of mental illness. In Rubin, L. C. (Ed.), *Mental illness in popular media: Essays on the representation of disorders* (pp. 184-201). Jefferson: McFarland & Co., Publishers.

Wednesday Nov. 15th: Suicide and Self-Harm

Articles:

- Navanaleen T. (2012) Suicide Rates: An overview. Statistics Canada, Ottawa. Retrieved from <http://www.statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm>
- Weir E. (2001, September 4). Suicide: The hidden epidemic. *Canadian Medical Association Journal*, 165(5), 634-6.
- Hawton K., Saunders K. E., & O'Connor R. C. (2012, June 29). Self-harm and suicide in adolescents. *The Lancet*, 379(9834), 2373-82.

Supplemental:

- Ekman I. (2016, March 3). Beyond medicalization: Self-injuring acts revisited. *Health*: DOI: 1363459316633280.
- Canetto, S. S., & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide & Life-Threatening Behavior*, 28(1), 1-23.

Monday, Nov. 20th: Participatory Video and Photovoice (Guests: Forward House)

Articles:

- Sitter, K. (2012). Participatory Video: Toward a method, advocacy and voice (MAV) framework. *Intercultural Education*, 23, 541-54.
- Cabassa, L. J., Nicasio, A., & Whitley, R. (2013). Picturing recovery: a photovoice exploration of recovery dimensions among people with serious mental illness. *Psychiatric Services*, 64(9), 837-842.

Wednesday, Nov. 22nd: Eating Disorders

Articles

- Becker, A.E., Burwell, R. A., Herzog, D. B., Hamburg, P., & Gilman, S.E. (2002, June 1). Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. *The British Journal of Psychiatry*, 180(6), 509-14.
- Fox N., Ward K., & O'rourke A. (2005, November 1). Pro-anorexia, weight-loss drugs and the internet: an 'anti-recovery' explanatory model of anorexia. *Sociology of health & illness*, 27(7), 944-71.
- Smink F. R., Van Hoeken D., & Hoek H. W. (2012, August 1). Epidemiology of eating disorders: incidence, prevalence and mortality rates. *Current psychiatry reports*, 14(4): 406-14.

Supplemental

- Fingeret, C. F., & Gleaves, D. H. (2004). Sociocultural, feminist and psychological influences on women's body satisfaction: A structural modelling analysis. *Psychology of Women Quarterly*, 28, 370-80.
- Piran, N., & Cormier H. C. (2005). The social construction of women and disordered eating patterns. *Journal of Counselling Psychology*, 52, 549-558.

Monday, Nov. 27th: Individualism and Identity

Articles:

- Whitley, R. (2008). Postmodernity and mental health. *Harvard Review of psychiatry*, 16, 352-364.

Supplemental:

- Cockerham, W. C. (2014). Help seeking behaviour and the prepatient experience. In *Sociology of mental disorder* (Ninth ed.) (pp. 173-182). NJ: Pearson.

Wednesday, Nov. 29th: Global Mental Health and Globalization

Articles:

- Prideaux, J. (2015, June 11). The age of unreason. *The Economist*.
- Summerfield, D. (2013). "Global mental health" is an oxymoron and medical imperialism. *The BMJ*, 346.
- Whitley, R. (2015). Global mental health: concepts, conflicts and controversies. *Epidemiology and psychiatric sciences*, 24(4), 285-291.

Monday, Dec. 4th: Mental Health Commission of Canada: An Overview

Articles:

- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist*, 67(3), 231-243.
- Kitchener, B. & Jorm, A. (2002). Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. *BMC Psychiatry*, 2, 10.

Supplemental

- Stuart, H., Chen, S. P., Christie, R., Dobson, K., ...& Whitley, R. (2014). Opening minds in Canada: Background and rationale. *The Canadian Journal of Psychiatry*, 59, S8-S12.
- Stuart, H., Chen, S. P., Christie, R., Dobson, K.,...& Whitley, R. (2014). Opening minds in Canada: Targeting change. *The Canadian Journal of Psychiatry*, 59, S13-S18.

Wednesday, Dec. 6th: Review Session/ Evaluation/ The Future/ Goodbyes

Final Exam TBA

Mental Health Christmas Variety Show, Café Le Cagibi, 5490 Blvd. St Laurent (corner St Viateur) ALL WELCOME!!! Date and time TBA

ACADEMIC DISHONESTY AND MISCONDUCT POLICY

McGill places a great deal of importance on honest work, the art of scholarship, and the fair treatment of all members of the university community, and demands a rigid insistence on giving credit where credit is due. McGill students are expected to produce their own work while avoiding plagiarism. **Plagiarism means the use of other people's intellectual property – their ideas and words – without properly acknowledging such sources, instead claiming the ideas as your own. McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures** (see www.mcgill.ca/students/srr/honest/ for more information).

L'université McGill attache une haute importance à l'honnêteté académique. Il incombe par conséquent à tous les étudiants de comprendre ce que l'on entend par tricherie, plagiat et autres infractions académiques, ainsi que les conséquences que peuvent avoir de telles actions, selon le Code de conduite de l'étudiant et des procédures disciplinaires (pour de plus amples renseignements, veuillez consulter le site www.mcgill.ca/students/srr/honest/).

LANGUAGE POLICY

In accord with McGill University's Charter of Students' Rights, students in this course have the right to submit in English or in French any written work that is to be graded.

Conformément à la Charte des droits de l'étudiant de l'Université McGill, chaque étudiant a le droit de soumettre en français ou en anglais tout travail écrit devant être noté (sauf dans le cas des cours dont l'un des objets est la maîtrise d'une langue).

ACCESSIBILITY

As the instructor of this course I endeavor to provide an inclusive learning environment. However, if you experience barriers to learning in this course, do not hesitate to discuss them with me and/or the Office for Students with Disabilities, 514-398-6009.

A NOTE ON MENTAL HEALTH

Being a student at McGill can be a stressful experience. My position on student mental health can be read here: <http://montrealgazette.com/opinion/columnists/opinion-university-is-stressful-and-more-attention-should-be-paid-to-mental-health>.

If you feel you are under undue stress or experiencing mental health problems that may be affecting your performance at McGill or overall functioning, you may find support at one of the numerous campus mental health resources listed below. If you feel that your performance, attendance or comprehension in SOCI310 is being negatively affected by mental health issues, please feel free to speak to me in the strictest confidence.

- **Peer Support Centre**

The Peer Support Centre (PSC) is a student run organization that offers a free, drop-in, confidential active listening and resource referral service for students. Students may come in and talk to a peer supporter one-on-one about anything on their mind. The PSC can be found in room 411 on floor 4 of the SSMU Building.

Facebook: [facebook.com/peersupportmcgill](https://www.facebook.com/peersupportmcgill)

Website: ssmu.mcgill.ca/psc

- **McGill Students' Chapter of Jack.org**

Jack.org is a national non-profit organization that is driven by students for students, to raise awareness and get the conversation started on mental health. The McGill Students Chapter of Jack.org hosts events that raise awareness, social events such as exam de-stress tabling, and an annual satellite Jack.org summit that brings together students and speakers on the topic of breaking down mental health stigma.

Facebook: [facebook.com/unleashmcgill](https://www.facebook.com/unleashmcgill)

Website: <https://www.jack.org/chapters/mcgill-university>

- **McGill Mental Health Services**

McGill Mental Health Services is a professional student service offering psychiatric and psychotherapeutic services. It is confidential, non-judgmental, and staffed by a team of psychiatrists, psychologists, and psychotherapists to help students achieve academic and mental wellbeing. Their office is in suite 5500 in the Brown Student Services Building.

Website: mcgill.ca/mentalhealth/home

Phone: 514-398-6019

- **McGill Counselling Services**

McGill Counselling Services offers students a wide variety of counselling, therapeutic, and psychological support services. They run support groups on a large range of issues such as living with the loss of a loved one, academic support, and sexual diversity, in addition to one-on-one counselling with professional staff. Their office can be found in suite 4200 in Brown Student Services Building.

Website: mcgill.ca/counselling

Phone: 514-398-3601

- **McGill Office of Religious and Spiritual Life (MORSL)**

MORSL, formerly known as the Chaplaincy, consists of a team of multi-faith professionals who help students of any religious identity or no religious identity, connect with different faith communities on and off campus. They offer a physical space that can be used for meditation, as well as guide students in finding spirituality and meaning beyond their academic life. MORSL can be found in suite 2100 in the Brown Student Services Building.

Website: mcgill.ca/morsl

Phone: 514-398-4104

- **Office of the Dean of Students**

The Office of the Dean of Students is responsible for connecting the various levels of governance (administration, senate and committee, Ombudsman, student leadership, central administrative offices) with the McGill student body. The Office is also responsible for ensuring student well-being, handling troubling behavior, and serving as the main point of contact for any student emergencies or crises. Their office is located in suite 4100 in the Brown Student Services Building.

Website: mcgill.ca/deanofstudents

Phone: 514-398-4990

APPENDIX

I have uploaded an appendix to MyCourses, which lists several additional resources that keen students may consult at their leisure, as well as books. The listed resources are by no means compulsory and are simply listed to complement the class material. They can be read or viewed out of personal interest or to help with your op-ed.