Aim: The aim of this course is to provide a framework for thinking about the social and cultural context of well-being and mental health as a stepping stone toward conceptualizing a process model for change. Our assumption is that students signing up for this course would eventually like to be able to develop testable preventive interventions based in social science models integrating etiology of problem development with theories of change. Preventive interventions aim to promote well-being while reducing risk of a variety of negative life outcomes, with particular focus on mental health. Signs of well-being include life satisfaction, appropriate achievement of developmental milestones (such as developing social skills, completing school), and attainment of normative adult social functioning (establishment of a family, community engagement, career attainment, and financial security). Signs of mental health problems include symptoms of anxiety or depression, for children and youth, ‘acting out,’ ‘externalizing,’ or ‘deviant/delinquent’ behavior, and for older teens and adults, substance abuse, diagnosed psychiatric disorder, self-report or observation of difficulties in community functioning. Our goal is to provide a framework of information about what is known about psychosocial disorder in young people and adults, with emphasis on poverty, race-ethnicity and culture both as risk or protective factors, mediators or moderators of other risk and protective factors, and as potential elements in the design of preventive interventions.

Coursertools site: https://ctools.umich.edu/portal/group/1076951640982-862006

Readings: Readings will be posted on our Coursertools site in addition to being on reserve in the library.

**Format:** A mix of guest speakers coming to class, class visits to scheduled lectures, in class discussion and lecture on our part. We will be asking you to come to presentations not necessarily at our scheduled time – if there are classes you cannot make, be sure to read the assigned readings.

**Requirements:** Each week, two students will be responsible for posting their comments/questions from the weekly readings on our coursetools site. As a rule of thumb, these comments/questions should include the full range from the simple and concrete to the complicated and abstract. Thus, send (1) an actual question to clarify what the authors mean or a comment summarizing what they said; (2) a comment integrating the current readings with previous readings from this class or other classes, or a question asking how things connect; and (3) a personal ah-ha or insight – application of the readings to something you find interesting (a theoretical model of human change; a theory of race, gender, cultural, poverty; a substantive area of interest). The students who posted comments will be considered leaders in that session’s class discussion.

**Final paper:** Choose a social problem with mental health implications (e.g., school failure, unemployment) or a mental health problem (e.g., depression): (a) explain briefly why it is a problem; (b) describe its prevalence and etiology (specify whether you are focused within the U.S., within another country, cross-nationally, or in a particular subpopulation); (c) explain its interface with the socio-cultural factor or factors (e.g. race, gender, culture, and poverty) most of interest to you; (d) develop a working model - discuss how socio-cultural factors influence risk and protective factors in (1) having the problem, (2) the consequences of the problem, and, potentially (3) access to services. Students can work alone or in groups. The goal of the final paper is to write something that helps you organize your thinking in preparation for integrating understanding of a social problem with development of a relevant intervention (winter semester’s class). Papers should be in the range of 10-15 pages. The final session (December 10) will be a chance for each student to present their work to date – of particular interest will be thoughts and working models of the interface between specific social and cultural factors, well-being and mental health/illness. Due date for final papers will be one week before final grades are due.

**Special Needs:** In support of University policy on disabilities, we request that students inform us as soon as possible of any special needs to ensure that those needs are met in a timely manner.

**CLASS SCHEDULE**

1. September 13 – **Class overview** [Oyserman]
   We will describe the course and course requirements and give an overview of what is meant by prevention, using as a base the Institute of Medicine’s report. The preventive intervention research cycle begins with identifying what is meant by well being and mental health and some theoretical framework for why well-being is good and mental
health problems are problematic. Having a model helps set up an initial process model from which a problematic outcome can be operationalized. At this point, documentation of the prevalence or extent of the problem and its typical sequence is necessary. Problems that seem common enough to be important foci of intervention efforts are then studied to identify risk and protective factors associated with emergence of the problem and with the ramifications of the problem. This step allows for revision of the process model and integration of the process model with theories of change, allowing for development of a preventive intervention.

Readings:

2. September 20 – Nature of the problem: What is happiness? What is mental health? What is mental illness? [Mowbray]
Although seemingly obvious, on closer examination, this becomes less clear. Signs of well-being – life satisfaction, appropriate achievement of developmental milestones, attainment of normative adult social functioning (establishment of a family, community engagement, career attainment, financial security) are rarely used; instead, mental health is often operationalized as lack of mental illness, typically through self-report of symptoms (often specifically focusing on symptoms of depression, and for children and youth, ‘acting out’ or ‘externalizing’ behavior). Alternatives to use of symptom checklists include focus on subjective feelings of distress, psychiatric diagnosis, and/or observational or self-report of functioning.

In this session, a rubric for thinking about mental health and mental illness will be provided, with a focus on US and World Health Organization data on the prevalence and incidence of various disorders, how these are assessed and the implications of this.

Readings:
2) SKIM Surgeon General’s report
   http://www.surgeongeneral.gov/library/mentalhealth/home.html
4) Read either

[These two articles take quite different positions on the utility of diagnoses]

**SKIM**


**OPTIONAL FOR THOSE WITH A MH INTEREST**


3. Sept. 27 – **Etiology of mental health problems** [Mowbray]

   Does mental illness increase risk of poverty or is it the reverse – that poverty increases risk of mental illness? What is the role of biology? What is the difference between hereditary and biological risk? This class outlines and explores these issues. We will cover models of etiology, including genetic, stress/diathesis, bio/psycho/social factors; social causation vs. social drift; and the role of socioeconomic factors in health disparities.

   **Readings:**


4. October 4 – **How does (and why would) culture affect mental health and illness?** [Oyserman]

In this class, we will explore what is known about cultural differences in the prevalence of well-being and mental health problems. What models of cultural would make sense of these findings? What predictions can be made about buffering effects?

Readings:


5. October 11 – **What about the mental health and well-being of children?** [Oyserman]

This class covers what is known about the prevalence of mental health problems and of social problems with mental health implications (such as school dropout).

Guest Speaker: Robert Zucker

Readings:


OR

3) Surgeon General’s report on Children Chapter 3  
http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter3

October 18 – **No CLASS, mid-semester break**

6. October 25 – **Mental health and Native American culture.** [Oyserman]  
Guest Speaker: Joe Gone

Readings:
1) Castillo, chapters 1 & 2.


Readings:
1) Surgeon General’s report on race/ethnicity–section on African Americans  
8. November 8 – **Community and context influence on well-being and mental health.**  
[Oyserman]

Readings:

Pick 2 of the following 4

Optional

Other Resources:

9. November 15 – **Relationships between poverty and mental health/illness in childhood**  
[Oyserman]

Guest Lecturer: Jacque Eccles

Readings:


Optional:


10. November 22 – **Disparities in mental health diagnosis and epidemiology for Hispanic/Latino and Asian groups** [Mowbray]

Readings:


4) Castillo book, Chapters 4 & 5

11. November 29 – **Help seeking and help receipt and culture** [Mowbray]

In this class we will explore what is known about service use, service access, and other differences related to culture and class both within the U.S. and cross-nationally. How does (and why would) culture influence seeking and obtaining help? The first two papers describe differences in help seeking and use and the second two papers try to conceptualize why that might be.

Readings:


Resources:
5) Drug treatment and ethnicity – update: A collection of links to online resources on substance abuse and treatment among ethnic minority and migrant populations. [www.ethnicity.de](http://www.ethnicity.de)

12. December 6 – **Stigma towards mental illness; theories of stigma, effects of stereotyping and discrimination.** [Mowbray]
If you have not read Goffman in previous classes, this would be a time to have a look. The notion that mental illness is a stigma that ‘spoils’ one’s identity such that others view those with a mental illness as simply and centrally being mentally ill was powerfully described by Goffman. This week we will discuss more recent theoretical explanations for mental illness stigma and discrimination as well as research on how stigma and discrimination may influence those with mental illness and the responses of others to them, and approaches to combating stigma and discrimination towards mental illness.

Readings:

13. December 13 – **Student presentations of their work to date** [Oyserman]