

M.Phil. in Psychiatric Social Work

Course Regulations and Syllabus 2016 – 17

For the students enrolled from the Academic year 2016 - 17

DEPARTMENT OF PSYCHIATRY SRM MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE SRM UNIVERSITY

SRM UNIVERSITY SRM MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE DEPARTMENT OF PSYCHIATRY

M.Phil. in Psychiatric Social Work Rules and Regulations

COURSE CURRICULUM – M.Phil. in Psychiatric Social Work

1. Short Title of the course:

Course name - M.Phil. in Psychiatric Social Work

2. Scope:

The prevalence rate of mental disorders in our country requires a work force capable of handling these cases, but unfortunately there is a wide gap between the supply and demand for mental health professionals. A compromised norm of 1 psychiatrist per 1,00,000 population, 1.5 clinical psychologist per 1,00,000 population, 2 psychiatric social workers per 1,00,000 population and 1 psychiatric nurse per 10 psychiatric beds is not met in our country. Even in the developed countries there is a dearth of trained and qualified psychiatric social workers and it is more so in our country.

Psychiatric Social Work is one of the essential disciplines in the field of mental health and has grown significantly in the last five decades. In the current clinical practice, psychiatric social worker forms an important and integral part of the psychiatric treatment team. The work involves initial intake where psychiatric social worker assesses the psychosocial problems, social and family factors impacting on the mental illness. Identifies issues which have a bearing on the progress and treatment of the illness is essential part of psychiatric social workers. This nascent specialty has taken root in the last fifty years in the field of psychiatric practice. The most important part of the psychiatric social workers contribution is working with individuals, working with group, working with family, working with community for promoting and preventive aspects of mental health problems. Psychosocial Rehabilitation is the core aspect of psychiatric social work to reduce the disability of the mentally ill persons and improve the quality of life. The need for professionalism in the field of psychiatric social work has led to courses and training in various levels from diploma to pre doctoral courses and doctorate levels.

3. Objectives:

The course is evolved as a two years vigorous programme with extensive theoretical inputs and clinical experience in the field of psychiatric social work. The psychiatric social work trainee is expected to full fill the following objectives on completion of course.

- Working on Case History Taking and diagnosis the mental disorders
- Assessment of psychosocial problems and plan for psychosocial interventions
- Counseling Patients and Family members
- Working with groups through Group Psychotherapy
- Psychoeducation for Individuals, Families and Groups

- Working with couples through Marital therapy
- Working with families through various approaches of Family Therapy
- Psychosocial Rehabilitation for Chronic Mental Illness
- Extending services for Community Mental Health for promoting and preventive aspects of mental health problems.
- Psychosocial care in Disaster Mental Health
- Involve in the training other professionals
- Make Home visits as part of treatment process
- > Undertake research activities in the areas of psychiatric social work
- Preparing documentation in field of psychiatric social work
- Awareness of legal administrative issues involved in psychiatric social work

4. Eligibility for Admission:

2 years full time M.A./MSW in Social Work with Medical and Psychiatric Social Work specialization from a recognized University securing not less than 55% marks in aggregate of the master's degree as a whole. For SC/ST/OBC category, minimum of 50% marks in aggregate is essential as per the rules of Government of India.

5. Selection of students:

Admission to the course shall be through selection by a duly constituted selection committee. The selection committee that includes Head of the Department of Psychiatric Social Work shall make admission. The selection is based entirely on entrance examination consisting of a written examination and a personal interview. No changes shall be permitted once the list of admitted candidates for the academic year is sent to the University.

6. Number of Seats:

Not more than 12candidates per year may be admitted for the course.

7. Duration of the programme:

- (a) This is a two years fulltime clinical training course starting from academic calendar August to July.
- (b) Commencement of course 1st week of August in every academic year.
- (c) Vacation: The candidates are eligible to utilize leave not extending one month in a year. This is to be taken in December (15 days) and May (15 days).

8. Attendance:

A minimum attendance of 80% in each of the academic terms of the course is necessary before taken the examination. Course of study must, unless special exemption is obtained, be continuously pursued. Any interruption in a student's attendance during the course of the study through illness or other extraordinary circumstances must be notified to the relevant authority and regularized.

9. Condonation of lack of attendance:

- a. He / She secures not less than 80% of attendance overall course in that year on the total number of period offered in that course during that year. Condonation of attendance up to 10% is permitted on medical grounds. Relaxation in attendance is permitted up to 10% for students who represent the University in sports, games, cultural, symposiums, research conferences, and other similar activities. The above two relaxations either individually or jointly should not exceed 10% but is applicable for individual course.
- b. His / her progress and conduct have been satisfactory throughout the year.
- c. Condonation should be applied for, through proper channel and should be approved by the Vice Chancellor.

10. Examination:

Examination will be held in two parts(Part I & Part II). Candidate will not be allowed to take the Part II examination unless he/she has passed the Part I examination. The regular examinations for Part I & II shall be conducted at the end of the First year and Second year of the course respectively. Regular exams will be conducted in July and Supplementary exams in January of every academic year.

11. Appearance for each examination:

Candidates of Part I

- (i) Reappear for all the papers of Group 'A', and viva voce of clinical examination (Group 'C'), if not secured pass marks in papers of Group 'A' or viva voce of clinical examination (Group 'C').
- (ii) In case of failing in Group 'B', resubmit CASE REPORTS.

Candidates for Part II

- (i) Reappear for all the appears of Group 'A', viva voce and clinical examination (Group 'C'), if not secured pass mark in papers of Group 'A" or viva voce and clinical examination (Group 'C').
- (ii) In case of failing in Group 'B', resubmit DISSERTATION.
- a. Supplementary examination will be held for Part I & Part II examinations of the following academic year for candidates who failed in the annual examination.

- b. A candidate who has not appeared for the Part I of the regular examination will be allowed to continue the course for the II Year and shall take the supplementary examination to be held in the month of following academic year.
- c. A minimum of period of 3 months' additional attendance shall be necessary for a candidate before appearing for the examination in case she/he fails to clear Part I or Part II within a period of 3 years from the year of admission to the course.
- d. The prescribed examination fee has laid down from time to time by the SRM University for each Part I & II of the examination should be paid to the SRM Medical College Hospital and Research Centre.
- e. The application for appearing at the Part I &II of the examination should be accompanied by a certificate issued by the Head of the Department that the candidate has undergone the course of study and has carried out the clinical work and research assignments prescribed.
- No candidate should be permitted to appear either of Part-I or Part-II exams more than 3 times.
- g. A candidate has to complete the course successfully within a period of 4 years from the date of admission.

12. Case Reports:

- a. Candidates appearing for Part I examination should submit 3 copies of the bound volume of 5 case reports to the Head of the Department on or before last week of March every year.
- b. Case reports will be valued by the examiner (1 internal examiner).

13. Dissertation:

- Candidates appearing for Part II examination should submit 3 copies of bound volume of the dissertation to the Head of the Department on or before last week of March every year.
- b. The dissertation will be valued by the member (1 external examiner).

14. Scheme of Examination:

Part I & II examinations shall be conducted at the end of the First year and Second year of the course respectively.

PART I

			1 71						
Group	Subject Code	Subject Title	Duration	Pass	Marks	Ass	rnal ess. rks		ernal Marks
				Mini.	Maxi.	Mini.	Maxi.	Mini.	Maxi.
Group A	PSW161 A1	Theory of Psychiatric Social Work	3 Hrs.	50	100	15	30	35	70
	PSW161 A2	Psychosocial perspectives on Mental Health	3 Hrs.	50	100	15	30	35	70
	PSW161 A3	Psychiatric Social Work Research & Statistics	3 Hrs.	50	100	15	30	35	70
Group B	PSW161 B1	5 Case Reports		50	100	15	30	35	70
Group C	PSW161 C1	Clinical Exam & Viva Voce		50	100	15	30	35	70
		Total			500				

PART II

Group	Subject Code	Subject Title	Duration	Pass	Marks	Ass	ernal eess. erks		ernal Marks
				Mini.	Maxi.	Mini.	Maxi.	Mini.	Maxi.
Group A	PSW162 A1	Psychiatric Social Work Intervention	3 Hrs.	50	100	15	30	35	70
	PSW162 A2	Theory of Social Issues and Mental Health	3 Hrs.	50	100	15	30	35	70
	PSW162 A3	Psychiatry including Psychosocial Rehabilitation	3 Hrs.	50	100	15	30	35	70
Group B	PSW162 B1	Dissertation		50	100	15	30	35	70
Group C	PSW162 C1	Clinical Exam & Viva Voce		50	100	15	30	35	70
		Total			500				

The final evaluation shall be based on theory, case reports, dissertation, clinical examination and viva voce including submissions out of 1000 marks.

15. Internal Assessment:

- a. There shall be 30 marks for internal assessment for each of the theory paper, case reports, dissertations, clinical examination and viva voce of the I Year and II Year. There shall be 70 marks for written examination, case reports, clinical examination and viva voce of I Year and II Year. These marks will be awarded on the basis of written test, and clinical examination and viva voce on the basis of supervised clinical work. These marks shall be added to the marks allocated to the respective subjects in the examination. The result of the examination shall be declared on the basis of the total so obtained.
- b. A candidate should obtain 50% of marks in internal assessment in each theory subject to appear for the University examination.

c)	Minimum prescribed clinical work	l year	By the end of II Year
	i) Detailed Case Histories	20	50
	ii) Clinical Interviews	20	50
	iii) Detailed Individual, Family a	and 20	50
	Social Assessment		

iv) Psychiatric Social Work Interventions

a)	Individual and Group Levels	200 Hours
b)	Family Intervention	200 Hours

(Consists of 50 hours each of psychiatric social work intervention with outpatients and inpatients including adolescents and children, psychosocial rehabilitation, community psychiatry, de-addiction, family psychiatry etc.).

16. Board of Examiners:

The Examination shall be conducted by two separate board of examiners for Part I and II. Board of examiners for Part I and Part II consists of 3 examiners, one of whom will be external examiners and two will be internal examiners. One Psychiatric Social Work faculty member with psychiatric social work background shall be external examiner working at the Professor/Associate Professor level, one psychiatric social work faculty as internal examiner working at the Professor/Associate Professor/Associate Professor level. The Chairperson of the Board of examiners shall be the HOD of the Psychiatric Social Work department.

Each theory paper, case records and dissertations of Part I and Part II examination shall be evaluated by the one internal examiner and one external examiner.

In case of 20% or more deviation in the marks awarded by the two evaluators, the scripts shall be referred to a third examiner and his/her evaluation will be final.

Clinical examination and Viva voce for Part I and Part II shall be conducted by the Board of examiners.

17. Minimum for pass:

(a) In each paper a minimum of 50% marks need to be secured in the external examination and on the basis of performance in practical / clinical and viva voce examination.

Theory Internal	- 50%
Theory External	- 50%
Theory Overall	- 50%
Practical Internal	- 50%
Practical External	- 50%
Practical Overall	- 50%
Case reports Overall	- 50%
Dissertations Overall	- 50%

(b) Practicum:

Each student selected for the course shall be rotated for training to various units for working skills related to mental health and allied disciplines. For this purpose, students start their placement in adult mental health, child and adolescent mental health, psychosocial rehabilitation, family mental health, community mental health, de-addiction unit, and behavioural therapy unit. Each student is assigned to a psychiatric social work consultant under whom the student is expected to carry on psychiatric social work interventions both the years of training programme.

18. Classification of successful candidates:

(i) If a candidate fails to pursue the course on a continuous basis or fails or absent himself / herself from appearing in any of the university theory and practical examinations of Part – I and Part – II, the class shall be awarded as pass class. The merit class (First Class / Distinction) is awarded to only those candidates who pass both Part – I and Part – II examinations in first attempt.

(ii) Passed in first attempt within course duration

	Percentage of marks 75 and above	First Class with Distinction
	Percentage of marks 60 - 74	First Class
ĺ	Percentage of marks 50 - 59	Second Class

(iii) Passed in second attempt within course duration / after course duration the class shall be awarded as Pass Class.

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M.Phil. in Psychiatric Social Work Rules & Regulations

SYLLABUS - M.Phil. in PSYCHIATRIC SOCIAL WORK

PART – I

PSW161A1 - Theory of Psychiatric Social Work

- The Field of Psychiatric Social Work: Basic concepts and theoretical framework, historical development, major approaches in psychiatric social work and value underlying psychiatric social work practice in mental health. Problem formulation – various approaches to social diagnosis.
- 2. Therapeutic Models in Psychiatric Social Work: Various theoretical approaches in individual treatment and processes of individual treatment techniques.
- 3. Principles and Practices of Group Treatment.
- Family Therapy: Historical background, approaches and methods of practice. Family as a social system: Theoretical frame work.
- 5. Teaching Methodologies: Teaching for a professional programme. Social work educator as a role modeler and enabler.
- 6. Field instructions, supervision, recording, documentation and evaluation in psychiatric social work practice.
- 7. Practice of Psychiatric Social Work in Different Settings: Family service agencies, child welfare agencies, school settings, correctional institutions, general hospital settings, deaddiction centres, national and international charitable organizations.
- 8. Working with Multidisciplinary team: Mental hospital as a social system and psycho-social aspects of hospitalization.
- 9. Industrial Mental Health Services
- 10. Law, Ethics and Psychiatric Social Work
- 11. Mental Health Act, 1987. Rehabilitation Council of India Act, 1992. The Persons with Disabilities Act, 1995. National Trust Act, 1999.

- Authur, J.Robbins ((1957). Mental Hospitals in India and Social Work Service Impression of a visiting Social Worker. Delhi, Delhi School of Social Work.
- Noel, Timms (1964). Psychiatric Social Work in Great Britain. New York, Routledge & Kegan Paul.
- Tessie, D.Berkman (1953). Practice of Social Workers in Psychiatric Hospitals and Clinics.
 New York, National Association of Social Workers.
- Joan, Todd (1967). Social Work with Mentally Subnormal. New York. Routledge & Kegan Paul.

- Francis, J.Turner (1979). Social Work Treatment. New York, The Free Press.
- Elizabeth Pug (1966). Social Work in Child Care. London, Routledge & Kegan Paul.
- Louis, Lowy (1979). Social Work with the Aging. The Challenge and Promise of the Later Years. Philadelphia, Harper & Row Publishers.
- S.K. Kinduka (1965). Social Work in India. Allhabad, Kitab Mahal Private Ltd.
- Gore. M.S. (1965). Social Work and Social Work Education. Bombay, Asia Publishing House.
- Wadia, A.R.(Ed.) (1961). History and Philosophy of Social Work in India. Bombay, Allied Publishers Pvt. Ltd.
- Jacob K.K. (1958). Methods and Field of Social Work in India. Bombay, Asia Publishing House.
- Walter, A.Friedlander (1959). Concepts and Methods of Social Work. New Delhi, Prentice Hall of India Pvt. Ltd.
- Mc.Clean, J.D.(1980). The Legal Context of Social Work. London, Butter Worths.
- Munson, C.E. (1980). Social Work with Families: Theory & Practice. London, The Free Press.
- Mishne, Judith (1980). Psychotherapy & Training in Clinical Social Work. New York, Gardner Press Inc.
- Oliver, Michael (1983). Social Work with Disabled People. London, The Macmillan Press Ltd.
- Dickerson, M.V. (1981). Social Work Practice with Mentally Retarded. New York, The Free Press.

PSW161A2 - Psychosocial Perspectives on Mental Health

- 1. Introduction to Psychology: Theories of intelligence, memory, forgetting, attention, concentration, and personality.
- 2. Principles of Learning: Classical conditioning, instrumental conditioning and social learning theory.
- 3. Developmental Factors: Motor development, cognitive development, social development, emotional development and development of moral values.
- 4. Motivation and Emotion: Theories of motivation, frustration and fulfillment of motives. Theories of emotion, stress theory.
- 5. Psychoanalysis: Origin, trends, Freud and his concepts, Jung, Adler and Neo Freudian schools. Psychoanalytical basis of psychotherapy: Catharsis, hypnosis and suggestions. Special Psychotherapies.
- 6. Psychological Methods of Management: Conditional therapy and retraining methods, non-directive therapy, play therapy, release therapy, and other cognitive therapies.
- Psychodiagnostics: Techniques of evaluation, cognitive functions and their measurement, tests of intelligence and intellectual impairment, personality tests, tests of achievement and aptitude.
- 8. Social Psychology: Leadership, attitudes and attitude change.

- 9. Social Pathology: Crime and delinquency, suicide, addictive behavior, social aggression with special reference to Indian contexts.
- Sociogenesis of Mental Disorders: Coping patterns in different cultures, Socialization and mental health, and Value conflicts.
- 11. Recent Trends in Psychosocial Perspectives on Mental Health Research and their implications.

- Maslow, A.H. & Mittelmann (1941). Principles of Abnormal Psychology: The Dynamics of Psychic Illness. New York, Harper & Row Publishers.
- Mowrer, O.H. (1960). Leaning Theory and Behaviouir. New York, John Wiley.
- Staats, A.W (1964). Human Learning. New York, Holt, Rinehart & Winston Inc.
- Logan, F.A. & Ferraro, D. P. (1978). Systematic Analysis of Learning and Motivation. New York, John Wiley & Sons.
- Baddeley, A.D. (1972). The Psychology of Memory. New York, Harper & Row Publishers.
- Cermark, L.S. (1972). Human Memory. Research and Theory. New York, The Ronald Press.
- Lennart Levi (Ed.) (1975). Emotions: Their Parameters and Measurements. Amsterdam, North Holland Publishers.
- Maddi, S.R. (1980). Personality Theories: A comparative Analysis. Illinois, The Dorsey Press.
- Rotter, J.B. (1977). The Development and Applications of Social Learning Theory.
 Selected Papers. New York, Praeger Publishes.
- Sharma, R.N. (Ed.)(1971). Indian Psychology. Meerut, Kedar Nath Ram, Ram Publishers.
- Durganand Singha (1986). Psychology in a Third World Country. The Indian Experience.
 New Delhi, Sage Publications.
- Ramachandra Rao, S.K. (1962). Development of Psychological Thought in India. Mysore, Kavyalaya Publishers.
- Jadunath Singha (1986). Indian Psychology. New Delhi, Motilal Banrsidass Publisers.

PSW161A3- Psychiatric Social Work Research and Statistics

Section A: Psychiatric Social Work Research

- Scientific Method of Social Research in Psychiatric Social Work: Nature of scientific method. Cause and effect relationship. General principles in detecting causal relations and Mill's Canons.
- 2. Basic Elements of Psychiatric Social Work Research: Concept, hypothesis, abstraction, conceptualization, reconceptualisation and reification. Research Hypothesis, Alternative Hypothesis.
- 3. Designs of Research: Descriptive research, Exploratory research, Diagnostic research and Experimental research.
- 4. Sampling Techniques: Random Sampling Techniques and Non Random Sampling techniques.
- 5. Group Research Designs: Logic of group designs and group designs in psychiatric social work practice.
- Methods and Tools of Data Collection: Interview schedule, interview guide, mailed questionnaire and observation schedule. Standardisation of terms and methods of dealing with response errors, methods of dealing with sensitive questions and methods of dealing with non response.
- 7. Construction of Rating Scales and Attitude scales. Reliability and validity.
- 8. Review of Research Methodology in Selected Predoctoral, and Doctoral Work. Research Projects related to Psychiatric Social Work.

Section B: Statistics

- 1. Basic Statistics: Levels of Measurement, Descriptive Statistics, Basic Probability Theory, Probability Distributions, test of Hypothesis, Sampling from normal distribution.
- 2. Correlation and Regression.
- Basic Principles in test of Hypothesis and tests based on Chi-square, Student 't' and 'f' Statistics.
- 4. Analysis of Variance one-way and two-way and Basic Concepts of Analysis of Covariance.
- Principles of Experimental Designs including basic randomized Designs Completely Randomized Design, Randomized Block Design and Latin Square Design.
- 6. Non Parametric Statistics Principles and Commonly used methods, Sign test, Wilcoxon Signed rank test, Mann-Whitney test, Median test, Rank Correlation.
- 7. Basic concepts of Multivariate Analysis including applications.

- Goode & Hall (1952). Methods in Social Research. New York, Mc.Grain Hill.
- Pauline, V. Young & Calvin, G. Schmid (1956). Scientific Social Surveys and Research.
 An Introduction to the Background, Content, Methods, Principles & Analysis of Social Studies. U.S.A. Prentice Hall Inc.
- Raymond, G. Mc Innis & James, W. Scott (1980). Social Science Research Handbook. New York, Horper & Row Inc.
- Joan, E. Seiber (Ed.) (1977). The Ethics of Social Research Field Work, Regulation and Publication. New York, Springer Verlag Inc.
- Jones, R.A. ((1996). Research Methods in Social and Behavioural Sciences. Sunderland, Sinauer Associates.
- Robert Bogalan & Steven, J. Taylor (1975). Introduction to Qualitative Research Methods.
 U.S.A. John Wiley & Sons Inc.
- Russell, L. Ackoff (1953). The Desing of Social Research. Chicago & London. The University of Chicago Press.
- Richard, P. Runyon (1977). Nonparametric Statistics. A contemporary Approach.
 Canand, Addison Wesley Publishing Co.
- Richard, A. Zeller & Edward, G. Garmines (1978). Statistical Analysis of Social Data. Chicago, Rand Mc. Nally College Publishing Co.
- Hand, D.J. & Taylor, C.C. (1993). Multivariate Analysis of Variance and Repeated Measures. A Practical Approach for Behavioural Scientists. Londa, Chapman and Hall.
- Stoody, K.D.C. (1980). Applied Statistical Techniques. England, Ellis Horwood Ltd.
- Herzber, A.P. (1953). Principles of Statistics. U.S.A. John Wiley & Sons Inc.
- Healy, J.F. (1954). Statistics. A Tool for Social Research. California, Wardsworth Publishing Co.
- Sprent, P. ((1959). Applied Non-Paramatrical Statistical Methods. London, Chapman & Hall.

PART - II

PSW162A1 - Psychiatric Social Work Intervention

A) Working with Individuals:

- Understanding psychosocial development of the individual, healthy personalities, characteristics and contributing factors.
- 2. Components of Case Work: Definition, nature, scope and process. Case work relationships, interview, listening, recording, termination.
- 3. Components of Group Work: Characteristics, types, purposes, group dynamics, group work process, principles and techniques. Skills of group worker, promotive / preventive activities (therapeutic and rehabilitative activities).
- Developing Counselling skills and techniques.

B). Working with Families:

- Origin, development, process, socialization, predominant characteristics of family, family dynamics, and family interaction.
- 6. Principles of Working with Families: Family life cycle, promotional/preventive activities (family and marital environments) and families in crisis.
- 7. Family Life Education: Problem families and intervention strategies.
- 8. Family Intervention Techniques: Approaches to family intervention, family therapy (different models).

C). Working with Community:

- 9. Community: Concept, dynamics, types, characteristics and functions.
- 10. Training of professionals, paraprofessionals and volunteers.
- 11. Intersectoral approach in prevention and promotive aspects.
- 12. Community Participation and Education: Understanding and utilizing social supports in the community.
- 13. Role of voluntary social service organizations, community action groups for advocacy and social action.
- 14. Family counseling and Individual counseling centre: Family courts, student counseling centres, special schools, child development institutions, home for the aged, self help groups, halfway home, day care centre, correctional institution, counseling services in industry, NGOs and respite care centres.
- 15. Psychiatric Social Work Intervention Settings: Inpatient department, out-patient department, de-addiction centres, adult psychiatric unit, child and adolescent psychiatric units, family psychiatry unit, school mental health, psychosocial rehabilitation centres, disaster mental health, neurology, neurosurgery, emergency services and community mental health centres.

- Mary, Richmond (1965). Social Diagnosis. London, The Free Press.
- Helen, Harris, Perlman (1965). Social Case Work A Problem Solving Approach. The University of Chicago Press.
- Gordon, Hamilton (1956). Theory and Practice of Social Case Work. New York, Columbia University Press.
- Florence, Hollis (1966). Case Work A Psychosocial Therapy. New York, Random House.
- Ministry of Welfare, Govt. of India (1990). Alcoholism and Drug Dependency A Professional Master Guide. Madras., T.T.K. Ranganathan Research Foundation.
- John, D. Krumboltz & Carol, E. Holt (1976). Counselling Methods. New York, Rinhart & Thoresen Winston.
- Indu, Dave (1984). Basic Essentials of Counselling. New Delhi, Sterling Publishers.
- Harleigh, B. Trecker (1972). Social Group Work Principles and Practices. New York, Association Press.
- Harold, I. Kaplan & Benjamin, J. Sadock (1993). Comprehensive Group Psychotherapy. 3rd Edition. U.S.A., Williams and Wilkins.
- Dorothy, Stockwhitaker & Morton, A. Lieberman (1964). Psychotherapy through Group Process. New York, Prentice HallInc.
- Thomas, R. Verney (1974). Inside Groups A Practical Guide to Encounter Groups and Group Psychotherapy. New York, McGraw HillBook Company.
- Irvin, D. Yalom (1972). The Theory and Practice of Group Psychotherapy. New York, Basic Books Inc.
- Arthur Hillman (1950). Community Organization & Planning. New York, The Macmillan Company.
- Fred Milson (1974). An Introduction to Community Work. London & Boston, Routledge & Kegan Paul.
- Richard, K. Mchee (1974). Crisis Intervention in the Community. Baltimore, University Park Press.
- Julian, Rappaport (1977). Community Psychology: Volues, Research and Action. New York, Holt, Rinehart and Winston.
- John, B. Turner (1987). Encyclopedia of Social Work. Vol. I & II. Washington, NASW.
- A.B. Bose (1987). Encyclopedia of Social Work in India. Vol. I to III. New Delhi, Ministry of Information and Broad Cast.
- K.K. Jacob (1989). Social Policy in India. Udaipur, Hiruanshu Publications.

PSW162A2 - Social Issues and Mental Health

- 1. Concept of Social Issues: Social Issue and Social Change.
- Context of Social Issues in India: Multiculturalism (caste, language, religious differentiation), democratic system (federal structure, political mobilization, and people's participation), education (colonial legacy, relevance of modern education system) and globalization (neo colonialism, role of international agencies).
- Some Social Issues in India: Social deprivation (increasing social differentiation and inequality, impact and measures), communalism (concepts, factors generating communalism, measures for combating communalism), riots (means for grievance redressal, social and political significance, measures to deal with the issues. Corruption (concepts, forces generating corruption and suggestions for dealing with corruption).
- 4. Environmental Degradation (development measures and their impact on environment): Disasters (types of disasters, measures for relief and rehabilitation), gender discrimination (concepts, causes, measures), family and child violence (concepts, causes, measures), youth tensions (factors generating youth tensions, measures for dealing with the issue).
- 5. Women Rights: legal issues, women empowerment, working women, violence against women and cultural constraints.
- Children: Adoption, child labour, child abuse, street children, institutional, and noninstitutional care, single child, infanticide, school issues, and legal issues.
- Youth Unrest: Mass media influences, youth movement, youth policies, education and employment.
- 8. Religious and Spiritual Well Being: Concept, religious institutions, contemporary marriage and family issues, retirement, ageing, health and adjustment, family relation and care of the aged.
- 9. Legal Issues: Ecological issues, air, water, sound and eco friendly measures.
- 10. Decentralization: Delegation of powers at micro and macro level.

- S. Kirson Weinberg (1967). The Sociology of Mental Disorders. London, Staples Press.
- Thomas, J. Scheff (1967). Mental Illness & Social Processes. New York, Harper & Row Publishers.
- Henry Wechsler.et.al., (1970). Sociology & Mental Health. Published for the Society for the Psychological Study of Social Issues. New York, Holt, Rinehart & Winston, Inc.
- S. Dube and P.S.Sachdev (1983). Mental Health Problems of the Socially Disadvantaged. New Delhi, Tata – McGraw – Hill.
- Marshall, B. Clinard (1957). Sociology of Deviant Behaviour, New York, Holdt, Rinehart and Winston.
- Steve, Baldwin & John, Hallersley (Eds.) Mental Handicap. Social Science Perspectives. London & New York, Tavistock / Routledge.
- Charles, Winick (Ed.) (1974). Sociological Aspects of Drug Dependence. Ohio, C R G Press
- Huge, Freeman (Ed.) (1984). Mental Health and the Environment. New York, Churchill Livingstone.

- Joseph, W. Eaton & Robert, J. Weil (1955). Culture and Mental Disorders. Illinois, The Free Press.
- Gottlieb, Guntern (1976). Social Change, Stress and Mental Health in the Pearl of the Alps. A Systemic Study of a Village Process. New York, Springer – Verlag.
- Allan, V. Horwitz (1982). The Social Control on Mental Illenss. New York, Academic Press.
- Trudy, Harpham & Ilona, Blud (Eds.) (1995). Urbanization and Mental Health in Developing Countries. England, Aldershot Ilona – Blue.

PSW162A3 – Psychiatry including Psychosocial Rehabilitation

- 1. General Theoretical Background: Development of psychiatry as a scientific discipline.
- 2. Recent advances in knowledge about causation of mental illness, treatment and rehabilitation of mentally ill.
- 3. Concept of Mental Health: Approaches to mental health
- Diagnostics Methods and Classification: Methods of case study and examination of patients, interview techniques with individuals and families.
- 5. Classification and Symptomatology ICD-10.
- Psychosis: Schizophrenia, affective disorders, drug dependence, paranoid and acute psychosis, suicide, Organic brain syndrome and psychosomatic disorders. Personality disorders: Salient features as clinical entities, anxiety disorders, somatisation disorders, sexual dysfunctions and stress related disorders.
- Child and Adolescent Psychiatric Disorders: Mental retardation, emotional disorders of the physically ill and handicapped.
- 8. Geriatric Psychiatry.
- 9. Community Psychiatry including Epidemiology: National Mental Health Programme, District Mental Health Programme and other programmes/projects.
- 10. Current practice in treatment and management including psychosocial methods.
- 11. Psychotherapies: Individual, group and family therapy.
- 12. Social Psychiatry and Transcultural Psychiatry.
- Mental Health Policies and Legislation: National Mental Health Programme 1982, Mental Health Act 1987, Rehabilitation Council of India Act 1992, Persons with Disabilities Act 1995, National Trust Act 1999.
- 14. Psychosocial Rehabilitation: Theory and concept of psychosocial rehabilitation, Approaches to psychiatric rehabilitation. Different settings in psychosocial rehabilitation.
- 15. Psychosocial Rehabilitation Services: Individual counseling, Group therapy, Family Interventions, and Community Resource Mobilization.
- 16. Psychiatric Disability. Definition and Classification of Psychiatric Disability, impact and need of psychiatric disability, Instruments for assessing psychiatric disability.
- 17. Certification of psychiatric disability and welfare measures: Procedures for getting psychiatric disability certificate, welfare measures for persons with psychiatric disability, issues related to psychiatric disability and welfare measures.

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Model Question Paper for External Examination

PART - I & PART - II (FOR EACH THEORY PAPER)

Total Marks - 70 Time: 3 hrs

Section A:	Answer all the questions (short Essays):	$(Marks - 5 \times 4 = 20)$
2 3		
	Answer all the questions (Long Essays):	(Marks – 5 x 10 = 50)
		.
3		
