

REGULATIONS, CURRICULUM & SYLLABUS

(from 2014-15 onwards)

M.Phil Psychiatric Social Work



KERALA UNIVERSITY OF HEALTH SCIENCES

Thrissur – 680 596, Kerala

S. No	CONTENTS	PAGE NUMBER
1	INTRODUCTION	
1.1	Preamble	3
1.2	Title of the course	3
1.3	Implications of the course	3
2	AIM & OBJECTIVES	
2.1	Aim	3
2.2	Objectives	3
3	REGULATIONS	
3.1	Eligibility for admission	4
3.2	Upper Age Limit	4
3.3	Selection of students	4
3.4	Intake of students	4
3.5	Duration of the course	4
3.6	Clinical duties and leave	4
3.7	Outstation training	5
3.8	Attendance	5
3.9	Condonation of attendance	5
3.10	Registration	5
3.11	Medium of instruction	5
3.12	Commencement of the course	5
3.13	Closure of admission	6
3.14	Methods of training	6
3.15	Regular examination	6
3.16	Supplementary examination	6
3.17	Appearance in the examination	6
3.18	Case Work Record and Dissertation	7
3.19	Scheme of examination	7
3.20	Internal Assessment / Continuous Assessment	9
3.21	Viva voce & clinical examination	9
3.22	Teaching Faculty/Clinical Supervisor/Examiner/Research Guide	10
3.23	Minimum Prescribed Clinical Work	10
3.24	Board of examiners and Valuation	11
3.25	Minimum for pass	11
3.26	Gradations	11
3.27	Award of degree	12
3.28	Log Book	12
3.29	Break of course and re-admission	12
4	COURSE CURRICULUM	
4.1	Scheme of teaching	13
4.2	Syllabus	14
4.3	References	20
	APPENDIX	
1	Continuous Assessment Performa	25
2	Academic Programme evaluation performa	29
3	Log Book – Format	30
4	University Examination Eligibility Form	31

INTRODUCTION

1.1 Preamble

The regulation of the Master of Philosophy in Psychiatric Social Work being conducted by the Kerala University of Health Sciences is in tune with the widely accepted national standards with a special thrust of the mental health needs of the country and the state.

1.2 Title of the course

The course shall be known as MASTER OF PHILOSOPHY IN PSYCHIATRIC SOCIAL WORK; in short “M.Phil PSW”

1.3 Implications of the course

According to World Health Organization, mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mere absence of mental disorders is thus not ‘mental health’.

In India, there is a scarcity of resources - both human and financial to provide mental health services. The situation is serious considering the fact that 7% of the population is suffering from some form of mental disorders. Flagship programs like NMHP are only partial success due to scarcity of manpower in the field of mental health. There is a shortage of about 8,000 psychiatrists, 17,000 clinical psychologists, 23,000 psychiatric social workers and 9,000 psychiatric nurses in the country (Ministry of Health, GOI, 2012).

A specialized course in psychiatric social work is thus, the need of the hour. Psychiatric Social Workers are indispensable members of the multidisciplinary team in mental health providing services in the areas of prevention, treatment and rehabilitation. They address the psychosocial issues of those affected with psychiatric, neurological and neuro surgical problems by linking the inherent potentials in the clients, families and communities.

2. AIM & OBJECTIVES

2.1 Aim

Develop trained manpower in Psychiatric Social Work in the field of mental health and neuro sciences

2.2 Objectives

- Internalize the knowledge, skills and attitude essential for a Psychiatric Social Worker
- Teach the application of methods, techniques and skills of psychiatric social work for promotion of mental health and prevention of mental disorders
- Perform assessment, diagnosis and therapeutic clinical/psychosocial interventions at individual, group and family level in IP, OP and community settings

- Exposure to after care and rehabilitation services in institutional, semi institutional and non-institutional settings
- Mental health interventions in the field of neurology, neurosurgery and other physical health settings
- Conduct independent research of explorative-descriptive, experimental-evaluative nature related to Psychiatric Social Work
- Participate, discuss contribute and implement interventions as part of the multidisciplinary team
- Collaboration with voluntary agencies, local self governments, state and central governments in research, teaching, training and clinical activities in the area of mental health and neuro sciences

3. REGULATIONS

3.1 Eligibility for admission

Master's degree in Social Work (Full time) from a recognized University securing not less than 55% marks in the aggregate of the master's degree as a whole

Admission is reserved for candidates who are Indian in origin

3.2 Upper age limit

Nil

3.3 Selection of students

Admission to the course shall be through selection by a duly constituted selection committee by competent authority

The selection shall be based entirely on merit - a written examination and a personal interview as per the prospectus approved by Government of Kerala.

Reservation rules of Government of Kerala and/or the Kerala University of Health Sciences (KUHS) shall be followed.

3.4 Intake of the students (Guide – Student ratio)

The guide student ratio shall be 1:4

3.5 Duration of the course

The course shall extend to two academic years

3.6 Clinical duties and leave

- M.Phil Psychiatric Social Work students shall do the prescribed clinical duties in the units posted by the PSW department during the entire course period.

- Students can avail thirty days of block leave (BL), fifteen medical leave (ML) and seven casual leave (CL) in an academic year. Carrying over of the un-availed leaves shall not be permitted. Any leave over and above 52 days in a year availed by the candidate will have to be compensated by adequate extension of the duration of the course.
- Three block leaves shall be allowed in an academic year with minimum of six days and maximum of ten days. Medical leave should be supported with a valid certificate from a doctor or else it shall be treated as BL or CL as per the discretion of HOD.
- Adjustment of clinical duties during the leave period is the responsibility of the trainee student (except in emergency situations).
- Leave/unauthorized absence, exceeding the duration of admissible leave for the year, cannot be adjusted against leave due for subsequent years.
- Students absenting from training without permission or availing leaves more than allotted (even on medical ground) for the year will not be allowed to appear for the University Examination. Such students should undergo compensatory training beyond the normal course of study to appear for the examination.

3.7 Out station training

Posting outside the parent institute shall be given if deemed necessary. The duration and the place of posting shall be at the discretion of the Head of the Department.

3.8 Attendance

A minimum attendance of 80% in each of the academic terms of the course is necessary before taking the examination. Course of study must, unless special exemption is obtained, continuously be pursued. Any interruption in a student's attendance during the course of the study through illness or other extraordinary circumstances shall be notified to the University through proper channel and approval has to be obtained from registrar/appropriate authority.

3.9 Condonation of attendance

Condonation of attendance is not allowed in the M.Phil course

3.10 Registration

On admission to the course, a student shall apply for registration to KUHS in the approved form by remitting the prescribed fees. Completed application form should be forwarded to the University through the head of the affiliated institution within the stipulated time.

3.11 Medium of instruction

The medium of instruction and the examination shall be ENGLISH

3.12 Commencement of the course

First working day of the month of September every year or as per the notification of KUHS

3.13 Closure of admission

As per instruction/notification of KUHS

3.14 Methods of training

Each student selected for the course shall be rotated for training to various units for imbibing skills related to mental health and allied disciplines. For this purpose, students are posted in adult mental health, child and adolescent mental health, psychiatric and neurological rehabilitation, family mental health, community mental health, de-addiction unit, neurological and neurosurgical departments and behavioural therapy unit. Students are expected to carry out varied psychiatric social work interventions during each unit postings under the direction of a clinical supervisor (consultant) allotted to them.

3.15 Regular examination

Examination will be held in two parts – Part I and II.

The regular examinations for Part I & II will be held at the end of the each academic year

Candidate will not be allowed to take the Part II examination unless he/she has passed the Part I examination.

3.16 Supplementary examination

Supplementary examinations will be held for Part I and II as per university guidelines in the middle of the academic year for un-appeared / failed candidates.

Candidates of Part I

- 1) Reappear for all the theory papers I, II & III and viva voce examination (Viva on the scope of papers I, II & III and Case Work Record) if not secured pass marks in viva voce or papers I, II & III.
- 2) Failing in paper IV resubmit CASE WORK RECORD

Candidates for Part II

- 1) Reappear for all the theory papers V, VI & VII and viva voce examination and clinical examination (Viva on the scope of papers V, VI & VII, Dissertation and Clinical Examination) (if not secured pass mark in viva voce and clinical examination and/or papers V, VI & VII.
- 2) Failing in paper VIII resubmit DISSERTATION.

3.17 Appearance in the examination

- 1) A candidate shall appear for all the papers and submit case work record/dissertation as required for Part I & II
- 2) Maximum allowed appearance either in Part I or Part II examination is three.
- 3) 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.

- 4) A minimum 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.
- 5) Periodical university notification on examination fee and date shall be followed.
- 6) 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 / Head of the institution that the candidate has undergone the course of study and has required attendance, carried out the clinical work and research assignments prescribed.

3.18 Case Work Record and Dissertation

- 1) Candidates appearing for Part I examination should submit the 4 copies of the bound volume of five case work record to the Head of the Department/KUHS on or before 31st May of the concerned year or as directed by KUHS.
- 2) Synopsis of the dissertation shall be submitted to the university with the prescribed fee and format on or before the stipulated date.
- 3) Institutional ethical clearance shall be mandatory for the research work
- 4) Candidates appearing for Part II examination should submit 4 copies of bound volume of the dissertation to the Head of the Department/KUHS on or before 30th of June of the concerned year or as directed by KUHS.

3.19 Scheme of examination

PART I

Part	Paper	Written/Viva Examination		Internal/Continuous Assessment		Grand Total	
		Total	Minimum for pass	Total	Minimum for pass	Maximum Marks	Minimum to Pass
Paper I	Psychiatric Social Work	80	40	20	10	100	50
Paper II	Psychosocial perspectives on Mental Health	80	40	20	10	100	50
Paper III*	Psychiatric Social Work Research & Statistics	80	40	20	10	100	50
Part IV	Case Work Record (5 Cases)	-	-	-	-	100	50
Viva on the scope of the above papers & Case Work Record [#]		80	40	20	10	100	50
Total for Part I						500	250

* Paper III of the Part I examination will have two sections:

Section A: Psychiatric Social Work Research

Section B: Statistics

The question paper will have two parts. Each part will have 2 main questions and one short note, carrying 40 marks.

The distribution of marks in the Part I: Viva on the scope of the above papers & Case Reports is as given below:

Viva Voce Examination				
Assessment parameters		Marks Distribution	Continuous Assessment	Marks Distribution
Viva Voce	Paper I	10	Seminar series evaluation	5
	Paper II	10	Case Conference / Journal Club evaluation	5
	Paper III	10	Clinical Work evaluation - Continuous Assessment Performa	10
Case Record (Viva)		30	-	-
Case History Taking & Mental Status Examination (Viva)		20	-	-
Total Marks	100	80	-	20

PART II

Group	Paper	Written/Viva Examination		Internal/Continuous Assessment		Grand Total	
		Total	Minimum for pass	Total	Minimum for pass	Maximum Marks	Minimum to Pass
Paper V	Theory Social Issues and Mental health	80	40	20	10	100	50
Paper VI	Psychiatric Social Work Intervention	80	40	20	10	100	50
Paper VII	Psychiatry including Common Neurological Problems	80	40	20	10	100	50
Paper VIII	Dissertation	-	-	-	-	100	50
Viva on the scope of the above papers, Dissertation and Clinical Examination [^]		160	80	40	20	200	100
Total for Part II						600	300

The final evaluation shall be based on theory, clinical and viva voce including submissions out of 1100 marks.

Duration of theory examination (Paper I, II, III, V, VI & VII) – 3 hours.

[^] The distribution of marks in the Part II: Viva on the scope of the above papers, dissertation & Clinical Examination is as given below:

Clinical and Viva Voce Examination				
Assessment parameters		Marks Distribution	Continuous Assessment	Marks Distribution
Viva Voce	Paper V	10	Seminar series evaluation	10
	Paper VI	10	Case Conference / Journal Club evaluation	10
	Paper VII	10	Clinical Work evaluation - Continuous Assessment Performa	20
Dissertation (Viva)		30	-	-
Clinical Examination (Case Work Up + Viva)		100 (60 + 40)	-	-
Total Marks	200	160	-	40

3.20 Internal assessment / Continuous assessment

- 1) There shall be 20 marks for internal assessment (IA) in each of the theory paper. The mark shall be allotted on the basis of a written test (15 marks) and assignment(s) (5 marks) in the respective papers. If there is more than one assignment, average has to be added. The minimum internal assessment marks needed for appearing in the University examination (theory) is 50%. Internal assessment mark statement shall be forwarded to the University by the Head of the Department when intimated.
- 2) Twenty (20) marks and forty (40) marks shall be allotted for continuous assessment (CA) for the Part I and Part II viva voce examination respectively (refer #, ^). Clinical Work shall be evaluated & rated (using Continuous Assessment Performa) on a quarterly basis (at least 3 quarter) (Appendix: 1). Assessment of seminar (minimum one per academic year), Case Conference/Journal Club (minimum one per academic year) shall be done in the prescribed evaluation form (Appendix: 2). CA marks (average) shall to be added to total marks.

3.21 Viva Voce & Clinical Examination

A viva on the scope of the (i) theory papers, case record and case history taking & MSE (Part I) and (ii) theory papers, dissertation and clinical examination (Part II) shall be done during the end of the first and second year respectively after the theory examinations. Clinical examination involves case work up including mental status examination, diagnosis and psychosocial management. The distribution of marks is shown in the scheme of the examination (Refer #, ^).

3.22 Teaching Faculty/Clinical Supervisor/Examiner/Research Guide

The essential qualifications for all the categories are given below:

A. TEACHING FACULTY IN PSYCHIATRIC SOCIAL WORK

- M.A./M.S.W degree in Social Work, M.Phil in Psychiatric Social Work and Ph.D from a recognized University/Institution with 3 years teaching or clinical or research experience in the subject.

B. CLINICAL SUPERVISOR

- M.A./M.S.W degree in Social Work and M.Phil in Psychiatric Social Work from a recognized University/Institution.

C. EXAMINER

- (a) M.A./M.S.W degree in Social Work and M.Phil / Ph.D /D.Sc in Psychiatric Social Work from a recognized University/Institution with 3 years teaching or research experience in the subject of specialty
- (b) M.A/ M.Sc. degree in Psychology with Clinical Psychology as one of the subject or equivalent qualification and M.Phil/Ph.D./D.Sc. in Clinical Psychology of a recognized from a recognized University/Institution with 3 years teaching or research experience in the subject of specialty.
- (c) MA / M.Sc Degree in Statistics preferably in Bio-Statistics or equivalent from a recognized University/Institution
- (d) M.D. in Psychiatry/M.D. in Psychological Medicine or equivalent qualification from a recognized University /Institution with 3 years teaching or research experience in the subject of specialty after obtaining the qualifying degree as above.

D. RESEARCH GUIDE

- M.Phil / PhD in Psychiatric Social Work with 3 years of teaching / research / clinical experience after M.A./M.S.W degree in Social Work with minimum of two publications in reputed journals/books/conference proceedings.
- Joint Guides are allowed depending on the nature of the research and at the discretion of the main guide. The qualification of joint guides shall fulfill (a), (b), (c) & (d) conditions listed in “EXAMINER” category.

3.23 Minimum Prescribed Clinical Work

Sl: No	Clinical Work	I year	II Year	Total
1	Detailed Case Histories	30	20	50
2	Clinical Interviews	20	30	50
3	Detailed Individual, Family and Social Assessment	20	15	35
4	Psychiatric Social Work Intervention ^{\$}			
	A. Individual and Group Levels	125	75	200 hours
	B. Family Intervention	75	125	200 hours

^{\$}(Consists of 50 hours each of psychiatric social work intervention with outpatients and inpatient including children and adolescents, neurology and neurosurgical patients, rehabilitation and community care)

3.24 Board of examiners and Valuation

Theory papers (Part I & Part II) will be evaluated as per KUHS norms.

The Viva Voce examination shall be conducted by two separate boards for Part I and II

Viva voce examination for Part I shall be conducted by the Board.

Viva voce and clinical examination for Part II shall be conducted by the Board.

(Refer 3.21 above)

PART I

Part I Board consists of 4 examiners, 2 of whom will be external examiners and 2 will be internal examiners.

Part I will have one statistician (external), one clinical psychologist (internal) and two social work faculty members, preferably with psychiatric social work background of whom one shall be external examiner. The Chairperson of the Board shall be the senior most among the internal examiner from Psychiatric Social Work.

Case record of Part I examination shall be evaluated by the members of the board.

PART II

Part II Board consists of 4 examiners, two of whom will be external examiners and 2 will be internal examiners.

Part II will have one Psychiatrist (external) and 3 social work faculty members, preferably with psychiatric social work background of whom one shall be external examiner and 2 will be internal examiner. The Chairperson of the Board shall be the senior most among the internal examiner from Psychiatric Social Work.

Dissertation of Part II examination shall be evaluated by the members of the Board.

3.25 Minimum for pass

No candidate shall be declared to have been successful in either of the two parts of the M.Phil examination unless she/he obtains not less than 50% of the marks in:

- 1) Each of the theory paper
- 2) Each of the clinical and/or viva voce examination
- 3) Case Record (in case of Part I only)
- 4) Dissertation (in case of Part II only)

3.26 Gradations

- 1) A candidate who obtains above 75% of the marks an aggregate both the Parts (I & II) shall be declared to have passed with distinction
- 2) A candidate who secures between 60% and 75% of marks in the aggregative of both the Parts shall be declared to have passed in I Class. The other successful candidates shall be declared to have fulfilled the requirements for conferring of M.Phil degree in II Class.

3.27 Award of Degree

A candidate who pass Part I and Part II of the M. Phil PSW course will be eligible for award of degree during the ensuing convocation.

3.28 Log Book

A log book has to be maintained by all students and this has to be reviewed by the clinical supervisor every month and shall be forwarded to the Head of the Department for approval. A format of the log book is appended. Log book may be shown to the external examiners at the time of viva voce/clinical examination.

3.29 Break of course and Re-admission

- Absenting from the course for a period more than six months necessitate permission from KUHS for rejoining, subject to the recommendation of the Head of the Department and Head of the Institution
- Re-admission as per the rules and regulations of KUHS.

4. COURSE CURRICULUM AND HOUR DISTRIBUTION

4.1 Scheme of teaching

PART	PAPER	TITLE OF THE COURSE	THEORY HOURS	CLINICAL HOURS
YEAR I				
I	Paper I	Psychiatric Social Work	50	-
	Paper II	Psychosocial perspectives on Mental Health	50	-
	Paper III*	Psychiatric Social Work Research & Statistics	50	-
	Paper IV	Case Record (5 Cases)	-	100
	-	Clinical Posting	-	24 hours/week
YEAR II				
II	Paper V	Theory Social Issues and Mental health	50	-
	Paper VI	Psychiatric Social Work Intervention	50	-
	Paper VII	Psychiatry including Common Neurological Problems	50	-
	Paper VIII	Dissertation	-	-
	-	Clinical Posting	-	24 hours/week

4.2 Syllabus

The syllabus shall be subject to modification as per requirement from time to time as per the guidelines of KUHS.

PART - I

Paper I: Psychiatric Social Work

- The Field of Psychiatric Social Work: Basic concepts and theoretical framework, historical development, major approaches in psychiatric social work and value concepts underlying psychiatric social work practice in mental health. Problem formulation – various approaches to social diagnosis.
- Therapeutic Models in Psychiatric Social Work: Various theoretical approaches in individual treatment and processes of individual treatment techniques.
- Principles and Practices of Group Treatment.
- Family Therapy: Historical background, approaches and methods of practice. Family as a social system: Theoretical frame work.
- Teaching methodologies: Teaching for a professional programme. Social work educator as a role modeler and enabler.
Field instructions, supervision, recording, documentation and evaluation in psychiatric social work practice.
- Practice of Psychiatric Social Work in Different Settings: Family service agencies, child welfare agencies, school settings, correctional institutions, general hospital settings and Deaddiction centers, industrial settings, nontraditional mental health services, national and international charitable organizations.
- Working with Multidisciplinary team: Mental hospital as a social system and psycho-social aspects of hospitalization.
- Industrial Mental Health Services
- Law, Ethics and Psychiatric Social Work
Mental Health Policies and Legislation: National Mental Health Programme 1982, National Mental Health Policy for India 2014, Mental Health Act 1987, The Person with Disabilities Act 1995 and legal aspects of psychiatric illness, Transplantation of Human Organs Act, 1994.

Paper II: Psychosocial Perspectives on Mental Health

- Introduction to psychology: Theories of intelligence, memory and forgetting, attention, concentration, personality and overview.
- Principles of Learning: Classical conditioning, instrumental conditioning and social learning theory.
- Developmental Factors: Motor development, cognitive development, social development, emotional development and development of moral values.
- Motivation and Emotion: Theories of motivation, frustration and fulfillment of motives. Maslow's theory, emotion and its measurement and stress theory.
- Psychoanalysis: Origin, trends, Freud and his concepts, Jung, Adler and Neo Freudian schools. Psychoanalytical basis of psychotherapy: Catharsis, hypnosis and suggestions. Special Psychotherapies.
- Psychological Methods of Management: Conditional therapy and retraining methods, non-directive therapy, play and release therapy & cognitive therapies.
- Psychodiagnostics: Techniques of evaluation, cognitive functions and their measurement, tests of intelligence and intellectual impairment, personality tests, tests of achievement and aptitude.
- Social Psychology: Leadership, attitudes and attitude change.
- 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: Value conflicts.
- Recent Trends in Psychosocial Perspectives on Mental Health Research and their implications.

Paper III : 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.
- Basic Elements of Psychiatric Social Work Research: Concept and hypothesis, abstraction, conceptualization, reconceptualisation and reification. Hypothesis, Research Hypothesis, Alternative Hypothesis.
- Designs of Research: Observational research, exploratory, descriptive researches and experimental research.
- Sampling Techniques. Sampling and non sampling errors. Random and non random samples, Different methods of sampling, Methods of minimizing non sampling errors.
- 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. Standardization of terms and methods of dealing with response errors, methods of dealing with sensitive questions and methods of dealing with non response.
- Construction of Rating Scales and Attitude scales. Internal consistency of the items and Cronbach alpha coefficient, Reliability and validity.
- Qualitative Research Methods.
- Review of Research Methodology in Selected Predoctoral, Doctoral Work and Research Projects related to Psychiatric Social Work.

Section B: Statistics

- Basic Statistics: Levels of Measurement, Descriptive Statistics, Basic Probability Theory, Probability Distributions, test of Hypothesis, Sampling from normal distribution.
- Correlation and Regression.
- Basic Principles in test of Hypothesis and tests based on Chi-square, Student 't' and 'f' Statistics.
- 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.
- Non Parametric Statistics – Principles and Commonly used methods, Sign test, Wilcoxon Signed rank test, Mann-Whitney test, Median test, Rank Correlation.
- Basic concepts of Multivariate Analysis including applications.

PART II

Paper V: Social Issues and Mental Health

- 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, ameliorative measure and impact), 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).
- 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).
- Women Rights: legal issues, women empowerment, working women, violence against women and cultural constraints.
- Adoption, child labour, child abuse, street children, institutional, and non-institutional care, single child, infanticide, school issues, children and legal issues.
- Youth Unrest: Mass media influences, youth movement, youth policies, education and employment.
- Religious and Spiritual Well Being: Health practices and religion, religious institutions, contemporary marriage and family issues, retirement, ageing, health and adjustment, family relation and care of the aged.
- Legal Issues: Ecological issues, air, water, sound and eco friendly measures.
- Decentralization, delegation of powers at micro and macro level.

Paper VI : Psychiatric Social Work Interventions Working with Individuals

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

Working with Families

- Origin, development, process, family dynamics, socialization, predominant characteristics of family (forces), family dynamics and interaction.
- Principles of Working with Families: Family life cycle, promotional/preventive activities (family and marital environments) and families in crisis.
- Family Life Education: Problem families and intervention strategies.
- Family Intervention Techniques: Approaches to family intervention, family therapy (different models) and family case work.
- Home-based Care, Caregiver Issues and Caregiver Interventions

Working with Community

- Community: Concept, dynamics, types, characteristics and functions
- Training of professionals, paraprofessionals and volunteers
- Intersectoral approach in prevention and promotive aspects.
- Community Participation and Education: Understanding and utilizing social supports in the community.
- Role of voluntary social service organizations, community action groups for advocacy and social action.
- Intervention Settings: Inpatient and out-patient, de-addiction child and adolescent psychiatric units, geriatric services, old age homes, family psychiatry unit, rehabilitation, neurology, neurosurgery, emergency services and community mental health clinics run as part of District Mental Health Program.
- Family counseling centre: Family courts, student counseling centers, 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 centers.

Paper VII – Psychiatry, Including Common Neurological Problems:

- General Theoretical Background: Development of psychiatry as a scientific discipline.
- Recent advances in knowledge about causation of mental illness, treatment and rehabilitation of mentally ill.
- 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.
- Classification and Symptomatology – ICD-10.
- Evaluation of priority mental health problems based on mhGAP Intervention Guide by the World Health Organization (WHO)
- Psychosis: Schizophrenia, affective disorders, drug dependence, paranoid and acute psychosis
- Suicide, deliberate self harm
- Dementia, Delirium
- Psychosomatic disorders, Personality disorders, anxiety disorders, 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.
- Geriatric Psychiatry
- Community Psychiatry including Epidemiology: National Mental Health Programme, District Mental Health Programme and other programmes/projects, Mental Health Gap Action Programme (mhGAP) and Mental Health Action Plan 2013-2020 of World Health Organization (WHO)
- Current practice in treatment and management (psychosocial methods). Physical methods of treatment.
- Psychotherapies: Individual, group and family therapy
- Psychiatric Rehabilitation
- Social Psychiatry and Transcultural Psychiatry
- Common Neurological and Neurosurgical Disorders: Description, etiology, related deficits, management (treatment, rehabilitation) social consequences of neurological and neurosurgical disorders and relevance of psychiatric social work interventions.
- Functional Anatomy of Nervous System: Headache, Parkinsonism, stroke, epilepsy (peripheral neuropathy and myasthenia gravis infections of nervous systems) dementia and other degenerative disorders. Motor neuron disease and muscular dystrophies.
- Congenital Anomalies of Central Nervous System: Head injuries and spinal injuries. Tumors of central nervous system. Need for psychosocial intervention in neurosurgical cases.

4.3 References

1. Ables BS & Brandsma JM. (1977). *Therapy for Couples: A Clinician's guide for effective treatment*. San Francisco: Jossey – Bass Publishers.
2. Ahuja N (2002). *A Short Textbook of Psychiatry*. New Delhi, Jaypee Brothers Medical Publishers (P) Ltd.
3. Ahuja R. (2012). *Social Problems in India*. New Delhi: Rawat Publication.
4. Allen MB, Miller RH (2008). *Essentials of neurosurgery: a guide to clinical practice*. McGraw Hill
5. American Psychiatric Association (2015) *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. Washington DC, American Psychiatric Association.
6. Babbie ER (2012). *The Practice of Social Research (13th Edn)*. California: Wadsworth Publishing.
7. Balodhi, J. P. (2002) *Application of Oriental Philosophical Thoughts in Mental Health*. Bangalore, NIMHANS.
8. Barnes MP, Radermacher H (2003) *Community Rehabilitation in Neurology*. Cambridge University Press.
9. Becvar DS & Becvar RJ. (1996). *Family Therapy: A Systemic Integration*. Boston: Allyn and Bacon.
10. Bellack AS, Mueser KT, Gingerich S, Agresta J. (2004). *Social Skills training for Schizophrenia: A step-by-step guide*. New York: The Guildford Press.
11. Bentley, Kia, J. (2002) *Social Work Practice in Mental Health: Contemporary Roles, Tasks and Techniques*. USA, Brooks/ Cole.
12. Bhatia, M.S., Jagawat, T., & Pradhan S.C. (1997) *Psychiatric Interview & Examination*. New Delhi, CBS Publishers & Distributors.
13. Bhatti, R.S., Varghese, M., & Raguram, A. (2003) *Changing Marital And Family Systems Challenges to Conventional Models in Mental Health*. Bangalore, NIMHANS.
14. Bhushan V, Sachdeva DR. (2012). *Fundamentals of Sociology*. Pearson.
15. Bloch S (2000). *An Introduction to the Psychotherapies*. New York: Oxford University Press.
16. Borsody MK (2012). *Comprehensive Board Review in Neurology (2nd edition)*. Theime Publishers.
17. Bryman, A. and Burgess RG. (1994). *Analyzing Qualitative Data*, UK: Routledge.
18. Chandrashekar, C.R (2002) *Manual on Student's counselling for college teachers*. Bangalore, NIMHANS.
19. Cheng K, Myers KM (2011) *Child and Adolescent Psychiatry: The Essentials (2nd edition)*. Philadelphia: LWW Publishers.

20. Corey, G (2009). *Theory and Practice of Counseling and Psychotherapy* (8th Edn), USA: Thomson Brooks/Cole.
21. DGHS (1990). *National Mental Health Programme for India – Progress report*. New Delhi, DGHS.
22. Dooley D (2007). *Social Research Methods* (4th Edn). New Jersey: Prentice Hall Inc.
23. Ettinger AB (2006). *Psychiatric issues in epilepsy: A practical guide to diagnosis and treatment* (2nd edition) Philadelphia: LWW Publishers.
24. Fish, F. (1985) *Fish's Clinical Psychopathology Signs and Symptoms in Psychiatry edited by Max Hamilton*. Bristol, John Wright.
25. Freedman, A.M., & Kaplan H.I. (1972) *Treating Mental Illness*. Canada, McClelland and Stewart Ltd.
26. French, L.M. (1940) *Psychiatric Social Work*. New York, Common Wealth Fund.
27. Gilbert, P. (2000) *Counselling for Depression*. New Delhi/ London: SAGE Publications.
28. Girimaji S.G. (1996) *Counselors Manual for Family Intervention in Mental Retardation*. New Delhi: ICMR.
29. Hamilton, Gorden (1955). *Theory and Practice of Social Case Work*, Columbia University.
30. Hamza, M.D. (2011) *Social Welfare Measures for Persons with Mental Disability*. Bangalore: NIMHANS-ISPSW.
31. Higgins ES, George MS (2013) *The neuroscience of clinical Psychiatry: The Pathophysiology of Behaviour and mental illness*. Philadelphia: LWW Publishers
32. Isaac, M.K., Chandrashekar, C.R., Srinivasa Murthy, R. (1985) *Manual of Mental Health for Medical Officers*. Bangalore: NIMHANS.
33. Kalyanasundaram, S & Varghese, M. (2000) *Innovations in Psychiatric Rehabilitation*. Bangalore, Richmond Fellowship Society.
34. Kappur, N., Sheppard, Ralph & Renate (eds.) (1993) *Child Mental Health – Proceedings of Indo-US Symposium*, NIMHANS & ADAMHA.
35. Kapur, M. (1995) *Mental Health of Indian children*. New Delhi/Thousand Oaks/London, Sage Publications.
36. Konopka. (1983) *Social Group Work: A helping Process*, New Jersey: Prentice Hall.
37. Krishnasamy OR & Ranganatham M (2007). *Methodology of Research*, New Delhi: Himalayan
38. Lal Das DK (2008). *Research Methods for Social Work*, New Delhi: Rawat
39. Miller JW, Goodkin HP. (2014). *Epilepsy*. John Wiley & Sons
40. Misra PD (1994). *Social Work – Philosophy and Methods*. New Delhi: Inter India publications.
41. Morgan CT, King RA, Weisz JR, Schopler J. (2001). *Introduction to Psychology* (7th Edition). McGraw – Hill Education (India) Pvt Limited.

42. Mueser KT & Glynn SM. (1995). *Behavioural Family Therapy for Psychiatric Disorders*. Boston: Allyn and Bacon.
43. Nagaraja, D. & Pratima Murthy (2008) *Mental Health Care and Human Rights*. New Delhi, National Human Rights Commission.
44. National Trust Act (1999) [Online]. Available from : <http://socialjustice.nic.in/ntregu2001.php>. [Accessed 1st October 2014]
45. Nirmala BP. (2014). *Handbook of Psychiatric Rehabilitation Services*. Bangalore: NIMHANS.
46. Oliver LC (2011) *Essentials of neurosurgery*. Lewis Publication
47. Park K (2011). *Park's Textbook of Preventive and Social Medicine (21st edition)*. Bhanarsidas Bhanot
48. Piercy FP, Sprenkle DH, Wetchler JL (eds). (1996). *Family Therapy Sourcebook*. New York: The Guildford Press.
49. Privitera GJ (2015) *Statistics for the behavioural sciences (2nd edition)*. New Delhi: Sage Publication.
50. Purves D, Kabeza R, Huettel SA, LaBar KS, Platt ML, Woldorff MG. (2012) *Principles of Cognitive neuroscience (2nd edition)*. Sinauer Associates
51. PWD Act (1995) [Online]. Available from: <http://patientcare.lvpei.org/vision-rehabilitation/images/disabilities-act1995.pdf>. [Accessed 1st October 2014]
52. RCI Act (1992). [Online]. Available from: http://www.svayam.com/pdf/The_RCI_Act-1992&Amendment_Act_2000.pdf. [Accessed 1st October 2014]
53. Rubin, Allen and Babbie ER (2007). *Essential Research Methods for Social Work*, United States: Brooks/Cole publishing.
54. Saddock B.J. & Saddock VA. (2007) *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. (10th edition)*. USA, Lippincott Williams & Wilkins and Wolters Kluwer Bussiness.
55. Seden, J. (2005) *Counselling skills in Social Work Practice*. England: Open University Press.
56. Sekar, K., Parthasarathy, K., Muralidhar, D., & Chandrasekar Rao, M. (eds.) (2007) *Handbook of Psychiatric Social Work. 1st edition*. Bangalore, NIMHANS Publications.
57. Shankar Rao (1991), *Sociology: Principles of Sociology with an Introduction to Social Thought*, New Delhi: S. Chand and Company Ltd.
58. Shanthi Ranganathan (1989) *Alcoholism and Drug Dependency – The Professional's Master Guide*. Chennai, TT Ranganathan Clinical Research Foundation.
59. Singh, AK. (2015). *Test Measurements & Research Methods in Behavioural Sciences (5th Edn)*. Bharati Bhawan (P&D)
60. Smith RR. (1980). *Essentials of neurosurgery*. Philadelphia: LWW Publishers.
61. Srinivasa Murthy (eds.) (2000). *Mental Health in India 1950-2000*. Bangalore, People's Action for Mental Health (PAMH).

62. Taylor, S. and. Brogdan. R. (1984) *Introduction to Qualitative Research Methods: The Search for Meanings*. New York: John Wiley and Sons.
63. The WHO Report (2001) *Mental Health: New understandings; New hope*. Geneva, WHO.
64. Trecker (1983). *Social Group Work: Principles and Practice*. New York: New York Association Press.
65. Varghese, M., Shah, A., Udaya Kumar, G.S., Murali, T., Paul, I.M. (2002) *Family Intervention and Support in Schizophrenia*. Bangalore, WHO-NIMHANS.
66. WHO (1998) *Primary prevention of mental, neurological and psychosocial disorders*. Geneva.
67. WHO (2011) Mental health: a state of well-being. [Online] Available from: http://www.who.int/features/factfiles/mental_health/en/index.html. [Accessed 1st October 2014]
68. WHO (2014). *mhGAP Publications*. [Online] Available from: http://www.who.int/mental_health/publications/mhgap_pubs/en/ [Accessed 1st October 2014]
69. Wolberg LR (1977). *The technique of Psychotherapy (I & II)*. New York: Grune & Stratton.
70. World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioral Disorders, Clinical Description and Diagnostic Guidelines*. Oxford University Press.

Sl. No	Name of the Journal
1	➤ American Journal of Psychiatry
2	Psychiatry Online
	• The American Journal of Psychiatry
	• Psychiatric Services
	• Journal of Neuropsychiatry & Clinical Neurosciences
	• Psychiatric News (freely available)
3	➤ British Journal of Psychiatry
4	RcPsych
	• Advances in Psychiatric treatment
	• The Psychiatrist
5	➤ JAMA Psychiatry (Archives of General Psychiatry)
	JAMA
	• JAMA Neurology
	• JAMA Internal Medicine
	• JAMA Pediatrics
6	➤ Molecular Psychiatry
7	➤ Journal of the American Academy of Child & Adolescent Psychiatry
8	Elsevier/ Science Direct
	• Psychiatric Clinics of North America
	• Pediatric Clinics of North America
	• Archives of Clinical Neuropsychology
	• Asian Journal of Psychiatry
	• Addictive behaviours
	• Behavioural therapy
	• Behavioural Research and Therapy

APPENDIX

CONTINUOUS ASSESSMENT PERFORMANCE

(To be filled in by M.Phil Psychiatric Social Work Trainee)

A. INFORMATION ON CLINICAL ACTIVITIES

S: NO	ACTIVITY/SKILL	CASES		SESSIONS		TOTAL	
		Out-Patient	In- Patient	Out-Patient	In- Patient	Session No: (IP & OP)	Sessions (In hours)
1	Case History Only						
2	MSE Only						
3	Case History & MSE						
4	Follow – Up						
5	Clinical Assessment						
	(a) Individual						
	(b) Family & Social						
6	Clinical Intervention						
	(a) Individual						
	(b) Family						
7	Group Work / Group Therapy						
8	Clinical tools administration						

Note: Community work shall be recorded in OP section

B. OTHER RELEVANT INFORMATIONS

S: NO	ACTIVITY/SKILL	Out-Patient	In-Patient	Community (C)	Number (IP+OP+C)	Time given (In hrs)
1	Rehabilitation & Placement Services					
2	Awareness					
3	Home Visit/ School Visit					
4	Agency/ Work Place Visit					
5	Disability certificate /referral only					
6	Any Other (Specify)					

Note: (a) Mark 'NA' - for Not Applicable (b) exclude travelling time of 'visits'

C. PARTICIPATION IN CLINICAL UNIT'S ACADEMIC ACTIVITIES

(Case conference, topic discussion, article review, etc)

Serial No	Date	Nature of activity	(Presenter / Participant)	Duration (in hours)
				Total:.....

D. PARTICIPATION IN THE INSTITUTE / DEPARTMENTAL ACADEMIC ACTIVITIES

(Seminar, invited lecture, case conference, article/book review, case discussion, journal club, etc)

Serial No	Date	Nature of activity	(Presenter / Participant)	Duration (in hours)
I N S T I T U T E				
D E P A R T M E N T A L				
Note: Use extra sheets if required				
Total:.....				

E. MISSED ACTIVITIES (CLINICAL/ OTHERS)

Serial No	Date	Nature of activity	(Presenter / Participant)	Duration (in hours)
				Total:.....

(Note: Performa will be accepted only with the certification of the supervisor/consultant)

Signature of the supervisor :

F. CASES TAKEN FROM THE UNIT FOR SUBMISSION

Serial No	File No	Unit	Nature of intervention planned (Short term/ Long term)	No: of completed sessions	Supervisor / Co-Supervisor

G. LEAVE TAKEN DURING THE POSTING

Sl. No	Type of leave	From	To	No: of days
	TOTAL : DAYS			

H. DETAILS OF THE SUPERVISION

Sl No	Name of the clinical supervisor	No: of cases supervised	Remarks
1			
2			
3			

Remarks by the trainee

(a) How do you assess/rate your contribution/performance in the unit?

(b) What further inputs you expect from clinical postings?

(c) Record of the feedback given to you during the posting and the efforts made by you to comply with the same.

NAME OF THE TRAINEE :			Academic Year :
Period of Assessment: Month(s)/Year	From	To	
Unit of Posting			
			Signature of the trainee

GRADING FOR THE TRAINEE

Performance description	Marks Range		Grade Awarded	Marks Awarded
	1 st Year	2 nd Year		
Unsuitable	0	0		
Poor	1 - 2	1 - 4		
Adequate	3 - 4	5 - 8		
Good	5 - 6	9 - 12		
Excellent	7 - 8	13 - 16		
Outstanding	9 - 10	17 - 20		

I have verified the amount of work claimed and have rated the quality of work done by the trainee during the posting.

Signature of Unit Supervisor(s) with date

ACADEMIC PROGRAMME

(Seminar, Case Conference, Journal Club, etc)

PRESENTER:	CHAIRPERSON:
TOPIC:	DATE & TIME:

EVALUATION PERFORMA

Kindly rate the presentation done by the trainee. Put a (✓) mark against your appropriate choice for each of the items given below.

Serial No	Item	Poor (1)	Adequate (2)	Good (3)	Excellent (4)	Outstanding (5)
1	Initiative taken by the student					
2	Conceptual clarity					
3	Quality of the content					
4	Clarification of Doubts					
5	Time Management					
6	Use of audio visual aids					
7	Quality of the Handout					
8	Referencing style					
9	Presentation skills					
10	Overall Impression					
Marks Obtained						

Rating: Poor (1-10), Adequate (11-20), Good (21-30), Excellent (31-40), Outstanding (41-50)

Total Marks (Out of 50) :

Name of the faculty :

Designation :

Signature :

DEPARTMENT RATING FOR PART I / II STUDENT

I. Weightage of marks out of 5 :

II. Weightage of marks out of 10 :

LOG BOOK

Sl No	Date	File No	Patient's Name	Age	Sex	Diagnosis	WD	D/W	C/S/B	Remarks
1										
2										

WD: Work Done

D/W: Discussed With (Mention the name of the consultant)

C/S/B: Case seen by

Total Number of cases seen in the month/year of :

New Cases :

Follow Ups :

Name & Signature of the Clinical Supervisor :

Name & Signature of the Head :

UNIVERSITY EXAMINATION ELIGIBILITY FORM
(To be filled up the candidate)

Name of the candidate:

Date of Joining:

Identification number or registration number of university:

Course of study:

Institution:

Exam for which appearing:

(Specify whether Regular/Supplementary)

CHECKLIST

Serial No	Parameter	Details	Remarks
1	Attendance	Theory : %	
		Leaves availed: CL/BL/ML: / /	
		Total:	
2	Part I examination	Passed/Yet to Pass :	
3	Case Record	Submitted / Not Submitted :	
4	Dissertation	Submitted / Not Submitted :	
5	Log Book	Submitted / Not Submitted :	
6	Continuous evaluation performance (3 quarters)	Submitted / Not Submitted :	

"NA" for not applicable

All the informations provided above are true to the best of my knowledge and if found contrary, I am clearly aware that strict disciplinary actions will be initiated including debarring from examination.

Date

Place

Name & Signature of the candidate

Countersigned by
Faculty as guide

Name
Designation

APPROVAL OF HEAD OF THE DEPARTMENT

I, Dr., herewith approve that the above candidate is eligible to appear for the final examination as per the documentary evidences provided and best of the knowledge and documents of the department.

Name/Signature/Designation

QP Code:

M.PHIL IN PSYCHIATRIC SOCIAL WORK-PART I

Model Question paper

PAPER I: PSYCHIATRIC SOCIAL WORK

Time: 3 Hours

• Answer all the questions

Max Marks: 80

Essay

(4 X 16=64)

1. Explain the models of group work and psychoeducation group treatment in de-addiction setting.
2. “Recording in verbatim and supervision is the most important teaching – learning tool in psychiatric social work”. Justify with examples.
3. Describe the use of cognitive behavior therapy approach while managing a client with depression. Discuss specific concepts of this theory and its application.
4. Discuss the practice of psychiatric social work in school setting.

Short Notes

(2X 8=16)

5. Family as a system
6. Team work in clinical setting

QP Code:

M.PHIL IN PSYCHIATRIC SOCIAL WORK-PART I

Model Question paper

PAPER II: PSYCHOSOCIAL PERSPECTIVES ON MENTAL HEALTH

Time: 3 Hours

• Answer all the questions

Max Marks: 80

Essay

(4 X 16=64)

1. What is conditioning. Discuss different types of conditioning with examples for each.
2. How is Cognitive Therapy used in depression
3. Enumerate some tests for measuring aptitude. How are these tests relevant to Indian context
4. What are the psychosocial theories used to explain crime in a society. Illustrate.

Short Notes

(2X 8=16)

5. Carl Jung
6. Measurement of intelligence in children

QP Code:

M.PHIL IN PSYCHIATRIC SOCIAL WORK-PART I

Model Question paper

PAPER III: PSYCHIATRIC SOCIAL WORK RESEARCH AND STATISTICS

Time: 3 Hours

Total marks: 80

- Answer all the questions. Draw diagrams wherever necessary

SECTION A: PSYCHIATRIC SOCIAL WORK RESEARCH

Marks :40

Essay

(2 X 16=32)

1. Discuss the scope and role of psychiatric social work research methods in mental health care in Indian setting
2. Explain different types of hypotheses and their role in psychiatric social work research.

Short Notes

(8)

3. Non-sampling error

SECTION B: STATISTICS

Marks :40

Essay

(2 X 16=32)

1. In behavioural research, what are the various levels of measurements? Give suitable examples along with descriptive and inferential statistics used for each of them.
2. Differentiate t test and ANOVA. Explain the design and construction of one way analysis of variance.

Short Notes

(8)

3. Prevalence rate and incident rate.

QP Code:

M.PHIL IN PSYCHIATRIC SOCIAL WORK-PART II

Model Question paper

PAPER V: SOCIAL ISSUES AND MENTAL HEALTH

Time: 3 Hours

• Answer all the questions

Max Marks: 80

Essay

(4 X 16=64)

- 1. Describe the impact of globalization on mental health in Indian context.**
- 2. “Social and economic inequality leads to a number of health issues”.
Elucidate.**
- 3. Discuss the factors leading to increased violence against women and
highlights the barriers for women empowerment.**
- 4. Illustrate the role of mass media on health and mental health issues of
youth.**

Short Notes

(2X 8=16)

- 5. Environmental degradation**
- 6. Gender discrimination.**

QP Code:

M.PHIL IN PSYCHIATRIC SOCIAL WORK-PART II

Model Question paper

PAPER VI: PSYCHIATRIC SOCIAL WORK INTERVENTIONS

Time: 3 Hours

• Answer all the questions

Max Marks: 80

Essay

(4 X 16=64)

1. Discuss in detail the components of social case work and its application in clinical setting.
2. Write the importance of family life cycle stages and its usefulness in promoting positive mental health.
3. Elucidate professional social work practice in child and adolescent psychiatry services.
4. Discuss the role of voluntary social service organizations in providing effective mental health care.

Short Notes

(2X 8=16)

5. Motivation enhancement therapy (MET).
6. Professional social work practice in rehabilitation services.

QP Code:

M.PHIL IN PSYCHIATRIC SOCIAL WORK-PART II

Model Question paper

PAPER VII: PSYCHIATRY INCLUDING COMMON NEUROLOGICAL PROBLEMS

Time: 3 Hours

• Answer all the questions

Max Marks: 80

Essay

(4 X 16=64)

- 1. Describe the clinical features and classification of mental retardation and write the purpose and process of disability certification.**
- 2. Discuss the usefulness of various psychosocial interventions for the persons with depression.**
- 3. Critically evaluate merits and limitations of de institutionalizing the persons with mental illness.**
- 4. Highlight the psychosocial problems that follow the stroke and discuss the appropriate psychiatric social work interventions.**

Short Notes

(2 X 8=16)

- 5. Nicotine dependence**
- 6. Caregiver burden**
