

CURRICULUM / SYLLABUS
OF
M Phil in Psychiatric Social Work
2016



JSS University
Sri Shivarathreeshwara Nagar
Mysore - 570 015 Karnataka, India

JSS UNIVERSITY

M.PHIL (PSYCHIATRIC SOCIAL WORK)

REGULATIONS

1. Number of Seats : 10

2. Entry Requirements

- a. The course is open to those who have obtained Master's Degree in Social Work, Psychology, Sociology or its equivalent from a recognized University, securing not less than 55% (50% in case of SC/ST as per GOI) marks in the aggregate of the Master's Degree as a whole.

3. Admission Procedure

Admission to the course shall be through selection by a duly constituted selection committee. The selection is based on written examination and oral interview.

(The questions, which will be set by experts in the field will be of objective type of 2 years duration. The question bank can be raised from the experts in the list of Examiners which is appended)

4. Duration

Two Academic Years.

This is a fulltime regular training course, providing opportunities for appropriate practicum and internship experiences for 2 academic years, as Part I and Part-II.

5. Attendance

5.1 Course of the study must be continuously pursued, unless special exemption is obtained. Any interruption in a candidate's attendance during the course of study, due to illness or other extraordinary circumstances must be notified to the Head of the Institution/concerned authority and permission should be obtained. Under any circumstances the course must be completed within 4-yr from the date of enrollment.

5.2 A minimum attendance of 80% (in the academic year) shall be necessary for taking the respective examination.

5.3 Thirty days of leave, maximum of fifteen days continuously per academic year can be availed.

6. Content of the Course

Part –I (I Year)

Group “A”

Paper I : Psychiatric Social Work

Paper II : Psychosocial Perspectives on Mental Health

Paper III : Psychiatric Social Work Research and Statistics

Group “B”

Submission : Five full-length case work reports, out of which one record each should be related to child and chronic mental illness. The records should include a summary of the clinical history organized under relevant headings including Family functioning, Family Dynamics and Social Diagnosis.

Part II (II year)

Group “A”

Paper I: Social Issues and Mental Health

Paper II: Psychiatric Social Work Interventions

Paper III: Psychiatry, Including Common Neurological Problems

Practical:

Group “B”

Submission: Five fully worked-out psychiatric social work intervention record, out of which one should be child therapy record. The records should include a summary of the clinical history organized under relevant headings, and a discussion on a) reasons for intervention(s), b) areas to be focused including short- and long-term objectives, c) type and technique of intervention employed and rationale d) therapy processes, e) outcome, f) prevention strategies, g) rehabilitation plans

Group “C”

Dissertation: Under the guidance of a faculty member with Ph.D. or minimum 2-yr experience (post-qualification, M. Phil or MD) in clinical teaching or clinical research. If the research work is of interdisciplinary nature requiring input/supervision from another specialist, co-guide(s) from the related discipline may be appointed as deem necessary.

7. Minimum prescribed clinical work during the two year of training.

	_____ Number of Cases_____	By the end
	Part - I	of Part - II *
1) Detailed case histories	50	70
2) Clinical Interviews	40	60
3) Home Visits	40	50
4) Rehabilitation Assessment	5	10
5) Therapeutics		200
6) Field Visit		200

Therapies should be not less than 50 hr. of work in each of the following areas:

- a) Therapies with children
- b) Individual therapies with adults
- c) Family/marital/group/sex therapy
- d) Rehabilitation

A logbook of the clinical work carried out under the supervision during each year of training, with sufficient details such as particulars of the client, diagnosis, duration and nature of intervention(s), number of sessions held etc. should be maintained by all trainees and must be produced the same to the examiners at the time of Part - I and II practical examinations.

* Includes the work done in Part – I

8. Requirement/Submission

8.1 Two months prior to Part - I examination the candidates are required to submit two copies of five full-length case report.

8.2 Two months prior to Part - II examination the candidates are required to submit 5 Clinical Intervention Case reports as outlined above.

8.3 Three months prior to Part - II examination the candidates are required to submit 3 copies of Dissertation under the guidance of a faculty member.

8.4 The application for appearing either in Part - I or Part - II examination should be accompanied by a certificate issued by Head of Department that the candidate has carried out the specified minimum clinical work, reports, submission and, dissertation (in case of Part - II only).

9. Internal Assessment

In each paper 30% marks will be determined on the basis of written/clinical exams, viva-voce and supervised clinical and field work. These marks will be added to the marks allocated to the respective subjects in the yearly final examinations. The results of the final examinations will be declared on the basis of the total so obtained.

10. Examination

10.1 The examination will be held in two parts (Part - I and Part - II). Part -I is held at the end of first year and Part – II is held at the end of second year. A candidate will not be allowed to take the Part – II examination unless he/she has passed the Part – I examination.

10.2 A candidate who has not appeared or failed in Part – I of the regular examination may be allowed to continue the course for the II year and be allowed to take the supplementary Part – I examination.

10.3 A minimum period of three months additional training shall be necessary before appearing for the examination in case he/she fails to clear Part – I and/or Part – II examination.

11. Examination Fee

The prescribed examination fee as laid down from time to time by the university to appear for Part – I and Part – II of the examination should be paid as per the regulations.

12. Scheme of Examination

Parts I and II examinations shall be conducted at the end of the First and Second year of the Course respectively.

PART – I

Group	Paper	Duration	Max.	Marks for Final Examination	Internal Assessment
Group A	Theory				
Paper I	Psychiatric Social Work	3 Hours	100	70	30
Paper II	Psycho- Social Perspectives on Mental Health	3 Hours	100	70	30
Paper III	Psychiatric Social Work Research & Statistics	3 Hours	100	70	30
Group B	Viva on the scope of the above papers		100	70	30
Group C	5 Case Work Reports		100		100
Total Marks			500		

PART – II

Group	Paper	Duration	Max.	Marks for Final Examination	Internal Assessment
Group A	Theory				
Paper I	Social issues and Mental Health	3 Hours	100	70	30
Paper II	Psychiatric Social Work Intervention	3 Hours	100	70	30

Paper III	Psychiatry including Common Neurological problems.	3 Hours	100	70	30
Practical	Viva on the scope of the above papers & Clinical examination		200	140	60
Group B	5 Clinical Intervention Case Reports		100		100
Group C	Dissertation		100	70	30
Total Marks			700		

The final evaluation shall be based on theory, clinical and viva voce including submissions out of 1200 marks.

13. Board of Examiners

13.1. The examination is conducted by the Board consisting of 4 examiners of which 2 shall be External Examiners.

13.2 The Board is assisted by the other examiners, external or internal, appointed for the purpose.

13.3. The chairman of the Board of examiners shall be the Professor or Additional Professor or Associate Professor of Psychiatric Social Work, who is an Internal Examiner and shall serve the Board for a period of two years on rotation.

13.4. Each theory paper and Dissertation Reports shall be valued by two examiners, one external and one internal. The clinical and viva-voce examination shall be conducted by two examiners of whom one shall be external examiner.

14. Minimum for Pass

14.1.1 Candidate shall be declared to have passed, if he/she secures 50% marks in both parts of the M. Phil examination.

14.1.2 Each of the theory paper

14.1.3 Each of the clinical viva-voce examination

14.1.4 Each of the submission

Dissertation (in case of part – II only)

14.2. Gradations

A candidate who obtains above 75% of the marks in aggregate of both the parts (I & II) shall be declared to have passed with distinction.

A candidate who secures between 60% and 75% of marks in the aggregate of both the parts shall be declared to have passed in First Class. The other successful candidates shall be declared to have fulfilled the requirements for conferring of M.Phil Degree in Second Class. 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 II, the class shall not be awarded. The merit class (Distinction / First Class) is awarded to only those candidates who pass both Part – I and II examinations in first attempt.

15. Appearance for each examination

15.1 A candidate shall appear for all the Groups of Part – I and Part – II examination when appearing for the first time.

15.2 A candidate in Part – I and Part – II, failing in any of the “Group-A” subjects has to appear again in all the “Group-A” subjects.

15.3 A candidate in Part – I, failing in “Group-B” has to resubmit five full- length Psychodiagnostic Records.

15.4 A candidate in Part – II, failing in “Group-B” has to resubmit five fully worked- out Psychotherapeutic Records.

15.5 A candidate in Part – II, failing in “Group-C”, has to reappear/resubmit the dissertation as asked for and/or outlined by the examiners

PRACTICUM

Each student selected for the course shall be rotated for to various units and Field work agencies for learning skills related to Mental Health and allied disciplines. For this purpose Students start their placement in adult mental health and move on to child and adolescent mental health, psychiatric and neurological rehabilitation, family mental health, community mental health, de-addiction and other field work agencies. Each student is assigned to a Psychiatric Social Work Consultant under whom the student is expected to carry on Psychiatric social work interventions during both the years of training programme.

SYLLABUS

Part-I Paper I : PSYCHIATRIC SOCIAL WORK

1. 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.
2. Therapeutic Models in Psychiatric Social Work : Various theoretical approaches in individual treatment and processes of individual techniques.
3. Principles and Practices of Group Treatment.
4. 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 model and enabler.
Field instructions, supervision, recording, documentation and evaluation in psychiatric social work practice.
6. Practice of Psychiatric Social Work in Different Settings: family service agencies, child welfare agencies, school settings, correctional institutions, general hospital settings and deaddiction centres, industrial settings, nontraditional mental health services, national and international charitable organizations.
7. Working With Multidisciplinary Team : mental hospital as a social system and psycho-social aspects of hospitalization.
8. Industrial Mental Health Services.
9. Law, Ethics and Psychiatric Social Work.
10. Mental Health Act, 1987. Transplantation of Human Organs Act 1994. The Persons with Disabilities Act, 1995.

Suggested Reading

An Introduction to Social Psychology, 2nd ed. Kuppaswamy, B. Konark Publishers: New Delhi Asian perspectives in Psychology, Vol. 19. Rao, H.S.R & Sinha D. (1997). Sage publications: New Delhi

Handbook of Social Psychology, Vol.1 & 5. Lindzey, G., & Aronson, E. (1975). Amerind Publishing: New Delhi

The sociology of mental illness. 3rd ed. Irallagher, B. J. (1995). Prentice hall: USA

Mental Health of Indian Children, Kapur, (1995). Sage publications: New Delhi

Applied Cross cultural psychology, Brislin, R. W. (1990). Sage publications: New Delhi

Andrews, J. Group works place in social work: A historical analysis. Journal of Sociology and Social Welfare[serial online] 2001 [cited 2001 Dec] Available from URL: http://www.findarticles.com/cf_0/m0CYZ/4_28/83530630/p1/article.jhtml.

Wadia AR (Editor) History and philosophy of social work, Mumbai: Allied Publisher; 1961.

Sharrif IA (Ed). Proceedings of ISPSW conferences on Psychiatric Social work in India. Madurai :Premier Printers; 1981

Dell Orto AE, Marinelli, RP.(Editors). Encyclopedia of Disability and Rehabilitation. New York: Macmillan; 1995.

Jacob, K K. Social work education in India. Retrospect and prospect. Delhi: Himanshu Publications, 1994.

Konopka, G. Social group work: A helping process. 3rd ed. New jersey: Prentice Hall Inc; 1983

Applied Cross cultural psychology, Brislin, R. W. (1990). Sage publications: New Delhi

Turner, FJ, Social work Treatment. New York: The Free Press; 1978.

Turner, FJ, Social work Treatment; interlocking theoretical approaches. 11 Edition. New York: Mac Millan Publish Co inc; 1979

Sekar, K. Parthasarathy. R, Muralidhar, D. Handbook of Psychiatric Social Work, Bangalore: NIMHANS.

Kuppaswamy, B. An Introduction to Social Psychology, 2nd ed. Konark Publishers: New Delhi.

Rao, H.S.R & Sinha D. Asian perspectives in Psychology, Vol. 19. (1997). Sage publications: New Delhi.

Lindzey, G., & Aronson, E. Handbook of Social Psychology, Vol.1 & 5. (1975). Amerind Publishing: New Delhi.

Irallagher, B. J. The sociology of mental illness. 3rd ed (1995). Prentice Hall: USA

Kapur. Mental Health of Indian Children (1995). Sage Publications: New Delhi

Part – I Paper – II : Psychosocial Perspectives on Mental Health

1. Introduction To Psychology : theories of intelligence, memory and forgetting, attention, concentration, personality an overview.
2. Principles of Learning : classical conditioning, instrumental conditioning and social learning theory.

3. Development 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. Maslow's theory, emotion and its measurement and 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 and release therapy and cognitive therapies.
7. 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.
10. Sociogenesis of Mental Disorders : coping patterns in different cultures. Socialization and mental health: value conflicts.
11. Recent Trends in Psychosocial Perspectives on Mental Health Research and Their Implications.

Suggested Reading

Psychotherapy: an eclectic integrative approach, 2nd ed. Garfield, S. L. (1995). John Wiley and sons: USA

International handbook of behavior modification and therapy, Bellack, A.S., Hersen, M and Kazdin, A.E. (1985). Plenum Press: NY

Behavior therapy: Techniques and empirical findings, Rimm D.C. & Masters J.C. (1979). Academic Press: NY.

Turner, S.M, Calhour, K.S. & Adams, H.E. Handbook of clinical behavior therapy, (1992). Wiley Interscience: NY

James W. K. Introduction to Psychology, 4th Ed., 1996. U.S.A: Brooks/Cole Publishing Company.

Wayne Weiten .Psychology themes and variation . 2nd Edition, 1992 .Brooks/Cole Publishing Company, U.S.A.

Passer Smith Atkinson Mitchell Muir .Psychology Frontiers and Applications, 1st Edition, 2003 McGraw-Hill Higher Education, New York.

Wayne Weiten .Psychology themes and variations, 2nd Edition, 1992.Brooks/Cole Publishing Company, U.S.A4.

Drew Westen. Psychology – Mind, Brain & Culture, 2nd Edition, 1996. John Wiley & sons, Inc, Singapore PSYCHO 4.

James W. Kalat .Biological Psychology , 5th Edition, 1995. Brooks/Cole Publishing Company, U.S.A.

Calvin S. Hall , Gardner Lindzey, John B. Campbell. Theories of Personality 4th Edition, 1998. John Wiley & sons, Inc, Singapore.

Lindzey, John B. Campbell . Theories of Personality 4th Edition, 1998. John Wiley & sons, Inc, Singapore.

Udai Pareek, T Venkadeshwara Rao .First hand book of Psychological and Social instruments 2nd Edition, 1992. Concept Publishing Company, New Delhi.

Martha Sajatovic Luis F Ramirez. Rating scales in Mental health, 2nd Edition , Panther Publishers Pvt. Ltd. Bangalore -560034.

Anne Anastasi .Psychological testing 7th Edition, 2002. Pearson Education (Singapore) Pvt, Ltd, Indian Branch Delhi.

Wolberg . Techniques of Psychotherapy. Part I and Part II

Part – I Paper –III : psychiatric social work research and statistics

Section – A : PSYCHIATRIC SOCIAL WORK RESEARCH

1. Scientific methods 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 and hypothesis, abstraction, conceptualization, and reconceptualisation. Hypothesis, Research Hypothesis, Alternative Hypothesis.
3. Designs of Research : observational research, exploratory, descriptive researches and experimental research.
4. Sampling Techniques : Sampling and non sampling errors, Random and non random samples, Different methods of sampling, methods of minimizing non sampling errors.
5. Group Research Designs: Logic of group designs and group designs in psychiatric social work practice.
6. 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. Internal consistency of the items and Cronbach alpha coefficient, Reliability and Validity.
8. Review of Research Methodology in Selected Pre-doctoral, Doctoral Work and 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 Regressions
3. 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.
5. 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.

Suggested Reading

Research Methodology, Kothari, C. R. (2003). Wishwa Prakshan: New Delhi
Foundations of Behavioral Research, Kerlinger, F.N. (1995). Holt, Rinehart & Winston:USA
Understanding Biostatistics, Hassart, T.H. (1991). Mosby Year Book
Biostatistics: a foundation for analysis in health sciences, 8th ed, Daniel, W.W. (2005). John Wiley and sons: USA
Multivariate analysis: Methods & Applications, Dillon, W.R. & Goldstein, M. (1984), John Wiley & Sons: USA
Non-parametric statistics for the behavioral sciences, Siegal, S & Castellan, N.J. (1988). McGraw Hill: New Delhi
Qualitative Research: Methods for the social sciences, 6th ed, Berg, B.L. (2007). Pearson Education, USA.

Part II (II year)

Paper – I: SOCIAL ISSUES AND MENTAL HEALTH

1. Concept of Social Issues : Social issue and social Change.
2. 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).
3. 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 of grievance redressal, social and political significance, measures of 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, for relief and rehabilitation, gender discrimination (concepts, causes, measures), family and child violence (concepts, causes, measures), youth tensions, measures for dealing with the issue).
5. Women Rights : legal issues, women empowerment, Working women, violence against women & cultural constraints.
6. Adoption, child labour, child abuse, street children, institutional, & non-institutional care, single child, infanticide, school issues, children and legal issues.
7. Youth Unrest : mass media influences, youth movement, youth policies, education and employment.
8. 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.
9. Legal Issues : ecological issues, air, water, sound and eco friendly measures.
10. Decentralization, delegation of powers at micro and macro level.

Suggested Reading

- Health Psychology, Vol 1 to Vol 4, Weinman, J, Johnston, M & Molloy, G (2006). Sage
Health Psychology, Dimatteo, M R and Martin, L.R. (2002). Pearson, New Delhi
Basic family therapy, Baker, P, (1992). Blackwell Scientific Pub.: New Delhi
Handbook of family and marital therapy, Wolman, B.B. & Stricker, G, (1983). Plenum:
NY
Introduction to Counseling and Guidance, 6th ed., Gibson, R.L. & Mitchell M.H. (2006),
Pearson, New Delhi
Counseling and Psychotherapy: theories and interventions. 3rd ed. Capuzzi, D and Gross
D.R.
R. Kumar, "Child Development (Vol. 1)", A. P. H. Publishing Corporation, Delhi(2009)
A. S. Kohli and S. R. Sharma, "Health Family Planning and Social Welfare",
Anmol Publication Pvt. Ltd., New Delhi (1997)
Giri Raj Gupta, "Family and Social Change in Modern India", Vikas Publishing
House Pvt. Ltd., New Delhi 1976
D. K. Gupta, "Child Development and Protection", Omega Publications, NewDelhi
(2009)
Mehta P., "Indian youth", Somaiya, Bombay 1971

PART - II Paper II - PSYCHIATRIC SOCIAL WORK INTERVENTIONS

Working With Individuals

1. 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 and briefcase work.
3. 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

4. Origin, development, process, family dynamics, socialization, predominant characteristics of family (forces), family dynamics and interaction.
5. Principles of Working with Families : family life cycle, promotional/ preventive activities (family and marital environments) and families in crisis.
6. Family life Education : problem families and intervention strategies.

7. Family Intervention Techniques: approaches to family intervention, family therapy (different models) and family case work.

Working With Community ;

8. Community: concept, dynamics, types, characteristics and functions.

9. Training of professionals, paraprofessionals and volunteers.

10. Intersect oral approach in prevention and promotive aspects.

11. Community Participation and Education: understanding and utilizing social supports in the community.

12. Role of voluntary social service organizations, community action groups for advocacy and social action.

13. Intervention Settings: inpatient and out-patient, de-addiction, child and adolescent psychiatric units, family psychiatry unit, rehabilitation, neurology, neurosurgery, emergency services and community mental health centres.

14. Family counseling centre- family courts, student counseling centres, special schools, child development institutions, home for the aged, self help groups, halfway home, day care centres, correctional institution, counseling services in industry, NGOs and respite care centres.

Suggested Reading

Family Theories – an Introduction, Klein, D.M. & White, J.M. (1996). Sage Publications: New Delhi.

Culture, Socialization and human development, Saraswathi, T.S (1999). Sage publications: New Delhi

Indian Social Problems, Vol.1 & 2, Madan G.R (2003). Allied Publishers Pvt. Ltd., New Delhi.

Theories of Psychotherapy & Counseling, 2nd ed., Sharf, R.S. (2000). Brooks/Cole: USA

New Approach of Interpersonal Psychotherapy, Klerman, G. L., Weissman, M. M (1993).

Paper -III : PSYCHIATRY, INCLUDING COMMON NEUROLOGICAL PROBLEMS

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.
4. Diagnostic Methods and Classification : methods of case study and examination of patients, interview techniques with individuals and families.
5. Classification and Symptomatology – ICD-10
6. Psychosis : schizophrenia, affective disorders, drug dependence, paranoid and acute psychosis, suicide, Organic brain syndrome & psychosomatic disorders. Personality disorders : salient features as clinical entities, anxiety disorders, somatisation disorders, sexual dysfunctions and stress related disorders.
7. 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 (psychosocial methods). Physical methods of treatment.
11. Psychotherapies : Individual, group and family therapy
12. Psychiatric Rehabilitation
13. Social psychiatry and Transcultural Psychiatry.
14. Mental Health Policies and Legislations: National Mental Health Programme 1982, Mental health Act 1987, The persons with disabilities Act, 1995, and legal aspects of psychiatric illness.
15. Common Neurological and Neurosurgical Disorders : description, etiology, related deficit, management (treatment, rehabilitation) social, consequences of neurological and neurological disorders and relevance of psychiatric social work interventions.
16. Functional Anatomy Of Nervous System : headache, parkinsonism, Stroke, epilepsy (peripheral neuropathy and myasthenia gravis, infections of nervous system) dementia and other degenerative disorders. Motor neurone disease and muscular dystrophies.
17. Congenital Anomalies of Central Nervous System : head injuries and spinal injuries. Tumours of central nervous system. Need for psychosocial intervention in neurosurgical cases.

Suggested Readings

Fish's Clinical Psychopathology, Fish, F, & Hamilton, M (1979). John Wright & Sons: Bristol.

Comprehensive Textbook of Psychiatry, 6th ed., Vol. 1 & 2, Kaplan & Sadock, (1995). William & Wilkins: London

Oxford Textbook of psychiatry, 2nd ed., Gelder, Gath & Mayon, (1989). Oxford University Press: NY

Symptoms in mind: Introduction to descriptive psychopathology, Sims A, Bailliere T, (1988)

Textbook of postgraduate psychiatry, 2nd ed. Vol 1 & 2, Vyas, J.N. & Ahuja, N. (1999). Jaypee brothers: New Delhi.

Child and Adolescent Psychiatry: Modern approaches, 3rd ed., Rutter, M. & Herson, L (1994) Blackwell Scientific Publications: London

Textbook of Medical Physiology, Guyton, A.C. Saunders Company: Philadelphia.

Behavioral Neurology, Kirshner H.S, (1986). Churchill Livingstone: NY.

Handbook of Cognitive Neuroscience, Gazaaniga, M. S. (1984). Plenum Press: NY

Textbook of postgraduate psychiatry, 2nd ed., Vol 1 & 2, Vyas, J.N. & Ahuja, N (1999). Jaypee brothers: New Delhi.

Handbook of clinical neurology, Vols, 2, 4, and 45, Vinken, PJ, & Bruyn, GW, (1969). North Holland Publishing Co.: Amsterdam

Principles of Neuropsychological Rehabilitation, Prigatano, G.P. (1999). Oxford University Press: NY

Event Related brain potentials – Basic issues & applications, Rohrbaugh, J W (1990). Oxford University Press: NY.

Robert E. Hales, Stuart C. Yudofsky, John A. Talbott .Text Book of Psychiatry Vol. I 3rd Edition, 2001 Jaypee Brothers Publishers (P) Ltd, New Delhi.

Sathyanarayana Rao, (2010) Indian Research in Psychiatry: A Journey of Six decades :A compendium covering all the research in Indian Psychiatry. Mysore: Indian Journal of Psychiatry / Indian Psychiatric Society.