

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI -600 032**

**REGULATIONS OF THE UNIVERSITY  
(Post-graduate Degree course under Allied Health Science)**

**M.Phil in Psychiatric Social Work**

**In exercise of the powers conferred by Section 44 of the Tamil Nadu Dr. M.G.R. Medical University, Chennai Act 1987( Tamil Nadu Act 37 of 1987) the Standing Academic Board of the Tamil Nadu Dr. M.G.R.Medical University, Chennai hereby makes the following regulations:-**

**1. SHORT TITLE AND COMMENCEMENT:-**

**These regulations shall be called as M.PHIL IN PSYCHIATRIC SOCIAL WORK of the Tamil Nadu Dr. MGR Medical University, Chennai.**

- 1. They shall come into force from the academic year 2016-2017**
- 2. The regulations framed are subject to modification by the Standing Academic Board from time to time .**

**2. OBJECTIVES:**

- 1. To address manpower requirements in the field of psychiatric social work**
- 2. To strengthen Multi-disciplinary approach such as psychiatry psychology and allied disciplines to understand mental illness from the Psycho-Social Perspectives to provide Comprehensive and qualitative service**
- 3. To manage and provide psychosocial care of the mentally ill persons in clinical and community settings**
- 4. To provide adequate knowledge and expertise in the areas of psychosocial Intervention and there by improve the quality of life of persons with mental Illness**
- 5. To imbibe research activities in psychiatric Social Work interventions.**
- 6. To keep pace with the development in other related disciplines for effective management of psychiatric patients.**

### **3. ELIGIBILITY FOR ADMISSION:**

The minimum qualification for admission is Master's Degree in Medical & Psychiatric Social Work (MSW) from a University recognized by University Grants Commission securing not less than 55% marks in the aggregate of the master's degree as a whole.

### **4.. AGE LIMIT:**

No upper age limit for Admission

### **5. ELIGIBILITY CERTIFICATE:**

The Candidates who have passed any qualifying examination as stated from other than the Tamil Nadu Dr. M.G.R. Medical University shall obtain an “Eligibility Certificate” from this University by remitting the prescribed fees along with the application form and required documents before seeking admission to any one of the affiliated institutions. The application form is available in the University website :[web.tnmgrmu.ac.in](http://web.tnmgrmu.ac.in).

### **6. REGISTRATION:**

A Candidate admitted to M.PHIL IN PSYCHIATRIC SOCIAL WORK UNDER DEGREE COURSE UNDER ALLIED HEALTH SCIENCES in any one of the affiliated institutions of this University shall REGISTER his / her name with this university by submitting the prescribed application form for registration duly filled along with the prescribed fee and a declaration in the format to the Controller of Examinations of this University through the affiliated institution within 3 Months from the cutoff date prescribed for the course for admission. The applications should bear the date of admission to the said course.

### **7. MIGRATION/TRANSFER OF CANDIDATE:**

(a) A student studying in M.PHIL IN PSYCHIATRIC SOCIAL WORK UNDER ALLIED HEALTH SCIENCES can be allowed to migrate / transfer to another institution of Allied Health Science under the same University.

(b) Migration / Transfer can be allowed to another affiliated institutions under extraordinary circumstances. The Vice - Chancellor has the power to issue Migration / Transfer order.

## **8. COMMENCEMENT OF THE COURSE:**

The course shall commence from 1<sup>st</sup> September of the academic year. Cut off date for Admission is 30<sup>th</sup> September every year.

## **9..MEDIUM OF INSTRUCTION:**

English shall be the Medium of Instruction for all the Subjects of study and for examinations of the M.PHIL IN PSYCHIATRIC SOCIAL WORK COURSE UNDER ALLIED HEALTH SCIENCES.

## **10. CURRICULUM:**

The Curriculum and the syllabus for the course shall be as prescribed in these regulations and are subject to modifications by the Standing Academic Board from time to time.

## **11. DURATION OF THE COURSE:**

The duration of certified study for the M.PHIL IN PSYCHIATRIC SOCIAL WORK DEGREE COURSE UNDER ALLIED HEALTH SCIENCES shall be Two academic years including period of examination. The admitted candidates should complete the course within double the duration (4 years ) from the date of joining the course.

## **12. CUT-OFF DATES FOR ADMISSION:**

- 30<sup>th</sup> September of the academic year concerned for Admission.
- The candidates admitted up to 30<sup>th</sup> September of the academic year shall be registered to take up the 1st year examination during October of the next year.
- All kinds of admission shall be completed on or before 30<sup>th</sup> September of the academic year. There shall not be any admission after 30<sup>th</sup> September even if seats are vacant.

## **13. COMMENCEMENT OF THE EXAMINATIONS:**

15th October / 15<sup>th</sup> April

If the date of commencement of examination falls on Saturdays / Sundays or declared Public Holidays, the examination shall begin on the next working day.

#### **14. ATTENDANCE:**

(a) No candidate shall be permitted to appear in any one of the parts of M.PHIL IN PSYCHIATRIC SOCIAL WORK DEGREE COURSE UNDER ALLIED HEALTH SCIENCES Examinations unless he/she has attended the course in the subject for the prescribed period in an affiliated institution recognized by this University and produce the necessary certificate of study, attendance and satisfactory conduct from the Head of the institution.

(b) A candidate is required to put in a minimum of 85% of attendance in both theory and practical separately in each subject before admission to the examinations. Term days 270 days, out of which 85% of attendance is mandatory.

#### **7. MARKS QUALIFYING FOR PASS:**

1. 50% of marks in the University Theory Examinations
2. 50% of marks in the Practical with Viva
3. 50% of marks in the subject where internal evaluation alone is conducted.
4. 50% of marks in aggregate in Theory, I.A & Oral taken together.

#### **16. EXAMINATION AND MARKS:**

- a. Each year shall have internal examination per term and have University Examination at the end of the first and second year. Assignments and seminars shall be part of the internal evaluation and the marks will duly be given for the same.
- b. Besides, the first academic year will have the practicum and that will be evaluated by the assigned faculty.
- c. There will be a Viva- Voce for the duly submitted dissertations at the final examination in the second year of the course.
- d. The University theory paper will be awarded for 100 marks and practicals for 100 marks . However the student has to obtain 50% in both practical and University theory Examination separately.

**17. CONDONATION OF LACK OF ATTENDANCE:**

There shall be no condonation of lack of attendance.

**18. REVALUATION / RETOTALLING OF ANSWER PAPERS:**

Re - totaling / Revaluation of answer papers is not permitted.

**19. RE-ADMISSION AFTER BREAK OF STUDY:**

The regulations for re-admission are as per the University Common Regulation for Re-admission after break of study for all courses.

**20. VACATION:**

There is no vacation

**21. SCHEME OF EXAMINATION:**

**I YEAR**

Papers	Subjects	Internal Assessment		Theory	
		Max.	Min.	Max.	Min.
Paper 1	Psychiatric Social Work	50	25	100	50
Paper II	Psychiatry including Common Neurological Problems	50	25	100	50
Paper III	Psychiatric Social Work Research & Statistics.	50	25	100	50
	Practical	100	50		
	Viva Voce	50	25		

## **II YEAR**

<b>Papers</b>	<b>Subjects</b>	<b>Internal Assessment</b>		<b>Theory</b>	
		<b>Max.</b>	<b>Min.</b>	<b>Max.</b>	<b>Min.</b>
<b>Paper 1</b>	<b>Social Issues and Mental Health</b>	<b>50</b>	<b>25</b>	<b>100</b>	<b>50</b>
<b>Paper II</b>	<b>Psychosocial Perspective on Mental Health</b>	<b>50</b>	<b>25</b>	<b>100</b>	<b>50</b>
<b>Paper III</b>	<b>Psychiatric Social Work Intervention</b>	<b>50</b>	<b>25</b>	<b>100</b>	<b>50</b>
	<b>Practical</b>	<b>100</b>	<b>50</b>		
	<b>Viva Voce</b>	<b>50</b>	<b>25</b>		

## **EVALUATION OF DISSERTATION:**

<b>Evaluation of Dissertation</b>	<b>200</b>
<b>Viva / Presentation</b>	<b>50</b>
<b>IA</b>	<b>50</b>
<b>Total</b>	<b>300</b>
<b>Passing Minimum</b>	<b>150</b>

## **22. DISSERTATION:**

- a) All candidates admitted to undergo M.Phil in Psychiatric Social Work course shall be assigned a topic for dissertation / Thesis by the head of the concerned Unit and the title of the topics assigned to the candidates be intimated to the Controller of Examinations of this University by the Head of the Department through the Head of the Institution before the end of 1st year of the course.
  - b) The dissertation / thesis shall be a bound volume of a minimum of 50 pages and not exceeding 75 pages of typed matter (Double line spacing and on one side only) excluding certification, acknowledgments, annexure and Bibliography colour of wrapper should be in Light Green
- 10.4 copies of dissertation shall be submitted Three (3) months prior to the commencement of the theory examinations on the prescribed date to the Controller of Examinations of this University.
- d) Two copies are to be submitted as an electronic version of the entire dissertation in a standard C.D. format by mentioning the details and technicalities used in the C.D. Format.
  - e) For Dissertation Max Marks 200, Viva-voce on Dissertation / Presentation Marks 50 and IA 50 – Total 300 Minimum mark to pass 150.

## **23. LOG BOOK:**

Based on the curriculum, Log Book has to be maintained and presented at the time of discussion of dissertation during University Examinations.

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# **SYLLABUS - M.PHIL IN PSYCHIATRIC SOCIAL WORK**

## **I YEAR**

### **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 individual treatment and processes of in individual treatment 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 modeler 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, non traditional mental health services, national and international charitable organizations.**
- 8. 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**
- 11. Mental Health Act, 1987. Transplantation of Human Organs Act, 1994. The Persons with Disabilities Act, 1995.**

### **Paper II – 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. Diagnostics 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 and 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 and management (Psychosocial methods)**

**Physical methods of treatment:**

- 1. Psychotherapies: Individual, group and family therapy**
  - 2. Psychiatric Rehabilitation**
  - 3. Social Psychiatry and Transcultural Psychiatry**
  - 4. Mental Health Policies and Legislation: National Mental Health Programme 1982, Mental Health Act 1987, The Persons with Disabilities Act 1995, and legal aspects of psychiatric illness.**
  - 5. 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.**
  - 6. 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.**
  - 7. Congenital Anomalies of Central Nervous System: Head injuries and spinal injuries. Tumours of central nervous system. Need for psychosocial intervention in neurosurgical cases**
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## **Paper III : Psychiatric Social Work Research and Statistics**

### **Section A : Psychiatric Social Work Research**

- 1. 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 and hypothesis, abstraction, conceptualization, reconceptualisation and reification. 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 Predoctoral, Doctoral Work and Research Projects related to Psychiatric Social Work.**

## **Paper III : Psychiatric Social Work Research and Statistics**

### **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.**
  - a. Basic Principles in test of Hypothesis and tests based on Chi-square, Student 't' and 'f' Statistics.**

**b. Analysis of Variance one-way and two-way and Basic Concepts of Analysis of Covariance.**

**3. Principles of Experimental Designs including basic randomized Designs – Completely Randomized Design, Randomized Block Design and Latin Square Design.**

**4. Non Parametric Statistics – Principles and Commonly used methods, Sign test, Wilcoxon Signed rank test, Mann-Whitney test, Median test, Rank Correlation.**

**5. Basic concepts of Multivariate Analysis including applications.**

**M.PHIL IN PSYCHIATRIC SOCIAL WORK**  
**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 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).**
  - 1 . Women Rights: legal issues, women empowerment, working women, violence against women and cultural constraints.**
  - 2. Adoption, child labour, child abuse, street children, institutional, and non-institutional care, single child, infanticide, school issues, children and legal issues.**
  - 3. Youth Unrest: Mass media influences, youth movement, youth policies, education and employment.**
  - 4. 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.**
  - 5. Legal Issues: Ecological issues, air, water, sound and eco friendly measures.**
  - 6. Decentralisation, delegation of powers at micro and macro level.**

## **Paper II: Psychosocial Perspectives on Mental Health**

- 1. Introduction to psychology: Theories of intelligence, memory and forgetting, attention, concentration, personality and overview.**
- 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. 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 & cognitive therapies.**
  - 1. Psychodiagnostics: Techniques of evaluation, cognitive functions and their measurement, tests of intelligence and intellectual impairment, personality tests, tests of achievement and aptitude.**
  - 2. Social Psychology: Leadership, attitudes and attitude change.**
  - 3. Social Pathology: Crime and delinquency, suicide, addictive behavior, social aggression with special reference to Indian contexts.**
  - 4. Sociogenesis of Mental Disorders: Coping patterns in different cultures. Socialization and mental health: Value conflicts.**
  - 5. Recent Trends in Psychosocial Perspectives on Mental Health Research and their implications.**

## **Paper III : 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 brief case 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**

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

### **Working with Community**

- 1. Community: Concept, dynamics, types, characteristics and functions**
- 2. Training of professionals, paraprofessionals and volunteers**
- 3. Intersectional approach in prevention and promotive aspects.**
- 4. Community Participation and Education: Understanding and utilizing social supports in the community.**
- 5. Role of voluntary social service organizations, community action groups for advocacy and social action.**
- 6. 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.**
- 7. Family 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.**

## DATA COLLECTION SHEET FOR CASE RECORDS

NOTE : ENTER RESPONSES INFERENCES OBASED ON WHAT IS SPECIFIED IN THE CASE

TRAINEE :

1 . SOCIO DEMOGRAPHIC DATA OF INDEX PATIENT

DATE :

Name

OP. No :

Gender

IP. No :

Age in years

Religion

Educational Status

Occupation

Marital Status

Domicile      Urban -----      Rural -----

Language Known

Income              Rs. -----

2. REASONS FOR REFERRAL -----

Accompanying person's name :

Relationship :

3. CLINICAL DIAGNOSIS

IN CASE OF CHILDREN MULTIAXIAL

AXIS 1: Primary Psychiatric Diagnosis

AXIS 2 : Personality issues/intelligence

AXIS 3 : Medical Conditions

AXIS 4 : Psychosocial issues / problems

AXIS 5 : Global Dysfunction / Disability

PRECIPITATING EVENTS :

- a. Onset
- b. Course
- c. Duration of illness (specify month or years)
- d. Past history of psychiatric disorders
- e. Number of past episodes
- f. Number of hospitalizations

TREATMENT (PAST)

1. Pharmaco Therapy
2. Psycho Therapy
3. Family Therapy
4. Behaviour Therapy
5. Occupational Therapy
6. Any Other (Specify)

FAMILY HISTORY

SOCIO DEMOGRAPHIC DATA OF FAMILY

- a. Type of Family
- b. Family Size
- c. Consanguinity

**FAMILY CONSTELLATION**

	Age	Educational Status	Occupation	Marital Status	Income	Health Status
Father						
Mother						
Spouse						
Remarks						

Family history of psychiatric disorders : Present / Absent

Number of persons with illness :

Relationship of person to patient :

**FAMILY INTERACTION PATTERNS**

(Describe interaction patterns between family members, based on which inferences for family dynamics can be made)  
Click on the following areas for interaction between

Husband and Wife as marital partners	Father and Mother as parents
Parent and Children	Children and Parent
Siblings	Significant Others

**FAMILY DYNAMICS**

KEY : YES = 1 NO = 0 NA = NOT APPLICABLE

IF ANY INFORMATION IS NOT AVAILABLE IN THE CARE WRITE "NOT AVAILABLE"

S.N.	A . BOUNDAY	FAMILY OF ORIGIN			FAMILY OF PROCREATION		
		YES	NO	NA	YES	NO	NA
1	Boundary is clear and open	1	0		1	0	
2	Boundary is Diffuse	1	0		1	0	
3	Boundary is closed and rigid	1	0		1	0	
	<b>B. SUB SYSTMS</b>						
1	Sub systems present	1	0		1	0	
2	Coalition present	1	0		1	0	
3	Alliance present (Tringulation, Detouring, Scapegoating, etc., to be considered)	1	0		1	0	
	<b>C . FAMILY DEVELOPMENTAL STAGE</b>						
			1. 5.	2. 6.	3. 7.	4. 8.	
	<b>D. LEADERSHIP</b>						
1	Leadership is present	1	0		1	0	
2	Leadership is accepted	1	0		1	0	
3	Nominal leadership present	1	0		1	0	
4	Functional leadership	1	0		1	0	
	<b>E. DECISION MAKING PROCESS</b>						
1	Autocratic decision making is present	1	0		1	0	
2	Democratic decision making is present	1	0		1	0	
3	Chaotic decision making present	1	0		1	0	
	<b>F. ROLE STRUCTURE AND FUNCTION</b>						



1	Multiple roles present	1	0	1	0
2	Complementary roles present	1	0	1	0
3	Role expectations present	1	0	1	0
4	Adequate role performance present	1	0	1	0
5	Role conflict present	1	0	1	0
6	Role prescription present	1	0	1	0
7	Role description present	1	0	1	0
8	Role allocation explicit	1	0	1	0
9	Role allocation implicit	1	0	1	0
10	Role accountability present	1	0	1	0
11	Role acceptance present	1	0	1	0
12	Instrumental role present	1	0	1	0
13	Expressive role present	1	0	1	0
	G. COMMUNICATION				
1	Communication is clear	1	0	1	0
2	Noise level is high	1	0	1	0
3	Equality of participation present	1	0	1	0
4	Communication is direct	1	0	1	0
5	Switch board communication is present	1	0	1	0
6	Verbal communication is present	1	0	1	0
7	Non-verbal communication is present	1	0	1	0
8	Ambiguous communication is present	1	0	1	0
9	Paradoxical communication is present	1	0	1	0
10	Communication of feeling is present	1	0	1	0
	H. REINFORCEMENT				
1	Positive reinforcement is present	1	0	1	0
2	Negative reinforcement is present	1	0	1	0
3	None of them is present	1	0	1	0
	I. COHESSIVENESS				
1	Enmeshment is present	1	0	1	0
2	Healthy connectedness is present	1	0	1	0
3	Healthy separatedness is present	1	0	1	0
4	Disengagement is present	1	0	1	0
	J. FAMILY RITUALS ARE PRESENT				
	K. ADAPTIVE PATTERNS				
1	Problem solving ability is adequate	1	0	1	0
2	Coping strategies /skills are adequate	1	0	1	0
	L. SOCIAL SUPPORT SYSTEMS				
1	Primary social support is present	1	0	1	0
2	Secondary social support is present	1	0	1	0
3	Tertiary social support is present	1	0	1	0
4	Emotional social support is present	1	0	1	0
5	Insturmental social support is present	1	0	1	0

## 5. PERSONAL HISTORY

1. Birth and development
2. Birth order
3. Developmental milestones
4. Health in childhood
5. Early neurotic traits

6. Sibling rivalry
7. Educational history
8. Sexual history
9. Menstrual history
10. Occupational history
11. Marital history
12. History of substance abuse and abuse

**B. PRE MORBID PERSONALITY**

- a. Social relationship and attaché=ments
- b. Character
- c. Attitudes
- d. Moral and religious standards
- e. Predominant mood
- f. Use of leisure time
- g. Habits
- h. Fantasy life

**C. TEMPERAMENTAL TRAITS ( IF PARENT IS BELOW THE AGE OF 16)**

1. Emotionality
2. Adaptability
3. Activity level
4. Attention and concentration
5. Sociability
6. Mood regulation
7. Impulsivity
8. Biological and social rhythms
9. Behavioural inhibition

**D. TRAUMATIC LIFE EXPERIENCES / STRESSFUL LIFE EVENTS**

Family and Social	Work
Financial	Marital and Sexual
Health	Bereavement
Education	Legal
Courtship and Cohabitation	Others

**E. FUNCTIONALITY**

- a. Self care
- b. Interpersonal activities
- c. Communication and understanding
- d. Work

**F. SOCIAL AND ENVIRONMENTAL ASSESSMENT**

- a. Violence / abuse history
- b. home environment
- c. Neighbourhood environment
- d. Working place environment
- e. Available resources in the environment
- f. Stigma

**ECONOMIC ISSUES**

- a. Direct health care cost
- b. Indirect health care cost
- c. Financial burden on family or person

d. Impact of financial burden

#### ASSESSMENTS OF STRENGTHS

- a. Personal strength
- b. Family strength
- c. Social strength

#### ASSESSMENT OF CAREGIVERS

- a. Knowledge of illness and treatment
- b. Attitude towards the patient and treatment
- c. Caregivers burden
- d. Concerns of caregivers
- e. Psycho social issues of caregivers

#### 6. SOCIAL ANALYSIS AND DIAGNOSIS

- a. Summary of significant findings from the collected details
- b. Main areas of dysfunction
- c. Approaches to social diagnosis

#### 7. TREATMENT (PRESENT) - Out patient / In patient

- a. Pharmaco Therapy
- b. Psycho Therapy
- c. Family Therapy
- d. Behaviour Therapy
- e. Occupational Therapy
- f. Any other

#### 8. SOCIAL MANAGEMENT

- a. Goals treatment
- b. Types of interventions

#### 9. NATURE AND NUMBER OF SESSIONS

- a. Individual
- b. Conjoint
- c.. Family
- d. Group

#### 10. OUTCOME OF INTERVENTION

#### 11. FUTURE PLANS

#### 12. ANY OTHER RELEVANT INFORMATION

DATE :

SIGNATURE

NAME

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## **SPECIFICATIONS FOR CASE RECORDS**

Candidate submitting case records for the university degree are required to follow the University rules (typing, size, style and binding).

### **FIELD PRACTICAL**

Field practical is an integral part of the course in which 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, in-patient and out patient departments, psychiatric and neurological rehabilitation, family mental health, community mental health, de-addiction unit and neurological departments. Each student is assigned to a psychiatric social worker whom the student is expected to carry on psychiatric social work interventions and is expected to submit 5 Case Reports.