



O.P. Jindal Global University
A Private University Promoting Public Service



**Jindal School of
Psychology & Counselling**
India's First Transdisciplinary Psychology School

COURSE MANUAL

COMMUNITY MENTAL HEALTH

(Cross-Listed Elective Course)

Course/ Subject Code: PCCU-01-BAP-COMH1050

Spring Semester - 2026

Jindal School of Psychology and Counselling

O.P. Jindal Global University

(Institute of Eminence, Deemed to be University)

Sonipat, India - 131001

TABLE OF CONTENTS

Sl No	Content	Page No
1	Course Information	3
2	Course Coordinator/s	3
3	Course Description	3-5
4	Course Learning Objectives	5
5	Scheme of Evaluation and Grading	5-6
	a. Evaluation Breakup	
	b. Class participation	
6	Assessment & Exams (Evaluation)	6-7
	a. Assignment -1	
	b. Assignment -2 (field visit)	
	c. Midterm exam	
	d. Assignment -3	
	e. Endterm exam (Final Exam)	
7	Grade Definition	7-8
8	Academic Integrity	8-9
	a. Classroom Punctuality and Conduct	
	b. Participation and Attendance Policy	
	c. Phone Usage	
	d. Disability Support	
	e. Mental Health Services	
	f. Safe Space and Respect for Diversity	
9	Session Plan & Syllabus	10-15
10	Participatory teaching methodologies	15

1. Course Information

Course Duration: 14 weeks

Credit Hours: 4 credit points

Course Title: Community Mental Health

Course/ Subject Code: PCCU-01-BAP-COMH1050

2. Course Coordinator & Biography:

Name of the Faculty: Dr. Sudhir Babu. S

Email: sudhir.babu@jgu.edu.in

Educational Credentials:

- Bachelor of Arts (B.A), Bachelor of Education (B.Ed.), and Post-Graduation in Social Work (M.S.W) from Bangalore University;
- M.Phil. and Ph.D. in Psychiatric Social Work from the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore.

Teaching and Industry Experience:

He has nearly 16 years of experience in practice, teaching, and research continuum in the mental health and psychiatric social work subjects. Has key knowledge of curriculum design, module development and teaching methodologies. He has been involved as a resource person for more than 200 training programs related to mental health care and psychosocial interventions.

Research & Teaching Interests:

Community Mental Health - *Quantitative Research Practice, Treatment Adherence Enhancement, Psychosocial care for Children and Women in Difficult Circumstances, Life Skills Education, School Mental Health, Family Life Education, Migration and Mental Health, Strength Based Social Work, Disaster Mental Health, Non-Specialists & NGOs in Mental Health Care, Stress Management at Workplace, Inter-Sectoral Approaches, Capacity Building in Mental Health Care, Psychosocial Rehabilitation, Disability & Functionality (ICF)*

Time table:

Section: A	Day:	
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	Time :	
	Classroom:	

Office Hours: Available by appointment on all working days

3. COURSE DESCRIPTION

Mental health is a significant global health concern in all countries. An estimation by the World Health Organization (WHO, 2010) shows that globally, over 450 million people and four out of five people in underdeveloped and developing countries are suffering and need services for mental, neurological, and substance use conditions but do not receive them.

Mental health services for the communities are divided in two categories such as

- a) ***Mental health needs of the General population (non-clinical population)*** – it covers a range of preventive and promotion programs such as Positive mental health, Life skills education, School mental health, Enriching Family Life, Stress management, and family life education, workplace etc. These programmes would help them to prevent mental illness and protect the person from overcoming their mental health problems.
- b) ***Mental health needs of mentally ill persons (clinical population)*** – Diagnosis, Treatment, rehabilitation, personal care, skills for care providers, continuous care over the life cycle, welfare provisions, wide range of services (community care facilities), self-help and peer support programs.

Mental Health Scenario across the Globe

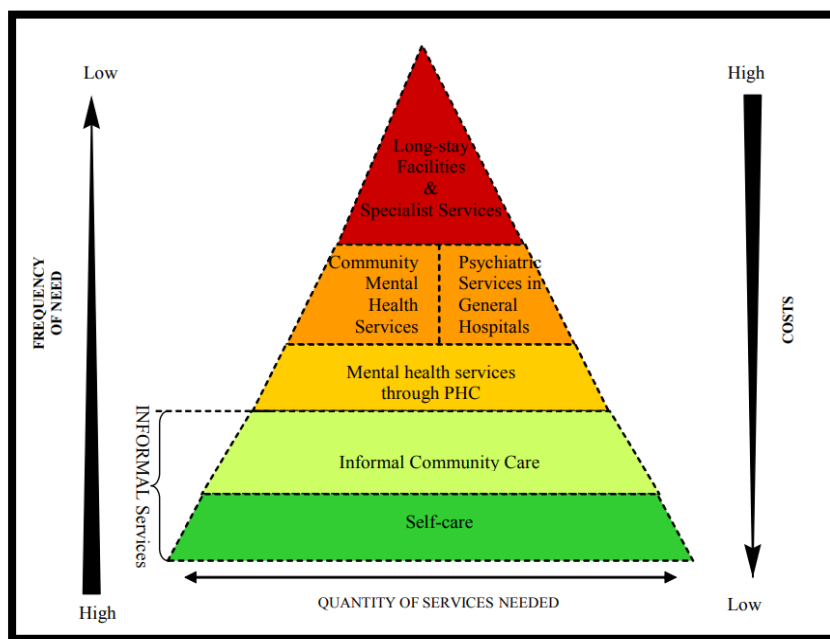
In developing and under-developed countries, the mental health sector lacks governmental leadership initiatives and less budget allocation. The services are limited to only mental health hospitals and urban areas. Lack of integration with other health services, stigma, lack of trained mental health professionals, less importance for psychosocial rehabilitation, and lack of community level mental health services is the prevailing scenario of mental health care. Several studies recurrently found that patients', caregivers' and community attitudes, beliefs, and misconceptions directly or indirectly influence the delay, avoidance, and discontinuation of treatment and management of psychiatric disorders. In many countries, till religious and faith healers are the first responders for the treatment of mental illness, and their services are highly acceptable and available in the communities.

Community mental health:

Across the world, community mental health centers (CMHCs) are developed in the late 1960s and 1970 decades with different objectives such as the de-institutionalization of mental health services,

availability of services near to communities, development of manpower, and integration with the general health services, affordability of services etc. These CMHCs were expected to take mental health services to the doorsteps of needy people rather than expect them to come to tertiary care hospitals. Services availability, accessibility, and affordability are important aspects of CMHCs. The four underlying principles of CMCs are (1) Population responsibility, (2) Prevention, (3) Community-based care with citizen involvement, and (4) Continuity of care.

The World Health Organization (WHO, 2003) has given the frame work of optimal mix of mental health services:



Picture -1: Optimal mix of mental health services (WHO, 2003). (Picture copied from <http://www.emro.who.int/images/stories/emhj/documents/vol21/7/21-07-05-F2.pdf>)

WHO (2003) has provided a framework for developing and delivering mental health services based on the quantity of services needed, frequency of use, and cost. It strongly recommends developing and utilizing self-care, informal community care, and mental health services at the primary health centres that are most effective and available for large populations in the communities. The above picture explains the requirements and provision of mental health services at different levels.

In this context, the proposed course has been developed to develop/build the students' knowledge, skills and competencies through the community mental health topic.

Pre-requisites:

- Students must have general knowledge and understanding about the psychology, health and mental health of individuals, families, and communities.

- Behavioural and social sciences, law, public health and public policy students are expected to pursue this course.
 - Students must have a general knowledge and understanding of individuals, families, and communities' mental health.
 - Students are expected to learn about various mental health care aspects like disorders, treatment, role of social support systems and psychosocial interventions at the individual, family and community level.
 - Students critically understand the mental health care aspects of population groups of both general and clinical mental health care
 - Students who opt for this course must attend the field visit trips organized by the course instructor.
- **Course Intended Learning Outcomes and Methodology**

Sl.no	Course Intended Learning Outcomes	Teaching and Learning Activities	Assessments/ Activities
1	Understand critically the requirement of mental health needs of the population, its availability, acceptability, approachability and affordability at the community level	<ul style="list-style-type: none"> •Classroom teaching •Group activity •Case illustration/ • Free Listing •Brian storming •References •Expert lectures •Incident method 	<ul style="list-style-type: none"> ▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
2	Critically evaluate mental health services, approaches and research methods in community mental health	<ul style="list-style-type: none"> •Classroom teaching •Group activity •Case illustration/ • Free listing •Brian storming •Reference •Expert lectures •Incident method 	<ul style="list-style-type: none"> ▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
3	Identify psycho-social-economical - cultural barriers and various systems involved (Intersectoral approaches) in community mental health services.	<ul style="list-style-type: none"> •Classroom teaching •Group activity •Case illustration/ •Brian storming •Reference •Expert lectures •Incident method 	<ul style="list-style-type: none"> ▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits

4	To develop an insight into how community mental health can contribute to cost-effectiveness in treating the mental illness, involvement of various stake holders, community participation in mental health needs and services for across the population groups.	<ul style="list-style-type: none"> •Classroom teaching •Group activity •Case illustration/ • Free listing •Brian storming •References •Expert lectures •Incident method 	<ul style="list-style-type: none"> ▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
5	To impart the skills and knowledge in preventive and promotive mental health programs at the individual, family, community and organization level	<ul style="list-style-type: none"> •Classroom teaching •Group activity •Case illustration/ • Free listing •Brian storming •Reference •Expert lectures •Incident method 	<ul style="list-style-type: none"> ▪ Individual activity ▪ Group participation ▪ Oral and poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
6	To develop the criticality among the students about the importance of psychosocial competencies to promote mental health among individuals and communities	<ul style="list-style-type: none"> •Classroom teaching •Group activity •Case illustration/ • Free Listing •Brian storming •Reference •Expert lectures •Incident method 	<ul style="list-style-type: none"> ▪ Individual activity ▪ Group participation ▪ Oral and poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits

4. COURSE LEARNING OBJECTIVES

- Understand critically the requirement of mental health needs of the population, its availability, acceptability, approachability and affordability in the communities
- Critically evaluate mental health services, approaches and research methods in community mental health
- Identify psycho-social-cultural barriers and various systems involved in community mental health services
- To develop an insight into how community mental health can contribute to cost-effectiveness in treating the mental illness, involvement of various stakeholders, community participation in mental health needs and services across the population groups.
- To develop the skills and knowledge in preventive and promotive mental health programs at the individual, family, community and organisational level

5. SCHEME OF EVALUATION AND GRADING

a. Evaluation Breakup

- **70% Internal Assessment**
- **30% Final Examination**

6. Assessment & Exams (Evaluation)

I. Internal Assessment (70%)

The internal examination would be done through assignments provided to the students that emphasize a critical understanding of the topics. The students will have to complete **four assignments**. The student must complete all the assignments based on the relevant materials uploaded by the instructor.

a) Assignment-1: (15 marks) Assignment submission Week-2

The student will submit a short note (1200-1500 words & following APA guidelines) illustrating their thoughts about their *communities*. It focuses on the communities' socialization process and the services and resources (formal & informal) available in the community etc...

b) Assignment-2: (15 marks) Filed Visit (1st month of the semester, any Saturday)

Field trips offer an excellent opportunity for students to practise and develop their observation skills by taking them out of the classroom and immersing them in real-life contexts. Through field trips, students can draw on multiple senses, collaborate with peers, and practice self-discovery, all of which help them develop strong observation skills that are critical for success both in academic and personal settings. In this context, a field visit has been planned (a field trip will be scheduled depending upon permission from the authorities and concerned persons)

c) Mid-term exam (20 marks): Week -6

The mid- term exam will be conducted during the week -6 of the semester to evaluate the students learning. This will include all topics covered from Week-1 to the midterm examination in the previous class. The exam will consist of descriptive questions to write the descriptive answers. The exam will NOT be repeated for the absentees (students) for the exam

d) Assignment-3 (10 marks) (Group Presentation): Week -10

This assignment is a group activity that involves a website-based collection and categorization of community mental health services of the various institutions/ non-governmental organizations (NGOs). The students will be provided with a detailed grading rubric.

e. Class participation (10marks): It includes but is not limited to taking part in classroom discussions based on readings and lecture slides, asking questions or areas of doubt to the

lecturer, responding to other student's questions to promote discussions on various topics and taking part with enthusiasm as well as effort in all individual or group assignments

II. Final exam (30 marks):

The final end-term exam will be a **written exam and close-book answer mode**. It will consist of short answers and subjective questions covering the community mental health syllabus. There will be a strong emphasis on critically evaluating community mental health.

7. Grade Definition

Grade	Percentage of Marks	Grade Value	Grade Description
O	80% and above	8	Outstanding: Exceptional knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules, and principles; and extraordinary critical and analytical ability.
A+	75% - 79%	7.5	Excellent: Sound knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules, and principles; and critical and analytical ability.
A	70% - 74%	7	Very Good: Sound knowledge of the subject matter, organizational capacity; ability to synthesize ideas, rules, and principles; critically analyze existing material and originality in thinking.
A-	65% - 69%	6	Good: Good understanding of the subject matter, ability to identify issues and provide balanced solutions to problems; good critical and analytical skills.
B+	60% - 64%	5	Fair: Average understanding of the subject matter, limited ability to identify issues and provide solutions to problems; reasonable critical and analytical skills.
B	55% - 59%	4	Acceptable: Adequate knowledge of the subject matter to go to the next level of the study; passable critical and analytical skills.
B-	50% - 54%	3	Marginal: Limited knowledge of the subject matter and irrelevant use of materials; poor critical and analytical skills.
P1	45% - 49%	2	Pass 1: Pass with a passable understanding of the subject matter; lacking in critical and analytical skills.
P2	40% - 44%	1	Pass 2: Pass with a rudimentary understanding of the subject matter; lacking in critical and analytical skills.
F	Below 40%	0	Fail: Poor comprehension of the subject matter; poor critical and analytical skills; and marginal use of the relevant materials. Requires the student to repeat the course.

P/F	Pass / Fail		Pass or Fail: Pass is awarded a final grade of 40% or above. Fail reserved for the final grade below 40%. This option (selected at the start of the semester) is only available for semesters taught online.
I	Incomplete		Incomplete: Issued due to extenuating circumstances that prevent the student from completing internal or external marks. If an 'I' grade is assigned, the JSPC Academic Committee will suggest a schedule for the completion of work or a supplementary examination.

II. Academic Integrity:

Classroom Punctuality and Conduct

JSPC conducts all classes on a foundation of professionalism. It is expected that students will be present in class and seated within five minutes of the class start time. Students arriving after a ten-minute window from the designated start time will be refused entry/attendance. A classroom is a place for free expression and critical thinking—students must respect opinions expressed and actively participate in classroom discussions.

Participation and Attendance Policy

This course focuses on both theory and application. Attending classes will help students understand and master these concepts and their application. Thus, we encourage you to attend all classes and avoid missing them until and unless very necessary. Students suggested kindly read and refer the JGU's attendance and exam policies from time to time for update and modifications

Phone Usage

Phones are not allowed during classroom hours. The use of phones by students may result in their removal by the course instructor. Repeated violations may result in an academic discipline.

Plagiarism

In line with JGU policy, JSPC operates a zero-tolerance approach to plagiarism. The unacknowledged use of material by others within your work is a violation of academic integrity, and all reported cases will be investigated for potential disciplinary action.

Disability Support

JGU endeavours to make all its courses accessible to students. The Disability Support Committee (DSC) has identified conditions that could hinder a student's overall well-being. These include physical and mobility-related difficulties, visual impairment, hearing impairment, mental health conditions and intellectual/learning difficulties, e.g., dyslexia and dyscalculia. Students with any known disability

needing academic and other support are required to register with the Disability Support Committee (DSC) by following the procedure specified at <https://jgu.edu.in/disability-support-committee/>

Students who need support may register any time during the semester up until a month before the end semester exam begins. Those students who wish to continue receiving support from the previous semester must re-register within the first month of a semester. Last-minute registrations and support might not be possible as sufficient time is required to make the arrangements for support.

The DSC maintains strict confidentiality about the identity of the student and the nature of their disability, and the same is requested from faculty members and staff as well. The DSC takes a strong stance against in-class and out-of-class references made about a student's disability without their consent and disrespectful comments referring to a student's disability.

All general queries are to be addressed to disabilitysupportcommittee@jgu.edu.in

Mental Health Services

Mental Health Services JGU aspires to provide its students with continued mental health support via their single unified platform Sukoon. Sukoon is India's most recognized leader in mental healthcare, renowned for its clinical integrity, evidence-based services, and trauma-informed, compassionate approach. As an external and independent provider, Sukoon offers a confidential space for students, faculty and administrative staff members to seek support with confidence within the university environment. Sukoon has a physical center on campus and is available 24/7 for students in need. *24/7 Sukoon helpline: +91-8396907312*

Safe Space and Respect for Diversity

This course may discuss issues that could result in distress or provoke emotional responses in students. To make sure that all students collectively benefit from the course, it is incumbent on everyone to maintain respect towards one another. All JSPC program faculty, staff, and students shall maintain respect for differences including, but not limited to, race, ethnicity, sexual orientation, age religion/spirituality, ability, socioeconomic status, and culture. Each person will be responsible and accountable for creating and maintaining a culture of respect at every level of the program. This does not mean that you must feel restrained about what you feel and say- rather it is about creating a safe space for everyone to speak and learn without inhibitions or fear.

Session Plan and Syllabus for Community Mental Health Course*

Session	Chapters	Topic/ Sub-topics / References
Week-1 & Week-2	Chapter - I	Community- Definition, Types of Community
		Characteristics of Communities, Community Participation, Social Determinants of Health & Mental Health, Intersectoral Approaches
	References	<ol style="list-style-type: none"> 1. Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao 2. Bradshaw, Jonathan. (1972). Taxonomy of social need. In: McLachlan, Gordon, (ed.) Problems and progress in medical care: essays on current research, 7th series. Oxford University Press , London , pp. 71-82. 3. Somesh, K. (2002). Methods for community participation: A complete guide for practitioners. Sage publications 4. World Health Organization (2014) Social determinants of mental health 5. Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. <i>Focus</i>, 13(4), 419-425
Week-2	Chapter – II	Concept of Health, Mental Health, Mental illness and Treatment
		Normalcy (normal & abnormal concept), Biopsychosocial Causes of mental illness, Myths and Misconceptions, Dealing with Stigma
	References	<ol style="list-style-type: none"> 1. World Health Organization (2022). World mental health report: transforming mental health for all. Geneva: https://www.who.int/publications-detail-redirect/9789240049338 2. National Mental Health Survey of India, 2015-16 3. Stefanovics, et al (2016). Witchcraft and biopsychosocial causes of mental illness: attitudes and beliefs about mental illness among health professionals in five countries. <i>The Journal of Nervous and Mental Disease</i>, 204(3), 169-174. 4. Tripathi, A., Das, A., & Kar, S. K. (2019). Biopsychosocial Model in Contemporary Psychiatry: Current Validity and Future Prospects. <i>Indian journal of psychological medicine</i>, 41(6), 582-585

		<p>5. Sartorius, N. (2020). Fighting Stigma 2020: Synopsis of the Presentation of the Yves Pelicier Prize Lecture at the World Congress of Social Psychiatry, Bucharest, October 2019. <i>World Social Psychiatry</i>, 2(3), 181.</p> <p>6. Shankar BR, et al (2006). Explanatory models of common mental disorders among traditional healers and their patients in rural south India. <i>Int J Soc Psychiatry</i>; 52:221-33</p>
Week-3 & Week-4	Chapter - III	Community Mental Health
	References	<p>1. World Health Organization. (2007). Developing Community Mental Health Services Report of the Regional Workshop Bangkok, Thailand, (11-14 December 2006)</p> <p>2. World Health Organization. (2003). Organization of services for mental health. Geneva, World Health Organization, (Mental Health Policy and Service Guidance Package).</p> <p>3. Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: scarcity, inequity, and inefficiency. <i>The Lancet</i>, 370(9590), 878-889.</p> <p>4. Thornicroft, G., Alem, A., Dos Santos, R....et al (2010). WPA guidance on steps, obstacles & mistakes to avoid in the implementation of community mental health care. <i>World Psychiatry</i>, 9(2), 67-77</p> <p>5. Weiss, M. G., Isaac, M., Parkar, S. R., Chowdhury, A. N., & Raguram, R. (2001). Global, national, and local approaches to mental health: examples from India. <i>Tropical Medicine & International Health</i>, 6(1), 4-23.</p> <p>6. Gonzalez-Pinto, A., Reed, C., Novick, D., Bertsch, J., Haro, J.M., (2010). Assessment of medication adherence in a cohort of patients with bipolar disorder. <i>Pharmaco psychiatry</i> 43 (7), 263-270.</p>
Week-4 Week-5	Chapter - IV	Community Mental Health in India
		<p>History, National and District mental health programs, Mental health policies and recommendations by World Health Organization</p> <p>Ref:</p>

	References	<ol style="list-style-type: none"> 1. Agarwal et al (2004). Mental Health: An Indian Perspective, 1946-2003. Directorate General of Health Services, Ministry of Health & Family Welfare, India. ELSEVIER Publications. ISBN 81-8147-195-4 (PB). Kumar, A. (2011). Mental health services in rural India: challenges and prospects. <i>Health</i>, 3(12), 757-761. 2. Srinivasa Murthy R. (2011) Mental Health Care in India - Past, Present and Future. https://mhpolicy.files.wordpress.com/2011/05/mental-health-care-in-india-past-present-and-future-rs-murthy.doc 3. Goel D. (2011). Why mental health services in low-and middle-income countries are under-resourced, under-performing: an Indian perspective. <i>Natl Med J India</i>.; 24(2) 4. Thara, R., et al. (2008) Community mental health in India: A rethink. <i>Int J Ment Health Syst</i> 2,
Week-6	Chapter - VI	Psychological Distress:
		Meaning, Prevalence of psychological distress among various population groups, Social origins of distress, Measures of distress, Interventions to reduce the distress
	References	<ol style="list-style-type: none"> 1. Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of Psychological Distress. In P. L. Labate, (Ed.), <i>Mental Illnesses-Understanding, Prediction and Control</i> (pp. 155-134). London: Intech Open. 2. http://www.un.org/womenwatch/daw/csw/mental.htm WOMEN AND MENTAL HEALTH 3. Brown, C. L., et al . (2021). Emotional empathy in the social regulation of distress: A dyadic approach. <i>Personality and Social Psychology Bulletin</i>, 47(6), 1004-1019.
Week-7	Chapter-VII	Mental Health and Social Support
	References	Meaning, Importance, Measures, Theories, Advantage & Disadvantages of Social Support, Functions of Social Support, Level of Social Support

		<ol style="list-style-type: none"> 1. Social Support and Mental Health by R. Jay Turner and Robyn Lewis Brown; From Part II - The Social Context of Mental Health and Illness (Scheid, T. L., & Wright, E. R. (2017). <i>A handbook for the study of mental health: Social contexts, theories, and systems</i>. Cambridge University Press) 2. Cohen, S., Underwood, L. G., & Gottlieb, B. H. (2000). Social support measurement and intervention: a guide for health and social scientists. 2000. <i>New York</i>.
Week-8	Chapter-VIII	Preventive and Promotive Mental Health Programs
Week-9		1. Psychosocial care for children in difficult circumstances Ref: <ol style="list-style-type: none"> 7. Sekar K., Aravind Raj.E., Arul. R..... Sudhir Babu.S (2012). A Manual of Psychosocial Care for Children in Difficult Circumstances, NIMHANS Publications 8. Sekar, K., & Kavitha, P. (2015). Psychosocial problems among children in difficult circumstances. <i>Artha Journal of Social Sciences</i>, 14(2), 53-70. 9. Psychosocial Care for Children Save the Children's Resource Centre
Week-10		2. Life skills education program: Ref: <ol style="list-style-type: none"> 1. https://apps.who.int/iris/bitstream/handle/10665/63552/WHO_MN_H_PSF_93. 2. Manual of Life skills education; NIMHANS Publication
Week-11		3. Stress management at the Workplace Ref: <ol style="list-style-type: none"> 1. Sekar et al. (2005). Stress management work book. Harmonizing personal, professional and familial life, NIMHANS publications 2. Stranks, Jeremy. (2005). Stress at Work. Management & Prevention. Elsevier Publications

		4. Family Life Education <ol style="list-style-type: none"> 1. Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications. 2. Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200
Week-12 Week-13	Chapter-IX References	Community-Based Rehabilitation (CBR) <ul style="list-style-type: none"> ▪ Matrix of Rehabilitation, Principles, Barriers Role of CBR, ▪ Disability & Functionality Ref: <ol style="list-style-type: none"> 1. World Health Organization, UNESCO, International Labour Organization & International Disability Development Consortium. ((2010. Community-based rehabilitation: CBR guidelines. World Health Organization. https://apps.who.int/iris/handle/10665/44405 2. World Health Organization. (2013) How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment. October 2013. Geneva. drafticfpracticalmanual2.pdf (who.int)
	Chapter- X	NGOs in Mental Health Care and Networking
Week-14	Course Material / References	<ol style="list-style-type: none"> 1. Thara, R., & Patel, V. (2010). Role of non-governmental organizations in mental health in India. Indian journal of psychiatry, 52(Suppl 1) 2. Balagopal, G., & Kapanee, A. R. M. (2019). Mental Health Care Services in Community Settings. Springer, Singapore.
Week-15		REVISION & REVIEW

*** THE ABOVE INFORMATION IS PRELIMINARY AND SUBJECT TO CHANGE**

Methodology /Pedagogy

- Lecture cum discussion method
- Case illustrations
- Case scenarios- Real vivo situations
- Small group discussions
- Debates/ Role plays
- Orientation visits/ Internship programs
- Quiz Programs/ Incident method
- Individual and Group Assessments
- Community visits/ Community-based case studies
- Invited resource persons
- Web-based collections
- Team-work / Project assignment/ Library assessment
- Sensitivity/situation demand
- Self-rating and assessments
- Symposiums (discussion with single subject experts)

**Readings will be provided alongside the classes. Instructors might choose additional chapters, documentaries, and journal articles relevant to the lectures that would be shared with the students before or after class.*