COURSE MANUAL

FAMILY MENTAL HEALTH

(School Specific Elective Course)

Course/ Subject Code: PCCU-03-BAP-FMHH3083

Spring Semester - 2026

Jindal School of Psychology and Counselling B.A. (Hons.)

O.P. Jindal Global University

(Institute of Eminence, Deemed to be University)

Sonipat, India - 131001

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1. <u>Course Information</u>

Course Duration: 14 weeks

Credit Hours: 4 credit points

Course Title: Family Mental Health

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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	Days:	
	Time :	
	Classroom:	

Office Hours: Available by appointment on all working days

3. **COURSE DESCRIPTION**

Family is a basic social institution, existing across the world irrespective of the countries, communities, religions, cultures and customs. Except the family, there is no alternative social unit to provide the man's basic social needs, security, bonding, protection, financial and sexual life etc. A family system is a social or biological construction made up of a set of people related by blood or intention. Members interact in reciprocal relationships, responding to one another in the context of their roles.

Different subsystems within the family, such as the marital system, parent-child system, and the family as a whole. Family life education is most important for any person in society. The proposed course is developed with the objectives of understanding the family, family dynamics, recent changes and developments in the family systems, and a psychological introduction to family therapies and other psychosocial interventions for the family system. The Family mental health course would develop the student's knowledge, understanding and think critically, improve the problem-solving skills, assessment and intervening skills and provide the essential psychosocial interventions for the families.

Family as a unit of two or more persons united by marriage, blood, adoption, or consensual union, in general consulting a single household, interacting and communicating with each other (Desai,1994). The family is a basic unit of study in many medical and social science disciplines. Family is a primary social institution which provides all the needs of its members. Each family can very much be thought of as separate family cultures, in which underlying group norms, role, behaviours and expectations.

In India, family is the key resource in the care of patients with mental illness. Families assume the role of primary caregivers for two reasons. First, it is because of the Indian tradition of interdependence and concern for near and dear ones in adversities. Due to this most Indian families prefer to be meaningfully involved in all aspects of care of their relatives despite it being time-consuming.

In the past few decades, the world has seen major changes in the face of the family. Since 1975, the divorce rate has doubled resulting in the increase of single-parent households, remarriages and extended families. Practical mental health support to families: In many communities, lay people provide basic, practical support, such as community - based housing for people with distress families well as in open employment, and shelters for women who are victims of abuse and domestic violence

Course outcome
Family mental health is a core subject of psychology/mental health. This proposed course has gained importance widely across the nations due to its relevance and significance in mental health of the

social systems. By studying this course, students will be able to understand the family as a social system, dealing with the family dynamics, critically thinking about stages of family life cycle, marriage system, parenthood and finally, students will acquire and develop capabilities to enrich the family life and build resiliency among families.

After graduation, this introductory course on family mental health would help the students to work and provide family mental health services in different settings like schools, NGOs, family counselling centres, and agencies. It also develops interest in pursuing additional knowledge and research ideas on family mental health in their post-graduation and research 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.

The World Health Organization (WHO, 2003) has given the frame work of optimal mix of mental health services:
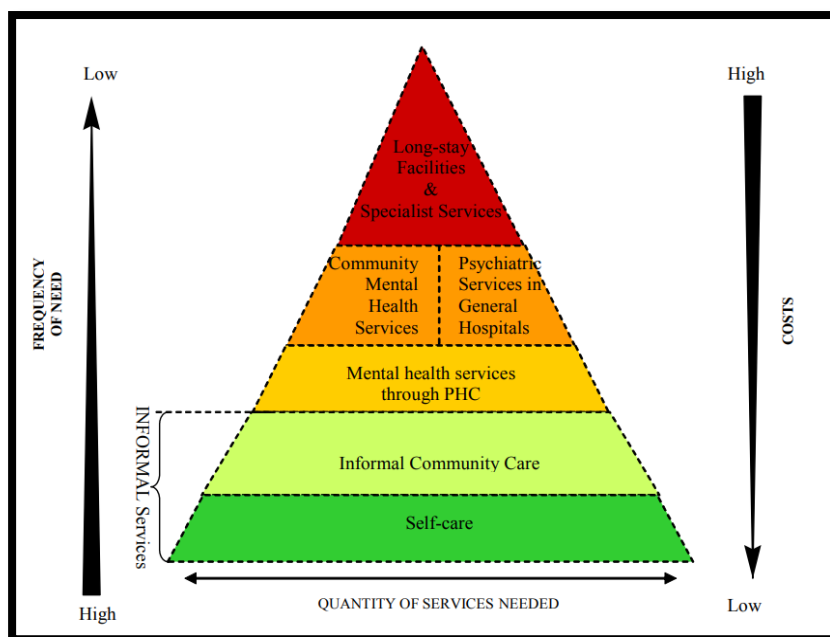
Picture -1: Optimal mix of mental health services (WHO, 2003). (Picture copied from http://www.emro.who.int/images/stories/emhj/documents/vol21/7/21-07-05-F2.pdf)

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 other social systems in the community
- Students are expected to learn about various mental health care aspects like functions of the family, family life cycle, family dynamics, assessment tools while working with the family, family counselling approaches distress and resilience aspects of the family and role of social support systems and psychosocial interventions at the individual, family and community level.
- Students critically understand the mental health care aspects of family
- 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 family social system	●Classroom teaching ●Group activity ●Case illustration/ ● Free Listing ●Brian storming ●References ●Expert lectures ●Incident method ● Role play	▪ Individual activity ▪ Group presentation / discussions ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits

2	Critically evaluate mental health services, approaches and research methods in family mental health	• Classroom teaching • Group activity • Case illustration/ • Free listing • Brian storming • Reference • Expert lectures • Incident method • Audio & video	▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Educational games and simulations ▪ Field visits
3	Identify psycho-social-economical - cultural barriers and various systems involved (Intersectoral approaches) in family mental health services.	• Classroom teaching • Group activity • Case illustration/ • Brian storming • Reference • Expert lectures • Incident method	▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
4	To develop an insight into how family mental health can contribute over all well being of the community and national development	• Classroom teaching • Group activity • Case illustration/ • Free listing • Brian storming • References • Expert lectures • Incident method	▪ Individual activity ▪ Group participation ▪ Poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
5	To impart the development of psychosocial competencies among the family members do deal with the family dynamics	• Classroom teaching • Group activity • Case illustration/ • Free listing • Brian storming • Reference • Expert lectures • Incident method	▪ Individual activity ▪ Group participation ▪ Oral and poster presentations ▪ Written exams ▪ Class participation ▪ Brian storming questions ▪ Field visits
6	To develop the skills and knowledge in preventive and promotive mental health programs related family social system	• Classroom teaching • Group activity • Case illustration/ • Free Listing • Brian storming • Reference • Expert lectures • Incident method	▪ 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 family
- Critically evaluate mental health services, approaches and research methods in family mental health
- Identify psycho-social-cultural barriers and various systems involved in family mental health services
- To develop an insight into how family mental health can contribute over all well being of the community and national development
- To develop the skills and knowledge in preventive and promotive mental health programs related family social system

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) Individual Assignment-1: (10 marks): Drawing the family Genogram: Week-2

The student needs to understand the importance of family genogram, drawing and analysis of the family genogram. The students are free to choose to prepare represent their family genogram or any other family genogram

b) Mid-term exam (20 marks): Week -5

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.

c) Assignment-2 (20 marks)- Group Activity

This assignment is a group activity (3 participants in 1 group) that involves understanding the various assessments/ tools/ scales related to family mental health. The students need to understand the background of the scale , author/s details, scale domains, scoring pattern and finally administer the scale with any 4 to 5 participants, analysis and interpretation of the results.

d) Assignment-1: (10 marks) Infographic Poster Presentation:

Infographic Poster presentation develops an opportunity for students to present their conceptual understand and leering of the family mental health. Two students have to form a group and prepare and present the iinfographic posters. The topic can choose from the course manual content particularly or any other related Family mental health topics in broadly

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	**Chapter - I**	**Family- Definition, Types of families, Functions of the family, Analysis of family genogram**
	References	▪ Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao ▪ 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. ▪ World Health Organization (2014) Social determinants of mental health ▪ Paul R. (2008) Recent changes in family structure implications children adults and society, penselveniya,
Week-2	**Chapter – II**	**Contemporary family problems and Social transition impact on the family system**
	Ref	• Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao • Paul R. (2008) Recent changes in family structure implications children adults and society, penselveniya, • Burgess EW, Locke HI. The family: from institution to companionship. New York: American Book Company; 1953. • Problems of India's Changing Family and State Intervention- J. P. Singh . Microsoft Word - Paper -- Singh -- revised -- 6May'09 -- Family in India.DOC
Week -3		**Concept of Health, Mental Health, Mental illness and Role of the Family in Mental Health**
		• World Health Organization (2014) Social determinants of mental health • Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. *Focus*, *13*(4), 419-425

Week-3	Chapter - III	Family dynamics ■ Family system and subsystems (i.e. parental, parent-child, siblings), ■ Stages of the family life cycle
	Ref:	■ Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications. ■ Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200 ■ Stolper, H., van der Vegt, M., van Doesum, K., & Steketee, M. (2024). The Integrated Family Approach in Mental Health Care Services: A Study of Risk Factors. *International Journal of Environmental Research and Public Health*, *21*(5), 640**.**
Week-4	Chapter - IV	**Family dynamics:** ■ Family Alignments- coalition/ alliance ■ Family boundaries: clear/open, diffuse, close/rigid ■ Family leadership patterns: power structure, autocratic and, democratic leadership, nominal or functional leaderships, Decision making- /participants and implementation ■ Communication – channel (who speaks to whom?), noise level, direct & indirect communication, switchboard communication

	Ref:	▪ Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200 ▪ Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications. ▪ 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. *Health*, *3*(12), 757-761. ▪ 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
Week-5	**Chapter - VI**	**Family Dynamics** ▪ Roles and role functions in the family system ▪ Family boundaries and rules - rigid, un rigid and flexible boundaries, defines rules, delineates boundaries, ▪ Family rituals ▪ Reinforcement pattern in the family ▪ Family cohesiveness : Enmeshed- healthy connectedness - healthy separateness – disengaged ▪ Family Adaptive patterns- conflict resolution, social support
	Ref	▪ Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200 ▪ Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications.

		▪ Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of Psychological Distress. In P. L. Labate, (Ed.), Mental Illnesses-Understanding, Prediction and Control (pp. 155-134). London: Intech Open. ▪ http//www.un.org/womenwatch/daw/csw/mental.htm WOMEN AND MENTAL HEALTH ▪ Brown, C. L., et al . (2021). Emotional empathy in the social regulation of distress: A dyadic approach. *Personality and Social Psychology Bulletin*, *47*(6), 1004-1019. ▪ Behere, A. P., Basnet, P., & Campbell, P. (2017). Effects of Family Structure on Mental Health of Children: A Preliminary Study. Indian journal of psychological medicine, 39(4), 457–463.
Week-5	**Chapter-VII**	**Understanding the various assessments and tools related to family mental health** **Family interaction pattern scale** • Bhatti, R. S., Subba Krishna, D. K., & Ageira, B. L. (1986). Validation of family interaction patterns scale. *Indian journal of psychiatry*, *28*(3), 211–216. **Parental Bonding Instrument (PBI-BREF**), • Klimidis S, Minas IH, Ata A. The PBI-BC: A brief current form of the Parental Bonding Instrument for adolescent research, Compr Psychiatry 1992;33:374-7. • Klimidis S, Minas IH, Ata AW, and Stuart GW. Construct Validation in Adolescents of the Brief current Form of rhe Parental Bonding Instrument. Compr Psychiatry 1992;33(6);378-383. **CHILD REARING PRACTICE INVENTORY** • Chamundeshwari E, Sheriff IA, Muralidhar D. Development of an inventory to measure the upbringing of children-its efficacy in measurement of Indian population. Presented at 7th Annual conference of ISPSW, November 1982. Ahemadabad, India.
	Ref:	**Family Environment Scale**

		• Moos RH, Moos BS. Family environment scale Typology of family social environments. Fam Process 1976;4:357-71 **Marital Quality Life Scale** • Shah A. (1995) Clinical validity of Marital Quality Scale. NIMHANS Journal. ;13(1):23-31. **Dyadic adjustment scale :** • Spanier, G.B. (1976). Measuring dyadic adjustment: new scales for assessing the quality of marriage and similar dyads. Journal of Marriage and Family, 38, 15-28. **Pre-adolescent adjustment scale(PAAS)** : • Pareek, U. Rao. T. V., Ramalingaswamy, P., & Sharma, B. R. (1976). Manual for battery of pre-adolescent personality tests. Varanasi: Rupa Psychological Center. **Family rituals** **Measurement of domestic violence -Spousal physical and sexual violence**
Week -6	**Chapter-VIII**	1. **Parenthood: roles, changes and challenges**
	Ref:	• Hoghugi M, Long N. Handbook of parenting; theory and research or practice. London: Sage publications; 2004. • Sirohi A, Chouhan NS. 1991. Parenting in child socialization; a study of fathering roleship in a multivariate setting. Indian J Psychol. 1991;66(1-4): 29 35. • Darling N, Steinberg L. Parenting style as context: An integrative model. Child Dev 1993;113:487-96. • Singh C, Das S, Mukhpadhyay P. 2004. Parenting style and conduct disordered children's perception on parenting. Social Science International 2004;20(2):27 39. • Donna, Ewy R. Guide to Parenting: You and your New born. New York: E. P. Dutton; 1981.

Week -7	Chapter	**Marital system – Quality of marital life**
	Ref	• Shah A. (1995) Clinical validity of Marital Quality Scale. NIMHANS Journal. ;13(1):23-31. • Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao
Week-8	**Chapter-IX**	**Old Age and Family Life**
Week-9	**Ref:**	• Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200 • Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications. • Introduction to Sociology: Principles of Sociology with an Introduction - Shankar Rao
Week -10		**Family life enrichment program- developing resilience among contemporary families**
		• Varghese.M., Kirpekar. V., Loganathan, S. (2020). Family Interventions: Basic Principles and Techniques. Indian Journal of Psychiatry 62(2): 192-200 • Chowdhury, A., Carson, D. K., & Carson, C. K. (Eds.). (2006). Family life education in India: Perspectives, challenges, and applications. • Family life enrichment program A work book - (2010) Sekar.K, Pathasarathy.R, Kavitha.P. NIMHANS Publications, Bengaluru
Week-11	**Chapter- X**	**Family counselling – approaches, skills, techniques, settings, and opportunities, role of social agencies**

& **Week -12**	Ref:	• Carr, A. (2012). *Family therapy: Concepts, process and practice*. John Wiley & Sons. • Rivett, M., & Buchmüller, J. (2017). *Family therapy skills and techniques in action*. Routledge. • Mustaffa, S., Ghanbaripanah, A., & Ahmad, R. (2013). Assessment in family counselling. *Procedia-Social and Behavioral Sciences*, *93*, 2205-2208.
Week -12	**Chapter- X**	**Family welfare programs in India – programs, schemes, policies and Voluntary Organizations and NGOs in Family Mental Health Care**
	Ref:	▪ http//www.un.org/womenwatch/daw/csw/mental.htm WOMEN AND MENTAL HEALTH ▪ Ministry of Women and Child Development: <u>ministry of women and child development india - Google Search</u> ▪ Balagopal, G., & Kapanee, A. R. M. (2019). Mental Health Care Services in Community Settings. Springer, Singapore.
Week-13		**Group presentation and Poster Presentations**
Week -14		**Feed back to students and Review of the course**

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.