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## MENTAL HEALTH

# Are India's regulatory gaps leaving patients with substandard mental health counsellors?

A severe shortage of qualified clinical and counselling psychologists is undermining mental health in India. **Charu Bahri** reports

Charu Bahri *freelance journalist*

When Amit Malik\* from Bengaluru in south India consulted a tele-counsellor recommended by his psychiatrist for help navigating a bitter separation, he was advised to go public on social media with his wife's affair to make her life miserable. His parents intervened to stop him from following this advice.

Graduate student Amrita Bhatnagar\* visited the head of her university's student counselling unit after being bullied. But, she says, she came out of her session feeling worse. "Everything he said seemed to trigger me and I felt insecure." Later she found out that the counsellor had no qualification in psychology, he was an Ayurveda doctor.

India's severe shortage of qualified mental health counsellors and clinical psychologists, combined with regulatory compliance gaps, is making such instances common.

With 1.36 psychiatrists per 100 000 people, India has fewer than half the 3 per 100 000 advised by the World Health Organization. Just 3372 clinical psychologists—0.24 per 100 000 people—are registered with the Rehabilitation Council of India (RCI), the body governing services for people with disabilities including mental health problems.<sup>1</sup>

Additionally, the most recent National Mental Health Survey (conducted in 2015-16) estimated that 15% of the population (about 210 million people) needed active intervention for a mental health problem. But resource shortages and a lack of awareness mean that only 3% are seeking care.<sup>2</sup>

This leaves a gap where "sub-standard counselling services run by well meaning but insufficiently trained people, as well as rogue counsellors out to make money, abound," says Sujit Sarkhel, professor at the Institute of Psychiatry, Kolkata, and editor of the *Indian Journal of Psychiatry*.

### Regulation gap

India's Mental Healthcare Act 2017<sup>3</sup> details the required qualifications of psychiatrists, clinical psychologists, mental health nurses, and psychiatric social workers. But it says nothing about the minimum qualifications of a psychological counsellor.

A newer piece of legislation, the National Commission for Allied and Healthcare Professions Act 2021,<sup>4</sup> is intended to cover healthcare professionals who previously fell outside the ambit of any regulatory authority. It specifies the minimum qualifications

and hours of training for psychologists, behavioural analysts, integrated behaviour health counsellors, health educators and counsellors, social workers, and mental health support workers.

The act says that state governments must create councils to implement it within six months of being notified. But Sarkhel, who is on a panel advising the state of West Bengal, says no states have yet made good progress, even if some have named a council. "States are dragging their feet, mainly because of human resource shortages."

Repeated extensions of the compliance deadline led to public interest litigation in India's Supreme Court,<sup>5</sup> and a new deadline for implementation of 12 October 2024.<sup>6</sup>

"Union and state governments have failed to discharge their duties," the Supreme Court said on 13 August 2024, noting that out of 36 state and union territories, only 14 had constituted state councils, none functional, compelling the court to threaten coercive steps to implement the law.<sup>7</sup>

Only when the new act is implemented can the services of existing counsellors whose previous training fell short of the prescribed hours be reviewed, says Sarkhel. He suggests giving such candidates the option of extra hours of supervised practice and licensure exams to measure up.

### The case for lowering the bar to entry

Some experts believe that lowering the bar for entry would help ease the pressure on existing services.

Aanandita Vaghani founded Un.Fix Your Feelings, a mental therapy service, in 2021 after acquiring a bachelors degree in psychology and a masters in counselling for mental health and wellness in the US. For a RCI clinical psychologist licence, however, Vaghani would have to have a masters in philosophy in clinical psychology, a further investment of time and money which is beyond the reach of many. She chose to go overseas for her education "because of the limited places and sometimes arbitrary selection criteria in Indian mental health educational institutions," she says.

It's an indication that India's regulations may be setting a bar that is too high for too many people, particularly at a time when more mental health professionals are needed.

Unprecedented stressors during the covid-19 pandemic increased the global prevalence of anxiety and depression by 25%.<sup>8</sup> Some counselling service providers improvised to cater to the increased demand for teletherapy and online therapy.

Sangath, an Indian non-profit organisation that has worked in mental health research since 1996, launched a psychological first aid helpline in 2021. It employs tele-counsellors with a university degree in any subject, who then undergo training before being deployed in the service.

Akankasha Joshi, director of clinical services, Sangath Well Being Centre, told *The BMJ* that the tele-counsellors are equipped to deliver low intensity interventions as an initial part of a “stepped care” approach. Stepped care recognises that the intensity of mental illness varies by patient and that resources should be allocated based on need.

“We train people as lay counsellors,”<sup>9</sup> says Joshi. “They may not have a qualification in mental health, but they maintain quality of service and the best interests of the patients through robust training, competency evaluations, refresher training, fidelity checks, and feedback mechanisms.”

Abhijit Nadkarni, NIHR professor of global research and co-director of the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine, UK, is co-director of Sangath’s Addictions and Related Research Group. He says that “removing or lowering qualification requirements to practise mental health aid could help tackle the gap through lay counsellors, allowing more people with diverse backgrounds and life experiences to provide much needed support, and make the profession more inclusive.”

Nadkarni says that the ability to connect with clients and offer empathetic support can be more important than formal qualifications. Practical skills, personal attributes, and insights and empathy emanating from life experiences might not always be represented by academic credentials. “Without strict minimum qualifications, there could be more flexibility in training pathways,” he says. “On-the-job training, mentorship, robust supervision, and continuous professional development helps people gain necessary skills while working.”

This view is congruent with India’s National Education Policy 2020 recommending the discontinuation of the two year masters in clinical psychology, which is pursued after a masters in psychology.

Last year, a parliamentary committee recommended the “formulation of short term training courses to strengthen the number of mental health workers and further the capacity of existing mental health service providers.”<sup>10</sup> And, in June 2024, RCI announced the introduction of a four year graduate programme with research in clinical psychology.<sup>11</sup>

But others are not convinced.

### Lesser qualified=misdiagnosis rise

India’s central government run helpline, Tele Mental Health Assistance and Networking Across States (Tele MANAS), has been operational since October 2022. It deploys graduates or postgraduates in psychology or social work to call centres, following three days of training at the National Institute of Mental Health and Neuro-Sciences (NIMHANS).

But “Tele MANAS is primarily a ‘distress’ service—it helps patients overcome crisis situations,” says Suyog Jaiswal of the department of psychiatry at the All India Institute of Medical Sciences, Nagpur, and nodal officer, Tele MANAS Mentoring Unit for the state of

Maharashtra. “Callers needing further professional help are referred to the nearest psychiatrist in the government sector,” he says.

Paulomi M Sudhir, professor of clinical psychology at NIMHANS, says there are still large numbers of candidates wanting to enrol in the two year masters in clinical psychology programme. She expresses concern over the possibility of an unqualified or lesser qualified counsellor failing to identify a person needing more specialised therapies and medication or referral to a specialist.

“In practice, we see a difference between the clinical abilities of a qualified clinical psychologist and those practising after lesser training or supervision,” she says.

Sudhir says expanding the definition of mental health professionals will make it difficult for patients, who may not be aware of the differences in competencies across these providers.

“Diluting the qualifications needed for professional counselling will encourage more unqualified or lesser qualified people to take up talk therapy,” says Sophia Peermohideen, consulting psychologist (clinical) and psychotherapist, and director of the Mind Wellness Center, Mumbai. “The widespread lack of awareness of psychotherapy and counselling—who to approach and what outcomes to expect—makes patients vulnerable,” she says.

And, says Sudhir, “At some point, most patients recognise when they are not being helped or when the person treating them is not competent to tackle their concerns.”

#### Stepped care: affordable, but what about privacy?

A well implemented stepped care approach is a viable solution in a country where mental health professionals are concentrated in urban areas<sup>12</sup> and the availability, accessibility, and affordability of services in semi-urban and rural locations remains a concern, says Akankasha Joshi, of the Sangath Well-Being Centre.

A 45-60 minute counselling session in a private clinic can cost anywhere between Rs300 and Rs3000 (£2.82-£28.15; €3.32-€33.15; \$3.58-\$35.82), depending on its location and reputation. In a government hospital, the session would be free but limited slots impede access.

Sangath’s helpline is free, an outcome of grants from multiple partners, including a donation from the cosmetics firm Maybelline. Its long term therapeutic support is subsidised and costs Rs300 a session lasting 45-60 minutes.

Bringing in corporate money raises patient data privacy concerns, however.

Joshi says that Sangath’s agreements with funders stipulate that “we do not share any identifying details of clients with them, and our servers are secured to ensure data privacy.”

A data privacy policy for Tele MANAS, India’s central government run helpline service, is “still under discussion,” according to Suyog Jaiswal, nodal officer for Tele MANAS Mentoring Unit for the state of Maharashtra. “Currently, call audio recordings aren’t stored,” he tells *The BMJ*. “The transcripts are maintained on the server and can only be accessed when the same caller calls again. Callers wanting anonymity can opt not to share their demographic details.”

\*Names have been changed for anonymity.

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