Contemporary Clinical Psychologists in India: Challenges in the Professional Journey

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Abstract
The evolution of clinical psychology as an established profession has been progressive in India, though the challenges have been multifold. This article aims to bring to light various challenges that act as hurdles in the professional journey of contemporary clinical psychologists of India. Starting from the training phase, clinical psychologists face different challenges, including inadequate opportunities and dependency on west oriented theories and assessment tools. Even established clinical psychologists face issues such as low remuneration, unclear boundaries between terms of mental health professionals, lack of acknowledgment, and meager indigenous therapies that act as hurdles to its progress.

Introduction
The latest National Mental Health Survey (2016) estimated that nearly 150 million individuals suffer from one or other mental morbidity in India. Mental health professionals, i.e., clinical psychologists, psychiatrists and mental health social workers, act as the backbone of mental health, but the shortage of a qualified workforce is a major reason for the gap in efficient services. The National Mental Health Survey, 2016 points out that even though the Indian government has separate MH programs, services and policies, they need significant strengthening or scaling up to deliver appropriate and comprehensive services. The main reason for its inefficiency is lacking human resources and infrastructure facilities. The World Mental Health Atlas (2014) reports with respect to India that there are around 0.3 psychiatrists per lack of population and even fewer number for psychologists.

As reflected in the recent legislation changes, India currently has a recognized diverse workforce of clinical psychologists, psychiatrists, qualified counselors in various sectors, therapists, mental health social workers and psychiatrist nurses. These have been recognized as the key resources in an integrative mental health delivery service. Among these professionals, clinical psychologist has established its identity as a distinct and independent field of science providing mental health services in different settings.
Clinical Psychology in India

With the increasing prevalence of mental health issues in the country, clinical psychology becomes the need of the hour. Though the profession’s evolution as an established, recognized and independent profession has been progressive in India, it continues to face its own challenges.

These challenges correspond with its growth; like a true progressive discipline, there have been several of them. In his reflection, G.G Prabhu states that the first half of the twentieth century constituted a golden era for clinical psychology before it went on to face a decline in position over 25 years (1950–1975). He continues to state that as further developments occurred in the broader mental health field with the growth of psychiatry, clinical psychology seemed to be in search of a clearer professional identity with respect to other disciplines in mental health. Presently, it has come to establish itself as an independent profession, functioning in various roles, offering a range of services in consultation, training, research and private practice on multidisciplinary teams as well as in independent practices. This journey has been staged through landmarks in the history of the development of clinical psychology in India:

- It commenced its journey in 1954 with the Government of India establishing NIMHANS at Bangalore to provide a 2 year post-M.A. level professional training course in Clinical Psychology, earlier known as Dip. in Medical Psychology/ Dip.-Medical & Social Psychology and presently as M.Phil. in Medical & Social Psychology.
- In 1968, the Indian Association of Clinical Psychologists formally came into force. Formed as a premier organization with the aims and objective of advancing the concept of mental health and the advancement of the profession of clinical psychology.
- Rehabilitation Council of India (RCI), another statutory body for clinical psychologists set up in 1986, has been given the status of a regulatory body to monitor services, academics syllabus, and qualification requirements in the field of rehabilitation and special education in India.
- In 2017 the mental health care act clinical psychologist was defined and included as a “Mental Health Professional.”

Currently, a qualified clinical psychologist has found its niche in diverse settings across the medical field and beyond in policy-making, corporate, research and teaching. But unfortunately, there is a wide mismatch between the need of the population and services. The profession’s scope is evidently much beyond what has been made available at present times. The challenges have been parallel to its growth as a profession despite established organizations and laws to supervise it. Hence, there is a need to further probe these hurdles in the advancement of clinical psychology. In this article, we have summarized the contemporary challenges faced by clinical psychologists in India. The main motive is that these could be understood better and could be included for the positive future development in this need-of-the-hour profession. The major barriers from the lens of working clinical psychologists in India are as follows:

Issues Faced by Students Pursuing Clinical Psychology

In the past decade, there has been rising interest in the field. This is evident from the increasing number of students pursuing psychology undergraduate level. In India, to be qualified as a clinical psychologist, one needs to undergo a journey of 7 academic years. Specialization in the subject starts with a bachelor’s degree program after high school completion. It starts with entry at graduation (3 years), master’s (2 years) and final MPhil degree, currently provided in private and government settings. This journey is often arduous and filled with its own hurdles, such as:

- **Limited seats for M.Phil** - According to the Rehabilitation Council of India a total of 35 institutions are recognized for offering M.Phil. degrees in both private and government settings. The underlining is the limited number of seats, with an approximate enrollment of only 300 students per year. The limited seats are seen as a main barrier to pursuing the career as each institution’s seats range from 25 to 8 in number, with thousands of graduates applying each year for the decentralized exam. This not only creates a wide gap in the trained professional but also acts as a demotivating force for students to look towards other options.
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- **Decentralized nature of examination** - Examination is conducted individually by every institution in different states. This takes a toll on finances, with students filling separate forms for every examination, traveling far distances, spending on accommodation etc.

- **Low stipend for training** - Further, even when a student finds himself/herself qualified and finally qualifies for the seat, the stipend received is as low as 2500 INR/month in some institutions. This not only has financial consequences but is more emotional and psychological as when compared to other professional trainees, this amount stays nowhere. It impacts the confidence and esteem of a trainee and makes them question the worth and value of the course they are pursuing as good pay is eventually a source of extrinsic as well as intrinsic motivation.

- **Western approach for training** - Barnette’s (1995) review found West-authored textbooks being used for training in psychology in India. The trainee indigenizes his practice prematurely based on his limited knowledge of the Indian context and clinical experience. This raises the question of using therapeutic techniques having little (or poorly collected) empirical evidence.9

**Legislative Limitations**

- **Exclusion from Mental Health Act, 1987** - The profession of clinical psychology is not mentioned in the first Mental Health Act 1987 when psychiatrists, along with those trained in indigenous systems of medicine and homeopathy, were recognized as mental health professionals.

- **Protection from Litigation** - Practicing and qualified clinical psychologists have felt the need for a mechanism that would offer protection from litigation under the Consumer Protection Act 1986. As these professionals provide diagnostic, therapeutic and rehabilitation services, they can be sued under the provisions of this Act. In the absence of professional registration or insurance, the position of clinical psychologists is thus made highly vulnerable.10

- **Non-inclusive definition of ‘Mental Health professionals in the Mental Health Act, 2017** - The current definition is restricted to professionals all on the clinical side with clinical (psychiatrists and professionals holding a postgraduate degree in Ayurveda, homeopathy, Siddha and Unani). Although including specialists from non-allopathic fields of medicine is commendable, it is unclear why therapists and psychoanalysts were excluded. This concern is a major issue as mental health intervention is preferred at an advanced stage as preventive care.

- **Overlapping in defining ‘Clinical Psychologist’** - The Mental Health Care Act, 2017 recognizes “clinical psychologist” with two different qualifications, one with an advanced M.Phil. degree and also someone with postgraduate degree. This often creates unclear boundaries with respect to terms as defined by the act. The act defines a ‘Clinical Psychologist’ as:
  - having a recognized qualification in clinical psychology from an institution approved and recognized by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992; or
  - having a postgraduate degree in psychology or clinical psychology or applied psychology and a master of philosophy in clinical psychology or medical and social psychology obtained after completing a full-time course of two years.

**Reduced Availability of Professional Posts in the Public Sector**

In India, as a nation with a developing economy, the profession’s expansion is constrained by a few opportunities in the public sector. Even though the NMHS program scheme for manpower development in mental health that any Medical College/ Government General Hospital/State-run Mental Health Institute can apply for one unit of clinical psychology, many states hospitals do not yet have a clinical psychology department. As a result, clinical psychologist tends to turn towards the currently blooming private and online entrepreneurship opportunities. Many trained professionals tend to migrate to foreign in lieu to better opportunities.

**Lack of Awareness**

A person with mental illness will seek service from a wide variety of agencies based on the nature and
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severity of their condition as well as their preferred agency of choice. But in India, patients with mental health illnesses are usually the first point of contact of a psychiatrist in mostly tertiary hospital settings. With the unavailability of clinical psychologists in most settings, medication becomes the last resort of treatment with no awareness of the patient about available therapy interventions. The patient does not have a choice for personalizing treatment for themselves due to the lack of availability and awareness about the presence of clinical psychologists as a profession.

Preference for Pharmaceuticals over Psychotherapy

Due to multiple visit requirements as a model of treatment for therapy and assessment, the clients find both their time and money on sessions as an arduous process. Thereby even from a global perspective, a recent meta-analysis has found that psychotherapy was preferred over medication by most respondents as a treatment for depression or schizophrenia. Yet, in India, mostly the population in rural find one-time medication prescriptions more feasible than multiple visits for sessions. The very small population who is relatively aware of the benefits of psychotherapy and take collaborative treatment (pharmacotherapy and psychotherapy) also tend to tag the treatment success to pharmacotherapy.

Low Ratio of Clinical Psychologists to Psychiatrists

Compared to the number of psychiatrists, most countries have between two and three times as many psychologists, social workers and psychiatric nurses due to the recognition of the role of community care in mental health. In India, it is estimated that there are more psychiatrists in active clinical practice than there are trained psychiatric nurses, clinical psychologists and psychiatric social workers. The number of psychiatrists was 0.3 per 100,000 to an availability of 0.07 per 10,000 clinical psychologists in India. The interstate disparity is clear from the NMHS Survey it also presents a wide discrepancy between states, with Kerala with the highest number of clinical psychologists (0.63 per lakh population) to as low as 0.01 per lakh population in states like Rajasthan.

Unclear Roles

Attention has been drawn to the perceived disparity in the professional role of the clinical psychologist by various authors, as it has been observed that an excessive emphasis was placed on the diagnostic function, and the therapeutic, teaching and research roles were relatively neglected. There is a need to redress and balance these various roles. In a survey conducted by Rao and Mehrotra, it was found that clinical psychologists in India perceived an ideal work distribution as consisting of about a 50% split between clinical and research, respectively. It also points out that the time spent in research by clinical psychologists in India is significantly less than that perceived by them as desirable—13% as against the desired 23%. Due to the heavy demands for assessment and intervention in dense clinical settings, professional investment in research is likely to be disregarded.

Unclear Boundaries between Terms with Respect to Legislation and Public Awareness

There are multiple terms in mental health services that are widely misunderstood and mixed up while addressing individuals who provide psychological services in India. The roles of clinical psychologists are often confused with psychiatrists, counselors, guidance psychologists and therapists. These words are loosely used as synonyms for clinical psychologists, misleading people to consider their services to other unqualified professionals. Though recent awareness circulars by RCI clinical psychologists and psychiatrists have come to occupy center stage, many still feel an identity crisis as awareness among the target population is minimal, as most of the population’s first contact is usually a psychiatrist. This is the genesis of a professional identity crisis, a long-due challenge that must be addressed at multiple levels. This trend has also led to a professional shift among clinical psychologists. A greater number of professionals are looking for more stable career options, going for teaching and other relevant options, leaving the core job they were trained for.
Low Remuneration and Status
Clinical psychologist salaries vary drastically in India based on experience, setting, skills, or location. After seven years of extensive education and training, there is a gap in reality and expectation, making many reconsider their career choices and multiple professionals migrating abroad. The median salary of a clinical psychologist in India stood at INR 371,411 per year.14

Lack of Clinical Research Work
There is a lack of research in the field of Indian clinical psychology due to the unavailability of funds and lack of needful intellectual support, which discourages and creates obstructions in growth. This reduces studies conducted on the Indian population; and indigenized practices without sufficient empirical data. Though developing indigenous psychology and therapy models have gained momentum in the past decades, such initiatives have failed to bear fruits. The academic syllabus and curriculum incorporate Western psychology, theories and therapies; as a result, psychologists use these processes in the Indian context, modifying their own style and need of the local population. The alternative suggested to this urgent need is based on the Indian spiritual and philosophical thought system, which does not fit the current demand of its population. Therefore, contemporary practices need to be incorporated into the Indian context by intensive research to pave the way for an effective indigenous model of psychotherapy.

Cultural Diversity across the Country
The socio-demographical diversity across the country is seen as a major challenge. With most clinical psychologists trained in English modality, its application to the needs of multicultural countries like India, with 121 major languages and dialects, is seen as a major hurdle for quality delivery of mental health services like assessment and therapy to suit the requirements.

Shift from face-face Psychotherapy to Tele-therapy.
Amidst the catastrophe created by the Covid pandemic, with mental health providers being the frontline service via the medium of tele counseling, the profession faced a drastic shift in its mode of service. Virtual therapies became a norm as the home became the new office and the Internet the most important medium in every work setting. This brought about a significant change in a profession where proximity, gestures are valued, and facial expressions are a sign of relief and understanding. This new working mode has brought comfort for some and challenges for others. Now, with major service platforms functioning virtually on the application form, clinical psychologists are hired by startups nationwide, providing services via online methods.

Prescription Privilege
The question of whether clinical psychologists should be allowed to prescribe psychoactive medications has been a topic of much discussion in North America for the past two decades and, more recently, spreading across other countries.15 The Prescriptive Authority for Psychologists (Rx P) movement, a campaign started in the United States of America by some psychologists to grant prescribing authority to psychologists who have completed predoctoral or postdoctoral graduate-level training in clinical psychopharmacology led to prescribing privileges in five states of America namely - Louisiana, New Mexico, Illinois, Iowa, and Idaho. According to the APA, the movement is a response to the increasing demand for mental health services, especially in underserved areas where people have limited or no access to psychiatrists.16 Lambert and colleagues (2006) discuss the specific case of India, where there is a lack of awareness about mental health illness and where pharmacotherapy is seen as the most reliable treatment mode. The authors argue that in India, there is a potential benefit to granting prescription privileges to psychologists, as this could help to bridge the treatment gap, though the profession of psychology remains divided on
the issue, with opponents being outspoken in their arguments.15

**CONCLUSION**

With clinical psychology as a progressive discipline, it has come to establish itself as a need-of-the-hour profession. Its evolution as a profession has been parallel to countries around the world and is still on its way with the recent years of recognition. However, this progress has its own set of challenges for the field itself and its professional.

With time clinical psychologists have come to play significant roles in providing mental health services in various settings, but the unclear boundaries between mental health professionals have resulted in misunderstandings among those seeking services. The minimal amount of remuneration also undermines the recognition of the field after years of education. This eventually leads to doubts in clinical psychology as a career choice, with many further choosing to move abroad for better status, salary and recognition as compared to India.

Though the current gap in the profession at academic, legislative and social aspects needs urgent focus both by the institution and at the policy level. A few recommendations can improve the journey of clinical psychologists at various levels. A central regulatory body ‘exclusively’ dedicated to teaching, training, the practice of clinical psychology, and certification of clinical psychologists is required. There is a need to raise the number of training institutes, particularly in mental health set-up. High-quality research in the field is warranted in terms of indigenous and integrative assessment and therapies for Indians belonging to various stages of life. More Longitudinal studies, in addition to cross-sectional and randomized controlled studies, are required. Salary structure for clinical psychologists to be improved. Lawful prevention to hire underqualified personnel as professional clinical psychologists. Building new employment for qualified clinical psychologists in various sectors would be useful in the early intervention, prevention and promotion of mental health.

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