



Enhancing Mental Health Services In India: Why Numbers Is Not the Whole Story

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Abstract

In recent years there has been growing awareness about the need for counseling and psychotherapy for mental health and the stigma around seeking such services has been reducing. However, the number of trained and well qualified service providers in our country is staggeringly low compared to the demand for such services. A lack of the number of educational institutions that offer undergraduate and graduate training programs in psychology as well as a lack of stringent licensing procedures for practice lie at the heart of this disparity. Our country has seen a great influx of inadequately trained counselors into the profession. Individuals who have no background in psychology enter the profession with short term training in counseling. This article aims to throw light upon the potential risks involved in practicing counseling without appropriate training, licensing and ongoing skill upgradation as well as supervision for counselors. Misdiagnosis, lack of appropriate boundaries, lack of evidence-based practice, unethical practices and increased client litigations result because of insufficient training. The article also highlights the need for quality control in counseling services offered in private practice, community mental health centers as well as NGOs operating throughout the country.

Key words:

Mental health professionals, counselors, inadequate training, risks, quality control

Mental health has been identified as one of the major problems that has implications for social, economic and political functioning of nations and hence safeguarding mental health has been listed as one of the Sustainable Development Goals by the United Nations (Votruba et al. 2014). Several studies have been undertaken to understand the lifetime prevalence of mental disorders, the need for well-qualified mental health professionals and the gap between

the need for such professionals and the actual numbers of such professionals available (Kohn et al, 2004; Thornicroft et al., 2010; Lora et al, 2012; Patel et al., 2016). Globally it has been estimated that four out of every ten people will suffer from a mental disorder at some point in their lives (Dhyani et al, 2022). The World Health Organization (WHO) estimates that the lifetime prevalence of mental disorders ranges from 12.2 to 48.6 percent and unfortunately globally the number of trained professionals available to meet these huge demands of mental health care is only about 9 per 100000 people. There is also a wide disparity in this number across countries, with low-income countries having only about one trained professional per 100000 patients while in high income countries this number is about 50 per 100000 individuals. In low and middle-income countries the budget allocated for mental health care is only about 1 to 2% of the total budget for health care (World Health Organization, 2008).

In India statistics show that in 2017, there were 197.3 million people with mental disorders, which is about 14.3% of the country's population. Mental diseases accounted for 4.7% of Disability Adjusted Life Years (DALYs) compared to 2.5% in 1990. The major mental illnesses in order of prevalence in 2017 were depressive disorders, anxiety disorders, dissociative identity disorder, schizophrenia, bipolar disorder and conduct disorder (India State-Level Disease Burden Initiative Mental Disorders Collaborators, 2020).

It is heartening to see that the awareness of mental health care in India is getting better, thanks to the efforts of the government (notably, introduction of the National Mental Health Program and the amendment of the National Mental Health Policy), mental health practitioners and community mental health centers and non-governmental organizations (NGOs) across the country (Thara & Patel, 2010; Wig & Murthy, 2015). Until a few years ago, mental health concerns were not considered deserving of any formal treatment and most families of patients with mental health problems chose to blatantly disregard the problem or, at best, to seek help from religious leaders, pastors and exorcists to help the patient. Such rampant superstition is definitely on the decline in recent years. The last decade saw the trend of seeking psychiatric help for mental health concerns, while the larger majority of people remained reluctant to seek the help of counselors and

psychotherapists. More recently there has been a steady rise in the number of people who acknowledge that while they need professional help for mental health concerns, their problems do not necessarily warrant psychiatric interventions. Moreover the idea that a strong family support system alone may not be enough for dealing with psychological issues has been gaining acceptance. As the stigma surrounding counseling and psychotherapy is reducing, people are being able to be open about the fact that they have sought such support. Among youngsters especially, it is quite common to hear that they have been in therapy at some point in their life. Increasingly psychological help is being sought for niche populations such as couples going through relationship difficulties, families with adolescent children facing discord, bereaved individuals, people with struggles related to sexual orientation and identity, geriatric population and caregivers of people with physical and/or psychological problems.

This upward trend about the image of counseling and psychotherapy among the public at large is unfortunately coupled with an alarming dearth of well qualified and trained therapists in our country. Helping can be a highly rewarding experience. In fact the "helper's high" is a well-known phenomenon. Motivated by a strong desire to help, and taking into account the rising trend among people to seek professional help for mental health issues, there has been a tremendous influx of people into the counseling field. Sometimes this desire to help rises in middle age, so that people turn to the counselling profession as a mid-life career change. Needless to say, many do not have any formal training in psychology until their graduation, neither do they have the inclination to complete undergraduate training in psychology before entering the counseling field.

At present there are 512 colleges and universities that offer graduate training in psychology. In these institutes of higher education the number of departments that offer self-financed programs in psychology have skyrocketed thanks to the growing demand for this subject. In self-financed programs there are many teachers, some not adequately qualified, who are employed on clock hour basis or contractual basis, thus compromising the quality of education. Moreover, entry into graduate programs in psychology is restricted to psychology graduates in many institutes of higher education, or there are entrance examinations which are difficult to clear without a background in psychology. The effect? Many people

who are interested in pursuing psychology take recourse to distance learning programs, where the number of students can be unlimited. Psychology being a vocational and practice-oriented discipline, the quality of education imparted in such programs, especially with regards to skills remains questionable. A program that is supposed to qualify the student with skills to handle human beings, and vulnerable populations at that, needs to have adequate internship opportunities and exposure in handling cases under supervision. The gross disregard for the need for supervised training for students in these distance learning and open learning programs is unethical.

As for post graduate training in psychology, at present there are only 37 centers that offer M.Phil. programs in clinical psychology (Sharan & Tripathi, 2021). The Rehabilitation Council of India (RCI) is at present the regulatory body for licensing Clinical Psychologists. Only 2 centers offer Psy. D. program in India. Consequently there are very few licensed Clinical Psychologists in our country. Of course there are many who practice without a license and many more who practice entirely on an ad hoc basis.

More concerning than this is a growing tendency to complete short term courses, on an average three to six months of training in counseling and to directly enter private practice. Worse still, there are sects and cults that profess particular philosophies and offer short term certifications that further encourage the entry of insufficiently trained individuals into mental health practice.

Appallingly, even the legal system in India relies heavily on inadequately trained counselors. The qualification of a counselor in family courts in India is Master's Degree in Social Science or Psychology. Moreover in case of unavailability of such a candidate, a person above the age of thirty-five, working in the field of social service and welfare activities and engaged in promoting the welfare of Family and Child Care with a degree in Social Science, preferably Sociology or Psychology is also eligible. In all district courts of India, counselors need to have a Master's Degree in Social Work. Having a post graduate level training in clinical or counseling psychology, leave alone additional supervised training in clinical practice is not a prerequisite for positions of counselors in state or district courts. The majority of institutions that cater to the needs of people with mental health

problems in the country are Non-Government Organizations (NGOs). Right from Adoption agencies to Adolescent Support groups to De-addiction centers and even Old Age homes are NGOs. Since there are no strict guidelines to ensure that counselors who work in these agencies should have a Master's Degree in Psychology and additional supervised training in handling cases, exclusive reliance on life experience is the norm for serving as a counselor in most of these institutions. De-addiction centers, for instance, largely employ as counselors, former addicts who have abstained for a number of years. This article seeks to highlight the potential dangers of such a scenario and the need for quality control and quality assurance of mental health services in India.

What does a lack of undergraduate training in psychology deprive practitioners of?

Most undergraduate programs with Psychology as the specialization offer at least twelve courses in psychology which are foundational in nature. They familiarize the student with the history and scope of the subject as well as the various branches of psychology, theoretical as well as applied.

Courses on research methodology refine the student's thinking, thereby making them aware consumers of literature. The spirit of scientific skepticism that develops because of such training is important because the trained student does not easily get influenced by dogma or philosophies and is inclined to seek scientific explanations before buying into ideologies and applying them.

Courses on personality expose the student to the contributions of pioneering psychologists and latest research that is going on the field. This foundational course is necessary for the student to gain a holistic understanding of the influence of heredity, constitutional factors, environment, early childhood experiences and learnings on the development of the adult personality. Such courses equip the student to be able to conceptualize client case studies in the light of available theories and to make appropriate treatment choices.

Usually some knowledge of developmental psychology is an integral part of undergraduate training, so that the budding psychologist is aware of developmental milestones, how to make out any developmental delays in children and the reasons for the same.

A fundamental course in abnormal psychology, which is also usually a part of curricula, equips the student with some knowledge of disorders, sufficient to be able to distinguish people with severe mental conditions, albeit not to offer any form of treatment.

All in all, undergraduate programs in Psychology lay the foundation stone for an overall understanding of the field and prepare the student for more specialized training.

Master's degree programs in Psychology further refine the student's understanding of disorders, etiology, and the intricacies of assessment, diagnosis and treatment choices.

The potential risks of entering the counseling profession without a background in psychology

Misdiagnosis

One of the most profound dangers of entering the field of counseling without any foundational training is that of misdiagnosis. There are at least three ways in which this can happen. One is of the counselor overlooking the symptoms presented by the client thus not being able to accurately diagnose the problem. In their zeal of trying to help the patient, counselors with insufficient training may not be able to notice that there is something deeper that needs attention. Depression, for instance, may present itself as a series of bodily aches and pains and not as plainly as is described in textbooks. The untrained counselor may not be able to discern these disguised symptoms, thereby increasing the possibility of the patient not getting the help they need in time.

The second way in which misdiagnosis may happen is when the counselor with insufficient training experiences false alarms. There have been cases where a counselor with no formal training in psychology suspected that there was

something “wrong” a potential client and insisted on institutionalizing the patient, and ultimately rendering the patient much more traumatized by the experience of being in the mental health institution rather than with the disturbance itself.

Finally, diagnosis calls for the exercise of clinical wisdom, caution and the openness to consult with other specialists before labelling the client. Overzealously treating the patient with the limited knowledge and tools available with oneself without consulting other experts can be dangerous for the patient. Thus, when a patient complains of bodily aches, symptoms that closely resemble neurological symptoms or gastrointestinal symptoms, it is necessary to rule out physical causes, seek the opinion of doctors or other specialists before ascertaining whether the symptoms are physiological or psychogenic. Insufficiently trained counselors often overlook such concerns putting the patient in danger.

Lack of boundaries

One of the most significant causes of therapy being ineffective, and counselors feeling burnt out is the violation of professional boundaries. A lack of therapeutic skills increases the likelihood of counselors overextending themselves, getting emotionally overinvolved with clients and even getting embroiled in the emotional acting out of severely distressed clients.

Issues of transference and countertransference jeopardize client counselor relationships especially in the middle phase of the counselling process. It is crucial for the counsellor to be perceptive to such phenomena, and to guard against themselves feeling demeaned, attacked, dismissed or idealized and also against the client quitting therapy or continuing to act out of past distresses and distortions. Knowledge of theories that explain how such issues arise, how to recognize them and more importantly how to deal with them is indispensable for effective therapy.

Advising

A connected phenomenon that is highly likely to happen when the counselor does not have adequate knowhow to deal with complex client behaviours is the tendency to advise. Often the presentation of the problems of the client may look misleadingly similar to the problems the counselor have themselves faced. This is rarely the case. Counselors may also make errors like filtered and/or inadequate

listening, thus missing out on important details in the clients' narrative. The chance of falling prey to the temptation to offer solutions that have seemingly worked for oneself in the past is high when the counselor does not have the skills necessary to help the client conceptualize their problems well and to help them to arrive at appropriate solutions themselves. Such a tendency has been shown to be damaging to clients in two ways. For one, it deprives the client of having any sense of agency in solving their own problems. It may foster dependency on the counselor, and may also corrode the client's confidence in dealing with their issues. Secondly, the solution offered by the counselor may not be fitting for the client, and often, such imposed advice may leave the client feeling resentful about the process of counseling.

Needless to say, such practices lead to disillusionment for clients, leading to drop outs and premature case terminations. Inadequate training may also contribute to unethical practices and more client litigations.

In a country where seeking psychological support has just about begun to gather momentum, large number of dissatisfied clients would herald the sinking of a ship that has just begun to float.

International standards for counseling practice

Globally the requirement for entering counseling practice is a Master's Degree in counseling or clinical psychology, with an additional year of hands-on training in handling cases. Such training assumes that the trainee counselor will get supervision for the cases handled. Sometimes the sessions might be video recorded and then revisited and evaluated for the use of appropriate macro as well as micro skills of counseling (Noelle, 2002). At other times the supervisee might be given an opportunity to discuss the case with their supervisor in terms of what went well, what could have gone better and if the supervisee feels stuck with a case, guidance may be sought. There is quite a likelihood that the material presented by a client may evoke similar material and unresolved issues within the supervisee. In such a case, the supervisee is encouraged to seek counseling support for themselves. Even after obtaining a license to practice, the counselor is expected to be in supervision on an ongoing basis (Johnson, 2007). International standards stipulate that for roughly ten hours of counseling, the counselor must

get an hour of supervision for themselves. The license to practice is also valid only for a limited number of years. Getting the license to practice renewed requires that the counselor has been attending seminars and training programs for skill upgradation and has been in supervision. In order to safeguard against the indiscriminate use of unproven techniques in counseling practice, there has been strong promotion of the idea of evidence-based practice. Another check point for safeguarding the ethical and effective practice of counseling is the emphasis on client reviews. Counselors benefit greatly by being open to the feedback provided to them by their clients.

In India counseling services leave much to be desired in terms of quality control. Just as there are regulatory bodies like the UGC to ensure the quality of education by conducting periodic academic audits, there needs to be an apex regulatory body to ensure quality control of counselling services. There have to be stringent licensing procedures in place, and an emphasis on continued education of counselors. Ongoing supervision needs to be encouraged in order to safeguard the quality of services offered in our country. Having a huge number of people extending counseling services is not enough. It is only if we ensure the ethical growth of the profession and positive client outcomes that we can truly contribute to improve mental health in India in the years to come.

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