Psychiatric education in India: need for reforms
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INTRODUCTION:
Promoting mental health and reducing the burden of mental health disorders should be the prime aim of the policy makers in the country. The first step in this direction would of course be training of appropriate human resources. Psychiatrists play an important role in the delivery of mental health services. Information about the quality of training of psychiatrists in our country is largely unavailable.

Our country is known for its geographic, linguistic, ethnic and cultural variations. Definitely no two Indians of the 1.2 billion populations are the same and the real challenge is to produce psychiatrists who can suit to and cater the needs of this enormous diversity. Also with present global scenario, the role of psychiatrist is changing. The scope of psychiatry is unlimited from neurotransmitters to social issues like terrorism and suicide. Psychiatrists need to plan, co-ordinate and lead all the mental health activities. There is a need for courage, vision, innovation, positive outlook, social concern, leadership qualities on the part of a psychiatrist. Empowering psychiatrists empowers psychiatry. Hence quality psychiatric training is very important. But the million dollar question is "are we getting quality psychiatric training in our country?"

Objective of the study
To critically analyse the quality of psychiatric education in India, with emphasis on need for reforms.

Discussion:
Is the quality of psychiatric training uniform throughout the country? Are the training facilities adequate and uniform in all the psychiatric training centres? Are there facilities for psychiatric research available at all these places? Are we training adequate numbers of psychiatrists? What is the state of Undergraduate psychiatric training? One cannot escape without answering these questions if he wants better mental health in this country. The truth is there are definite shortfalls. There is a general deficiency and marked variability in psychiatric training across the country. But there is scope for improvement also.

The burden of mental illness in the country: The burden of mental illness in India is enormous. After an in-depth review of existing databases in the Indian region it is estimated that at least 20% of the Indian population have one or the other psychiatric problem. Psycho -somatic illnesses and co morbid psychiatric illnesses among chronic medically ill have not been included in this estimate. [1]

As per the Government of India's National Commission on Macroeconomics and Health Report of 2005, the...
prevalence of 'serious' mental illness in the Indian population is at least 6.5% \[2\] which by rough estimates would be 71 million people. This is larger than the population of most of the states in the country. In essence "if all the serious mental disorders were to be institutionalized we would in reality need almost another state". \[3\] Mental health disorders alone account for about 25% of total DALYs (Disability adjusted life years) lost due to priority non-communicable illnesses.\[4\] In fact the prevalence rates reported by Indian epidemiological surveys are considered "lower estimates". \[4\]

**The deficit of psychiatrists:**

There is enormous shortfall of mental health professionals including psychiatrists not only in our country but throughout the world. The estimated deficit of psychiatrists in India is 77% as per 2001 census. 17 Indian states and UTs are below this average. \[3\] The resources available are insufficient, inequitably distributed and inefficiently used. Majority of the rural population do not have access to even basic mental health services.

**The budget:**

Health sector is the least priority area for allocation of funds. The proportion of budget allocated to mental health is only 2.05% of the total health budget (Mental Health Atlas 2005, WHO). \[5\]

**Need to reform the UG and PG psychiatric training in the country:**

There is an urgent need to reform the psychiatric medical education, both at the UG and PG level in the country.

Let us examine the current state of psychiatric education in our country. There are very few studies in this area and there is a paucity of data.

Availability of psychiatric PG course: Below is some relevant statistics from Medical Council of India pertinent to this topic. \[6\]

Medical colleges in India offering MBBS (Table 1)

During the past decade there has been mushrooming of private institutions and now their number exceeds the Government Medical colleges.

**Table 1: Medical colleges in India offering MBBS**

<table>
<thead>
<tr>
<th>Medical colleges</th>
<th>Recognized</th>
<th>To be recognized</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>130(16060)</td>
<td>125(15785)</td>
<td>255(31845)</td>
</tr>
<tr>
<td>Government</td>
<td>125(15785)</td>
<td>19(2000)</td>
<td>144(31845)</td>
</tr>
<tr>
<td>Both</td>
<td>255(31845)</td>
<td>62(7600)</td>
<td>317(38445)</td>
</tr>
</tbody>
</table>

**Medical colleges in India offering MD Psychiatry (Table 2)**

There are 356 MD psychiatry seats in 140 medical colleges in India. 139 MDs are from 71 Private medical colleges. Nearly half of these are yet to be recognized by MCI. 10% of Government Medical college seats are yet to get recognition.

**Table 2: Medical colleges in India offering MD Psychiatry**

<table>
<thead>
<tr>
<th>Medical colleges</th>
<th>Recognized (Seats)</th>
<th>To be recognized (Seats)</th>
<th>Total (Seats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>30(6900)</td>
<td>41(7000)</td>
<td>71(13900)</td>
</tr>
<tr>
<td>Government</td>
<td>55(19300)</td>
<td>13(2200)</td>
<td>68(21500)</td>
</tr>
<tr>
<td>Both</td>
<td>85(26200)</td>
<td>54(9200)</td>
<td>139(35600)</td>
</tr>
</tbody>
</table>

**Medical colleges in India offering DPM (Table 3)**

The number of colleges offering diploma course can be seen in the table below. One-third of the diplomas from private medical colleges are yet to be recognized. All except one DPM from Govt. Medical College are recognized by MCI.

**Table 3: Medical colleges in India offering DPM**

<table>
<thead>
<tr>
<th>Medical colleges</th>
<th>Recognized (seats)</th>
<th>To be recognized (Seats)</th>
<th>Total (Seats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>20(3200)</td>
<td>10(1200)</td>
<td>30(4400)</td>
</tr>
<tr>
<td>Government</td>
<td>27(8400)</td>
<td>1(100)</td>
<td>28(8500)</td>
</tr>
<tr>
<td>Both</td>
<td>47(11600)</td>
<td>11(1300)</td>
<td>58(12900)</td>
</tr>
</tbody>
</table>

**Medical colleges in AP (Table 4)**

There are 14 Govt. and 23 private medical colleges in AP. 3 Private medical colleges need to be recognized while 4 Government Medical colleges in AP are awaiting MCI recognition.

**Table 4 MBBS Medical colleges in AP**

<table>
<thead>
<tr>
<th>Medical colleges in AP</th>
<th>Recognized (seats)</th>
<th>To be recognized (Seats)</th>
<th>Total (Seats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>20(2750)</td>
<td>2(200)</td>
<td>22(2950)</td>
</tr>
<tr>
<td>Government</td>
<td>10(1450)</td>
<td>3(300)</td>
<td>13(1750)</td>
</tr>
<tr>
<td>Both</td>
<td>30(4200)</td>
<td>5(500)</td>
<td>35(4700)</td>
</tr>
</tbody>
</table>

**Medical colleges in AP offering MD Psychiatry (Table 5)**

Only 3 out of 14 Government Medical colleges in AP are offering MD Psychiatry course. 16 out of 20 Private
Medical Colleges offer MD Psychiatry. But 9 of them are not recognized by MCI.

**Table 5: Medical colleges in AP offering MD Psychiatry**

<table>
<thead>
<tr>
<th>Medical colleges offering MD Psychiatry in AP</th>
<th>Recognized (Seats)</th>
<th>To be recognized (Seats)</th>
<th>Total (Seats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>7(13)</td>
<td>9(16)</td>
<td>16(29)</td>
</tr>
<tr>
<td>Government</td>
<td>3(15)</td>
<td>-</td>
<td>3(15)</td>
</tr>
<tr>
<td>Both</td>
<td>10(28)</td>
<td>9(16)</td>
<td>19(43)</td>
</tr>
</tbody>
</table>

*Number in parenthesis indicate number of students*

**Medical colleges offering DPM in AP (Table 6)**

Only 4 Govt. Medical colleges are offering DPM. 8 Private colleges are offering DPM but 3 of them are yet to be recognized.

**Table 6: Medical colleges offering DPM in AP**

<table>
<thead>
<tr>
<th>Medical colleges offering DPM in AP</th>
<th>Recognized (Seats)</th>
<th>Not Recognized (Seats)</th>
<th>Total (Seats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>5(5)</td>
<td>3(3)</td>
<td>8(8)</td>
</tr>
<tr>
<td>Government</td>
<td>4(7)</td>
<td>-</td>
<td>4(7)</td>
</tr>
<tr>
<td>Both</td>
<td>9(12)</td>
<td>3(3)</td>
<td>12(15)</td>
</tr>
</tbody>
</table>

*Number in parenthesis indicate number of students*

There is no even distribution of Medical colleges offering Psychiatry degree/diploma courses. Only few medical colleges offer Post Graduate course in psychiatry. For example, in AP II Government Medical colleges do not offer MD psychiatry course. This is not so with other courses like MD general medicine or MS ENT, which are offered in all the institutions. All the 15 MD seats are concentrated in 3 Government Medical colleges only. Many of the courses in Private institutions are yet to be recognized. There should be constant quality check in Private centres. Although the figures appear a little appealing the increase in numbers is only due to the recent mushrooming of private medical colleges. The quality in the Private centres which are business oriented is always dubious. During the recent examinations most of the private institutions are supplied with patients from Government colleges.

We need improvement in the quality as well. Just having mere numbers is not enough. We need to have adequate training, research and treatment facilities in these Institutions. Let us examine these aspects.

**Training facilities:**

**Manpower:** Qualified teaching faculty is the back bone of PG training. Their adequate number needs to be assured. There is a great disparity between the required number of qualified psychiatrists as per MCI norms/ Mental Health Act provisions and the sanctioned posts in Government institutions. In most places the sanctioned posts are also vacant. In private institutions faculty in full strength is seen only at the time of MCI inspections. Measures should be taken to recruit qualified teaching faculty at all psychiatric training centres. There should be a time-bound recruitment policy. The pay and incentives of the faculty should be adequate with good working conditions. Promotions should be time bound. These will hold the doctors from leaving to other places of the world. Psychiatry departments need to be present in General Hospitals also. This gives scope for learning General Hospital Psychiatry and liaison.

**Need for General Hospital Psychiatric Units:**

A substantial number of patients with physical complaints attending general Hospital in fact have underlying psychiatric illness. Also the psychiatric co-morbidity with physical illnesses is very high. For example, up to 63% of HIV positive people, 20% with Myocardial Infarction, 33% with cancer, 25% with diabetes and 29% with Hypertension had co-morbid depression. Many neurological disorders have psychiatric co-morbidity. Pain management is a multi-disciplinary condition where psychiatrist has a pivotal role. Psychological factors have so much interplay with soma and no specialist can do away without a basic knowledge in psychiatry. High comorbidity also has treatment implications. The deficiency of psychiatric specialists is very high. Most of the psychiatric patients attend a basic doctor first. If the psychiatric facilities are within the general hospital itself there is less stigma and greater scope for mutual learning and liaison. Hence adequately staffed and equipped psychiatric departments are a must in General Hospitals. But the picture is bleak in this area in our country.

In Andhra Pradesh for example Nizam's Institute of Medical Sciences which is a Deemed University and PG training centre, unfortunately does not have a psychiatric department. Similarly Osmania General Hospital, catering to nearly 2000 out-patients per day does not have a GHPU. Most of the GHPU's in AP are non-functional due to the absence of qualified psychiatrists. Mismatches are still present in many places where other specialty people work in psychiatry departments. This is even so in places where Postgraduate training is going on. The distance between Psychiatric and general hospitals is very high. For example it is nearly 15kms from Osmania General Hospital to Institute of Mental Health, Hyderabad. There is absence or shortage of critical care services in psychiatric hospitals and many lives are lost during the transit. Stigma is the main reason for the absence of / poor development of the GHPUs. Psychiatry is not viewed as a medical science by most of the medical fraternity even today. In most of the places psychiatric departments
were distanced from the general hospital and unless deinstitutionalisation takes place there is less scope for liaison.

**Training of teachers:** Updating of the knowledge of the faculty is very important. Training of the teachers should take place on a regular basis. But unfortunately there is (are) very few such training programs except for pharma-sponsored ones which are likely to be biased for commercial reasons. The incentives to the teachers and facilities provided for them need to improve if quality services are expected of them. Research work needs to be encouraged.

**Infrastructure:** No warrior, however strong he is, can fight without weapons. A well equipped psychiatric unit is the need of the hour. But the situation pathetic in many centres with poorly equipped hospitals which lack basic medicines, emergency life saving equipment, drugs, and grossly inadequate supporting staff. NHRC has critically commented upon the absence of these facilities and deficiency in the manpower. Most of the data below is from the observations made by the NHRC during its recent visits to Mental Hospitals in the country. The needed facilities for post graduate training and the present state in the centres are grossly enumerated. No exact figures and statistics are available and the facilities need to be studied.

**Availability of facilities for the examination of patients:** This is the most basic requirement. Psychiatric patients need privacy and confidentiality. In most of the places, the wards and OPD are marked by the absence of private rooms. Patient is surrounded by a mob of nursing and medical students, attendants of other patients etc. Sometimes simple equipments like weighing machines, measuring tapes, BP apparatus, fundoscopes etc are absent.

**Availability of emergency facilities:** Emergency facilities are absent and patients need to be shifted to General Hospitals which are usually very distantly placed. Many important lives are lost during the transit.

**Pharmacy:** The pharmacy in most places does not have many drugs. The quality of drugs is poor. The drug strengths supplied are not convenient. For example Carbamazepine 100mg, Sodium Valproate 200mg are supplied which means that patient needs to use 8 tabs of Carbamazepine if he needs 800mgs dose. This would grossly reduce patient compliance also. There is a very restricted supply of drugs. There is not much choice available, and even though they read about many new drugs in the book, the PGs do not get any practical experience of using them. Pharmacy departments are marked by the absence of qualified pharmacists.

**Availability of lab facilities:** Some centres are running for decades together without basic lab facilities and qualified biochemists and lab-technicians. 24 hour lab facilities are present in very few centres.

**Biochemical testing material:** Either deficient or absent in most centres.

**Radiological testing material:** The posts of radiographers are vacant in many centres. Sometimes even the basic x-ray may not be available forget about the CTs, MRIs, SPECT etc

**Availability of clinical psychology department:** Absence of or grossly under-staffed clinical psychology departments are the hallmark of most of the PG training centres in the country. Some of them are running without even single clinical psychologist. Even when the psychologist is available he does not have the required assessment instruments. Neuro-Psychological testing material is usually absent.

**Availability of Occupational therapy (OT) unit:** Many centres do not have a OT unit and in most of the places the OT units have become defunct as the staff are not recruited after retirement.

**Availability of Rehabilitation facilities:** Majority of the tertiary training and research centres do not have rehabilitation units.

**Availability of Social worker:** Usually absent in most of the centres.

**Availability of psychiatric nurse:** The hospitals not only lack psychiatric nurses but also the nursing staff is grossly deficient.

**Residency system:** Though residency system is made mandatory by the medical council in AP no facilities have been developed for the PGs to stay. Even while the PGs are ready to render their 24 hours services, the absence of other facilities is a hindrance.

**Availability of research facilities:** Facilities for research are the hallmark of a good training centre. Most of the centres lack research facilities except for a few national institutes. Majority of the paper presentations and publications come from National institutes and other centres of repute.

**Availability of library:** Qualified librarians are absent in many colleges. The library is not open 24hours and there are very few books, most of which are outdated versions.

**Availability of Journals:** There are very few centres where one can get access to the latest journals. Very few centres have subscription for even a minimum of five journals. Fortunately the Journal of IPS is free for its members. It is unreasonable to expect quality research work and training in the absence of these services.

**Facilities for Biostatistics:** Qualified statistician is a must in any Centre if the research has to grow. Special training in basic statistics should be given to PGs.
Access to Ethics committee: Most of the trainees do not have access to ethics committee for approval of their papers. Lack of ethics committee indirectly means lacking in "ethics." Psychiatrists who talk of promoting ethics should insist upon having an ethics committee in their Institute. All research work should have approval of ethics committee before initiation.

There should be audio-visual aids and computer facilities available for PG students. Access to data bases like pub med, embase, psycinfo, scopus, and others should be made mandatory.

Log books need to be strictly maintained and there should be a pre-defined curriculum.

Rotation requirements i.e. postings to neurology, general medicine, child psychiatry etc should be insisted as per MCI guidelines.

There should be inter-disciplinary seminars and workshops. This would go a long way in liaison and decreases stigma.

Basic sciences: Training in basic sciences like general psychology, neuroanatomy, neurophysiology, neurochemistry, psychopharmacology, genetics, neurobiology, research methodology and bio-statistics, social psychology etc is very important. Strong education of the fundamental principles of the psychiatric basic sciences will enhance treatment skills. A separate focus on methods of statistics and research will enable trainees critically analyze published data.

In addition to textbook knowledge the Post Graduate should have training in communication and teaching skills, administrative skills etc.

Bilateral arrangements: There should be cross-deputations for defined periods among various institutes within and outside the country. This would expose students to different teachers, view points, different patient groups and different infrastructures. Such deputations would also give scope for exchange of views. This should take place within and outside the country.

The standards of post graduate training are not uniform in the country. While the national institutes like NIMHANS, AIMS, PGI, IHBAS, CIP-Ranchi, CMC-Vellore etc are having excellent training and research facilities, the situations in majority of the other training centres in the country is not up to mark. For example, while NIMHANs library has nearly 100 periodicals some of the centres are marked by the total absence of journals. Most of the presentations and publications are coming from the Central Institutes while other centres have very few of them. Almost no research work is going on in some centres. Hence there is an urgent need to introspect into and change the quality of PG training in our country.

Undergraduate training: The only answer to poor resources would be to turn to basic doctors. But, the representation of Psychiatry in undergraduate curriculum is still very scant. At present nearly 15 hours of didactic lectures are allotted to psychiatry, as a part of medicine, in UG curriculum. They have only 2 weeks posting in psychiatry which in reality would mean not more than 10 days. There is no place for psychiatry in undergraduate practical exams and in theory one to two short notes questions may appear in psychiatry (not mandatory). Medical colleges are marked by the absence of psychiatric departments and even if they are present they are grossly understaffed. Students lack motivation and usually do not attend to psychiatry postings and classes. Stigma and misconceptions are widely prevalent even among medical students and non-psychiatrist doctors. [9]

Psychiatrists need to generate interest among medical graduates in the field of psychiatry. MCI has recently come out with mandatory two weeks postings for internees in the department of psychiatry. But even this is grossly inadequate. While the house surgeons are doing psychiatry postings they are being given night duties at AMCU and other medical departments. Also, most of the internees are managing without attending the postings.

We should sensitize our medical brethren, health administrators and regulatory body office bearers, policy makers about the significance of undergraduate Psychiatric education. The aim of Psychiatry training should be to empower a medical graduate to diagnose and manage common mental disorders. In our view there is an urgent need to increase the number of hours of teaching in psychiatry. Three months posting should be given to UGs and one month of internship training should be allotted for psychiatry. A separate psychiatry paper like that in paediatrics, ENT and other specialties is required. There should be space for psychiatry in the practicals as well. Postings for PGs of other specialties into psychiatry should also be made mandatory. Training of PHC medical officers and other specialists alone does not yield good results without improving training during MBBS. It is also not cost effective. For long term results improving UG training is the only solution. Focus should be on common illnesses. Training in communication skills should become an essential part of the curriculum. For this to happen adequately staffed and equipped psychiatry departments should be present in all the teaching hospitals. Unless the requisite infra-structure, manpower and other facilities are developed, quality training in psychiatry will only be a distinct dream.

Conclusion:

Though we have made some progress, there are definite shortfalls in PG and UG psychiatric training. There is an urgent need to reform psychiatric training in our country.
Promoting mental health is a definite priority for the country and for this to be achieved quality and uniform psychiatric training is very important. Unless the requisite infra-structure, manpower and other facilities are developed, quality training in psychiatry will only be a distinct dream.

Acknowledgments: Nil

Author contributions:

Srinivasa SRR Yerramilli (SSRRY) conceptualized and designed the study. Y V Siva Sanakara Murty (YVSSM) was involved in acquisition of data. SSRRY analysed and interpreted the data. Both authors drafted the article, and revised it critically for important intellectual content. Both authors gave final approval of the version to be published. SSRRY is the guarantor for this study.

References