

Trained Professional and Service Opportunity Gap in India in the Field of Mental Health: The Enigma

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Sir,

Though there is a lot of evidence-based discussion on mental health treatment gap, i.e., lower psychiatrist-to-patient ratio in comparison with high-income countries, is it practically feasible to accommodate all of them if many more psychiatrists are added to the current pool of psychiatrists?

As per the National Mental Health Survey (NMHS), in India, there were only 3,800 psychiatrists in India as compared to recommended 11,500.¹ As per the Indian Psychiatric Society (IPS) Directory search, we have 8,600 psychiatrists who are members and adding to this many young psychiatrists being graduated every year.² As per the current statistics, the psychiatrist-to-patient ratio in India is 0.3 per lakh compared to 6 per lakh in high-income countries. According to the recently concluded NMHS, the number of psychiatrists in India remains low and varies from 0.05 in Madhya Pradesh to 1.2 in Kerala per lakh population.³

According to a study published in *Lancet*, one in every seven Indians was affected by mental disorder [197.3 million people, 95% uncertainty interval (UI) 178.4–216.4], the proportional contribution of mental disorders to the total disease burden in India almost doubled from 1990 to 2017 (increasing from 2.5%, 95% UI 2.0–3.1, in 1990, to 4.7%, 3.7–5.6, in 2017), and marked provincial variations in the prevalence of disorders were observed.⁴

Psychiatric disorders are one of the major causes of global burden of diseases. According to the World Health Organization (WHO) study, the treatment gap (the number of people with diseases who are not in treatment) of mental disorders in developing countries was 76–85%. According to the recently conducted NMHS, the treatment gap of any mental disorder in India was reported to be as high as 83%. The overall current mental health morbidity was 10.6%. Despite efforts to provide care, a huge treatment gap exists for all types of psychiatric disorders. This huge treatment gap raises serious questions about the accessibility, affordability, and acceptability of the available mental health services. Further, around 50% of the persons with mental illness (PMI) access the public mental healthcare sectors.⁵

All said and done where are the job vacancies available to accommodate the psychiatrists, what are the steps taken by the government to create more job opportunities for newly qualified specialist psychiatrists? How could the gap between rural and urban deficiency of psychiatrists will be filled? And to implement the Mental Health Care Act (MHCA) of 2017, there is a need for

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estimated 40,000 psychiatrists to fill the gap but practically there are not enough employment opportunities for so many doctors.⁶

In India, there is a huge deficit and disparity of psychiatry training posts and institutes in more than two-thirds of Indian states and Union Territories (UTs). This misdistribution can affect or delay the implementation of MHCA, 2017.⁷ According to the December 2019 data, India had 213 psychiatry training institutes and 868 psychiatry trainee seats which were unevenly distributed across the 29 states and 7 UTs. As per the National Medical Commission (NMC) Website, currently there are a total of around 1,800–2,200 psychiatrist faculties available in 554 medical colleges teaching MBBS in India, considering rest as private psychiatrists and some working in district hospitals, and every year around 992 doctors complete their training to become qualified psychiatrists from 244 medical colleges all over India.^{8,9}

Currently, there are 543 psychiatrists available in Karnataka as per the IPS—Karnataka Directory. Most of the medical colleges and government posts are filled except for some in remote areas of north Karnataka and for upcoming new government and private medical colleges. The District Mental Health Programme (DMHP) in Karnataka is active with current statistics of a total of 32 districts with a coverage of 26 districts and 8 taluks which are run by qualified psychiatrists.¹⁰ Currently, Karnataka seems doing well in country in terms of filling the

posts and delivering the mental health services as per the Government of India. There are around 593 districts as per the 2011 Census of India.¹¹ Assuming a similar situation all over India that in most of the places, the faculty positions and government posts being filled, and hence, there are few or no vacancy for new psychiatrists at present. If the government concentrates only on increasing postgraduate seats to substantiate MHCA 2017 to fill the treatment gap, then where are the job opportunities to work for so many psychiatrists?

Many young psychiatrists are opting for private practice or prefer to go overseas due to the lack of government posts with attractive pay. Karnataka is one such example to fill most of the DMHP posts due to attractive salary packages to psychiatrists (even though not permanent government posts) and provide adequate medicines to treatment centers. The State of Karnataka has implemented compulsory rural service postings for all government postgraduates with written bond service which is contributing toward filling vacant posts in and around rural areas for 1 year at least, but whether it is going to be helpful in long run, we need to wait for results.

Developed countries allocate 5–18% of their annual health-care budget on mental health, while India allocates roughly 0.05%.¹² How is the situation going to improve? How best the available resources can be utilized to reach the unreached? Many states have not yet established the State Mental Health Authorities due to various reasons even though MHCA 2017 is being implemented. The approximate conservative estimated total cost on the government to implement the act is 94,073 crore rupees.¹³ This budget may not include expenses of the Taluk Mental Health Programme and compulsory rural service.

The major challenge is to translate this knowledge into action. The future actions should concentrate on how best the available mental health resources can be utilized by providing better employment opportunities to newly qualified psychiatrists.

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