

# Clinical Psychology in India: Scope, Challenges, and the Urgent Need for Regulation and Awareness

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**Abstract**—Clinical psychology in India is gaining prominence due to increasing mental health concerns, greater societal awareness, and policy shifts. This paper explores the role and relevance of clinical psychology, highlighting the distinctions between clinical psychologists and psychiatrists. It investigates why many individuals are drawn to clinical psychology as a career and evaluates its scope compared to other psychology subfields. The paper also discusses India's significant shortage of trained professionals, societal stigma surrounding mental health, and why mental health professionals remain underpaid. A key issue addressed is the rise of unqualified individuals acting as counselors, fueled by lack of awareness and weak regulatory enforcement. This review emphasizes the need for stronger policies, standardized training, and widespread public education to ensure ethical, accessible, and professional mental healthcare.

**Index Terms**—Clinical psychology, mental health in India, psychiatrist vs psychologist, stigma, RCI licensing, unqualified counsellors, therapy demand, mental health workforce, healthcare regulation, emotional wellbeing

## 1. WHAT IS CLINICAL PSYCHOLOGY?

Clinical psychology is a branch of psychology focused on assessing, diagnosing, treating, and preventing mental illnesses and emotional disorders. It combines scientific research, clinical knowledge, and therapeutic practices to improve psychological well-being and reduce distress or dysfunction.

## 2. DIFFERENCE BETWEEN A CLINICAL PSYCHOLOGIST AND PSYCHIATRIST

**Clinical Psychologist:**

Trained in psychology, holds a Master's/Ph.D./Psy.D. degree.

Not a medical doctor (does not attend medical school). Specializes in psychotherapy, counseling, and psychological testing.

Cannot prescribe medication (in most countries).

Uses techniques like CBT, DBT, talk therapy, etc.

Focuses on behavioral, emotional, and mental health issues.

Works in clinics, hospitals, schools, and private practice.

Treats issues like depression, anxiety, phobias, PTSD, etc.

Education duration: ~6–8 years after high school.

 **Psychiatrist:**

A medical doctor (M.D./D.O.) with a specialization in psychiatry.

Can prescribe medications for mental health conditions.

Uses biological and medical approaches to treatment.

May also provide therapy, but it's not always their primary role.

Treats severe mental disorders like schizophrenia, bipolar disorder, severe depression, etc.

Can conduct medical tests and prescribe both physical and psychological treatments.

Works in hospitals, psychiatric institutions, and private clinics.

Education duration: ~8–10 years after high school (including medical school).

## 3. WHY PEOPLE PREFER CLINICAL PSYCHOLOGY AS A CAREER?

### 1. Strong Desire to Help Others

- Many are drawn to directly helping people manage mental health issues like depression, anxiety, trauma, etc.
- Provides a sense of purpose and fulfillment by improving others' emotional well-being.

### 2. High Demand & Job Opportunities

- Mental health awareness is growing worldwide → increased demand for clinical psychologists.
- Opportunities in hospitals, clinics, private practice, schools, NGOs, and more.

### 3. Diverse Career Options

- Can specialize in child psychology, trauma therapy, addiction, neuropsychology, health psychology, etc.
- Freedom to work in therapy, assessment, research, teaching, or consultation.

### 4. Prestige & Recognition

- Clinical psychology is often considered the "core" or most applied branch of psychology.
- Involves deep expertise in diagnosing and treating disorders, gaining professional respect.

### 5. Emphasis on Real-World Impact

- Allows professionals to see visible changes in patients over time.
- Immediate application of psychological knowledge to practical, human problems.

### 6. Personal Interest in Mental Health

- Many enter the field due to personal experiences or passion for understanding human behavior and emotions.
- Offers insight into self-awareness and emotional intelligence.

### 7. Flexibility and Independence

- After gaining experience, clinical psychologists can open private practices, work as consultants, or offer online therapy.
- Flexible working hours and greater control over work-life balance.

### 8. Research and Academic Potential

- Opportunities for research, publishing, or pursuing academia.
- Helps contribute to scientific knowledge on mental health.

### 9. Well-Structured Training

- Clinical psychology programs are often rigorous and standardized, with clear training in assessment and therapy.

- Leads to confidence and competence in practice.

### 10. Better Earning Potential (in some countries)

- Clinical psychologists (especially in private practice or with advanced degrees) often earn more than those in less applied branches like experimental or theoretical psychology.

## 4. IS CLINICAL PSYCHOLOGY TRULY HAS THE HIGHEST SCOPE AS COMPARED TO THE OTHER SUB-BRANCHES OF PSYCHOLOGY?

Clinical psychology indeed holds strong and growing relevance in India, propelled by increasing mental health needs, policy emphasis, and a significant service gap.

Yet, when measured through salary and niche demand, other fields like neuropsychology, industrial-organizational psychology, and educational psychology may offer more lucrative options—at least for now.

The best choice depends on our interests, goals, and whether your priority is impact (clinical) or income and specialization (e.g., neuro, I/O).

## 5. WHY CLINICAL PSYCHOLOGISTS ARE NEEDED IN INDIA

### 1. Severe Mental Health Crisis

According to the National Mental Health Survey (2016): 1 in 7 Indians suffers from a diagnosable mental disorder. Common conditions: depression, anxiety, substance abuse, suicidal behavior.

### 2. Huge Shortage of Mental Health Professionals

As per WHO: India has only 0.07 clinical psychologists per 100,000 people. WHO recommends 1 per 10,000 — showing a massive shortfall. India needs at least 20,000+ clinical psychologists, but has fewer than 9000 registered.

### 3. Increasing Mental Health Awareness

Campaigns by the Government of India (e.g., NMHP, Tele-MANAS), and NGOs are: Reducing stigma around mental illness. Increasing help-seeking behavior. More people are now open to therapy and counselling, increasing demand.

### 4. Legal Mandate: RCI Licensing

The Rehabilitation Council of India (RCI) mandates only RCI-licensed Clinical Psychologists (with M.Phil in Clinical Psychology or PsyD) can practice legally

in clinical setups. This raises professional standards and increases the need for trained experts.

#### 5. Growing Job Opportunities

Clinical psychologists are now hired by: Hospitals, mental health clinics, rehab centers. Schools, corporates, courts/prisons, and start-ups. The rise of teletherapy platforms (e.g., YourDOST, MindPeers, BetterLYF) has created online opportunities too.

#### 6. COVID-19 Impact

Post-pandemic, there was a surge in mental health issues, including: Grief, anxiety, loneliness, PTSD → further boosting demand for mental health support.

#### Key Statistics at a Glance

Metric Status in India

People needing mental health care ~200 million (per WHO)

Clinical psychologists available ~8,000–9,000

WHO recommended ratio-1 per 10,000

Actual ratio-0.07 per 100,000 (much below required)

Increase in therapy demand (2020–25)~100%+ due to awareness and online tools

#### 7) WHY THERE IS A STIGMA REGARDING CONSULTANTING MENTAL HEALTH PROFESSIONALS:

##### 1) Cultural Beliefs and Social Conditioning

Many societies (especially in Asia) believe that mental illness is a sign of personal weakness, bad karma, or spiritual failure. People are taught to “stay strong” and not talk about emotions, making therapy seem like a “last resort” or taboo.

 Common Belief: “Strong people don’t need therapy.”

##### 2. Fear of Being Judged or Labeled:

Individuals fear being called “mad”, “crazy”, “unstable”, or “weak” by society or family. Mental illness is often confused with insanity, which leads to social isolation and shame.

 “What will people think if I go to a psychologist?”

##### 3. Lack of Awareness

Many still don't know the difference between a psychologist, psychiatrist, counselor, or life coach. Mental health issues like anxiety, depression, OCD, trauma, etc., are often unrecognized or misunderstood. Example: Physical symptoms like headaches or sleep problems caused by anxiety are often blamed on “stress” or ignored.

##### 4. Media Misrepresentation

Films and TV often portray people with mental illness as violent, dangerous, or unstable. Psychologists and psychiatrists are shown as extreme, mysterious, or ineffective, reinforcing negative views.

##### 5. Fear of Discrimination

People worry about losing jobs, relationships, respect, or marriage prospects if others know they are getting mental health support. This is especially true in conservative or traditional families.

##### 6. Family and Peer Pressure

Families often dismiss mental health issues, saying: “It’s just a phase.” “Stop overthinking.” “Just be positive.” Seeking therapy is sometimes seen as “ungrateful” or “drama”, especially when there’s no visible crisis.

##### 7. Belief That Only ‘Serious’ Problems Need Therapy

People think mental health support is only for extreme cases like psychosis or suicide attempts. Issues like low self-esteem, anxiety, burnout, or relationship problems are not taken seriously.

##### 8. Religious or Spiritual Explanations

Some communities view mental distress as: God’s punishment, black magic, or evil spirits. They prefer spiritual healers over psychologists.

#### 6. WHY IS THE JOB OF MENTAL HEALTH PROFESSIONALS UNDERPAID?

##### 1) Low Prioritization of Mental Health in Healthcare Systems

Mental health is often considered less urgent than physical health. Government budgets and health insurance plans allocate very little to mental health services. In India, only ~1.3% of the health budget goes to mental health (as per National Mental Health Survey reports).

##### 2. Undervaluation of Emotional Labour

Society often undervalues the invisible emotional effort that therapists, counselors, and psychologists put in. Mental health work involves empathy, listening, crisis intervention, and long hours — but it's often not seen as “real work.”

##### 3. Supply-Demand Mismatch in Certain Areas

In some urban areas, there are too many unregulated practitioners (e.g., unlicensed counselors, coaches), leading to price competition. Many psychologists work independently or on contract, without stable salaries or benefits.

##### 4. Dominance of Medical Professions

In healthcare settings, psychiatrists and doctors are prioritized in funding, hiring, and salary structures. Clinical psychologists often work under medical supervision, leading to a power imbalance in pay.

#### 5. Limited Institutional Support and Jobs

Government hospitals and universities have very few sanctioned posts for psychologists. Those available often come with low pay, high workload, and limited growth. Private practice requires years of building trust and reputation before income becomes stable.

#### 6. Patients' Willingness to Pay is Low

In many countries, especially India: People are more likely to pay for physical treatment than therapy. Therapy is seen as luxury or optional, so many expect it to be free or cheap. There is also poor insurance coverage for psychological services.

#### 7. Research and Teaching Roles Also Underpaid

Even in academia, psychology professors and researchers (unless in elite institutions) are paid less than engineering or medical faculty. There's less funding for mental health research in India compared to STEM fields.

#### 8. Gender Bias in Care Work

Since many mental health workers are women, their work is often devalued due to systemic gender bias. Caregiving roles — therapy, nursing, teaching — tend to be seen as extensions of “natural roles”, not skilled labor.

#### 9. Lack of Strong Professional Unions/Regulation

Unlike doctors or engineers, mental health professionals have weaker regulatory bodies and unions. This leads to inconsistent salaries, poor protection, and lack of standardized fees.

### 7. WHY ARE THE PEOPLE WITHOUT VALID DEGREES ACTING AS COUNSELLORS OR PSYCHOLOGISTS?

#### 1. Lack of Awareness Among the Public

Most people do not know the difference between a psychologist, counsellor, or psychiatrist. They may assume anyone who gives advice or talks about mental health is qualified.

#### 2. Shortage of Licensed Professionals

India faces a severe shortage of licensed mental health professionals: WHO recommends: 1 psychiatrist per 10,000 people. India has: 0.75 psychiatrists per 100,000 (as per NIMHANS 2016 report). This creates a gap that unqualified individuals fill.

#### 3. Unregulated Sector

India lacks strict implementation of regulations for mental health professionals. The Rehabilitation Council of India (RCI) and Medical Council of India (MCI) regulate qualifications, but enforcement is weak.

#### 4. Proliferation of Online Courses & Fake Certifications

Many people do short-term or online courses that are not recognized by RCI or UGC. These individuals call themselves counsellors or “healers” without any clinical training.

#### 5. Social Stigma and Preference for Informal Help

Some people avoid licensed mental health professionals due to stigma. They turn to life coaches, astrologers, religious gurus, or “motivational speakers” posing as mental health experts.

#### 6. Commercial Exploitation

Mental health is a growing market. Some people exploit this trend by offering unqualified “therapy” for profit. They advertise heavily on social media, drawing in vulnerable people.

#### 7. Low Cost and Easy Access

Unqualified individuals often charge less and are more accessible, especially in rural or semi-urban areas.

### 8. CONCLUSION

India stands at a critical juncture in addressing mental health concerns. With over 200 million people requiring care and a disproportionately low number of trained professionals, clinical psychology holds an essential position in bridging the mental health gap. Despite its high societal impact, the profession faces underpayment, stigma, and the challenge of unregulated practitioners. Resolving these issues requires collective efforts—government policy reinforcement, strict licensing enforcement, public education, and enhanced institutional support. Only then can clinical psychology truly fulfill its potential to transform mental well-being across the nation.

### REFERENCES

- [1] National Mental Health Survey of India (2016) – NIMHANS, Ministry of Health and Family Welfare.
- [2] World Health Organization (WHO) – Mental Health Atlas, 2021.

- [3] Rehabilitation Council of India (RCI) – Guidelines on licensing clinical psychologists.
- [4] National Health Policy (2017) – Government of India.
- [5] Math SB, Murthy RS. (2017). Mental health services in India: Challenges and prospects. Indian Journal of Psychiatry.
- [6] Patel V., Saxena S., Lund C., et al. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet.
- [7] Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. Frontiers in Public Health.