Indian mental health legislation

Sir: I read with interest the critical review by Kala & Kala on mental health legislation in contemporary India in the July issue of *International Psychiatry* (pp. 69–71). Kala & Kala mention various shortcomings in the Indian Mental Health Act 1987. As a psychiatrist who has worked in both India and the UK (and thus under the Mental Health Acts of both countries) I would like to draw attention to some other gaps which I feel are as important.

First, the Indian Act does not mention involuntary medication at all. Involuntary medication is not synonymous with involuntary admission. Both voluntary and involuntary patients could in principle insist on having only psychological interventions and refuse all psychotropic medication. The powers and duties of a psychiatrist in such cases remain undefined by the Act. The Act similarly omits mention of electroconvulsive therapy. In a wider sense, it is not clear whether involuntary admissions (admission under special circumstances, admission under reception order) give psychiatrists the right to treat patients against their will.

Second, the Act does not define the circumstances under which involuntary admissions are advisable. A psychiatrist and two medical practitioners agreeing that a patient has a mental illness and needs treatment is not enough. Treatment for psychiatric illnesses is also possible in the community. Where do we draw a line?

Third, the Act attempts to define 'psychiatrist' and 'medical practitioner' early in its text. It is not absolutely necessary to have a psychiatric postgraduate qualification to be deemed a 'psychiatrist' under the Act. A medical practitioner with sufficient experience in psychiatry can also be considered a 'psychiatrist' for the purposes of the Act. What constitutes sufficient 'experience' for the purposes of the Act again remains undefined.

Fourth, the Act does not include prescribed forms for involuntary admissions. Without prescribed forms, any kind of uniform, standardised practice throughout a country with dimensions such as India will remain difficult to implement.

Fifth, the Act does not mention the role of psychiatrists in the case of prisoners who are mentally ill. They are a large population who remain for the most part neglected by both the criminal justice system and the health services in India. In my experience, psychiatrists are involved only to the extent of giving reports about whether a person is 'fit to stand trial'. While working in India, I often wondered what happened to prisoners who became mentally ill in prison, or people who were not convicted after making a successful insanity plea but remained dangerous to society because of their psychopathology.

India's resources are limited but that is no excuse to stop planning, to look for what remains missing in this vital piece of legislation. Unless we plan, we do not know what kind of resources we need or whether we can modify and use an existing infrastructure. It is time to act.

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Working conditions in Russia

Sir: Working conditions can have a dramatic impact on the training of psychiatrists. We write about the stark contrast between those in Russia and the UK.

Working conditions for doctors in Russia have deteriorated since the collapse of the USSR. Healthcare in the state sector is free for patients but under-funded. Psychiatrists continue to work under the burden of a huge degree of stigma, both from within the medical profession and from the general public. This stems from the abuse of psychiatry in the former USSR for political purposes.

Psychiatrists in Russia earn much less than those in the UK. Trainees working in a state institution earn approximately €70 a month (£50), compared with between £2000 and £3000 a month for trainees in the UK. A Russian psychiatrist working in the state sector who has been qualified for 5 years and works extra night shifts earns €150 a month (£100). Salaries in the private sector are much higher, with a professor earning between €2000 and €3000 (£1350–£2000), although this is still less than a trainee in the UK. Some psychiatrists in Russia earn less than non-professional workers; for example, security guards earn around €500 a month (£350). Although the wages are substantially lower than in the UK, the cost of living is similar. A month's rent for a single-room apartment in Moscow is on average €800 (£550), which is comparable to London prices. Clearly, this makes it impossible for trainees to survive on their salary and the co-author personally knows many who are supported by their families and work extra shifts and have second jobs. It is not uncommon for patients and relatives who recognise the poor working conditions to offer doctors money to thank them for good care and treatment.

In Russia, psychiatric training lasts for up to 3 years (1 year of internature and 2 years of ordinature), compared with the 6 years of the new run-through training in the UK. In contrast to the current concerns in the UK over the number of training posts, there are plenty of posts for psychiatric trainees in Russia. This is because it is not a popular job, owing to the low salary, and for the same reason there are many specialist jobs available when training is complete. Other medical specialties, such as obstetrics and dermatology, are more popular and better paid.

Trainees in Russia have shorter working hours than their colleagues in the UK. They work approximately 40 hours a week compared with up to 56 hours a week in the UK. They are also entitled to more annual leave, nearly 2 months compared with 5 weeks in the UK.

We hope that increasing cooperation between European psychiatric associations will lead to an improvement in both training and working conditions for psychiatrists in Russia.

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