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THE UNREGULATED PROFESSION:
Legal Vacuum, Workforce Shortage, and Liability Ambiguity Governing Psychologists in India

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Abstract

India has never established a single statutory authority responsible for licensing psychologists, unlike the dedicated councils that regulate doctors, dentists, nurses, and pharmacists. This paper examines the legal consequences of that regulatory vacuum along three connected axes: the overlapping and incomplete statutory framework governing psychologists in India; how, through recent case law, this vacuum has obstructed public-sector recruitment; and the resulting ambiguity in civil liability when patients are harmed by unqualified or negligent practitioners. It adopts a doctrinal methodology, analysing the Rehabilitation Council of India Act, 1992, the Mental Healthcare Act, 2017, and the National Commission for Allied and Healthcare Professions Act, 2021 alongside case law and public-sector recruitment notifications, independently verified against cited primary sources. Three findings emerge. The Chhattisgarh High Court has characterised delays in filling mental health posts as a source of 'serious public prejudice'. The Mental Healthcare Act collapses Clinical Psychologists and Psychiatric Social Workers into a single 'Mental Health Professional' category without harmonising their distinct training pathways, creating an undocumented ambiguity in recruitment eligibility. The deficiency-of-service jurisprudence developed for doctors, and recently narrowed for advocates, does not map cleanly onto a profession with no registering authority. The paper concludes that India's mental health workforce shortage and its liability vacuum are symptoms of one unresolved regulatory question, and recommends a unified statutory register as the precondition for resolving both.

Keywords: psychology regulation, Mental Healthcare Act 2017, Rehabilitation Council of India, National Commission for Allied and Healthcare Professions Act 2021, medical negligence, consumer protection law, mental health workforce, India

Introduction

India's mental healthcare system suffers from a well-documented shortage of trained professionals. The country falls far short of the psychiatrist-to-population ratio recommended by the World Health Organization, and this scarcity extends to psychologists and allied paramedical staff, producing a treatment gap estimated at 80 to 92 per cent of those who need care but do not receive it.[1] Government schemes such as the National Mental Health Programme have specifically targeted manpower development to increase the number of psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses through specialised training programmes.[2]

What is less often examined is a structural cause underlying part of this shortage: India has never established a single statutory authority responsible for licensing and registering psychologists as such. Advocacy groups working on this issue have observed that while doctors and nurses have long had a statutory body ensuring standardisation of professional recognition, psychologists have never had one.[3] This paper examines the legal consequences of that absence along three connected axes: its contribution to unfilled public-sector vacancies, a more specific ambiguity at the boundary between psychologists and psychiatric social workers, and the liability vacuum it creates when patients are harmed.

The argument proceeds in seven further parts. The Literature Review situates this paper within existing scholarship. The Methodology sets out this paper's doctrinal approach and its limits. The Issues section maps the regulatory patchwork and identifies the psychologist/psychiatric social worker boundary as a distinct, underexamined ambiguity within it. The Results and Analysis section examines recent judicial engagement with the crisis and its liability consequences. The Discussion offers a brief comparative note, and the paper closes with Suggestions and Reforms and a Conclusion.

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[1]National Mental Health Survey of India 2015-16, National Institute of Mental Health and Neuro Sciences, Bengaluru; World Health Organization, Mental Health Atlas 2020 (WHO 2021).
[2]Ministry of Health and Family Welfare, Government of India, 'Manpower Development Schemes' (National Mental Health Programme) <https://mohfw.gov.in> accessed 14 July 2026.
[3]Nolina Minj, 'The Murky, Unregulated World of Psychological Counselling in India' *Scroll.in* (16 January 2025) <https://scroll.in/article/1077686/the-murky-unregulated-world-of-psychological-counselling-in-india> accessed 16 July 2026.

Literature Review

Existing literature on this subject falls into three largely separate strands that this paper draws together. The first is public-health literature documenting the scale of India's mental health workforce shortage and the practical barriers to implementing the Mental Healthcare Act, 2017, which consistently attributes implementation failure to a shortage of trained professionals, particularly in public and rural sectors.[4] This strand establishes the scale of the problem but does not generally interrogate its regulatory causes.

The second strand is professional and policy commentary, largely from practitioner and advocacy bodies, on the regulatory architecture itself. This literature has documented the National Commission for Allied and Healthcare Professions Act, 2021 as an incomplete response to the absence of psychologist licensing, noting that the profession was added to the governing bill only through later redrafting, and that the Commission's own guidance today disclaims authority over Clinical Psychologists, who remain separately regulated by the Rehabilitation Council of India.[5] A peer-reviewed critique of the 2021 Act has gone further, arguing that its choice to categorise psychologists under a 'Behavioural Health Sciences' heading, rather than the internationally standard term 'mental health', is unsupported by any stated rationale and creates a nomenclature conflict with international professional standards. Only a handful of Indian regulatory documents use the term 'behavioural health', while the wider system continues to use 'mental health'.[6] This literature also notes that organised professional advocacy in this space is not new: the Indian Association of Clinical Psychologists, the national professional body for the field, was founded as long ago as 1968, yet more than half a century of organised advocacy has not produced a single unified licensing authority for the profession.[7] A closely related body of peer-reviewed literature specifically addresses the regulatory status of Psychiatric Social Workers, arguing that they fall outside any national regulatory body despite being defined as 'Mental Health

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[4]Suresh Bada Math, 'Mental Healthcare Act, 2017: A Framework for Ensuring Psychosocial Interventions' (2025) *Indian Journal of Psychological Medicine* <https://pmc.ncbi.nlm.nih.gov/articles/PMC12237985/> accessed 17 July 2026.

[5]Chinchu C, 'Balancing Regulation and Autonomy: NCAHP Act and the Psychology Profession in India' (2024) *Indian Journal of Psychological Medicine* <https://journals.sagepub.com/doi/full/10.1177/02537176231179920> accessed 16 July 2026.

[6]Chinchu C (n 5).

[7]Indian Association of Clinical Psychologists, institutional history <https://iacp.in/> accessed 19 July 2026.

Professionals' on equal footing with Clinical Psychologists under the Mental Healthcare Act.[8] This literature identifies the underlying statutory ambiguity but has not, to this paper's knowledge, connected it to documented recruitment-delay litigation.

The third strand is doctrinal case-law commentary on professional liability under Indian consumer protection law, running from the Supreme Court's foundational extension of deficiency-of-service liability to doctors, through its treatment of cross-qualification negligence, to its most recent narrowing of that liability for advocates.[9] This literature has not, to this paper's knowledge, been applied to psychologists or psychiatric social workers specifically. This paper's contribution is to read these three strands together: using the recruitment-delay case law to demonstrate the practical consequence of the regulatory gap identified in the second strand, and using the consumer-liability case law to demonstrate its consequence for patients, rather than treating workforce shortage and liability ambiguity as unrelated problems.

Methodology

This paper adopts a doctrinal legal research methodology, supplemented by policy analysis characteristic of interdisciplinary law-and-society scholarship. Primary legal sources, namely the Rehabilitation Council of India Act, 1992, the Mental Healthcare Act, 2017, and the National Commission for Allied and Healthcare Professions Act, 2021, were examined in their statutory text to map the regulatory architecture governing psychologists in India. Case law was identified and, wherever possible, verified through direct examination of primary court records (Indian Kanoon); where primary text could not be located, sources were cross-checked against official press communications, such as those of the National Human Rights Commission, and contemporaneous legal news reporting, with any resulting uncertainty flagged explicitly in the text rather than presented as settled fact.

Public-sector recruitment notifications from the Kerala Public Service Commission, the Institute of Human Behaviour and Allied Sciences, and the National Institute of Mental Health and Neuro Sciences were reviewed as illustrative, non-exhaustive examples of how eligibility criteria are

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[8] S Anand and R Cheriyan, 'RCI or NCAHCP? Dilemmas About the Recognition of Psychiatric Social Work Professionals' (2022) PMC (NCBI) <https://pmc.ncbi.nlm.nih.gov/articles/PMC9125473/> accessed 17 July 2026.

[9] *Indian Medical Association v VP Shantha* (1995) 6 SCC 651.

drafted in practice, and are offered as indicative rather than as a statistically representative sample. Secondary and tertiary sources, including peer-reviewed journal articles, professional-body commentary, and specialised legal and policy reporting, were used to contextualise the statutory and case-law analysis and to support a brief comparative reference to psychology licensure in the United States and United Kingdom. This is accordingly a qualitative, source-based doctrinal and policy analysis. It does not involve primary empirical fieldwork, surveys, or interviews, and the causal claims connecting the regulatory vacuum to specific recruitment outcomes are presented as reasoned hypotheses grounded in documented evidence, not as empirically demonstrated causation; this limitation is revisited in the Discussion.

Issues

The Regulatory Patchwork

The Rehabilitation Council of India regulates and monitors the training of rehabilitation professionals, but its scope is limited to a defined set of categories and was never designed to cover psychology as a profession in the round. Registration under the Council provides legal recognition specifically for Clinical Psychologists and does not extend to counselling psychologists or the broader universe of practitioners using the title ‘psychologist’ in India today.[10] The Mental Healthcare Act, 2017 establishes rights for persons with mental illness and creates service obligations for the state, but is a rights- and service-oriented statute, not a licensing framework, and does not create a professional register for psychologists.[11] The National Commission for Allied and Healthcare Professions Act, 2021 was intended to close this gap, but its own registration guidance explicitly disclaims authority over the Rehabilitation Council's

[10]Rehabilitation Council of India Act 1992, s 2(n) (definition of 'rehabilitation professional', including clinical psychologists), the Schedule, and ss 12–13 (recognition of qualifications and rights of enrolment); Rehabilitation Council of India, 'About RCI' <https://rehabcouncil.nic.in> accessed 16 July 2026; TherapyRoute, 'Mental Health Licensing and Regulation in India: 2025 Guide' <https://www.therapyroute.com/article/mental-health-licensing-regulation-in-india-2025-guide-by-therapyroute> accessed 17 July 2026; ePsychology, 'What is NCAHP Registration?' <https://www.epsychology.in/blog/what-is-ncahp-registration/> accessed 19 July 2026.

[11]Mental Healthcare Act 2017, s 21(4); *The Lancet Psychiatry* <https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00287-X/fulltext> accessed 14 July 2026.

Clinical Psychologist category, leaving a bifurcated system in which a single professional community is split across two registers with different scopes and different legal consequences.[12][13]

Practitioner organisations have not treated this Act as a resolution of the underlying problem, and have continued state-level registration efforts of their own accord.[14] Under the Act's own classification, non-clinical psychologists are placed within a 'Behavioural Health Sciences' professional category together with counsellors, social workers, and disease educators, while Clinical Psychologists are expressly excepted from this category and left to the Rehabilitation Council alone. A person using a regulated professional title without registration under whichever register actually applies to them is, on paper, liable to a fine of up to Rs 1 lakh on first conviction, yet the bifurcation described above means many practitioners cannot straightforwardly determine which register that is.[15] Compounding this, the Rehabilitation Council is presently mid-transition, having announced the discontinuation of the M.Phil pathway that has for decades been the standard route to becoming a licensed Clinical Psychologist, replacing it with a new degree structure whose prerequisites create real difficulties for existing Master's graduates who must now reapply under the new structure.[16] A regulatory system already criticised for its bifurcation is thus, at the time of writing, undergoing a further restructuring whose transitional effects on recruitment eligibility have not yet been studied.

The National Commission for Allied and Healthcare Professions Act's implementation on the ground has, moreover, lagged behind its text. As of July 2026, only twenty-seven of thirty-six states and Union Territories had constituted the State Allied and Healthcare Councils needed to operationalise registration. Several of these councils were themselves formed without following the Act's own procedural requirements, leaving them without a clear legal basis. The Supreme Court issued a contempt notice to the Union and state governments on 24 February 2026 over the

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[12]National Commission for Allied and Healthcare Professions Act 2021.
[13]ePsychology (n 10).
[14]Nolina Minj (n 3).
[15]COSAS Community, 'Frequently Asked Questions About the National Commission for Allied and Healthcare Profession Act 2021' <https://www.manovigyan.org/p/faqs-about-ncahpact2021> accessed 17 July 2026.
[16]Council on Licensure, Enforcement and Regulation, 'India: Confusion Over Psychologist Training Requirements' <https://www.clearhq.org/news/india-confusion-over-psychologist-training-requirements> accessed 16 July 2026.

slow pace of this implementation.[17] The central registry meant to formalise non-clinical psychologists' status was, around the same time, reported as 'not active yet', meaning that enrolments functioned as a symbolic gesture rather than a working licence.[18] A further difficulty, documented in the peer-reviewed literature, is that the Act's rules currently govern only diploma and undergraduate programmes in psychology. Postgraduate qualifications such as the MA or MSc, which most Indian psychologists actually hold, remain outside the Act's direct purview altogether.[19] Rather than resolving the terminological confusion identified above, the Commission's own model curriculum for applied psychology has added a further layer to it. It proposes the titles 'behavioural health counsellor' and 'behavioural health psychologist' for bachelor's- and master's-qualified graduates respectively. These terms appear nowhere in the Mental Healthcare Act, 2017, and sit alongside, rather than replacing, the existing 'Mental Health Professional' and 'Behavioural Health Sciences' labels already in use.[20]

The Psychologist/Psychiatric Social Worker Boundary

A further, more specific issue compounds the bifurcation described above. The Mental Healthcare Act defines 'Mental Health Professional' as an umbrella category and requires the State Mental Health Authority to register Clinical Psychologists, mental health nurses, and

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[17]Musab Qazi, 'NCAHP Push for Uniform Allied Healthcare Education Slowed by Missing State Councils, Implementation Gaps' Careers360 (13 July 2026) <https://news.careers360.com/ncahp-regulation-paramedical-courses-states-doctors-funding-ahp-degree-diploma-name-stymie-dmlt-bpt-neet-ug-allied-health-sciences> accessed 2 August 2026; on the contempt notice specifically, *Joint Forum of Medical Technologists of India v Union of India*, WP(C) No 983 of 2023 (and connected case) (Supreme Court of India, Vikram Nath and Sandeep Mehta JJ, notice issued 24 February 2026); *LiveLaw*, 'Supreme Court Issues Contempt Notice To Union, States Over Implementation Of National Commission For Allied & Healthcare Professionals Act' (25 February 2026) <https://www.livelaw.in/top-stories/supreme-court-jfmti-contempt-plea-non-implementation-of-national-commission-for-allied-and-healthcare-professionals-act-notice-524566> accessed 2 August 2026.

[18]Shradha Chettri, ''At Regulatory Crossroads': Psychology Courses Caught in UGC, NCAHP, RCI Tangle, Causing Confusion' Careers360 (17 July 2026) <https://news.careers360.com/psychology-courses-in-ugc-ncahp-rci-tangle-regulation-specialisation-neuropsychology-clinical-applied-christ-university-amity-ignou> accessed 2 August 2026.

[19]Chinchu C, 'Psychology Education in India Faces Fragmented Regulation and Overlapping Curricula' (2026) 5 *Discover Education* 124 <https://doi.org/10.1007/s44217-026-01156-y> accessed 2 August 2026.

[20]Shradha Chettri (n 18).

Psychiatric Social Workers together under that single statutory label.[21] Psychiatric Social Workers are separately defined as holders of a postgraduate degree in Social Work together with a two-year, full-time M.Phil in Psychiatric Social Work.[22] The consequence is that the Act confers equal legal status on the two professions as Mental Health Professionals without equalising their training, degrees, or clinical scope.

Peer-reviewed literature has identified this as a live dilemma, arguing that Psychiatric Social Workers currently fall outside any national regulatory body altogether, since the Rehabilitation Council has not extended to them the explicit recognition it gives Clinical Psychologists despite the structural similarity between the two professions' postgraduate clinical training.[23] This is not for want of advocacy. The Association of Psychiatric Social Work Professionals, together with representatives of twenty psychiatric social work training institutes, has actively sought Rehabilitation Council regulation and registration for the profession. The underlying literature notes that an amendment to the National Commission's schedule bringing Psychiatric Social Workers within the Council's ambit is legally possible under clause 70(1) of the 2021 Act, subject to coordination between the Ministry of Health and Family Welfare and the Ministry of Social Justice and Empowerment.[24] That this legally available fix has not been exercised, notwithstanding sustained advocacy from the professional body most affected, suggests the vacuum reflects an unresolved inter-ministerial coordination failure rather than a mere oversight awaiting technical correction. Recruitment notifications for well-resourced institutions generally keep the two eligibility tracks distinct in practice.[25] A closer check against the primary source, however, shows that this specific recruitment drive was properly drafted. The actual notification

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[21]Mental Healthcare Act 2017, s 2(r).
[22]Mental Healthcare Act 2017, s 2(x); s 55(1)(d).
[23]S Anand and R Cheriyan (n 8).
[24]S Anand and R Cheriyan (n 8), noting that an amendment to the NCAHP Act's schedule is possible under clause 70(1) of the Act, subject to inter-ministerial coordination, and that the Association of Psychiatric Social Work Professionals and representatives of twenty training institutes are actively seeking Rehabilitation Council regulation and registration on this basis.
[25]Kerala Public Service Commission, Notification for Psychiatric Social Worker and Clinical Psychologist, reported in *Psychologs Magazine* <https://www.psychologs.com/vacancies-in-kerala-public-service-commission/> accessed 19 July 2026; Institute of Human Behaviour and Allied Sciences, Recruitment Notification, reported in *Psychologs Magazine* <https://psychologs.com/article/recruitment-for-clinical-psychologists-and-psychiatric-social-worker-ihbas> accessed 14 July 2026.

for a combined 2025 National Institute of Mental Health and Neuro Sciences recruitment exercise for both posts sets out entirely separate, clearly delineated qualification blocks: a psychology postgraduate degree plus RCI-recognised M.Phil for the Clinical Psychologist post, and a Social Work postgraduate degree plus M.Phil in Psychiatric Social Work for the Psychiatric Social Worker post.[26] A different and more subtle risk is nonetheless visible in how that same notification circulated publicly: several job-listing aggregators summarised both qualification blocks as a single undifferentiated line ('M.A, M.Sc, M.Phil/Ph.D, MSW') without indicating which degree maps to which post, even though the underlying primary notification kept them properly separate.[27] Whether candidates, or more consequentially recruiting staff at less scrutinised state-level exercises, rely on such compressed secondary summaries rather than the primary notification cannot be verified without further access to specific recruitment files, but it illustrates that the ambiguity documented in this Part can arise downstream of an otherwise properly drafted notification, in how eligibility criteria are subsequently summarised and circulated. Clinical psychology training centres on individual psychological assessment, diagnosis, and psychotherapeutic intervention, while psychiatric social work training centres on a systems-based perspective situating the individual within family and community structures; the two are clinically distinct even where the statute treats them as a single category.[28]

The Liability Question

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[26]National Institute of Mental Health and Neuro Sciences, Notification No NIMH/RECT/ADVT-1/PSW&CP/2025-26 (1 July 2025) <https://nimhansbkt.demo-appiness.com/prodnimhans/documents/announcements/ceb7f8afbfd043b49e3a864b4dd81cde.pdf> accessed 16 July 2026, setting out separate qualification blocks for Psychiatric Social Worker and Clinical Psychologist posts respectively.

[27]All Exam Review, 'NIMHANS Recruitment 2025 Apply Offline for 14 Psychiatric Social Worker, Clinical Psychologist Posts' <https://allexamreview.com/nimhans-recruitment-2025/> accessed 17 July 2026; FreeJobAlert, 'NIMHANS Recruitment 2025' <https://www.freejobalert.com/articles/nimhans-recruitment-2025-apply-offline-for-14-psychiatric-social-worker-clinical-psychologist-posts-apply-now-3015854> accessed 19 July 2026. Both are non-specialist job-listing aggregators of no independent evidentiary weight; they are cited here solely as illustrations of the compression they display, not relied upon for any legal or factual proposition beyond the wording of their own pages, which was independently viewed and is accurately described in the text above.

[28]Masters in Social Work Online, 'Social Work vs Psychology: Degrees, Careers and How to Choose' <https://mastersinsocialworkonline.org/resources/psychology-versus-social-work/> accessed 14 July 2026.

The same regulatory vacuum raises an unresolved question of civil liability. Indian courts have held that medical practitioners render a ‘service’ capable of giving rise to a claim for deficiency in service under consumer protection legislation, rejecting any blanket immunity for the medical profession.[29] A related line of authority holds that practising outside one's area of registered qualification can itself constitute negligence, independent of proof of substandard care.[30] More recently, the Supreme Court has held that advocates are excluded from this liability framework altogether. Its reasoning was primarily that the legal profession is ‘sui generis’ and that the service an advocate renders falls within the ‘contract of personal service’ exclusion built into the statutory definition of ‘service’ itself, with the existence of an alternative disciplinary framework under the Advocates Act, 1961 and the Bar Council of India serving as a supporting, rather than the operative, ground.[31] Psychology has no equivalent disciplinary body, which raises the question, examined in the Results and Analysis below, of which side of this doctrinal line an unregistered psychologist or counsellor would fall on.

Results and Analysis

Judicial Recognition of the Recruitment Crisis

A public-spirited litigant has, since at least 2016, maintained a sequence of public interest litigations before the Supreme Court concerning the rights of persons with mental illness and the implementation of mental health law.[32] An early petition resulted in directions to the Union

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[29] *Indian Medical Association v VP Shantha* (n 9).

[30] *Poonam Verma v Ashwin Patel* (1996) 4 SCC 332; AIR 1996 SC 2111 (Kuldip Singh and S Saghir Ahmad JJ, 10 May 1996); LawBhoomi, case summary <https://lawbhoomi.com/poonam-verma-v-ashwin-patel/> accessed 14 July 2026.

[31] *Bar of Indian Lawyers v DK Gandhi PS National Institute of Communicable Diseases* 2024 INSC 410, 2024 SCC OnLine SC 928 (Supreme Court of India, Trivedi and Mithal JJ, 14 May 2024); *Lexology*, 'Advocates No Longer Liable Under Consumer Protection Laws for Alleged Deficiency in Services' (16 May 2024) <https://www.lexology.com/library/detail.aspx?g=bd9e5000-03df-4cea-b1ee-ba8ca452b38c> accessed 16 July 2026.

[32] *Gaurav Kumar Bansal v State of Uttar Pradesh*, WP(C) No 412 of 2016 (Supreme Court of India, order dated 10 July 2017) <https://www.slideshare.net/slideshow/gaurav-kumar-bansal-v-up/249573713> accessed 17 July 2026; Casemine, case history summary <https://www.casemine.com/judgement/in/6353126c5358106ecd0d1571> accessed 19 July 2026.

Ministry of Social Justice and Empowerment to circulate guidelines to states for setting up rehabilitation homes within a defined timeframe.[33] A subsequent petition, filed in March 2020, alleged that insurance companies had failed to comply with the statutory requirement of parity of mental health coverage, leading the Supreme Court to direct the insurance regulator to introduce appropriate policies.[34] The most recent iteration of this litigation was heard in October 2025; this paper could not locate the primary text of that order and has sourced the account below from the National Human Rights Commission's own press note and contemporaneous news reporting, flagged here as requiring independent verification before further reliance.[35] On that basis, the Court found that several implementation issues remained unresolved notwithstanding the constitution of statutory bodies under the Act, and transferred ongoing monitoring to the National Human Rights Commission rather than retaining direct judicial supervision.[36]

A more direct result comes from the Chhattisgarh High Court at Bilaspur, in public interest litigation concerning the state's mental healthcare infrastructure. A primary order of the Court dated 30 June 2025 records a Court Commissioner's inspection report of the State Mental Hospital, Sendari, finding that only a handful of sanctioned clinical posts, including four Clinical Psychologists at the Class-II level and eleven Psychiatric Social Workers, were actually staffed at the time of inspection.[37] Subsequently reported proceedings from early April 2026 indicate the

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[33] *Gaurav Kumar Bansal v State of Uttar Pradesh* (n 32).

[34] *Gaurav Kumar Bansal v Union of India*, WP(C) No 425 of 2020 (Supreme Court of India, filed March 2020); The Lancet Psychiatry (n 11).

[35] Sourced from the National Human Rights Commission's press note and contemporaneous news reporting, as the primary order does not yet appear indexed on Indian Kanoon; should be verified against the Supreme Court's own record before further reliance. National Human Rights Commission, Press Note (28 October 2025) <https://nhrc.nic.in/assets/uploads/news/1761739437_a4db230bb5c974fc2ca1.pdf> accessed 19 July 2026; *National Herald*, 'Supreme Court Transfers Mental Health Rights PIL to NHRC for Monitoring' (28 October 2025) <https://www.nationalheraldindia.com/health/supreme-court-transfers-mental-health-rights-pil-to-nhrc-for-monitoring> accessed 14 July 2026.

[36] NHRC Press Note (n 35); National Herald (n 35).

[37] *Chhattisgarh High Court Legal Services Committee v State of Chhattisgarh*, WPPIL No 112 of 2017 and WPPIL No 87 of 2021, Order dated 30 June 2025 (Chhattisgarh HC) <https://indiankanoon.org/doc/167408194/> accessed 14 July 2026 (reproducing the Court Commissioner's inspection report on State Mental Hospital, Sendari); *LiveLaw*, 'Delay In Recruitment To Specialised Medical Posts Particularly For Mental Healthcare Causes Prejudice To Public: Chhattisgarh High Court' (7 April 2026) <https://www.livelaw.in/high-court/chhattisgarh-high-court/chhattisgarh-high-court-hearing-pil-d

underlying recruitment problems persisted for at least a further nine months, with a Division Bench explicitly holding that prolonged delays in filling specialised mental health posts inflict serious prejudice on the public, and declining to accept the state's procedural excuses for the delay.[38] This is, to this paper's knowledge, among the most direct judicial statements linking unfilled mental health posts to a cognisable public harm. Neither case directly adjudicates the underlying registration ambiguity identified in the Issues section above; that causal link is this paper's own analytical contribution, offered as a hypothesis meriting further inquiry rather than a judicial finding.

The Liability Vacuum Applied

Read together, the liability case law identified above exposes a genuine ambiguity for psychology in India. The principle that professionals rendering services for a fee are not categorically immune from consumer-law liability, combined with the principle that practising outside one's registered qualification can itself constitute negligence, is directly relevant to counsellors or self-styled ‘psychologists’ practising beyond whatever limited qualification, if any, they hold.[39] But the recent exclusion of advocates from consumer liability complicates the picture. That exclusion rests primarily on the ‘sui generis’ character of legal practice and its classification as a ‘contract of personal service’, grounds that do not, on their own terms, turn on whether an alternative disciplinary structure exists; the Advocates Act framework featured only as a supporting consideration. Read narrowly, then, the advocates' case does not establish that the presence or absence of an alternative disciplinary body is what determines a profession's consumer-law liability. It remains a live, unresolved question whether a future court would treat psychology as sufficiently ‘sui generis’ to attract a comparable exclusion regardless of the absence of a registering body, or would instead treat the absence of any alternative accountability mechanism as a reason to keep psychologists within the ordinary consumer protection framework.[40]

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elay-medical-mental-healthcare-recruitment-prolonged-delay-lack-of-amenities-md-psychiatrist-prejudice-to-public-529231> accessed 2 August 2026.

[38] LiveLaw (n 37).

[39] *Poonam Verma v Ashwin Patel* (n 30).

[40] *Bar of Indian Lawyers v DK Gandhi* (n 31).

Psychology, as shown in the Issues section, has no equivalent unified disciplinary body, and no comparable mechanism protects the public from a negligent or unqualified psychologist or counsellor operating outside the Rehabilitation Council's narrow Clinical Psychologist category. This paper's analysis is that this absence weighs against extending the advocates' exemption to psychology by analogy. Even though the primary ground for excluding advocates was their profession's ‘sui generis’ status rather than the existence of the Bar Council framework as such, that primary ground itself rested on the Court's characterisation of advocacy as integral to the administration of justice and owing duties to the court, a characterisation with no evident parallel in psychological practice. On this analysis, most counsellors and non-registered psychologists in India have a reasonable claim to remain within the ordinary consumer protection framework, both because they lack a sui generis justification comparable to that of advocates and because they lack the alternative safeguard, whatever its true doctrinal weight, that accompanied the advocates' exemption.[41] This remains an open doctrinal question rather than settled law, since no reported decision has yet applied these principles specifically to a psychologist or counsellor. The psychologist/psychiatric social worker boundary examined above sharpens this further: a patient harmed by a practitioner appointed against a post labelled ‘psychologist’ but qualified only as a Psychiatric Social Worker would face a liability landscape doubly uncertain, both as to whether the profession is within or outside consumer-law liability at all, and as to which qualification the post actually required.

Discussion

The results above suggest that India's mental health workforce shortage and its liability vacuum are not independent problems. Both trace to the same unresolved question: who, under Indian law, is authorised to call themselves a psychologist, as distinct from a psychiatric social worker or an unqualified counsellor? The Chhattisgarh litigation demonstrates the recruitment-side consequence in judicially recognised terms; the consumer-liability case law demonstrates the patient-side consequence in doctrinal terms; neither line of authority has yet been asked to address the two together.

[41] Advocates Act 1961; Consumer Protection Act 2019.

A brief comparative reference is instructive here, though a full comparative study is beyond this paper's scope. Jurisdictions such as the United States and the United Kingdom generally regulate psychology through dedicated licensing boards, separate from those governing social work, with the title ‘psychologist’ legally protected and requiring a doctoral degree plus a licensing examination. A Master's in Social Work does not, by itself, qualify a person to use that title in either jurisdiction.[42] The two professions' scopes of practice do meaningfully overlap in these jurisdictions, but this overlap exists alongside, not instead of, two entirely separate, non-substitutable licensing pathways and titles.[43] This is the structural feature India's framework lacks: its shared ‘Mental Health Professional’ label creates a comparable functional overlap without the accompanying separate, title-protecting licensing architecture that makes the overlap unproblematic elsewhere.

This paper's principal limitation, consistent with its methodology, is that it establishes a plausible and doctrinally grounded mechanism connecting the regulatory vacuum to recruitment delay and liability ambiguity, rather than empirically demonstrating that connection through, for instance, an audit of specific stalled recruitment files or a dataset of consumer complaints against psychologists. That empirical step is identified as a direction for future research rather than attempted here.

Suggestions and Reforms

First, Parliament or the National Commission should resolve the bifurcation between Rehabilitation Council-registered Clinical Psychologists and Commission-registered psychologists by defining a single, unambiguous eligibility standard for public-sector recruitment, and should separately require that recruitment notifications clearly specify which qualification, psychology or psychiatric social work, is required for which specific post.

Second, the state councils contemplated under the 2021 Act should be operationalised with a specific, publicly searchable register distinguishing Clinical Psychologists from Psychiatric

[42]Research.com, 'Social Worker vs Psychologist: Explaining the Difference' (2026) <https://research.com/careers/social-worker-vs-psychologist-explaining-the-difference> accessed 17 July 2026.

[43]Masters in Social Work Online (n 28); in most US states a Licensed Clinical Social Worker holds authority comparable to a licensed psychologist to independently diagnose and treat mental disorders, notwithstanding the separate licensing pathway.

Social Workers by their actual registered qualification, so that patients and courts adjudicating future liability disputes have a reliable way to verify whether a given practitioner holds the qualification the service in question requires.

Third, given that the Chhattisgarh High Court has now judicially characterised recruitment delay as a source of public prejudice, future public interest litigation, or a specific direction from a court already seized of implementation issues under the Mental Healthcare Act, could usefully seek a specific finding on this basis. The question worth putting to a court is whether the absence of a unified psychologist register is a contributing legal cause of recruitment failure, converting this paper's doctrinal hypothesis into a judicially tested proposition.

Fourth, the Ministry of Health and Family Welfare and the Ministry of Social Justice and Empowerment should exercise the amendment mechanism already available under clause 70(1) of the National Commission for Allied and Healthcare Professions Act, 2021 to bring Psychiatric Social Workers within the Rehabilitation Council's regulatory ambit, as the profession's own representative body has long sought. Since this fix requires no new legislation, only inter-ministerial coordination, its continued non-exercise is itself a policy failure independent of any wider legislative reform.

Conclusion

India's mental health workforce shortage and the legal uncertainty surrounding psychologists' liability are symptoms of the same unresolved regulatory design. The Rehabilitation Council of India Act answers the basic question of professional eligibility only for a narrow clinical subset, itself presently in transition. The Mental Healthcare Act answers it not at all, while placing psychologists and psychiatric social workers under a single shared professional label no functioning register has been built to match. The National Commission for Allied and Healthcare Professions Act answers it in a manner practitioners themselves regard as incomplete. Courts have now begun to register the downstream consequences of this gap, most directly in the Chhattisgarh High Court's recognition that unfilled mental health posts inflict serious public prejudice. Until India settles the underlying registration question, and in particular the specific boundary between psychologists and psychiatric social workers examined in this paper, both the recruitment crisis and the liability vacuum documented here are likely to persist.

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