Dear Sir,

I wish to bring a few issues to the attention of our fellow professionals for their consideration and further action through our professional body (of IPS) as may be deemed fit. The first three issues are about functional aspects of our Indian Psychiatric Society, which I consider have acquired unhealthy flavour; and, the fourth issue is about a policy that should actively and urgently be pursued by IPS.

(1) The **first issue** is a malady called “Multiple Dissociative Identities.” Each of us (members of our IPS) have three independent identities as member of State-IPS, Zonal-IPS, and Central-IPS, after having filed separate forms and making separate payments. Why not establish a system of comprehensive membership, wherein through a single form and payment a professional automatically becomes an IPS member at all three levels? The single, possibly, larger subscription can be divided thus: 20% to Center, 30% to Zone, and 50% to State. Of course, this method requires detailed record-keeping, and hopefully, such a system will also enhance an attitude of integrated cohesion!

(2) The **second issue** is a malady called “Compulsive Membership Directory.” Each of us has been repeatedly filling up forms of personal details (name, address, etc.) for the membership-directories that are being published each year with compulsive regularity by Central, Zonal, and perhaps, State IPS. Surely, this waste of money and labour is avoidable, irrespective of whose money or labour it is. Why cannot there be One Comprehensive Directory? Additions, deletions, and modifications that necessarily occur each year can be published as a supplement (of few pages) to the main-directory.

(3) The **third issue** is a vulnerability that has in the past, and can in future, lead to “Financial complexes and accounting fugues.” Those of us who have been Office-bearers of IPS are aware of two serious needs: quality of records-keeping, and maintenance of their continuity. These needs require three things: (i) A “permanent” office room, or similar long-term facility. (ii) A permanent, even if part-time, secretarial staff. (iii) Corpus funds to maintain these two facilities. The corpus funds can be raised from the annual conferences. For example, our IPS bodies at all three levels must have till now organised and conducted more than 200 annual conferences. In this context, we need to ask ourselves four questions: (I) With respect to each conference, was there any planned effort to save some money, however small? (ii) At each level, is there any statutory requirement to render properly audited accounts of each conference within a stipulated period? (iii) Can mechanisms be developed to ensure fulfillment of such requirements in future? (iv) Can the cumulative savings from successive conferences (at each level) be utilized to maintain an office and staff on a more permanent basis. In this connection, it will also be in order to consider raising a viable corpus fund for the journal. The hope is that in two to three decades, there can be a permanent IPS building, even though small at State and Central level.

(4) The **fourth Issue** concerns the need for a “Minimum-Standard Curriculum for University Courses in Psychosocial Therapies.” It is a happy tiding that in the recent years, many Universities in India are offering diploma and degree courses of one or two years in psycho-social therapies, mostly as ‘distance-learning’ (Correspondence Courses). India needs many thousands of them for any effective mental health management, especially at the more crucial primary care level. In this regard, recent proliferation of such courses is indeed a happy news, but with a nasty catch (“Catch-22?”) concerning the possible effect on quality.

The ‘catch’ concerns few serious lapses in most of the courses: (i) Most part of notes, even though of good ‘text-book’ quality, is prepared by non-clinicians. (ii) Practical training based on supervised clinical work is limited to a few weeks or months! (iii) Methodology of supervision both in theoretical and practical training is vague, variable, and grossly inadequate.

All mental health professionals are painfully aware of the tedious and time-intensive nature of the process of teaching and learning psychotherapeutic skills. Contrary to common belief, learning counselling skills is even more difficult. This is because, in psychotherapy, one can choose one’s patient but, a counsellor does not have any choice!

Personally, I do not know how any one can become a therapist or counsellor merely by reading notes and books, and interviewing a few clients. It is in this context that I...
strongly urge fellow professionals and office-bearers of IPS at all levels (State, Zone, and Centre) to seriously consider the following four points: (i) This issue has to be debated in detail in an impersonal, academic, and administrative manner. We have to bear in mind that the progenitors of such courses are after all, our fellow professionals, and such courses are desperately needed. (ii) The focus of debate must necessarily be on standardisation of minimum quality and methodology. (iii) A set of guidelines of minimum norms of curriculum, notes, and methodology of supervision and evaluation for such courses has to be formulated. (iv) The UGC has to be advised by the IPS to lay down these guidelines to be followed by the Universities offering such courses in psychosocial therapies.

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Ed.: We invite the considered opinion of esteemed members.