Viewpoint

The UGC Ban on Online Psychology: Implications For India's Mental Health Workforce

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ABSTRACT

The University Grants Commission's (UGC) recent ban on distance and online psychology, nutrition, and healthcare programs has generated considerable discourse in India's educational landscape. While aimed at maintaining clinical training standards, this decision has far-reaching consequences for psychology education. Unlike purely clinical fields, psychology encompasses theoretical, applied, and research aspects that could potentially thrive in digital environments. The sweeping prohibition may inadvertently restrict educational opportunities for students in remote areas, impede the growth of mental health professionals, and exacerbate the urban-rural educational divide. A more balanced approach is a hybrid model which could involve allowing online theoretical and research-focused psychology programs while preserving in-person training for clinical components. This compromise would ensure educational quality while improving accessibility, addressing India's pressing need for mental health experts.

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INTRODUCTION

Psychology and related fields have been taught through innovative open and distance learning (ODL) platforms for years, supported by the UGC's Distance Education Bureau since 2013 [1]. The UGC's 2018 regulations allowed higher education institutions to offer full online degrees, including psychology, through various approved platforms [2]. However, the UGC recently implemented a significant policy reversal. Following recommendations from its Distance Education Bureau Working Group in April 2025 and approval during its Commission meeting held in July 2025, the UGC issued a directive prohibiting psychology, nutrition, and other healthcare-related programs under the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021, from being offered through ODL or online modes starting from the 2025-26 academic year [3].

This sudden change has sparked significant debate about the future of mental health training in India. While the decision aims to maintain high standards in professional education, it also raises concerns about accessibility and workforce development in a country facing a severe shortage of mental health professionals.

Policy Context of the Ban

The past decade has witnessed a surge in online and distance learning options, raising worries about the commercialization of higher education and inconsistent program quality. Psychology courses have been heavily promoted by private institutions, often without sufficient faculty, supervised training, or standardized assessments [4]. This has led to concerns that graduates might not have the necessary clinical skills for safe and ethical practice. The UGC has long grappled with balancing increased access to education and maintaining quality standards. Their past guidelines which were approved in 2018 allowing fully online degrees, aimed to expand educational opportunities. However, growing doubts about credibility of certain providers, potential lowering of clinical standards, and input from regulatory bodies likely pushed the Commission to take a more cautious approach resulting in complete ban on these programmes.

The Workforce Crisis

The UGC's concern about the quality of online-only training is valid, as clinical competencies are crucial for patient safety and professional credibility. However, this decision comes at a time when India desperately needs more mental health professionals to address its significant treatment gap. The urgency of expanding psychology education becomes clear when viewed against India's mental health workforce shortage. According to the National Mental Health Survey conducted in 2015-16, 14% of the population needed mental health interventions, but over 70% of those with diagnosable disorders didn't receive proper treatment. This gap is largely due to a lack of trained professionals [5]. India faces a severe shortage of mental health professionals, as revealed by government data [6]. The Rehabilitation Council of India reports only 3,372 registered clinical psychologists nationwide, translating to a mere 0.24 per 100,000 people. This figure falls drastically short of the country's requirements. Similarly, the Ministry of Health acknowledges that India fails to meet the World Health Organization's recommended ratio of 3 psychiatrists per 100,000 individuals [7]. The scarcity of mental health services is particularly pronounced in rural areas, with most professionals concentrated in urban centres. Consequently, the treatment gap across the country remains alarmingly high, ranging from 70% to 92% [8]. As a result, many patients may receive medication without access to essential psychotherapy or psychosocial support, leading to incomplete and potentially ineffective treatment. Expanding psychology education is essential to address this pressing issue and improve mental health care across India. By limiting psychology education to only traditional classroom formats, India risks further shrinking the number of trained psychologists, ultimately straining psychiatrists, social workers, and other members of the mental health care team. This mirrors global observations that mental health systems in many low- and middle-income countries require major investment in workforce expansion to meet population needs [9]. The ban may limit educational opportunities for students from rural areas and working professionals seeking to upskill and potentially exclude talented individuals from entering the field.

The Case for Hybrid Models

Balancing quality training with India's immense mental health needs is critical. A complete ban on online education could worsen the workforce shortage, so a more flexible approach is needed. Rather than an outright ban, a middle ground could serve India's needs better. Flexibility of learning is one of the key strengths of online education, allowing students from diverse regions and backgrounds to participate without geographical barriers [10]. Theoretical aspects like psychopathology, psychometric theory, statistics and research methods can be taught effectively online which should be supported by interactive case discussions and digital learning resources. This will ensure accessibility to students from diverse backgrounds. However, hands-on components such as supervised counselling, counselling micro skills, therapy sessions, assessments, roleplays and internships must remain in-person experience and require direct supervision in hospitals, community centres or accredited training facilities. Research from around the world shows that blended learning models can be successful in healthcare education. Hybrid psychology programs offered in both the United Kingdom and United States blend online learning with required in-person practical training [11]. These programs typically involve completing coursework through digital platforms while also participating in hands-on experiences at designated locations. Interestingly, during the recent COVID-19 pandemic, many accredited programs successfully adapted to the challenges by implementing remote supervision methods. This approach allowed students to continue their practical training while adhering to safety guidelines, and the outcomes were generally found to be satisfactory [12-13]. India could develop such a regulated hybrid system with strict accreditation, specifying minimum clinical hours, supervision standards, and competency assessments to maintain quality while addressing the country's mental health workforce needs.

A Psychiatrist's Perspective

From a psychiatrist's perspective, the quality of psychology education has significant implications for mental health care delivery. Inadequately trained psychologists may unintentionally cause harm to patients, misapply assessment tools, or provide unhelpful interventions. However, a shortage of psychologists is equally problematic, as it places an excessive burden on psychiatrists who must manage large caseloads

without sufficient time or support. India's mental health system would benefit from an increase in the number of psychologists, rather than a reduction. The challenge lies in expanding access to psychological services while maintaining high standards of training and competence. A regulatory approach that ensures quality without restricting growth is likely to be more effective and sustainable than outright prohibition or overly restrictive measures. Professional bodies, universities, and regulators must collaborate to develop frameworks that balance quality with inclusivity. A well-designed hybrid model could address both the need for practical training and the demand for a larger mental health workforce.

Conclusion

The UGC's directive presents an opportunity to reassess psychology education in India. While the UGC's emphasis on practical training is commendable, a complete ban on distance and online courses may have unintended consequences for India's mental health sector in the future. Moving forward, India needs a balanced policy that safeguards clinical training standards while also expanding access to psychological education. The UGC, professional bodies, and universities should collaboratively design a blended model that combines online delivery of theoretical knowledge with mandatory in-person clinical training, supervised internships, and competency-based evaluations. This approach would preserve the integrity of professional standards while ensuring that motivated students from diverse backgrounds, including those from rural areas can enter the field. In a country grappling with an immense mental health treatment gap, innovation in training models is not a luxury but a necessity. By adopting a regulated hybrid framework, India can both uphold quality and address the urgent need for a stronger mental health workforce.

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