

LETTERS TO EDITOR

RESEARCH IN INDIA: NOT GOOD ENOUGH?

Sir,

At the recent Mid-Term National CME of the Indian Psychiatric Society in Nagpur, two lectures caught my attention. One lecture aimed to provide a review of the research on schizophrenia from India. The review was very comprehensive and systematic. The speaker concluded that, despite the large volume of work, the majority of research was poor in design, had limited value as evidence for practice, and lacked originality. The second lecture, by the editor of this journal, was on the evidence base for the treatment for schizophrenia. It was notable, as a member of the audience remarked, that not a single Indian study was cited in the evidence base. Not surprisingly, we were informed that no Indian study made the required mark to be considered as good enough evidence for the treatment of schizophrenia. Not a SINGLE Indian study! This is remarkable given that India has one of the largest number of psychiatrists in teaching or academic

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positions in any developing country. The usual reason we hear for the lack of quality research from India focuses on two themes: not enough money, and not enough manpower. While there is some truth in both these allegations, I would suggest that the most important reason of all is the lack of research skills and opportunity in academic institutions.

In fact, over the past few years, I have become aware of the enormous potential for original, innovative and significant research in psychiatry in India. The first, and most important, resource is the large number of trainee psychiatrists who must complete a research dissertation for their MD or DNB degrees. India is one of the few countries where a clinical psychiatric qualification requires a compulsory research dissertation. How many of the hundreds of such dissertations, however, actually involve innovative research? How many of these end up as research papers? The second major resource is the considerable amounts of funds being invested by pharmaceutical companies for drug trials for licencing and marketing purposes in India. Our society journal is filled with treatment trials, but yet few (if any) meet the standards required to be cited as evidence for practice. The reasons are simple to anyone who is familiar with the Consort Guidelines for trials (Moher, Schulz, & Altman 2001); virtually none of the trials meet the essential criteria of being randomized, controlled, with some efforts for masking and with an adequate sample size. The result: dozens of trials with very little evidence being generated.

The current global attention to mental health in developing countries has also led to considerable interest in funding mental health research in India from international donor agencies. Examples of such agencies include the Wellcome Trust, the MacArthur Foundation and the PPP Foundation. Yet, many of these donors complain that either there are very few research proposals coming their way, or they are woefully substandard in their conception and design. Even when pharmaceutical companies fund research, many researchers simply adopt the company

protocol; rarely is there an effort to ensure that the research is scientifically important. Another major limitation of much of the research from India is that it is not population based. In fact, the majority of research articles arise from psychiatric or tertiary hospital settings, in contrast to the fact that overwhelming majority of mental illness in our country is not seen in these settings. Thus, the context of the research is out of step with the epidemiological reality. Even though we constantly hear that treatment evidence needs to be generated from our setting (Patel, 2000), there is pitiful little quality research demonstrating this. The results are predictable: top psychiatric journals carry hardly any articles from developing countries and only a tiny fraction of these describe interventions (Patel & Sumathipala, 2001).

It is time that we take stock of the reality that Indian psychiatry is still unable to produce a significant impact on psychiatry as a medical and public health discipline both in our country and globally. I would argue that the single most important reason for this is the lack, not of manpower or funds, but of skills in research methodology. Even today, there are no formal training programs in research methodology in the vast majority of post-graduate training schemes. Teachers are appointed solely on the basis of their academic seniority, rather than academic ability. Thus, persons with little research training or ability themselves become the supervisors of MD dissertations of the new generation of psychiatrists. This problem exists overseas too, but schemes for research methodology are now becoming widespread as a means to strengthen the academic skills of trainees. The way forwards is clear: regular training schemes are essential, particularly in epidemiology which lies at the heart of medical research. The Indian Psychiatric Society could play a central role in this regard. It is impossible to expect each medical school to establish its own training scheme, particularly since many departments have only a handful of trainees. The IPS could provide the basis of holding regular epidemiology training workshops, perhaps one in each zone, on an annual basis. Already,

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some pharmaceutical companies are organising "updates" for trainees in each zone. These workshops could be conducted by the many skilled researchers in the country, and would aim not only to teach research methods but also to strengthen inter-department research collaborative networks, teach how to write research proposals and to access funds from the growing number of donor agencies. Let us be hopeful that psychiatric research in India can capitalise on the considerable strengths it already has. The solution appear relatively straightforward. Does our Society have the will?

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VIKRAM PATEL, Senior Lecturer, London School of Hygiene & Tropical Medicine. Researcher, Sangath Society, Goa. (email: vikpat@goatelecom.com)
