Psychotherapy Training Among Psychiatrists in Russia: A Cross-Sectional Study

Опыт обучения психотерапии в практике российских врачей-психиатров: поперечное исследование

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Original research

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ABSTRACT

BACKGROUND: Access to psychotherapeutic interventions and the standardization of psychotherapy training within psychiatric training worldwide remain a global challenge. In Russia, psychotherapy training has developed considerably since its introduction in the early 20th century. However, its integration into psychiatry training programs remains inconsistent, with variations across institutions.

AIM: To explore the experiences of psychiatry trainees and early career psychiatrists (ECPs) in Russia with psychotherapy education, and to assess their views on potential areas for improvement.

METHODS: A cross-sectional survey was conducted using the World Psychotherapy Survey questionnaire, which was translated into Russian. The survey gathered data on psychotherapy training experiences, supervision, and demographic characteristics.

RESULTS: Data were obtained from 223 psychiatrists and psychiatry trainees across 38 Russian cities. There was a strong interest in psychotherapy training, with 88 (39.5%) participants already certified or undergoing training, while 100 (44.8%) planned future training. However, only 69 (30.9%) reported that their psychiatry training programs included mandatory psychotherapy courses. Supervision opportunities were limited, and many respondents funded the training themselves. The majority (*n*=200; 89.7%) supported the inclusion of psychotherapy training into the psychiatry training programs, with cognitive-behavioral therapy and psychodynamic therapy being the most preferred modalities.

CONCLUSION: Psychotherapy training is highly relevant to psychiatry trainees and ECPs in Russia, yet gaps in supervision and inconsistent integration into the psychiatry training programs need to be addressed. Revising educational programs to include mandatory psychotherapy training could align Russian psychiatric education with international standards and enhance the quality of mental health care.

АННОТАЦИЯ

ВВЕДЕНИЕ: Существует глобальная проблема, связанная с доступностью психотерапевтических вмешательств и гармонизацией обучения психотерапии в рамках подготовки врачей-психиатров во всем мире. В России обучение психотерапии значительно эволюционировало с момента ее появления в начале 20 века. Тем не менее процесс интеграции обучения психотерапии в образовательные программы по психиатрии проходит непоследовательно и варьируется в разных учебных заведениях.

ЦЕЛЬ: Изучить мнения и практический опыт российских ординаторов и молодых врачей-психиатров в отношении обучения психотерапии, выявить существующие пробелы в образовательной системе и оценить предложения специалистов по ее оптимизации.

МЕТОДЫ: Было проведено поперечное исследование с использованием опросника «Всемирное исследование Психотерапии» (World Psychotherapy Survey), переведенного на русский язык. В ходе исследования собирали сведения об опыте обучения психотерапии, данные о супервизии и демографические характеристики участников.

РЕЗУЛЬТАТЫ: Данные были получены от 223 врачей-психиатров и ординаторов, обучающихся по специальности «психиатрия», из 38 российских городов. Респонденты проявили заинтересованность в обучении психотерапии: на момент опроса 88 (39,5%) участников уже завершили или проходили обучение, а 100 (44,8%) участников планировали пройти подготовку в будущем. Однако только 69 (30,9%) респондентов сообщили, что в их учебную программу по психиатрии входили обязательные курсы изучения психотерапии. Возможности супервизии были ограниченны, при этом многие участники самостоятельно оплачивали свое обучение. Большинство респондентов (*n*=200; 89,7%) поддержали включение обучения психотерапии в учебные программы по психиатрии, при этом наиболее предпочтительными направлениями оказались когнитивно-поведенческая терапия и психодинамическая терапия.

ЗАКЛЮЧЕНИЕ: Психотерапия — востребованная программа среди российских молодых врачей-психиатров и ординаторов, обучающихся по специальности «Психиатрия». Однако существующие пробелы в организации супервизии и фрагментарное включение этих курсов в программы ординатуры требуют системного решения. Пересмотр образовательных программ с целью включения обязательного обучения психотерапии мог бы привести российское психиатрическое образование в соответствие с международными стандартами и повысить качество психиатрической помощи.

Keywords: *psychotherapy training; mental health education; supervision; early career psychiatrists; psychiatry residency*
Ключевые слова: *обучение психотерапии; образование в области психического здоровья; супервизия; молодые врачи-психиатры; ординатура по психиатрии*

INTRODUCTION

Psychotherapy plays a crucial role in mental health care, offering effective, evidence-based interventions for a wide range of psychiatric conditions. Despite its importance, access to worldwide psychotherapeutic interventions remains limited [1]. In Russia, psychotherapy has historically been regarded as a component of psychiatric care for individuals with mental health disorders. The origins of psychotherapy training in the country date back to the late 19th and early 20th centuries, when initial studies in the field were conducted within psychiatric clinics and institutions. In the 1920s, the first institutes dedicated

to teaching the fundamentals of psychotherapy were established. During this time, despite facing considerable criticism and censorship, significant emphasis was placed on psychoanalysis and other international schools of psychotherapy [2].

A major impetus for the development of psychotherapy in the country — then the USSR — emerged in the 1960s and 1970s with the creation of specialized psychotherapy departments in medical institutes and universities. In 1966, the first department of psychotherapy was established in Moscow at the Central Institute for Advanced Training of Doctors, followed by similar departments in other cities [3]. In 1985, psychotherapy was officially recognized as a medical specialty, with the legal requirement that only physicians could qualify as a psychotherapist in Russia.

In Russia, the term "residency" is used to describe postgraduate training; however, for the sake of consistency with the English-language literature, the term "psychiatry training" will be used in this article. For several decades, becoming a psychotherapist required completing six years of general medical education followed by two-year postgraduate training in psychiatry (the possibility of a one-year internship in psychiatry was discontinued in 2016). Psychiatrists were then required to complete a four-month advanced training course at a state educational institution and pass a certification examination. Private educational centers also offered longer, sometimes multi-year training programs, but these could not provide a state-recognized employment certificate.

In 2003, legislation expanded access to psychotherapy training: physicians with a basic medical degree (general medical education for six years in adult or pediatric medicine) but without psychiatric education could now enter such programs. Psychiatry training itself is currently regulated by the federal state educational standard of higher education 31st August 2020 (the latest version approved by the order of the Ministry of Science and Higher Education of the Russian Federation on 16th October 2023). Under this framework, psychotherapy training may be included as either a mandatory or elective component. In addition to physicians, other mental health professionals — such as psychologists, social workers, and special education teachers — can receive advanced training in psychotherapy methods through public or private programs, but they cannot be officially certified as psychotherapists.

Internationally, approaches to psychotherapy training within psychiatry programs vary considerably. Differences in training standards and resources pose significant challenges to achieving consistent, high-quality psychotherapy education worldwide [4]. A key issue is the lack of international standardization in the incorporation of psychotherapeutic skills into psychiatry training [4]. In Europe, the main barriers to accessing psychotherapy training include difficulty taking time away from clinical duties, shortage of supervisors, and a lack of funding [5]. A World Psychiatric Association (WPA) survey of 47 countries found that only 59% of member countries require mandatory psychotherapy training as part of psychiatry training [4].

Traditionally, psychiatry trainees have shown a strong interest in psychotherapy training, with many choosing to specialize in psychiatry to gain psychotherapy skills for future practice [6]. In a 2019 survey, 34% of early career psychiatrists (ECPs) in Russia already held psychotherapy certification [7]. Nevertheless, as psychopharmacological treatments for mental health disorders have become more widespread, the availability of psychotherapy services and training has declined in many centers worldwide [4]. Supporting professional development and improving the occupational well-being of mental health care providers are among the key objectives of the Early Career Psychiatrists' Council of the Russian Society of Psychiatrists (RSP ECPC) [8].

In recent years, the WPA Early Career Psychiatrists Section has launched an initiative to examine the integration of psychotherapy training into psychiatry training programs [9–13]. This study has involved active participation from low- and middle-income countries (LMICs) [9–13], while results from high-income countries (HICs) have yet to be published. This study aimed to explore the experiences of psychiatry trainees and ECPs in Russia with psychotherapy education, and to assess their views on potential areas for improvement.

METHODS

Study design

This cross-sectional study was conducted by the RSP ECPC and the members of the Commission for Young Scientists and Specialists of the Russian Society of Psychiatrists.

Data collection methods

Data were collected using the World Psychotherapy Survey questionnaire, developed by the Early Career Psychiatrists Section of the World Psychiatric Association and previously used in other countries [9–13]. The original questionnaire was translated into Russian and supplemented with an additional

section on psychotherapy training outside the psychiatry training program, in order to reflect the organizational differences between psychiatry and psychotherapy training in Russia. The translation was conducted independently by two psychiatrists who spoke English and Russian using a double back-translation technique. In cases of disagreement, a third team member was consulted to reach a consensus.

The questionnaire comprised three sections: (1) psychotherapy training within psychiatry training; (2) psychotherapy education; and (3) demographic information. The questionnaire contained 21 multiple-choice and open-ended questions. The Russian version of the questionnaire used in this study is available in the Supplementary Appendix 1, and the English back-translation in Appendix 2.

After translation, the questionnaire was piloted with 10 psychiatry trainees. The pilot involved them completing the survey and identifying any unclear questions so that the wording could be clarified or revised. No issues were identified, and the survey did not require any modifications.

Sample characteristics

Psychiatrists and psychiatry trainees were invited to participate in the study. Because the Ministry of Health does not publish statistics on the number of psychiatry trainees and ECPs, it was not possible to calculate a sample size or response rate. Participants were eligible if they met the following criteria: (1) currently working or training in psychiatry or addiction psychiatry, or graduated in psychiatry and worked as psychotherapists; (2) aged over 18 years; and (3) sufficient knowledge of the Russian language to understand the questionnaire. Psychiatry trainees were defined as individuals enrolled in psychiatry training at the time of the survey. ECPs were defined according to the RSP ECPC criterion: board-certified psychiatrists aged 40 years or younger. Psychiatrists who did not meet these criteria were categorized as senior psychiatrists. This classification allowed for a more detailed examination of how attitudes toward psychotherapy training change with increased experience in psychiatry.

Survey administration

The survey was administered online via Google Forms. Settings were configured to ensure that no personally identifiable information (e.g., email or IP addresses) was collected, thereby safeguarding respondent anonymity. The option to restrict multiple responses from the same user through account-based authorization was not enabled, as this could have excluded participants without a Google account. At the time of the study, alternative international online platforms with multiple-response prevention features were blocked in Russia by rights holders and therefore could not be used.

The questionnaire was distributed between June and September 2023. A link to the survey was shared through the RSP ECPC online platforms (email newsletter, and official Telegram channel), via the 27 heads of the RSP ECPC regional offices and promoted at scientific and educational events for ECPs in Russia.

Statistical analysis

Data analysis was conducted using Jamovi software (version 2.3.28.0). The Shapiro–Wilk test for normality and Levene's test for homogeneity of variances were applied to determine appropriate methods of variance analysis. Categorical variables were presented as absolute numbers and percentages (*n*, %). Discrete and continuous variables were summarized by median and interquartile range (Q1; Q3). Pearson's χ^2 test was used to compare qualitative data. The Mann-Whitney (U) test and Kruskal-Wallis (H) test were used to compare continuous and ordinal variables due to heterogeneity in the data sample. A *p*-value of 0.05 was considered statistically significant.

Ethical considerations

The survey ensured confidentiality and did not collect any personally identifiable information (e.g., names, dates or places of birth, addresses or passport data). All participants provided voluntary informed consent electronically before completing the questionnaire. This study was approved by the Russian Society of Psychiatrists (RSP). No additional ethics committee approval was required for this study.

RESULTS

Respondent characteristics

A total of 223 participants completed the questionnaire, 164 (73.5%) of whom were women. Participants' ages ranged from 22 to 75 years, with a median age of 29 years (Q1=25; Q3=37). Respondents' psychiatry training was distributed across 38 cities in Russia, with the largest numbers from Moscow (*n*=87), St. Petersburg (*n*=46), Omsk (*n*=12), Chita (*n*=10), Tyumen (*n*=8), and Ryazan (*n*=8).

Demographic characteristics, psychotherapy training experience, and current professional status of psychiatry

trainees, ECPs, and senior psychiatrists are presented in Table 1. Some respondents (40 ECPs and 11 senior psychiatrists) worked both as psychotherapists and psychiatrists. Psychotherapy was more frequently included in psychiatry training for current trainees, whereas senior psychiatrists were less likely to report prior psychotherapy training experiences. No significant differences were observed between groups regarding the mandatory or optional inclusion of psychotherapy education within psychiatry training programs.

Psychiatry trainees and ECPs were more likely to have studied psychotherapy theory, with substantially less experience in practical training or personal therapy as part of their education. They also had more frequent access to supervision, although actual supervision experience did not differ between the groups.

Main findings

Respondents' psychotherapy training experiences outside psychiatry training are summarized in Table 2. Overall, respondents expressed strong interest in psychotherapy training, with only 33 (14.8%) reporting that they did not plan to pursue psychotherapy training. The most frequently reported specialized psychotherapy training was in cognitive-behavioral therapy (CBT) and psychodynamic approaches. More than half of ECPs and psychiatry trainees had paid for psychotherapy training themselves or planned to do so. Just under half of respondents (*n*=107; 48.0%) had received personal psychotherapy.

In the absence of comprehensive national statistics on the number of psychotherapists working in Russia's public and private healthcare sectors, Figure 1 illustrates the relationship between respondents' age and years of

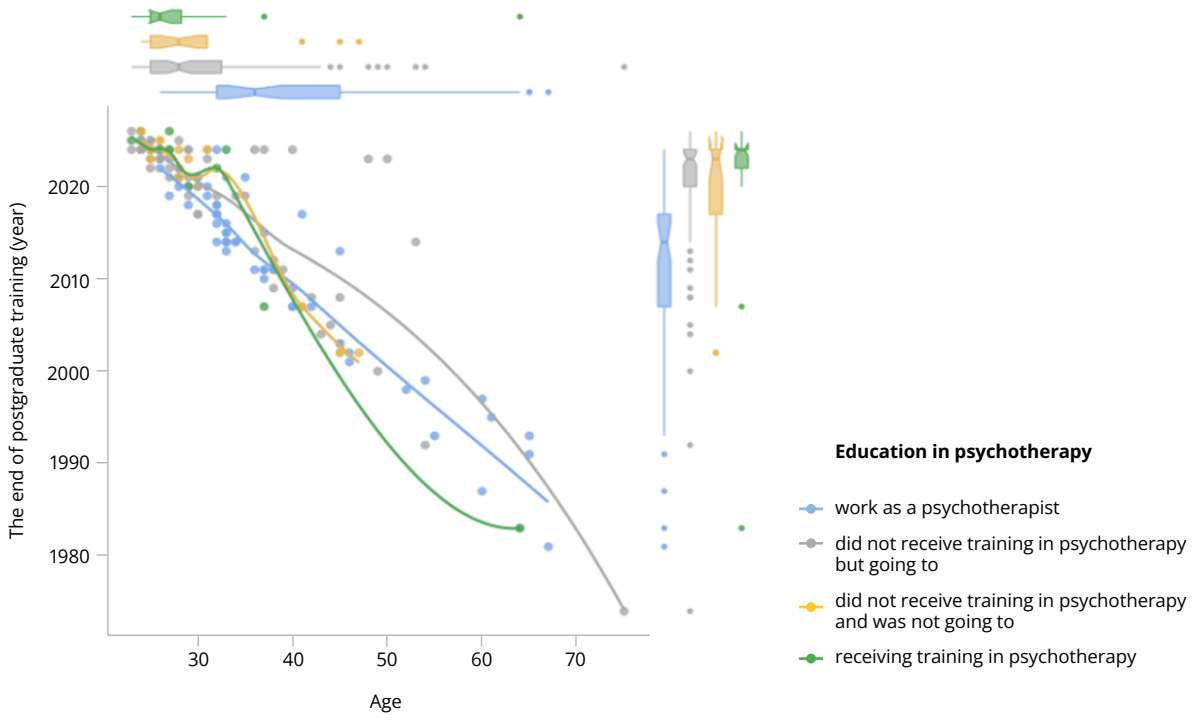

Figure 1. Distribution of respondents with different educational status in psychotherapy according to their age and the year of postgraduate training fulfillment.

Note: The density distribution of certification/education status in psychotherapy depending on the age of respondents — along the upper edge of the figure; density distribution of certification/education status in psychotherapy depending on the year of psychiatry training — on the right edge of the figure. Dots on the diagram represent individual respondents, depending on their age and year of psychiatric training. Lines on the diagram show the distribution trends of respondents with different psychotherapeutic education depending on age and year of psychiatric training.

Source: Chumakov et al., 2025.

Table 1. Characteristics of study participants

Variables	Psychiatry trainees, *n*=83*	ECPs, *n*=96	Senior psychiatrists, *n*=44	*p*–value	Missing data, *n*=223
Female sex, *n* (%)	66 (79.5%)	67 (69.8%)	31 (70.5%)	χ^2=2.43; df=2; *p*=0.296	None
Age, years	25 (24; 26)	30 (28; 33)	48 (45; 56)	χ^2=147; df=2; *p*<0.001	None
Duration of employment after certification in psychiatry, years	NA	5 (3; 10)	22 (17; 30)	χ^2=68.8; df=2; *p*<0.001	23 (10.3%)
Occupational employment, *n* (%)**					
Psychiatry specialists	NA	85 (88.5%)	31 (70.5%)	χ^2=6.95; df=1; *p*=0.008	None
Psychotherapy specialists	NA	40 (41.7%)	22 (50.0%)	χ^2=0.85; df=1; *p*=0.357	
Child and adolescent psychiatry specialists	NA	16 (19.3%)	5 (11.4%)	χ^2=0.665; df=1; *p*=0.415	
Psychiatry training curriculum, *n* (%)					
Psychotherapy is (was) included	59 (71.1%)	50 (52.1%)	23 (52.3%)	χ^2=7.74; df=2; *p*=0.021	None
Psychotherapy is (was) not included	24 (28.9%)	46 (47.9%)	21 (47.7%)		
Course requirement, *n* (%)					
Psychotherapy as a mandatory course	31 (37.3%)	26 (27.1%)	12 (27.3%)	χ^2=0.101; df=2; *p*=0.951	94 (42.2%)
Psychotherapy as an optional course	28 (33.7%)	21 (21.9%)	11 (25.0%)		
Type of psychotherapy education, *n* (%)**					
Theoretical	39 (47.0%)	42 (43.8%)	8 (18.2%)	χ^2=11.0; df=2; *p*=0.004	100 (44.8%)
Practical	15 (18.1%)	6 (6.3%)	13 (29.5%)	χ^2=13.5; df=2; *p*=0.001	
Personal psychotherapy	4 (4.8%)	3 (3.1%)	6 (13.6%)	χ^2=6.32; df=2; *p*=0.04	
Modalities of psychotherapy education during psychiatry training, *n* (%)**					
Cognitive–behavioral therapy	38 (45.8%)	35 (36.5%)	17 (38.6%)	χ^2=1.68; df=2; *p*=0.433	110 (49.3%)
Psychodynamic psychotherapy	20 (24.1%)	20 (20.8%)	10 (22.7%)	χ^2=0.275; df=2; *p*=0.871	
Family therapy	16 (19.3%)	12 (12.5%)	8 (18.2%)	χ^2=1.68; df=2; *p*=0.432	
Interpersonal psychotherapy	13 (15.7%)	10 (10.4%)	6 (13.6%)	χ^2=1.1; df=2; *p*=0.576	
Psychodrama	6 (7.2%)	6 (6.3%)	4 (9.1%)	χ^2=0.36; df=2; *p*=0.833	
Other	2 (2.4%)	12 (12.5%)	1 (2.3%)	χ^2=8.96; df=2; *p*=0.011	
Access to supervision, *n* (%)					
Yes	71 (85.5%)	72 (75.0%)	30 (68.2%)	χ^2=5.63; df=2; *p*=0.06	None
No	12 (14.5%)	24 (25.0%)	14 (31.8%)		
Participation in supervisions, *n* (%)					
Mandatory	3 (3.6%)	3 (3.1%)	2 (4.5%)	χ^2=3.19; df=4; *p*=0.527	32 (14.3%)
Optional	34 (41.0%)	46 (47.9%)	19 (43.2%)		
Don't know	39 (47.0%)	30 (31.3%)	15 (34.1%)		
Supervisions' duration, hours, *n* (%)					
>100	2 (2.4%)	4 (4.2%)	3 (6.8%)	χ^2=16.5; df=6; *p*=0.011	39 (17.5%)
50–100	3 (3.6%)	11 (11.5%)	3 (6.8%)		
<50	1 (1.2%)	8 (8.3%)	4 (9.1%)		
It is difficult to answer	71 (85.5%)	54 (56.3%)	20 (45.5%)		

Note: *two subjects were trainees over 40 years old; **multiple–choice option. ECPs — early–career psychiatrists; NA — not applicable.

Table 2. Psychotherapy education experience

Variables	Psychiatry trainees, *n*=83*	ECPs, *n*=96	Senior psychiatrists, *n*=44	*p*–value	Missing data, *n*=223
Status of psychotherapy education, *n* (%)					
Certified psychotherapists	0	39 (40.6%)	23 (52.3%)	χ^2=59,3; df=6; *p*<0.001	None
Continuing their training in psychotherapy	12 (14.5%)	12 (12.5%)	2 (4.5%)		
Are planning to train in psychotherapy	56 (67.5%)	36 (37.5%)	10 (22.7%)		
Do not plan to train in psychotherapy	15 (18.0%)	9 (9.4%)	9 (20.5%)		
Modalities of psychotherapy training, *n* (%)**					
Cognitive-behavioral therapy	23 (27.7%)	37 (38.5%)	22 (50.0%)	χ^2=6.37; df=2; *p*=0.041	109 (48.9%)
Psychodynamic psychotherapy	3 (3.6%)	16 (16.6%)	16 (36.4%)	χ^2=23.43; df=2; *p*<0.001	
Family therapy	6 (7.2%)	13 (13.5%)	14 (31.8%)	χ^2=14.0; df=2; *p*<0.001	
Interpersonal psychotherapy	5 (6.0%)	11 (11.5%)	8 (18.2%)	χ^2=4.51; df=2; *p*=0.105	
Psychodrama	2 (2.4%)	8 (8.3%)	7 (15.9%)	χ^2=7.56; df=2; *p*=0.023	
Other	4 (4.8%)	13 (13.5%)	3 (6.8%)	χ^2=4.46; df=2; *p*=0.108	
Satisfaction with their psychotherapy competencies, *n* (%)					
Very satisfied	3 (3.6%)	15 (15.6%)	10 (22.7%)	χ^2=4.04; df=6; *p*=0.672	140 (62.8%)
Satisfied	4 (4.8%)	15 (15.6%)	7 (15.9%)		
Neither satisfied nor dissatisfied	2 (2.4%)	13 (13.5%)	7 (15.9%)		
Not satisfied	1 (1.2%)	6 (6.3%)	0 (0%)		
Type of psychotherapy training institution, *n* (%)					
Public training institution	6 (7.2%)	22 (22.9%)	13 (29.5%)	χ^2=6.39; df=4; *p*=0.172	140 (62.8%)
Private training institution	4 (4.8%)	18 (18.8%)	3 (6.8%)		
Both public and private training institutions	0	11 (11.5%)	6 (13.6%)		
Psychotherapy education fee payment (based on experience or training plans), *n* (%)					
Fully paid by the trainee	49 (59.0%)	56 (58.3%)	15 (34.1%)	χ^2=12.86; df=6; *p*=0.045	None
By the hospital or the training institution	9 (10.8%)	14 (14.6%)	10 (22.7%)		
Fully paid by the government	10 (12.0%)	4 (4.2%)	5 (11.4%)		
Partially paid by the trainee and another source	15 (18.1%)	22 (22.9%)	14 (31.8%)		
Personal psychotherapy experience, *n* (%)					
Yes	36 (43.4%)	51 (53.1%)	20 (45.5%)	χ^2=1.84; df=2; *p*=0.399	None
No	47 (56.6%)	45 (46.9%)	24 (54.5%)		

Note: *two subjects were trainees over 40 years old; **multiple–choice option. ECPs — early career psychiatrists.

postgraduate training, differentiated by psychotherapy education status. The density distribution of certification and education status in psychotherapy along the upper edge of the figure indicates that psychotherapy education in Russia is most often completed after the age of 35. The density distribution along the right edge of the figure shows that specialists qualified to provide psychotherapeutic supervision were most numerous among specialists who completed their training from 1990 to 2020, with a peak from 2008 to 2018.

The vast majority of respondents (*n*=200; 89.7%) supported incorporating psychotherapy training into psychiatry training programs (Table 3), with psychiatry trainees expressing this view most frequently. Respondents most frequently selected CBT, psychodynamic therapy, and family therapy as their preferred modalities for training. Across all groups, 117 psychiatrists (52.5%) felt that psychotherapy training should be mandatory as part of psychiatry training programs.

DISCUSSION

This study demonstrated a strong interest in psychotherapy training among psychiatrists in Russia at various stages of their careers. It found that 35% of the surveyed ECPs and psychiatry trainees had already received psychotherapy training in addition to their core psychiatry education or were undergoing such training at the time of the survey. An additional 51% of ECPs and psychiatry trainees reported intentions to pursue psychotherapy training in the future. While 59% showed that a psychotherapy course was included in their psychiatry training, only 31% reported it was mandatory, reflecting variation in curricular planning across universities in Russia.

These findings also indicate that psychiatrists in Russia most often complete psychotherapy training after the age of 35. This delay may be attributed to the additional years required for subspecialty training, or to the need for ECPs to prioritize work experience in psychiatry before pursuing further qualifications. Another key motivation for pursuing additional psychotherapy education after training in psychiatry is the need to obtain certification, as mandated by Russian legislation, to practice as a psychotherapist in Russia. A recent survey of ECPs in Russia found that the most important professional values among mental health specialists were job opportunities, intellectual stimulation, and work-life balance [14]. In Russia, practitioners trained in psychotherapy are often motivated by aspirations for professional development, social recognition and financial stability, factors not always

Table 3. Inclusion of psychotherapy in the psychiatry training program

Variables	Psychiatry trainees, *n*=83*	ECPs, *n*=96	Senior psychiatrists, *n*=44	*p*-value	Missing data, *n*=223
Psychotherapy should be incorporated into the psychiatry training curriculum, *n* (%)					
Yes	79 (95.2%)	85 (88.5%)	36 (81.8%)	χ^2=5.79; df=2; *p*=0.055	None
No	4 (4.8%)	11 (11.5%)	8 (18.2%)		
Modality of psychotherapy to be included in psychiatry training, *n* (%)**					
Cognitive-behavioral therapy	45 (54.2%)	49 (51.0%)	11 (25.0%)	χ^2=10.91; df=2; *p*=0.004	93 (41.7%)
Psychodynamic psychotherapy	8 (9.6%)	14 (14.6%)	2 (4.5%)	χ^2=3.34; df=2; *p*=0.188	
Family therapy	5 (6.0%)	10 (10.4%)	6 (13.6%)	χ^2=2.15; df=2; *p*=0.341	
Interpersonal psychotherapy	3 (3.6%)	9 (9.4%)	5 (11.4%)	χ^2=2.15; df=2; *p*=0.341	
Third wave of cognitive-behavioral therapy	5 (6.0%)	7 (7.3%)	1 (2.3%)	χ^2=1.39; df=2; *p*=0.498	
Other	10 (12.0%)	23 (24.0%)	7 (15.9%)	χ^2=4.44; df=2; *p*=0.108	
Requirement to include a psychotherapy course in psychiatry training, *n* (%)					
Mandatory	42 (50.6%)	57 (59.4%)	20 (45.5%)	χ^2=2.14; df=2; *p*=0.3433	30 (13.5%)
Optional	29 (34.9%)	28 (29.2%)	17 (38.6%)		

Note: *two subjects were trainees over 40 years old; **multiple-choice option. ECPs —early career psychiatrists.

sufficiently considered in curriculum development [14]. More than half of ECPs combine multiple professional roles (e.g., psychiatrist and psychotherapist), citing either financial necessity (51.5%) or academic and professional interests (25.0%) [7].

Compared with findings from the World Psychotherapy Survey, Russia appears to lag behind most other countries in integrating psychotherapy into psychiatry training, except for Nigeria (53%) [11] whose respondents were less likely to report that psychotherapy training was included in their psychiatry training program. Fewer respondents from Russia reported receiving psychotherapy education during psychiatry training compared with their counterparts from Turkey (68%) [10], Nepal (73%) [12], Brazil (86%) [9], and Iran (98%) [13]. The proportion of mandatory psychotherapy training as part of psychiatry programs was also lower in Russia compared with other countries, where rates were higher: 48% in Nigeria [11], 68% in Nepal [12], 77% in Brazil [9] and 91% in Iran [13]. The need for ECPs and psychiatry trainees to self-fund additional psychotherapy training was also reported in other countries, ranging from 41% in Brazil [9] to 56% in Turkey [10]. Across Europe, a survey on psychotherapy training and practice revealed that in most countries, additional fees are required, with psychiatry trainees often having to pay out of pocket. Lack of funding was identified as one of the main barriers to accessing psychotherapy training [5]. These findings align with a previous World Psychiatric Association survey of 47 countries, which found that only 59% required mandatory psychotherapy education during psychiatry training, with lower provision in LMICs compared to HICs [4].

This study also revealed limited access to supervision among psychiatry trainees and ECPs in Russia. Supervision is an integral part of a psychotherapists' professional development, providing opportunities for structured reflection and refinement of practice [15]. A shortage of qualified supervisors has previously been identified as a barrier to psychotherapy training [5].

The broader social and legal context also shapes psychotherapy in Russia. Although legislation formally recognizes psychotherapy as a medical specialty, societal stigma remains a major barrier to its acceptance and utilization. For example, a survey of residents in one region of Russia revealed low awareness and high stigma toward psychotherapy, with only 23.7% of respondents demonstrating an understanding of psychotherapists' work, while between 65.3% and 75.2% expressed negative attitudes towards psychotherapists, treatment methods, and psychotherapy institutions [16]. This issue is compounded by the use of the term "psychotherapist" by psychologists, which does not comply with Russian legislation and creates further public confusion of this role, often influenced by portrayals in films and literature [17].

Although psychotherapy training is not yet universally available in Russia, it should be regarded as an essential goal. Such training equips clinicians with the skills to manage transference and countertransference and to foster effective patient engagement. Online modalities of training and supervision offer promising avenues for integrating psychotherapy training into undergraduate and postgraduate psychiatry curricula [18]. According to the WPA document *Principles and Priorities for a Framework for Training Psychiatrists*, basic psychotherapy training should be included among the core competencies in the first year of psychiatry training, followed by advanced psychotherapy training in the second year [19]. The latest WPA Position Statement on High Quality Post-Graduate Training in Psychiatry [20] and the European Union of Medical Specialists Section of Psychiatry Charter Training in Psychotherapy [21] both emphasize the inclusion of theoretical and practical exposure to psychotherapy, including supervised practice. These recommendations are consistent with this study's findings: 90% of respondents supported the inclusion of psychotherapy in the psychiatry training curriculum, with 53% advocating that it be mandatory. However, one barrier to integrating mandatory psychotherapy training into psychiatry programs in Russia may be the relatively short duration of residency (2 years), which is shorter than the WPA's recommended minimum training period [4]. CBT, psychodynamic, and family therapy were selected as their preferred psychotherapy modalities by respondents, thereby reflecting international trends [4].

This study identified two patterns of attitudes toward psychotherapy among ECPs and psychiatry trainees: "negative" and "positive" (see Figure 1). The "positive" group consisted of ECPs and psychiatry trainees who had not yet received psychotherapy training but planned to do so, as well as those who had already completed such training in psychotherapy at the time of the study. The "negative" group was composed mainly of younger respondents (aged 25–35), most of whom had completed their training between 2018 and 2023. In contrast, older respondents (over 40 years) who did not consider psychotherapy as an

extension of their professional competencies or who had not already undergone additional training were almost absent. This suggests the emergence of more "biologically oriented" professionals among ECPs, or a similar category of "biologically oriented" middle-aged physicians is losing interest in participating in professional activity surveys creating a blind spot in our research sample. Sociopolitical factors after 2020, including the impact of the COVID-19 pandemic, may have also influenced attitudes toward psychotherapy [22–24].

This study has several limitations. It employed a cross-sectional design, with a relatively small sample size, and may be subject to selection bias. Psychiatrists who are less interested in psychotherapy may also have been less inclined to participate in the study. Although respondents were drawn from various regions of Russia, representation of psychiatry training outside major cities (Moscow and Saint Petersburg) was limited — a pattern also noted in other studies of ECPs in Russia [7]. Moreover, while the accessibility of training opportunities was a central focus, the quality of psychotherapy education was not assessed.

The findings of this study should be interpreted with caution because of the sample's relatively small size and limited diversity. Because the sample is not nationally representative, the results cannot be generalized to all psychiatrists in Russia. The proportion of women in this study (73.5%) aligns closely with the Ministry of Health statistics indicating that women constitute approximately 71% of all Russian physicians. Finally, because this study focused specifically on psychiatry trainees and ECPs, its conclusions apply primarily to this subgroup rather than to the broader psychiatric workforce.

CONCLUSION

Psychotherapy training remains relevant and in demand among psychiatrists in Russia. This study identified a significant gap in supervisory experience among ECPs. Revising educational programs to include psychotherapy as a mandatory course in psychiatry training would bring psychiatry education in Russia in line with international standards and may also increase the interest and motivation in psychotherapy training among psychiatry trainees and ECPs. Broader efforts to raise awareness of psychotherapy could help improve the overall quality of psychiatric care. Addressing these challenges will require sustained engagement and commitment from the psychiatric community.

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Supplementary data

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