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FROM STIGMA TO STATUTE: RIGHT TO MENTAL HEALTH

UTKARSH SINGHAL[1] AND CHARVI JAISWAL[2]

ABSTRACT

For a long time, the subject of mental health in India was burdened by silence, stigmatization, and disregard, although it was at the core of human dignity and social welfare. The paper is about the transition of treating mental diseases by the method of isolation and danger as per the Indian Lunacy Act of 1912 to the acknowledgment of mental health as a fundamental and statutory right, most explicitly by the Mental Healthcare Act, 2017. The constitutional root is in the development of Article 21 the right to life and personal liberty considered along with the Directive Principles of State Policy, which together assign a responsibility to the state to protect health and decent living conditions. However, the reality on the ground is a different story: the share of less than one percent of the health budget is allocated to mental health, the number of trained professionals is low, and discriminatory attitudes continue to separate those who need help and care. The National Mental Health Survey reveals that almost 14 percent of Indians suffer from mental problems, but most of them are not treated due to the stigma, the poor condition of the health institutions, and the lack of political will. The paper, through the combination of law and real-life stories, propounds the point that in order to accomplish the goal of proper mental health care in India, more than mere statutory promises are required. The author pleads for a cultural change through the process of open conversation, thorough community-based care, and the existence of strong accountability mechanisms. Treating mental health on equal terms with physical health is necessary not only for an individual to feel healthy but also for creating a just, humane, and inclusive society.

Keywords: Mental Health, Stigma, Human Rights, Constitutional Law

[1] The author (I) is a law student at Maharashtra National Law University, Chhatrapati Sambhajinagar.
[2] The author (II) is a law student at Christ University, Pune Lavasa Campus.

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INTRODUCTION

Overburdened by the expectations to perform well and tirelessly pursue achievement, a contemporary professional or student often believes economic success as personal value. Motivated by a need to meet unrealistic deadlines and maximize financial gain, the individual gradually gives up essential sleep and emotional well-being of oneself. Though masked as ambition, this disparity results in a steady yet gradual deterioration of mental health. Eventually, weariness and rage set in when emotional resiliency begins to fail even in the face of obvious financial stability. The exhaustion that follows reduce output and, more importantly, rob the individual of meaning, happiness and cheerfulness. At that moment an individual becomes a machine and loses its peculiarity, undermining the meaning of work and holistic growth. This leads to mental diseases and as observed by the ICMR[3], mental diseases greatly shorten useful years of life, therefore exacerbating patterns of poverty, substance misuse, and domestic violence.

But in India are we really preparing to mitigate this exacerbating challenge? Mental health in India, though widely discussed, remains one of the most overlooked areas of public health and human rights. Every citizen has the right to affordable and accessible mental healthcare[4]. Still this facet remains stigmatized, underfunded, and remains unimplemented due to lack of political willingness. A root indicator of how well individuals are doing is 'health', and it is essential for social and financial development. India has recognized the right to individual safety and healthcare since long duration. Thus, talking about mental health is essential for the promotion of good health. Although there have been many attempts to highlight the need of physical health over the years, only a few have concentrated on mental health. Many significant changes have happened over the previous ten years to help one move from ignorance to awareness. Understanding how the government helps to preserve mental health and imagines the outcomes of such efforts requires an insight. A major proponent to understand individual's mental health is mental illness[5]. By producing disturbances in thoughts, emotions, and behavior, mental disease influences a person's mental health. This can impair control of everyday activities. These can also impair emotional stability, cognitive processes, and social

[3] **Ministry of Health and Family Welfare**, Indian Council of Medical Research, *available at* https://www.icmr.gov.in/ , (last visited May 3, 2025).
[4] **Ministry of Health and Family Welfare**, Mental Health Care Act, 2017 ;**Sec. 18** *available at* https://www.indiacode.nic.in/bitstream/123456789/2249/1/A2017-10.pdf (last visited May 11,2025)
[5] **Ministry of Health and Family Welfare**, Mental Health Care Act, 2017 ;**Sec. 2(s)** *available at* https://www.indiacode.nic.in/bitstream/123456789/2249/1/A2017-10.pdf (last visited May 11,2025)

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contact ability. Mental illness can in some cases worsen already present medical problems or even cause bodily health problems. Initial signs of a mental health issue usually appear a few years prior to the complete criteria needed for diagnosis being fulfilled.

CONSTITUTIONAL FOUNDATION

Part III and IV of the Indian Constitution cover rules about health and safety. The Indian Constitution does not clearly state that health is a basic right. However, Article 21 ensures the right to life and personal freedom. After the Maneka Gandhi[6] Case, the meaning of Article 21 was broadened to say that 'life' involves living with dignity, not just existing like an animal. The right to health is a key part of living with dignity, and Article 21 should be considered alongside Articles 38, 42, 43, and 47 to understand what the government must do to rehabilitate this right as a reality.

The articles that might help in taking the progressive step are:

- *Article 38*: The government must build a social infrastructure that advances the welfare of the people, thereby showing that mental health is an indispensable component of general well-being and therefore needing services to enhance it.
- *Article 39(e)*: The government is told to create policies guaranteeing that financial constraints do not threaten the mental health and wellbeing of workers, women, and children, therefore harming their health.
- *Article 41*: Particularly for those unable to work due to a disability, the government must ensure the right to work, education, and public support, as well as develop programs assisting people with mental health problems to achieve financial and social stability.
- *Article 42*: This article talks about that the government needs to develop policies for fair and humane working conditions and maternity benefits for pregnant women to relieve mental anguish during and after pregnancy.
- *Article 47*: The development of public mental health lies within the responsibilities of the government along with other issues such as improving nutrition, living standards, and public health.

Mental health is included under Article 21[7] which states that no person shall be deprived of his life or personal liberty except according to procedure established by law. Mental Health has

[6] *Maneka Gandhi v. Union of India*, AIR 1978 SC 597.
[7] *Consumer Education and Research Centre Vs. Union of India*, (1995) 3 SCC 42

been pronounced as part of right to life in the various legal precedents. The hon'ble Supreme Court set guidelines for protecting and enhancing people's mental health[8]. Recognizing that having food, water, cleanliness, sewage, and leisure activities is vital to the right to life according to Article 21 of the Constitution, the Court has reaffirmed the necessity of excellent standards in mental health services. The legal journey of mental health in India has evolved through several legislative landmarks. The *Indian Lunacy Act, 1912* treated mental illness predominantly as a threat to public order. It was later replaced by the *Mental Health Act of 1987*. And finally, the transformative *Mental Health Care Act, 2017* was introduced to align with the UN Convention on the Rights of a Person with Disabilities.

GAPS AND BARRIERS

The reality, however, tells a different tale even if the Mental Healthcare Act, 2017 legally guarantees every citizen the right to accessible and affordable mental health care. Less than 1% of the entire health budget goes to mental health. According to the National Mental Health Survey (2015–16), almost 14% of Indians suffer from mental health issues; more than 70% go untreated[9]. Still marginalizing those in need are stigma, prejudice, and poor infrastructure. Many still suffer abuse or neglect in psychiatric hospitals, or worse, are locked away due to stigma. Stigma is one of the most destructive obstacles since it usually stops people from asking for help or revealing their problems. Employment, housing, and educational discrimination further isolates those with mental health issues, therefore aggravating their exclusion from society[10]. Real-life accounts bring these statistics to life. For example, in India, the Schizophrenia Research Foundation (SCARF) shared the story of Bano, a young woman who was brought to their center by her family after experiencing severe agitation and violent behavior for two days. She was suffering from auditory hallucinations-she heard voices abusing her and threatening to kill her, and she was convinced her family was plotting against her. As a result, she became violent and refused any medication. She first spent a week hospitalized in an acute care hospital. Then, she was admitted to a rehabilitation centre for six months, where she was given counseling and therapy that helped her to reintegrate into her community[11]. Such examples highlight the tremendous prejudice, discrimination, and social isolation suffered by

[8] *Rakesh Chandra Narayan vs. State of Bihar*, AIR 1996 SC 3261

[9] **Ministry of Health and Family Welfare**, National Mental Health Survey, 2015–16, *available at* https://mohfw.gov.in/sites/default/files/National%20Mental%20Health%20Survey%2C%202015-16%20-%20Mental%20Health%20Systems_0.pdf , (last visited May 2, 2025).

[10] Patrick W. Corrigan, Amy C. Watson, *Understanding the impact of stigma on people with mental illness*, 1 **World Psychiatry** 16 (2002).

[11] Scarf India, Success Stories, available at https://scarfindia.org/success-stories/ , (last visited May 9, 2025)

those with mental health challenges in India as well as the essential contribution made by advocacy organizations and mental health professionals in support of recovery and social re-integration. Today, many people misread mental illness; diseases like depression are seen as weakness whereas others like schizophrenia are wrongly associated with violence. These misconceptions fuel bias, dissuade people from looking for help, and restrict opportunities in education, jobs, and social life. Dealing with this issue calls for a human rights based approach emphasizing the basic rights of all people rather than only health care. Human Rights Based Approach asserts that everyone should have easy access to decent, acceptable mental health care. People should not live in fear of discrimination; they should have the right to participate in decisions regarding their own care and should obtain care free from prejudice or coercion. Importantly, mental health problems should not be used to excuse depriving someone basic rights or social acceptance. Mental health and rehabilitation benefit from simultaneous preservation and promotion of rights including job security, safe housing, and healthcare access. Including in mental health policy planning those with lived experience is also really quite important. Their comments guarantee that programs are driven by real demands, respectful, and relevant. Mental health problems coexist with basic human rights and a medical concern. Framing mental well-being in terms of rights-based and constitutional ideals helps us to create more inclusive systems that respect justice, equality, and dignity for all. Change begins with communities and individuals rather than only at the policy or systematic level. Promoting mental health rights is one area where everyone can contribute. Starting conversations on mental health in daily settings schools, companies, and homes helps to normalize the topic and reduce stigma. Challenging stereotypes whether seen in the media or in personal interactions is another way to combat stigma. Volunteering, donations, or public awareness will support advocacy groups' impact by means of promotion. One can also grow more resilient using self-help strategies including mindfulness, exercises, and creating supportive networks. Especially, peer support groups offer areas of shared knowledge that enable removal of loneliness and promote rehabilitation[12].

Despite growing awareness, several political challenges continue to hinder the realization of mental health as a fundamental right in India.

1. Stigma and Social Prejudice: Deep rooted stigma leads many to hide their mental health struggles for fear of discrimination in families, workplaces, and educational settings.

[12] Shery Mead, David Hilton, Laurie Curtis, *Peer support: A theoretical perspective*, 25 **Psychiatr. Rehabil. J.** 134 (2001).

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Mental illness is still misunderstood as a character flaw or weakness, preventing timely intervention and support.

2. Lack of mental health infrastructure and human resources: There is acute shortage of trained mental health professionals, including psychiatrists, psychologists, and social workers. Additionally, rural areas remain severely underserved, lacking even basic access to mental health services.
3. Poor implementation and budget allocation: Although the Mental Health Care Act, 2017 guarantees the right to mental health care, it receives less than 1% of the national health budget. This underfunding results in inadequate service delivery, poor quality of care, and lack of community-based intervention.

These barriers reinforce a cycle where mental health needs are ignored, undertreated, or institutionalized in ways that violate basic human rights. Addressing these challenges is critical for realizing the constitutional and legal commitments India has made.

TOWARDS INCLUSION

Effective handling of the mental health crisis in India calls for a whole and pragmatic approach: one attempts to eliminate stigma, improve infrastructure, and ensure appropriate implementation. Important challenges yet are social prejudice and stigma, which prevent people from seeking help out of their dread of condemnation. Inclusive media messages, public awareness campaigns, and academic and professional initiatives can all help to normalize discussions about mental health and advance acceptance. Better access to healthcare requires substantial qualified staff and infrastructure expenditures. Mental health services especially in far-off areas and places with poor access to care should be included into the existing healthcare systems. Opening up more community clinics, hiring of competent professionals can go a long way in helping the condition of the mental health in India Ensuring that high-quality mental healthcare is readily available is just as important as any other aspect. This increases the necessity of strong accountability systems, contemporary monitoring, and adequate financial support. Dedicated mental health offices and supervisory agencies should regularly consider inspecting patients and handle complaints so that it can guarantee respectful, safe, and effective services. Also, increased focus on individuals suffering from degrading mental health and a well-coordinated strategy to help those individuals will help to develop mental health, and foster a more inclusive and compassionate environment for everyone suffering from mental health issues in the society

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Therefore, mental health is not only a medical concern but also comprises of human dignity, rights, and social justice. Though the Mental Healthcare Act, 2017 has provided legislation, India still struggles with significant inconsistencies between policy and implementation. Hardened stigma, underfunding, a lack of professionals, and inadequate infrastructure combine to form a system in which mental health needs are frequently neglected or mishandled. Particularly Article 21 and the Directive Principles of State Policy of the Indian Constitution emphasise the state's duty to guarantee the health and well-being of its citizens, including mental health. Considering this initiative, call for a societal and cultural change in incorporation to legal systems is need of the hour. Essential are normalising discussions about mental health, reinforcing the rights of those impacted, and funding inclusive, community-based treatment. Dignity, involvement, and defense against prejudice should take top priority in a rights-based approach. Mental health needs to be viewed as a collective issue, encompassing families, society, and governments. When we start to treat mental health with the same seriousness and compassion as physical health, we can hope to build a society that is truly healthy, just, and humane. People and societies that develop knowledge and empathy pave the path for permanent change.

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