



Rising suicide cases in Bharat: Evaluating the effectiveness of the Mental Healthcare Act 2017 in protecting the right to life and mental well-being

Rakesh Singh¹, Dr. Antima Baldwa²

¹ Research Scholar, Faculty of Law, Bhagwant University, Ajmer, Rajasthan, India

² Assistant Professor, Faculty of Law, Bhagwant University, Ajmer, Rajasthan, India

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Abstract

Mental health has emerged as one of the most significant public health and human rights concerns in contemporary Bharat. Despite remarkable advancements in medical science, legal reforms and public awareness campaigns, the incidence of suicide continues to rise among various sections of society, including students, farmers, working professionals, women, senior citizens and marginalized communities. Suicide is no longer viewed merely as an individual act but as a complex socio-legal and public health issue influenced by psychological, social, economic, cultural and institutional factors. Recognizing this reality, the Mental Healthcare Act, 2017 marked a transformative shift in India's mental health jurisprudence by adopting a rights-based approach. The Act decriminalized the attempt to commit suicide under Section 115 by presuming that every individual attempting suicide is under severe stress and deserves care, treatment and rehabilitation instead of punishment. This legislative reform reflects India's commitment to protecting human dignity, equality and the constitutional guarantee of the right to life under Article 21 of the Constitution. However, the increasing number of suicide cases in Bharat raises serious concerns regarding the practical implementation and effectiveness of the Act. Limited availability of mental health professionals, inadequate infrastructure, social stigma, lack of public awareness, unequal access to mental healthcare services and weak institutional coordination continue to impede the realization of the objectives envisioned by the legislation. The gap between statutory rights and their implementation remains one of the greatest challenges confronting the mental healthcare system. This research paper critically evaluates the effectiveness of the Mental Healthcare Act, 2017 in addressing the growing challenge of suicide in Bharat. It examines the relationship between mental health and the constitutional right to life, analyses the legal framework governing suicide prevention and identifies the practical barriers affecting the implementation of mental healthcare policies. The paper also highlights the need for integrated legal reforms, community participation, institutional accountability and improved access to affordable mental healthcare services. It concludes that while the Mental Healthcare Act 2017 represents a progressive legislative milestone, its success ultimately depends upon effective implementation, coordinated governance and a collective societal commitment towards protecting mental well-being and preserving human dignity.

Keywords: Mental Healthcare Act 2017, suicide prevention, right to life, mental well-being, public health, socio-legal study

Introduction

Mental health is an indispensable component of human well-being and forms the foundation of an individual's ability to lead a dignified, productive and meaningful life. A mentally healthy person is capable of making informed decisions, maintaining healthy interpersonal relationships, coping with everyday stress and actively participating in social and economic development. In recent years, however, mental health has emerged as one of the most pressing public health concerns in Bharat. Rapid urbanization, unemployment, financial insecurity, academic pressure, family conflicts, social isolation, technological addiction, cyber harassment, workplace stress and changing social values have significantly contributed to increasing psychological distress among people of all age groups.

One of the gravest consequences of untreated mental illness is suicide. Suicide represents not only the loss of an individual life but also reflects broader failures within healthcare systems, social institutions and governance mechanisms. Every suicide profoundly affects families, communities, workplaces, educational institutions and society as a whole. The growing number of suicides in Bharat has generated considerable concern among policymakers, healthcare professionals, legal scholars and human rights advocates. Although suicide results from

multiple interacting factors, untreated mental illness, depression, anxiety disorders, substance abuse, trauma and emotional distress remain significant contributing factors.

Historically, Indian criminal law treated an attempt to commit suicide as a criminal offence under Section 309 of the Indian Penal Code, 1860. This punitive approach often discouraged individuals experiencing severe psychological distress from seeking medical assistance due to fear of prosecution and social stigma. Recognizing the need for a more humane and rights-oriented legal framework, Parliament enacted the Mental Healthcare Act, 2017, which fundamentally transformed India's approach towards mental illness and suicide prevention. Section 115 of the Act presumes that every person attempting suicide is under severe stress and should receive appropriate treatment, rehabilitation and care instead of criminal punishment.

The enactment of the Mental Healthcare Act, 2017 reflects India's commitment to international human rights standards and acknowledges mental healthcare as an essential component of the right to life, dignity, equality and personal liberty guaranteed under the Constitution of India. The legislation emphasizes patient autonomy, informed consent, confidentiality, community-based treatment, rehabilitation and protection from discrimination. It also imposes legal obligations upon the Central and State Governments to

ensure the availability, accessibility, affordability and quality of mental healthcare services.

Despite these progressive legal developments, the practical implementation of the Act continues to face significant challenges. Mental healthcare infrastructure remains inadequate, particularly in rural and economically weaker regions. There exists a considerable shortage of psychiatrists, clinical psychologists, psychiatric social workers, and mental health nurses. Public awareness regarding mental illness remains limited, while social stigma frequently discourages individuals from seeking timely professional assistance. Financial constraints, unequal distribution of healthcare facilities, insufficient institutional coordination, and limited budgetary allocation further weaken the effectiveness of mental healthcare services. Additionally, recent years have witnessed emerging mental health challenges associated with digital technology, excessive social media usage, cyber bullying, online harassment, employment uncertainty, competitive academic environments and post-pandemic psychological stress. These evolving circumstances require continuous legal adaptation and stronger policy interventions to ensure effective suicide prevention and mental health promotion. The issue of rising suicide cases therefore demands a comprehensive socio-legal response rather than merely a medical or criminal justice approach. Effective suicide prevention requires coordinated efforts involving legal institutions, healthcare systems, educational institutions, families, civil society organizations, employers, media organizations and local communities. Mental healthcare should be recognized as an essential public service and a constitutional obligation rather than merely a welfare initiative.

This research paper critically examines whether the Mental Healthcare Act, 2017 has effectively achieved its objective of protecting the right to life and mental well-being in Bharat. It analyses the legal framework governing mental healthcare, evaluates the implementation of statutory obligations, identifies existing institutional and practical challenges and explores the relationship between mental health protection and constitutional guarantees under Article 21. The study also seeks to contribute to ongoing discussions regarding legal reforms and policy measures necessary for strengthening suicide prevention mechanisms and ensuring equitable access to quality mental healthcare services throughout the country.

Concept of Mental Health and Suicide

Mental health is far more than the absence of mental illness. It refers to a state of psychological, emotional and social well-being that enables individuals to realize their abilities, manage normal life stresses, work productively and contribute positively to society. Good mental health enhances resilience, decision-making capacity, emotional stability, interpersonal relationships and overall quality of life. Conversely, poor mental health affects not only an individual's emotional functioning but also physical health, family relationships, educational achievements, employment opportunities and social participation.

Mental illness encompasses a broad range of disorders, including depression, anxiety disorders, bipolar disorder, schizophrenia, obsessive-compulsive disorder, post-traumatic stress disorder and substance-use disorders. These conditions vary in severity and duration but frequently

require timely medical intervention, counseling, psychological support and social rehabilitation. Without adequate treatment and community support, mental illness may significantly increase the risk of self-harm and suicidal behaviour. Suicide refers to the intentional act of causing one's own death, whereas an attempted suicide involves a deliberate act intended to end one's life without resulting in death. Suicide rarely results from a single cause. Instead, it usually emerges from the interaction of biological, psychological, social, economic, familial and environmental factors. Depression, severe emotional distress, financial hardship, domestic violence, chronic illness, academic pressure, social discrimination, substance abuse, loneliness and traumatic experiences often contribute to suicidal behaviour.

In the Indian context, suicide presents unique socio-cultural dimensions. Students frequently experience academic competition and examination stress. Farmers face economic insecurity and indebtedness. Women often encounter domestic violence, gender discrimination and social exclusion. Elderly individuals suffer from loneliness and neglect, while working professionals increasingly experience occupational stress, burnout, and job insecurity. The rapid expansion of digital technology has introduced additional challenges, including cyber bullying, online abuse, social comparison and internet addiction, particularly among adolescents and young adults.

The Mental Healthcare Act, 2017 recognizes that individuals attempting suicide require compassion, healthcare, counseling and rehabilitation rather than punishment. This reflects a significant shift from a criminal justice approach to a public health and human rights framework. The Act acknowledges that severe psychological stress may impair rational decision-making and therefore obligates the State to provide appropriate mental healthcare services to vulnerable individuals. Understanding suicide as a preventable public health issue rather than a criminal offence is essential for developing effective legal policies. Early identification of mental illness, community awareness, family support, accessible counseling services and timely professional intervention can substantially reduce suicide risks. Consequently, mental healthcare must be integrated into broader public health planning, educational systems, workplace policies and social welfare programs.

Constitutional Framework: Article 21 and the Right to Mental Health

The Constitution of India provides a strong foundation for protecting mental health through its guarantee of fundamental rights. Although the Constitution does not expressly mention a 'right to mental health' judicial interpretation has significantly expanded the scope of Article 21, which guarantees that no person shall be deprived of life or personal liberty except according to procedure established by law. The Supreme Court of India has consistently interpreted the right to life as encompassing the right to live with dignity, health, privacy and overall well-being. Mental health is inseparable from the concept of a dignified life. A person suffering from untreated mental illness is often unable to fully exercise personal liberty, participate in society or enjoy equality before the law. Therefore, protecting mental well-being has become an essential component of constitutional governance. The State

bears a positive obligation not merely to refrain from violating individual rights but also to create conditions that enable citizens to access adequate healthcare, including mental healthcare services.

The Mental Healthcare Act, 2017 operationalizes these constitutional values by recognizing mental healthcare as a legal entitlement rather than a discretionary welfare measure. It grants persons with mental illness the right to affordable and accessible treatment, protection from inhuman treatment, confidentiality of medical information, community living, legal aid, informed consent and rehabilitation. These statutory rights reinforce the constitutional principles of dignity, equality and social justice embodied in Articles 14, 19 and 21. Furthermore, the Directive Principles of State Policy, particularly Articles 38, 39, 41, 42 and 47 encourage the State to promote public health, social welfare and equitable access to healthcare services. Although these principles are non-justiciable, they provide important constitutional guidance for legislative and executive action in strengthening mental healthcare systems. The constitutional vision of a welfare state requires governments to move beyond mere legal enactments and ensure effective implementation through adequate funding, trained mental health professionals, community-based services, public awareness programmes and institutional accountability. The continuing rise in suicide cases suggests that legislative reform alone cannot guarantee constitutional protection unless accompanied by effective governance and accessible healthcare infrastructure. Therefore, safeguarding mental health must be viewed as an indispensable element of the constitutional right to life and human dignity. The Mental Healthcare Act, 2017 represents a significant step in this direction but its true constitutional success depends upon meaningful implementation capable of ensuring that every individual in Bharat can enjoy the right to mental well-being without discrimination or exclusion.

Evolution of Mental Health Law in India

The legal framework governing mental health in India has undergone a remarkable transformation from a custodial and institution-oriented model to a rights-based and patient-centric approach. During the colonial period, mental illness was primarily viewed as a matter of public order rather than public health. The principal objective of mental health legislation was to isolate individuals suffering from mental disorders from society instead of providing them with treatment, rehabilitation and social reintegration. This approach was reflected in the Indian Lunacy Act, 1912, which focused largely on the detention and management of persons with mental illness. The law contained limited safeguards for the rights and dignity of patients and paid little attention to their medical, psychological, or social needs. After independence, India's constitutional commitment to social justice and human dignity gradually influenced healthcare legislation. Recognizing the inadequacies of the colonial framework, Parliament enacted the Mental Health Act, 1987, replacing the Indian Lunacy Act, 1912. The 1987 legislation sought to regulate psychiatric hospitals, admission procedures and guardianship matters. It represented a progressive step at the time by introducing licensing mechanisms for psychiatric institutions and establishing procedural safeguards for admission and discharge. However, the Act continued to emphasize institutional care and did not adequately

recognize mental healthcare as a human right. It also lacked provisions relating to patient autonomy, informed consent, confidentiality, community-based rehabilitation and access to affordable treatment.

The international recognition of mental health as a human rights issue significantly influenced India's legal reforms. The adoption of the United Nations Convention on the Rights of Persons with Disabilities [UNCRPD] 2006, which India ratified in 2007, marked a turning point in the country's mental health policy. The Convention emphasized equality, non-discrimination, dignity and autonomy and community inclusion for persons with disabilities, including psychosocial disabilities. Consequently, India initiated comprehensive reforms to align its domestic legal framework with international human rights standards.

The enactment of the Mental Healthcare Act, 2017 represents one of the most significant milestones in India's mental health jurisprudence. Unlike earlier legislation, the 2017 Act recognizes persons with mental illness as rights holders rather than passive recipients of institutional care. It adopts a rights-based approach by ensuring access to affordable mental healthcare, protecting patient autonomy, safeguarding confidentiality, promoting community living and providing legal remedies against violations of mental health rights. The legislation reflects the constitutional values of dignity, equality and social justice while strengthening India's commitment to protecting the mental well-being of its citizens.

Mental Healthcare Act, 2017: Salient Features

The Mental Healthcare Act, 2017 is a comprehensive legislation enacted with the objective of protecting, promoting, and fulfilling the rights of persons with mental illness. It replaced the Mental Health Act, 1987 and introduced several progressive reforms consistent with constitutional principles and international human rights obligations. One of the most important features of the Act is the recognition of the right to access mental healthcare services. Every individual has the legal right to receive affordable, accessible and quality mental healthcare provided or funded by the Government. The Act obligates both the Central and State Governments to establish adequate mental health services throughout the country, including rural and underserved areas.

The legislation also recognizes the right to live with dignity and without discrimination. Persons with mental illness cannot be subjected to inhuman treatment, arbitrary detention or degrading practices. Their privacy, confidentiality and personal liberty are protected throughout diagnosis, treatment and rehabilitation. Another landmark feature is the introduction of Advance Directives, enabling individuals to specify the manner in which they wish to be treated during future periods of mental illness. Similarly, patients may appoint a Nominated Representative to make healthcare decisions on their behalf when they are incapable of doing so. These provisions strengthen patient autonomy and informed decision-making.

The Act establishes Central and State Mental Health Authorities to regulate mental health establishments, maintain professional standards, monitor implementation and protect patient rights. It also provides for Mental Health Review Boards, which act as independent quasi-judicial bodies responsible for reviewing complaints, protecting patient rights and ensuring lawful admission and treatment

procedures. Another notable feature is the emphasis on community-based rehabilitation. Instead of relying exclusively on institutional care, the Act encourages treatment within community settings wherever possible. Rehabilitation, social integration, vocational support and family participation are considered essential components of recovery. The legislation further guarantees access to free legal aid, protection against cruel or degrading treatment, confidentiality of medical records and access to essential psychotropic medicines. These provisions collectively reflect a modern understanding of mental healthcare as an essential human right rather than merely a medical service.

Section 115 and Decriminalization of Attempt to Suicide

One of the most transformative provisions of the Mental Healthcare Act, 2017 is Section 115, which fundamentally changed India's legal approach towards attempted suicide. Prior to this reform, an attempt to commit suicide constituted an offence under Section 309 of the Indian Penal Code, 1860. Individuals who survived suicide attempts were liable to criminal prosecution, imprisonment or fine. This punitive approach attracted widespread criticism because it punished individuals already experiencing severe emotional or psychological distress. Section 115 introduced a humane and rights-oriented perspective by presuming that any person attempting suicide is suffering from severe stress, unless proved otherwise. Consequently such individuals should not ordinarily be prosecuted or punished under criminal law. Instead, the Government has a statutory obligation to provide appropriate treatment, care, counseling and rehabilitation to reduce the risk of recurrence.

The provision reflects a significant philosophical shift from punishment to compassion. It recognizes suicide attempts as indicators of mental distress requiring medical and psychological intervention rather than criminal sanctions. The objective is to encourage individuals to seek professional help without fear of legal consequences. The practical significance of Section 115 extends beyond criminal law. It promotes early diagnosis, reduces stigma associated with mental illness, and encourages healthcare providers, families, educational institutions and employers to adopt preventive strategies. The provision also aligns Indian law with international human rights standards and modern public health principles.

Nevertheless, several implementation challenges remain. Public awareness regarding Section 115 continues to be inadequate, particularly in rural areas. Law enforcement agencies and healthcare professionals sometimes lack adequate training regarding the rights-based approach adopted by the Act. In many cases, survivors of suicide attempts continue to experience social stigma, discrimination and delayed access to professional counseling. Therefore legislative reform alone cannot ensure effective suicide prevention unless accompanied by institutional capacity building and public awareness programmes.

Causes of Rising Suicide Cases in Bharat

The increasing incidence of suicide in Bharat is a multidimensional phenomenon influenced by psychological, social, economic, educational, cultural and institutional factors. Mental illness remains one of the most significant contributors, particularly depression, anxiety disorders, bipolar disorder, schizophrenia, substance abuse and post-

traumatic stress disorder. Unfortunately, many individuals remain undiagnosed or untreated because of stigma, financial constraints and limited access to mental healthcare services.

Academic pressure has emerged as a major concern, especially among school and university students preparing for competitive examinations. High parental expectations, fear of failure, peer competition, career uncertainty and emotional isolation often create severe psychological stress. Similarly, workplace stress, unemployment, financial insecurity, occupational burnout and economic instability have increased mental health challenges among working adults. Agrarian distress continues to affect many farming communities. Crop failures, indebtedness, unpredictable climatic conditions, and inadequate financial support have contributed to psychological distress among farmers. Likewise, domestic violence, marital disputes, gender discrimination, loneliness among elderly persons, substance abuse and family conflicts significantly increase vulnerability to suicidal behaviour.

Rapid technological advancement has introduced new psychological risks. Excessive social media use, cyber bullying, online harassment, digital addiction, misinformation, unrealistic social comparisons and internet dependency have adversely affected the mental well-being of adolescents and young adults. The emotional impact of online abuse frequently remains unnoticed until severe psychological consequences emerge. The lingering psychological effects of the COVID-19 pandemic have also contributed to increased anxiety, depression, grief, social isolation and financial insecurity. Many individuals continue to experience long-term mental health consequences associated with bereavement, unemployment, disrupted education and reduced social interaction. Furthermore, societal stigma surrounding mental illness discourages individuals from seeking professional assistance. Families often conceal mental health problems due to fear of social discrimination, thereby delaying diagnosis and treatment. These interconnected factors demonstrate that suicide prevention requires coordinated legal, healthcare, educational and social interventions rather than isolated policy measures.

Critical Evaluation of the Implementation of the Mental Healthcare Act, 2017

Although the Mental Healthcare Act, 2017 represents a progressive legislative achievement, its implementation has encountered numerous practical challenges. One of the most significant shortcomings is the inadequate availability of mental healthcare infrastructure. Many districts continue to face shortages of psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers and rehabilitation professionals. Rural and remote areas remain particularly underserved. Financial constraints constitute another major obstacle. Public expenditure on mental healthcare remains comparatively limited despite increasing demand for mental health services. Many government hospitals lack specialized psychiatric facilities, while private treatment remains unaffordable for economically weaker sections of society.

The implementation of statutory rights such as Advance Directives, community-based rehabilitation, Mental Health Review Boards and patient participation has been uneven across different States. Several States have experienced

delays in fully operationalizing institutional mechanisms mandated by the Act. Consequently, many statutory rights exist primarily on paper rather than in practice.

Mental health awareness remains inadequate among the general public. Persistent misconceptions and stigma discourage individuals from seeking professional counseling at an early stage. Educational institutions and workplaces have yet to fully integrate structured mental health support systems despite increasing psychological challenges faced by students and employees. Another important concern relates to coordination among healthcare institutions, law enforcement agencies, educational authorities and social welfare departments. Suicide prevention requires multidisciplinary collaboration; however, fragmented institutional responses often reduce the effectiveness of intervention strategies.

Therefore, while the Mental Healthcare Act, 2017 provides a robust legal framework, its effectiveness depends upon sustained investment, administrative commitment, trained human resources, public education and continuous monitoring.

Institutional Accountability of Central and State Governments

The Mental Healthcare Act, 2017 imposes significant legal responsibilities upon both the Central and State Governments to ensure the effective realization of mental health rights. These responsibilities extend beyond legislative enactment and require active implementation through policy formulation, institutional development, financial allocation, capacity building and continuous monitoring. The Central Government is responsible for framing national mental health policies, establishing regulatory standards, promoting research, supporting training programmes, coordinating with State Governments and ensuring compliance with international human rights obligations. It also plays a vital role in strengthening national awareness campaigns, digital mental health initiatives and suicide prevention strategies.

State Governments bear the primary responsibility for delivering mental healthcare services at the grassroots level. They are required to establish mental health establishments, operationalize State Mental Health Authorities and Mental Health Review Boards, recruit qualified mental health professionals, provide affordable treatment and ensure the availability of essential medicines. They must also integrate mental healthcare into primary healthcare services and promote community-based rehabilitation programmes.

Institutional accountability further requires periodic evaluation of mental health programmes, transparent budget utilization, collection of reliable data on suicide trends, and regular public reporting regarding implementation outcomes. Educational institutions, employers, local authorities, police agencies and civil society organizations should collaborate with healthcare institutions to develop comprehensive suicide prevention mechanisms.

In contemporary Bharat, effective protection of the constitutional right to life and mental well-being requires governments to move beyond statutory compliance towards outcome-oriented governance. Strengthening mental healthcare infrastructure, expanding community services, promoting mental health literacy, reducing stigma, ensuring timely intervention and enhancing institutional accountability are indispensable for realizing the

transformative objectives of the Mental Healthcare Act, 2017. Only through coordinated action at all levels of governance can the promise of the Act be translated into meaningful protection of human dignity and the prevention of avoidable suicides.

Judicial Approach and Important Case Laws

The Indian judiciary has played a transformative role in expanding the scope of the right to life under Article 21 of the Constitution by recognizing that life means more than mere physical existence. It includes the right to live with dignity, health, privacy and mental well-being. Judicial interpretation has significantly influenced the development of mental health jurisprudence in India and has encouraged a shift from a punitive approach to a rights-based framework. One of the earliest landmark decisions on the issue of suicide was *P. Rathinam v. Union of India* 1994. In this case, the Supreme Court held that Section 309 of the Indian Penal Code, which criminalized the attempt to commit suicide, violated Article 21 of the Constitution. The Court observed that an individual suffering from severe emotional distress should not be treated as a criminal. Although this judgment represented a humanitarian approach, it was later reconsidered.

In *Gian Kaur v. State of Punjab* 1996, a Constitution Bench of the Supreme Court overruled the decision in *P. Rathinam*. The Court held that the "right to life" under Article 21 does not include the "right to die." However, the Court also acknowledged that every individual has the right to live with dignity and that persons facing terminal illness or unbearable suffering deserve compassionate treatment. This judgment laid the constitutional foundation for future mental health reforms.

A significant milestone came with *Common Cause v. Union of India* 2018, wherein the Supreme Court recognized the right to die with dignity in limited circumstances through passive euthanasia and advance medical directives. Although the case primarily concerned end-of-life care, it reaffirmed that dignity forms an inseparable part of Article 21. The judgment indirectly strengthened the constitutional basis of patient autonomy recognized under the Mental Healthcare Act, 2017.

The Supreme Court has also consistently emphasized the constitutional obligation of the State to protect the health of its citizens. In *Parmanand Katara v. Union of India* 1989, the Court declared that preservation of human life is of paramount importance and that every injured person must receive immediate medical treatment. The principles laid down in this decision are equally applicable to persons who attempt suicide and require urgent psychiatric intervention.

Similarly, in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* 1996, the Supreme Court held that failure of the Government to provide timely medical treatment violates Article 21. This principle extends beyond physical healthcare and supports the State's obligation to provide accessible mental healthcare services under the Mental Healthcare Act, 2017.

Collectively, these judicial pronouncements demonstrate the gradual evolution of Indian constitutional jurisprudence from punishment towards compassion, dignity, healthcare and protection of fundamental human rights. They also reinforce the constitutional legitimacy of the Mental Healthcare Act, 2017 as a rights-based legislation.

International Human Rights Standards [WHO, UNCRPD and Sustainable Development Goals]

Mental health has increasingly become a global human rights issue. International organizations have consistently emphasized that mental healthcare should be recognized as an essential component of universal health coverage and sustainable development. India's Mental Healthcare Act, 2017 reflects several international standards relating to dignity, equality, non-discrimination and access to healthcare. The World Health Organization [WHO] defines mental health as a state of well-being in which individuals realize their abilities, cope with the normal stresses of life, work productively and contribute to their communities. WHO advocates a comprehensive approach that combines prevention, early intervention, treatment, rehabilitation and community participation. It also emphasizes suicide prevention through public awareness, accessible counseling services, responsible media reporting and strengthening mental healthcare systems.

The United Nations Convention on the Rights of Persons with Disabilities [UNCRPD] 2006 represents one of the most influential international instruments concerning mental health rights. India ratified the Convention in 2007 and subsequently enacted the Mental Healthcare Act, 2017 to align domestic legislation with its international obligations. The Convention recognizes persons with psychosocial disabilities as equal members of society entitled to dignity, legal capacity, informed consent, independent living, community inclusion, healthcare, education, employment and protection from discrimination.

The principles of autonomy and supported decision-making incorporated within the Mental Healthcare Act directly reflect the philosophy of the UNCRPD. The Act's provisions regarding Advance Directives, Nominated Representatives, community living, confidentiality and protection against inhuman treatment demonstrate India's commitment to implementing international human rights standards.

The United Nations Sustainable Development Goals [SDGs] also recognize mental health as an essential component of sustainable development. Goal 3 seeks to ensure healthy lives and promote well-being for all at all ages. Target 3.4 specifically aims to reduce premature mortality from non-communicable diseases while promoting mental health and well-being. Achieving this target requires comprehensive suicide prevention strategies, strengthened healthcare infrastructure, equitable access to mental healthcare, and integration of mental health into primary healthcare services.

The convergence of constitutional values, international human rights principles, and public health objectives demonstrates that protecting mental health is no longer merely a medical responsibility but a legal, social and ethical obligation of every democratic society.

Challenges in Protecting the Right to Life and Mental Well-Being

Despite the enactment of the Mental Healthcare Act, 2017, numerous challenges continue to affect the realization of mental health rights in Bharat. One of the most significant barriers is the persistent shortage of qualified mental health professionals. The availability of psychiatrists, clinical psychologists, psychiatric nurses, and psychiatric social workers remains inadequate, particularly in rural and tribal

regions where healthcare infrastructure is comparatively weak. Another challenge is the uneven distribution of mental healthcare facilities. Urban centers generally possess better psychiatric services, whereas many districts lack specialized hospitals, counseling centers, rehabilitation facilities and emergency mental health services. This geographical imbalance creates inequalities in access to treatment and rehabilitation.

Social stigma remains a major obstacle to effective mental healthcare. Many individuals hesitate to seek professional counseling because mental illness continues to be associated with weakness, social discrimination or family dishonour. Consequently, mental disorders often remain undiagnosed until they become severe, increasing the risk of suicide. Financial barriers further aggravate the situation. Although the Mental Healthcare Act guarantees access to affordable treatment, many families continue to incur substantial expenses while obtaining psychiatric care from private hospitals. Limited insurance awareness, inadequate public funding and high treatment costs discourage economically weaker sections from seeking timely assistance.

Educational institutions face growing challenges in addressing psychological stress among students. Competitive examinations, academic expectations, career uncertainty, cyber bullying and social isolation have significantly increased anxiety and depression among young people. Many institutions continue to lack professionally trained counselors and comprehensive mental health support systems. Similarly, workplace mental health has emerged as an important concern. Long working hours, occupational stress, job insecurity, unrealistic performance expectations and poor work-life balance frequently contribute to emotional exhaustion and depression. However, mental health policies remain underdeveloped in many organizations.

The rapid expansion of digital technology has introduced additional psychological risks. Excessive social media usage, online harassment, internet addiction, misinformation and digital isolation adversely affect emotional well-being, particularly among adolescents and young adults. Existing legal and policy frameworks have yet to comprehensively address these emerging challenges. Finally, implementation gaps continue to weaken the effectiveness of the Mental Healthcare Act. Several States have delayed establishing Mental Health Review Boards, strengthening State Mental Health Authorities and developing community-based rehabilitation programmes. Consequently, statutory rights often remain inaccessible to the very individuals they are intended to protect.

Suggestions and Policy Recommendations

The growing incidence of suicide in Bharat requires a comprehensive and multidisciplinary response that integrates legal reforms, healthcare services, educational initiatives, technological innovation and community participation.

The Government should substantially increase budgetary allocation for mental healthcare and establish specialized psychiatric facilities at district and sub-district levels. Mental health services should be fully integrated into primary healthcare so that early diagnosis and treatment become universally accessible.

Recruitment and training of psychiatrists, psychologists, psychiatric nurses, counselors, and social workers should be

prioritized. Continuous professional education should also be provided to police officers, judicial officers, teachers, healthcare workers and local administrators regarding suicide prevention and mental health rights.

Educational institutions should establish permanent counseling centers staffed by qualified mental health professionals. Regular mental health screening, stress management programmes, peer-support groups and awareness campaigns should become integral components of educational policy.

Workplaces should adopt comprehensive mental health policies promoting employee well-being, confidential counseling services, flexible working arrangements and mechanisms for preventing workplace harassment and burnout.

The Government should launch nationwide awareness campaigns aimed at reducing stigma associated with mental illness. Public education through schools, universities, media organizations, social media platforms and community organizations can encourage early help-seeking behaviour and improve mental health literacy.

Digital mental healthcare should be strengthened through telepsychiatry, online counseling platforms, artificial intelligence-assisted screening tools and crisis intervention help lines while ensuring robust privacy and data protection safeguards.

State Mental Health Authorities and Mental Health Review Boards should be fully operationalized across all States and Union Territories. Regular monitoring, independent evaluation, transparent reporting and public accountability should become essential components of implementation.

Finally, suicide prevention should become a national public health priority through coordinated collaboration among healthcare institutions, educational organizations, civil society, law enforcement agencies, local governments and community leaders.

Conclusion

Mental health represents one of the most important dimensions of human dignity, constitutional governance and sustainable development in contemporary Bharat. The rising incidence of suicide highlights the urgent need for effective legal, institutional and social interventions capable of addressing the complex factors contributing to psychological distress. Suicide is rarely the consequence of a single event; rather, it results from the interaction of mental illness, social isolation, economic hardship, educational pressure, workplace stress, family conflict and inadequate access to professional mental healthcare.

The Mental Healthcare Act, 2017 marks a historic transformation in India's mental health jurisprudence by replacing a punitive framework with a rights-based approach founded upon compassion, dignity, equality and healthcare. Through Section 115, the legislation recognizes that individuals attempting suicide require treatment, counseling, rehabilitation and social support rather than criminal punishment. This approach is fully consistent with the constitutional guarantee of life and personal liberty under Article 21 as well as India's international human rights obligations. Nevertheless, legislative reform alone cannot eliminate the growing burden of suicide. The effectiveness of the Mental Healthcare Act ultimately depends upon adequate financial investment, trained human resources, accessible healthcare infrastructure, institutional

accountability, public awareness, community participation and continuous policy evaluation. Existing implementation gaps, shortage of professionals, persistent social stigma, regional disparities and limited mental health literacy continue to undermine the realization of statutory rights.

Protecting the right to mental well-being requires a holistic strategy that integrates healthcare, education, employment, technology, social welfare and legal governance. Every stakeholder—including governments, healthcare institutions, educational organizations, employers, civil society, families and individuals—shares responsibility for creating a compassionate and inclusive society where mental illness is treated with dignity rather than discrimination.

In conclusion, the Mental Healthcare Act, 2017 provides a strong constitutional and legal foundation for safeguarding mental health in Bharat. Its transformative vision can be fully realized only through effective implementation, collaborative governance and sustained commitment to protecting every individual's right to life, dignity and mental well-being.

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