The Indian Journal for Research in Law and Management

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Editor-in-Chief – Dr. Muktai Deb Chavan; Publisher – Alden Vas; ISSN: 2583-9896

Indian Journal For Research in Law And Management

Task Two - Case Commentary

Topic - Mental Health Law in India

Constitutionalising Mental Health: A Critical Commentary on Sukdeb Saha v. State of Andhra Pradesh

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The constitutional recognition of mental health marks a watershed in India's evolving conception of the right to life, transforming what was once a policy aspiration into an enforceable guarantee. Recent jurisprudence, particularly the Supreme Court's judgment in Sukdeb Saha v. State of Andhra Pradesh & Ors. (2025) has shifted the conversation from welfare to constitutional entitlement. This case commentary examines how the Court transformed mental health from a policy aspiration into a fundamental right under Article 21 of the Constitution. By tracing the legal history, analysing the Court's reasoning and evaluating its broader implications, the commentary aims to guide policymakers and legal scholars in understanding the opportunities and challenges that follow. It argues that while the decision is groundbreaking, careful regulatory design and sustained investment are indispensable for translating judicial recognition into tangible protections.

1. Introduction

The recent verdict of the Supreme Court in Sukdeb Saha v. State of Andhra Pradesh & Ors. (2025) pivots mental health squarely within the constitutional guarantee of life and dignity under Article 21 of the Indian Constitution. In a petition arising from the suicide of a seventeen-year-old student residing in a Visakhapatnam hostel while preparing for the

National Eligibility cum Entrance Test (NEET), the Court declared that mental health is an integral component of the Right to Life. The petitioner, the student's father - alleged that pervasive academic pressure, inadequate counselling services and a regulatory vacuum in private hostels and coaching centres created an environment that violated the fundamental rights of students.

The Supreme Court transferred the investigation to the Central Bureau of Investigation and directed the State and educational institutions to implement robust mental-health measures. In doing so, the bench of Justices Vikram Nath and Sandeep Mehta held that the protection of mental health is not merely a matter of welfare policy but a constitutional obligation of the State.

2. History

The significance of Sukdeb Saha becomes apparent only when placed against the broader evolution of Indian mental-health law. The Mental Healthcare Act of 2017 (MHA 2017) was enacted to secure the rights of persons with mental illness and to bring domestic law into conformity with the United Nations Convention on the Rights of Persons with Disabilities. Among its key features are the decriminalisation of attempted suicide, the creation of State Mental Health Authorities, the right to make advance directives concerning treatment and the recognition of a right to live with dignity. Section 115 presumes that any person attempting suicide suffers from "severe stress," effectively shielding such individuals from prosecution under Section 309 of the Indian Penal Code. Judicial interpretation of the MHA has further entrenched a rights-based understanding of mental health. For example, the Kerala High Court recently quashed a prosecution for attempted suicide that pre-dated the statute, reasoning that the Act is a "beneficial legislation" whose protections should be applied retrospectively to pending cases. This decision illustrates an emerging judicial willingness to interpret the Act expansively to further its remedial purposes. The constitutional framework for the right to life has also expanded dramatically over the past four decades. Beginning with Maneka Gandhi v. Union of India, the Supreme Court has consistently cited Article 21 to protect not only physical survival but also personal autonomy, privacy, and dignity. Later cases such as K.S. Puttaswamy v. Union of India recognised a fundamental right to privacy that includes psychological integrity. These developments created fertile ground for recognising mental health as a core constitutional interest.

Despite these advances, implementation gaps remain striking. Several states have yet to operationalise State Mental Health Authorities, and mental-health infrastructure remains underfunded and unevenly distributed. The Allahabad High Court, in Saurabh Mishra v. State of Uttar Pradesh recently highlighted the absence of statutory or regulatory guidance on how to determine the "wills and preferences" of persons with mental illness when courts exercise parens patriae jurisdiction. Such deficiencies underscore the challenge of translating statutory promises into enforceable rights.

3. Analysis

The Supreme Court in Sukdeb Saha builds on the constitutional and statutory backdrop to make three key moves. It explicitly declares that mental health is integral to the right to life with dignity, thus constitutionalising a domain previously treated as a matter of public health policy. It identifies a regulatory vacuum in educational settings, particularly in hostels and coaching centres that increases psychological stress among students. The Court directs both state authorities and private institutions to adopt proactive measures, including counselling services and oversight mechanisms to protect the mental well-being of students. Although the case did not directly concern criminal liability for suicide attempts, the Court's reasoning harmonises with High Court decisions applying the MHA's decriminalisation provisions retrospectively. The judgment also implicitly acknowledges the tension between protecting vulnerable individuals and respecting their autonomy. While the Court did not address advance directives or capacity assessments in detail, its recognition of mental health as part of dignity-based rights strengthens the argument that individuals must be central participants in decisions affecting their treatment and care.

4. Critical Evaluation

From the perspective of policymakers and legal scholars, the decision has several notable strengths. Foremost, it firmly shifts mental health from a welfare paradigm to a rights-based framework; ensuring that failures in mental-health provision can trigger constitutional remedies. This move promises to energise public-health policy by providing a justiciable benchmark: mental-health services are not a luxury but a constitutional necessity. By linking statutory protections under the MHA to constitutional guarantees, the Court helps prevent

those protections from becoming hollow in states where implementation is lagging. The judgment also carries important implications for educational policy. By recognising that intense academic environments and inadequate support systems contribute to mental-health crises, the Court imposes affirmative obligations on schools, universities, and private coaching centres. If enforced, these directives could significantly reduce student suicides and related harms.

Yet the ruling leaves critical questions unresolved. The Court offers few concrete standards for compliance. What constitutes "adequate" counselling services or a "safe" hostel environment remains undefined, inviting uneven implementation across states and institutions. Without detailed metrics or a national regulatory framework, enforcement risks become ad hoc and dependent on local political will. Resource constraints pose another challenge. Mandating comprehensive counselling and oversight requires sustained investment in trained mental-health professionals and infrastructure. Many states already struggle to meet existing public-health obligations, and the judgment does not address how these initiatives will be financed. There is also the risk of overburdening educational institutions without clear lines of accountability. Private coaching centres, for instance, often operate outside traditional educational regulations. Imposing constitutional duties on them without a tailored regulatory scheme may create legal uncertainty and potential resistance. The broader jurisprudential issues surrounding autonomy remain underdeveloped. High Court observations such as those in Saurabh Mishra highlight the ambiguity surrounding the "wills and preferences" of persons with mental illness. Without further guidance, courts may revert to paternalistic decision-making that undermines the very dignity the Supreme Court seeks to protect.

4. Conclusion and Policy Recommendations

Sukdeb Saha represents a watershed in Indian constitutional law. By elevating mental health to the status of a fundamental right, the Supreme Court has provided both a normative mandate and a legal tool for strengthening mental-health infrastructure nationwide. For policymakers, this decision should serve as a catalyst for comprehensive reform. Legislators and regulators ought to translate the Court's broad directives into precise standards. National guidelines could specify minimum student-to-counsellor ratios, protocols for crisis intervention, and infrastructural requirements for hostels and coaching centres. Parliament or the Ministry of Health and Family Welfare should consider amendments or rules under the

MHA to clarify key concepts such as "wills and preferences" and to provide mechanisms for monitoring compliance. Financial commitment is equally essential. States must allocate dedicated funding for mental-health services in educational settings while the Union government could incentivise compliance through conditional grants. Regular reporting and independent audits would promote accountability.

Finally, the judiciary itself has a continuing role. Future cases should further articulate the relationship between autonomy and protection in mental-health laws providing guidance on advance directives, capacity assessments, and the limits of parens patriae jurisdiction. By doing so, courts can ensure that constitutional recognition of mental health translates into meaningful empowerment rather than paternalistic control.

5. Citations:

1. Sukdeb Saha v. State of Andhra Pradesh & Ors., (Supreme Court of India July 25, 2025) (holding mental health integral to the right to life under Art. 21), *https://www.verdictum.in/amp/court-updates/supreme-court/sukdeb-saha-v-the-state-of-andhra-pradesh-2025-insc-893-neet-student-alleged-suicide-mental-health-cbi-1586161*.
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3. Kerala High Court (quashing prosecution under IPC 309 and applying Mental Healthcare Act retrospectively), *https://theprint.in/judiciary/mental-healthcare-act-invoked-to-quash-suicide-attempt-case-why-kerala-hc-said-law-is-retrospective/2327055*.
4. Saurabh Mishra v. State of Uttar Pradesh, Writ-C No. 10898 of 2024 (All. H.C. 2025) (observing lack of guidance on "wills and preferences" under the Mental Healthcare Act), *https://www.verdictum.in/court-updates/high-courts/allahabad-high-court/saurabh-mishra-v-state-of-up-thru-prin-secy-deptt-of-medical-health-and-family-welfare-up-lko-and-3-others-writ-c-no-10898-of-2024-1580256*.
5. Parmanand Katara v. Union of India, (1989) 4 S.C.C. 286 (recognising the right to emergency medical treatment as part of the right to life under Art. 21)

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