

MENTAL HEALTH LAWS IN INDIA

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We give great importance to our physical health, but it is high time that we realize that mental health is just as important. It is an integral part of an individual's overall well being. It impacts how a person feels, behaves, thinks, and makes decisions. For decades, mental illness was treated as a social stigma. People with mental health issues such as depression, anxiety, stress-related disorders, and other psychological conditions still face discrimination, stigma, and neglect from the society. It was treated as more of a legal problem than a medical one. People with psychiatric conditions could be locked away in asylums with little oversight, attempting suicide was a criminal offence, and there was no clear legal mechanism for a person to decide, in advance, how they wanted to be treated if they ever lost the capacity to make decisions for themselves. The Mental Healthcare Act, 2017 (MHCA) was designed to change all of that and protect such individuals from the discrimination and atrocities that the society reflected upon them. It plays an extremely important role in protecting the rights and dignity of persons with mental illness. The Mental Healthcare Act, 2017. This legislation recognizes mental healthcare as a legal right and emphasizes autonomy, informed consent, confidentiality, and community-based care.

The earliest mental health laws in India were introduced during British rule. In the nineteenth century, people suffering from mental illness were often viewed as a threat to public order rather than as individuals requiring medical care. The primary objective of the law was therefore to confine and segregate such persons from society. The Indian Lunatic Asylums Act, 1858 provided for the establishment and regulation of lunatic asylums in different parts of British India. These institutions were mainly custodial in nature. Patients were kept in asylums for supervision and restraint, and very little attention was paid to their recovery, rehabilitation, or personal dignity. The terms used in the law itself reflected the negative attitudes of that period toward mental illness. The Indian Lunacy Act, 1912. This Act replaced the earlier legislation and attempted to create a more uniform system for the management of persons with mental illness. After India gained independence in 1947, there was increasing recognition that the colonial lunacy laws were outdated and inconsistent with the values of a democratic society. Advances in psychiatry and growing international concern for human rights encouraged policymakers to reconsider the existing legal framework. For several decades, however, the Indian Lunacy Act,

1912 continued to remain in force. Mental hospitals were often overcrowded, underfunded, and isolated from the general healthcare system. Patients had limited legal protection, and there was little emphasis on community-based treatment or rehabilitation. A significant reform came with the enactment of the Mental Health Act, 1987. This law was intended to modernize mental health regulation in India and replace the colonial terminology associated with “lunacy.” Mental health law in India has truly come a long way from the custodial rules of 1912. The Act defines mental illness as a substantial disorder of thinking, mood, perception, orientation, or memory that seriously impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life. Importantly, the law avoids treating every unusual behavior or personal choice as a mental illness and adopts a more scientific and rights-sensitive approach. One of the most remarkable features of the Mental Healthcare Act, 2017 is that it places the rights of persons with mental illness at the very heart of the law. Unlike earlier legislation, which focused mainly on the control and supervision of psychiatric institutions, this Act recognizes that people experiencing mental illness are first and foremost human beings deserving dignity, respect, and equal protection under the law. It guarantees the right to access mental healthcare and treatment through services run or funded by the government, the right to live with dignity and without discrimination, protection from cruel, inhuman, or degrading treatment, the right to confidentiality of medical records, the right to free legal aid when needed, and the right to complain if proper care is not provided. What makes these protections especially meaningful is that they are not merely idealistic promises. The Act places a clear responsibility on the government to make mental health services genuinely available, including outpatient and inpatient treatment, free medicines in public facilities, rehabilitation support, and specialised services for children and adolescents. In this way, access to mental healthcare is treated as an enforceable legal right rather than a matter of charity or discretion.

Another highly progressive and human-centred provision is the concept of an advance directive. Mental health crises can sometimes affect a person’s ability to make decisions, and this provision allows individuals, while they are mentally capable, to record in writing how they would like to be treated in the future if they become unable to express their wishes. They may also state which treatments they do not want and appoint a trusted person to make decisions on their behalf if necessary. This idea is similar to a living will and represents a major step toward respecting personal autonomy in psychiatric care. Instead of leaving all decisions entirely in the hands of

doctors or family members during a period of incapacity, the law gives individuals a meaningful voice in their future treatment. It acknowledges that people with mental illness are capable of understanding their own needs and preferences and should have the opportunity to shape the care they receive.

The Act also brought about a historic change in India's approach to suicide attempts. Before 2017, a person who survived a suicide attempt could technically face prosecution under Section 309 of the Indian Penal Code. This approach was widely criticised because it punished individuals who were already experiencing extreme emotional distress. The Mental Healthcare Act changed this by creating a legal presumption that anyone attempting suicide is suffering from severe stress and therefore should not be tried or punished for the act. Instead, the government has a duty to provide care, treatment, counselling, and rehabilitation to help the person recover and prevent future harm. This shift is deeply significant because it replaces a punitive mindset with one based on compassion, support, and public health. It recognizes that suicidal behaviour is usually a sign of overwhelming psychological suffering and that such individuals need understanding and professional help rather than fear of criminal prosecution.

The Act further strengthens patient protection by establishing detailed safeguards for admission and treatment in mental health establishments. Earlier systems often allowed considerable scope for arbitrary or prolonged institutionalization. The 2017 law clearly distinguishes between voluntary admission, where a person seeks treatment independently, and supported admission, which is permitted only under specific conditions when the person lacks the capacity to make mental healthcare decisions and requires treatment for their safety or the safety of others. The law also places important restrictions on certain medical procedures. Electroconvulsive therapy (ECT) without anaesthesia is completely prohibited, and its use for minors is allowed only in exceptional circumstances and with special approval. Psychosurgery can be performed only with the informed consent of the patient and the approval of a review board. Physical restraint or seclusion may be used only as a last resort, under strict supervision, and mental health establishments must record and justify every such instance. These safeguards reflect the principle that even when treatment is necessary, it must be provided in the least restrictive, most humane, and most respectful manner possible.

To ensure that these rights are not confined to the pages of the statute, the Act creates an institutional framework for oversight and accountability. At the national and state levels, the Central Mental Health Authority (CMHA) and State Mental Health Authorities (SMHAs) are responsible for registering and regulating mental health establishments, setting standards of care, maintaining records, and monitoring compliance with the law. In addition, the Act establishes Mental Health Review Boards (MHRBs), which function as independent quasi-judicial bodies. These Boards play a crucial role in protecting patients' rights by reviewing advance directives, hearing complaints about violations of rights, examining disputes regarding admission or treatment, and ensuring that mental health establishments follow lawful procedures. Their existence is important because it provides patients and their families with an accessible mechanism to seek review, protection, and redressal when they believe their rights have been ignored or violated.

Taken together, these provisions show that the Mental Healthcare Act, 2017 is far more than a law regulating psychiatric hospitals. It represents a broader commitment to treating persons with mental illness as equal members of society whose autonomy, dignity, privacy, and well-being must be protected at every stage of care. By combining enforceable rights, patient participation, compassionate treatment, strict safeguards against abuse, and independent oversight mechanisms, the Act marks a significant transformation in India's mental health framework and reflects a growing recognition that mental healthcare must always be guided by humanity, respect, and justice.