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FROM STIGMA TO RIGHTS:- THE EVOLVING LEGAL LANDSCAPE OF MENTAL HEALTH IN INDIA

Tanisha Madhyani

In India, mental health was looked through the lens of medical treatment and social stigma for decades. However, the modern legal framework recognises persons with mental illness as persons who are also entitled to dignity , equality, autonomy , privacy and access to healthcare. With the enactment of Mental Healthcare Act, 2017 (hereinafter referred to as "MHCA") the approach for mental healthcare has been shifted i.e, from a custodial approach to a rights based framework which means the legal framework not only includes medical treatment but it also encompasses constitutional rights, privacy, access to healthcare, protection from abuse and the right to live with dignity. The framework of this act is based on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[1]of which India is a member. This framework further mandates non discriminatory mental health services to all persons.

The MHCA is considered as the principal legislation which governs the mental health in India. The main aim of this act is to provide and protect the right of those persons who are suffering from any mental illness . This Act also recognises various rights relating to equality, non-discrimination , access to medical information , protection against inhuman treatment and confidentiality of the person who is taking mental care. Section 18[2] of the act states that every person has the right to get mental health care and treatment. The Act shows a paradigm shift from assuming that people with mental illness are incapable of making decisions. The Act, on one hand,expressly acknowledges an individual's right to privacy regarding information of their mental health under Section 23[3] while on the other hand Section 24[4]of the act regulates information disclosure to the media. The Act has taken a balanced approach considering both the interest of individual as well as of the society. The act also provides free legal services to the individuals when doubt arises related to a person's capacity or treatment or the discharge.

[1] Rakesh Singh, Dr. Antima Baldwa, Mental Health Rights in India: A Socio-Legal Analysis of the Mental Healthcare Act, 2017 and Contemporary Challenges, 8 IJLLR 14016, 14017 (2026)

[2] Mental Healthcare Act, 2017,§ 18, No.10, Acts of Parliament, 2017(India).

[3] Mental Healthcare Act, 2017,§ 23, No.10, Acts of Parliament, 2017(India).

[4] Mental Healthcare Act,2017,§ 24, No.10, Acts of Parliament, 2017(India).

The act shows a remarkable shift in the provision of attempt to suicide. Under Section 115[5]of the act, any person who has attempted suicide would not be prosecuted and punished under the former Section 309[6]of the Indian Penal Code because it is assumed that they are under extreme stress , unless proven otherwise. This provision is not added under the new Bharatiya Nyaya Sanhita, 2023 however, specific provisions related to attempt to compel public servant and abetment of suicide are still present in the act.

The Constitution of India does not explicitly mention a fundamental " right to mental health" but the Supreme Court in various of its judgments had clarified that right to mental health is implicitly mentioned under Article 21[7] which is Right to life and personal liberty. [8]Under Article 21 Mental health includes psychological health, dignity and emotional stability. The Supreme Court in the case of [9]*Francis Coralie Mullin v. Administrator, UT of Delhi (1981)* had laid the foundation in which psychological and emotional well-being of a person was considered as an important part of dignity and integrity. In[10] *Common Cause v. Union of India (2018),* the Court affirmed that mental health well being comes under Article 21, Right to Life. The Court also stated that a dignified life is not only the absence of disease but it also includes a positive state of psychological wellness. The Court had given a broader interpretation of dignity and autonomy. The Court in the case of [11]*Accused X v. State of Maharashtra (2019)* has shown a connection between dignity, mental illness , privacy and legal protection. The recent Judgment of [12]*Sukhdev Saha v. State of Andhra Pradesh & Ors. (2025)* , the Supreme Court unequivocally held that mental health is considered as an integral part of Article 21. Thus, making the case a landmark judgment regarding mental health. The Court also issued a set of 15 guidelines which every institution has to follow. The guidelines are implemented with a view to reduce suicides of students. Every institution has the duty to properly follow these guidelines. Even if any misfortune happens but a institution has followed the guidelines then it's liability will be reduced. If the institution does not follow the guidelines then it will be considered as violation of Article 21 which may lead to fine or closure of those institutions.

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[5] Mental Healthcare Act, 2017, §115, No.10, Acts of Parliament, 2017(India).

[6] Indian Penal Code, 1860, §309, No.45, Acts of Parliament, 1860(India).

[7] INDIA CONST. art 21

[8] Najeed Naved Siddiqui, Dr. Shabin O.S., The Saha Guidelines: India's Mental Health Leap as a Constitutional Right, Oxford Human Rights Hub (21st September, 2026,7:00PM), www.ohrh.law.ox.ac.uk.in

[9] Francis Coralie Mullin v. administrator, UT of Delhi, AIR 1981 SC 746 (India).

[10] Common Cause (A Regd. Society) v. Union of India (2018) 5 SCC 1,4 (India).

[11] Accused X. v. State of Maharashtra, 2019 SCC OnLine SC 543.

[12] Sukhdev Saha v. State of Andhra Pradesh & Ors , 2025 INSC 893 (India).

Over the time, India showed a remarkable transformation in addressing mental health issues. But, no matter how much progressive the legislation is , it's implementation is what makes it unique. There are still many obstacles present in the path of implementation which the government has to tackle to make the implementation of the act more effective. People may be unable to exercise rights due to lack of legal awareness , lack of professionally trained doctors, lack of access of treatment , poor infrastructure and the stigma which is still present in the society related to mental health. Government had brought out initiatives like Tele- MANAS whose aim is to provide mental health services through telephone. This initiative has improved accessibility. However. Systemic inequality cannot be addressed by technology alone. For effective implementation, trained professionals, adequate funding, community based services all are required. The government have to take into consideration all the above mentioned factors so that the legal framework can be make fully effective.

In Conclusion, no doubt India has done a very remarkable progress in addressing mental health issues but they still lacks its proper implementation. Thus, the future of mental health jurisprudence in India depends not only on acknowledging mental health as a legal right but also making sure that this right is transformed into efficient , fair and respectable access to care for each and every person.