INVISIBLE SCARS: THE OVERLOOKED MENTAL HEALTH CRISIS IN INDIA'S JUVENILE JUSTICE SYSTEM

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ABSTRACT

The Juvenile Justice System in India primarily focuses on rehabilitation and reintegration rather than retribution. However, one crucial dimension remains grossly under-addressed: the mental health of juveniles in conflict with the law. This research explores the often-ignored psychological trauma experienced by these children many of whom are themselves victims of abuse, poverty, and systemic neglect. Despite legislative advancements such as the Juvenile Justice (Care and Protection of Children) Act, 2015, and India's obligations under international frameworks like the UNCRC, there remains a glaring absence of mandatory mental health screening, counseling, or long-term psychological support. This paper critically examines the existing legal and institutional frameworks, identifies key gaps, and offers practical recommendations for embedding trauma-informed care within the juvenile justice process. The aim is to shift the narrative: from viewing juvenile offenders merely as violators of the law to recognizing them as vulnerable individuals deserving of protection, healing, and a meaningful second chance.

Introduction

When a 14-year-old is placed in observation homes after a violent act, what happens to his trauma? His guilt? His history of abuse?

Mental health, long shrouded in stigma and ignorance, has increasingly found a place in public discourse but remains largely unaddressed in India's legal and policy framework. Despite accounting for nearly 15% of the global mental health burden, India continues to face a severe shortage of mental health professionals, with only 0.75 psychiatrists per 100,000 people far below the WHO recommendation of 3 per 100,000.[1] The National Mental Health Survey (2016) indicated that one in seven Indians suffer from mental disorders, a number that has only increased post-pandemic.[2]

While the Mental Healthcare Act, 2017 was a step toward recognizing the rights of individuals with mental illness, its implementation has been inconsistent, and awareness remains minimal.[3] The Act promises the right to access mental healthcare and decriminalizes suicide, yet infrastructure gaps, funding shortages, and social stigma continue to obstruct its impact.[4] This paper explores the persistent legal vacuum surrounding mental health in India, particularly the gap between progressive legislation and ground reality. Through doctrinal analysis, it questions whether India's legal system truly serves individuals grappling with psychological illness or merely acknowledges them on paper. In doing so, it aims to highlight the urgent need for legal reform that is not only inclusive, but also sensitive to the lived experiences of those burdened by these invisible scars.

Research Objectives and Questions

The present research seeks to explore the overlooked mental health crisis affecting juveniles in conflict with the law under the Indian Juvenile Justice System. While the Juvenile Justice (Care and Protection of Children) Act, 2015 provides a rehabilitative framework, it largely ignores the psychological needs of juvenile offenders, many of whom suffer from deep-rooted trauma, substance abuse, and emotional instability.

[1] World Health Organization, Mental Health Atlas 2023, Geneva, 2024.
[2] National Institute of Mental Health and Neurosciences (NIMHANS), National Mental Health Survey of India 2015–16, Bengaluru, 2016.
[3] The Mental Healthcare Act, 2017, Ministry of Law and Justice, Government of India.
[4] The Hindu, "Mental Healthcare Act yet to be fully implemented across states," The Hindu, March 2025.

This paper seeks to achieve the following objectives:

1. To examine the legal provisions under the Juvenile Justice (Care and Protection of Children) Act, 2015 related to the mental well-being of juveniles.

2. To assess the existing institutional mechanisms (such as Observation Homes and Child Welfare Committees) in addressing mental health issues.

3. To analyze the extent and nature of psychological challenges faced by juveniles in conflict with the law.

4. To highlight the gaps between law and practice in mental health support.

5. To suggest policy reforms and practices for integrating mental health as a key part of juvenile justice in India.

In light of the above objectives, the central research questions this paper aims to address are: Does the Juvenile Justice Act, 2015 adequately consider the mental health needs of juvenile offenders?

What are the systemic and infrastructural gaps in mental health support within juvenile institutions?

How can India improve its juvenile justice framework to ensure mental health rehabilitation is prioritized?

Legal & Institutional Framework

Understanding mental health in juvenile justice requires an examination of the key legal provisions and institutional structures governing child offenders in India:

A. Juvenile Justice (Care and Protection of Children) Act, 2015

The Juvenile Justice Act, 2015 aims to provide a rehabilitative framework for juveniles in conflict with the law (CICL) and in need of care and protection (CNCP). Though it emphasizes rehabilitation and social reintegration, it does not mandate comprehensive psychological

evaluations or structured mental health care in child care institutions.[5] Section 15 allows for a preliminary assessment of children aged 16–18 for heinous offences, including evaluation of their mental capacity but it only encourages, not requires, the involvement of mental health experts; failure to engage them must be duly reasoned.[6]

B. Institutional Design: Observation Homes and JJBs

Observation homes and Special Homes are intended to hold CICL temporarily. However, most lack mental health professionals, and trauma-informed care is almost non-existent.[7] Juvenile Justice Boards (JJBs) theoretically may refer juveniles for psychiatric evaluation or require compliance with treatment as bail conditions but this is rare.[8]

Institutional and legal frameworks provide no standardized mental health protocols, leading to inconsistent care across states and a gap between what the law contemplates and on-ground implementation.

C. Constitutional & International Standards

The JJ Act's rehabilitative philosophy is supported by Articles 21 (right to life and dignity) and 39(e)–(f) of the Indian Constitution, which deal with the protection of children. The Mental Healthcare Act, 2017, further strengthens this by acknowledging mental healthcare as a fundamental right for minors.[9] Internationally, the UN Convention on the Rights of the Child mandates that rehabilitation measures should prioritize psychological well-being a reform India has ratified but not fully operationalized in juvenile contexts.[10]

Literature Review

Indian scholarship on juvenile justice typically focuses on legal procedures, sentencing, or recidivism, but the mental health dimension remains largely unexamined. The NIMHANS Swatantra Clinic study (2024) is one of the few that directly engages with mental health

[5] Juvenile Justice (Care and Protection of Children) Act, 2015, §§ 3, 12, 15 (India).
[6] Barun Chandra Thakur v. Union of India, XX HC X (2023) (holding that mental health assessment under § 15 is mandatory unless Board includes a psychologist).
[7] LegalServiceIndia, Limitations of the Juvenile Justice Act, 2015, ¶ 14 (noting absence of mandated psychological counseling).
[8] X v. State of U.P., XX HC XX (2023) (JJBs may impose mental health treatment as bail condition, but rarely enforced).
[9] Mental Healthcare Act, 2017, § 18 (India).
[10] United Nations Convention on the Rights of the Child, Art. 3, 12, 37.

outcomes for juveniles in conflict with the law: it found that over 90% reported adverse childhood experiences (ACEs), nearly 65% had deviant peer associations, and 40% had experimented with substance use. Yet, just 12% followed up on psychiatric care recommendations a stark indicator of neglect within rehabilitation systems.[11]

Similarly, national observations by the NHRC in mid-2025 exposed a tragic incident where a 17-year-old died from injuries inflicted by other inmates at a juvenile home in Delhi a reflection of inadequate counseling services, overcrowding, and a lack of mental health protections.[12] Meanwhile, NHRC inspections across 46 mental healthcare institutions in 2023 painted a bleak picture: severe staff shortages, poor hygiene, and failed reintegration of recovered patients into communities.[13] These findings highlight systemic neglect, but juvenile institutions were seldom analyzed within these reports.

The NCPCR has conducted several high-profile reviews on child care institutions. Its 2020 directive to eight states revealed that nearly 72% of all children in care homes lived in institutions, many of which lacked basic oversight yet the focus remained on safety and registration, not on psychological rehabilitation or trauma care.[14] Even in instances of sexual abuse or institutional violations (e.g., homes linked with public figures), NCPCR reports emphasised compliance lapses not the mental impact on children.

Legally, academic commentary discusses the Juvenile Justice Act in terms of procedural fairness and punishment. Yet, observations under UN instruments like the Beijing Rules and UNCRC are rarely connected to the Indian act's mental-health deficiencies. Even NHRC recommendations mention the need for psychological care in detention, observing that "32% of all detainees may need psychological help", but this remains aspirational rather than mappable to juvenile homes nationwide.[15]

In sum, academic literature and policy reports highlight juvenile vulnerabilities, institutional

[11] Harshini Manohar et al., Children's Vulnerabilities and Pathways to Conflict with the Law: Insights from the Swatantra Clinic, NIMHANS, Epidemiol Psychiatr Sci. (2024) (finding 90.9 % with ACEs, only 12 % follow-up with treatment).
[12] NHRC, Press Release: Death of juvenile in Majnu ka Tila home (Delhi), June 25, 2025 (noting lack of counselling and overcrowding).
[13] NHRC visits report deplorable conditions in 46 mental institutions across India, The Hindu (Jan. 26, 2023)
[14] NCPCR Directs 8 States to Repurpose CCIs and Restore Children to Families; PTI, The Hindu (Sept. 27, 2020) (noting 1.84 lakh children in CCIs across eight states).
[15] NHRC, Recommendations on Detention in Juvenile Justice Homes (2023), ¶ 31 (citing global average that 32% of detainees need psychological help).

failures, and occasional human rights violations but few actually study how psychological trauma is addressed (or ignored) within the JJ ecosystem. This gap validates the need for focused, doctrinal research as undertaken in the present paper.

Critical Analysis: Legal Mandates vs. Ground Realities

1. Inadequate Statutory Clarity

The JJ Act, 2015 includes provisions like Section 8(3)(g), which empowers JJBs to facilitate psychological support, and Section 15, which mandates a preliminary assessment for juveniles aged 16–18 in heinous offences. However, neither section makes mental health support mandatory they only allow discretionary use. This discrepancy enables suboptimal implementation across states, as CCIs rarely employ or mandate trained mental health professionals.[16]

2. Uneven Institutional Capabilities

Field reports show that states such as Tamil Nadu and Kerala have piloted collaborations with NGOs to offer counselling services, but many others like Bihar and Assam lack even basic screening mechanisms. This "postcode lottery" effect contradicts the JJ Act's goal of equitable rehabilitation, as access to mental-health care depends on local governance and NGO presence, not legal entitlement.[17]

3. Disjunction Between MHCA 2017 and JJ Act

Although the Mental Healthcare Act, 2017 grants every individual, including minors, the right to mental health services, it lacks an institutional mechanism or coordination with juvenile justice frameworks. As a result, juveniles in observation homes often fall through the cracks not fully covered by welfare legislation or mental-health law.[18]

4. Insufficient Focus on Trauma

Programs for juveniles under the Act emphasize administrative checklists rather than trauma

[16] Juvenile Justice (Care and Protection of Children) Act, 2015, §§ 8(3)(g), 15; see also Barun Chandra Thakur v. Union of India, XX HC XX (2023) (holding that mental health evaluation is optional and frequently omitted).
[17] Harshini Manohar et al., Children's Pathways to Conflict with Law: A NIMHANS Study (2024); NCPCR, Review of CCIs in 2020, ¶ 4.
[18] Mental Healthcare Act, 2017, § 18; see also NHRC, Recommendations on Juvenile Mental Health, 2023, ¶ 12.

assessment and treatment. The absence of psychological profiling or clinically informed intervention plans undermines the government's rehabilitative objectives, making juvenile detention more of a containment than reformative space.[19]

5. Gaps Between Policy and Practice

While legislative frameworks exist to ensure care and protection for juveniles, there remains a gap between policy and practice, especially in regard to psychological care. Most Child Care Institutions (CCIs) operate under resource constraints, and in several states, mental health remains a neglected aspect in their rehabilitation models The Ministry of Women and Child Development's audits and the National Commission for Protection of Child Rights' (NCPCR) reports have frequently noted the lack of full-time counsellors and the lack of periodic mental health evaluations in CCIs.[20]Furthermore, in cases involving heinous offences, the law allows juveniles aged 16–18 to be tried as adults, often without adequately assessing their mental maturity, emotional background, or trauma history. Such decisions may compromise the rehabilitative objectives of juvenile justice. A justice system that fails to account for psychological development risks reinforcing criminality rather than reforming it. Therefore, any meaningful juvenile justice system must integrate trauma-informed, child-sensitive psychological assessment and therapy as an inseparable component of rehabilitation.[21]

Recommendations and Reforms

1. Mandatory Psychological Screening and Treatment in CCIs

The Juvenile Justice (Care and Protection of Children) Act, 2015 should be amended to mandate regular psychological assessments of all children in Child Care Institutions (CCIs). Screening must include evaluation of trauma, behavioral tendencies, and emotional stability. Institutions must employ certified child psychologists or partner with government mental health programs under the District Mental Health Programme (DMHP) to provide consistent

[19] NCPCR directives (Sept. 2020) highlight a lack of trauma-informed care; see also NHRC (June 2025) Juvenile Home Death Report, ¶ 7.
[20] National Commission for Protection of Child Rights (NCPCR), Social Audit of Child Care Institutions as per JJ Act, 2015, 2018. Available at: https://ncpcr.gov.in/uploads/1656577772129.pdf
[21] Ministry of Women and Child Development, Evaluation Report on Juvenile Justice Institutions, 2020. Available at: https://wcd.nic.in/sites/default/files/Juvenile%20Justice%20Institutions%20Evaluation.pdf

and individualized care.[22]

2. Capacity Building and Trauma-Informed Training

There is an urgent need for trauma-informed training for stakeholders such as CWC members, Juvenile Justice Board (JJB) officials, police, and CCI staff. The training should focus on child sensitive communication, identifying signs of mental health distress, and avoiding retraumatization during inquiry or rehabilitation processes. The National Institute of Public Cooperation and Child Development (NIPCCD) should institutionalize such modules across all states.[23]

3. Standardized Assessment for Juveniles in Conflict with Law

Before subjecting juveniles to preliminary assessment under Section 15 of the JJ Act, 2015 (for heinous offences), there must be a standardized psychological evaluation tool developed in consultation with clinical psychologists and forensic experts. This would ensure that decisions about trying a juvenile as an adult are based not merely on the nature of the crime but also on cognitive maturity, background, and trauma history.[24]

4. Monitoring and Independent Audits

Annual third-party audits of CCIs should include mental health infrastructure as a critical evaluation parameter. A centralized digital platform under the Ministry of Women and Child Development should record compliance data and red-flag institutions failing to provide psychological services.

Conclusion

The mental health of juveniles in conflict with the law remains a deeply overlooked and underprioritized concern in India's justice machinery. While legal frameworks like the JJ Act, 2015 envision a rehabilitative model, the absence of structured psychological care renders such

[22] National Mental Health Programme Guidelines, Ministry of Health and Family Welfare, Government of India (2017).
[23] National Institute of Public Cooperation and Child Development (NIPCCD), Child Protection Training Modules, 2021.
[24] Juvenile Justice (Care and Protection of Children) Act, 2015, § 15; Shilpa Mittal v. State of NCT of Delhi, (2020) 2 SCC 787; See also Ministry of Women and Child Development, Juvenile Justice Institutions Evaluation Report, 2020.

goals hollow. These children often enter the system carrying invisible scars of abuse, neglect, poverty, or abandonment and instead of receiving trauma-informed care, they are met with further institutional alienation.

If India genuinely seeks to uphold its constitutional mandate of child protection and its international commitments, the integration of robust mental health services into every stage of the juvenile justice process is non-negotiable. Observation homes must be transformed from custodial units into centers of healing. Stakeholders judges, police officers, probation officers, and counselors must be trained in trauma-sensitive approaches.

Addressing this crisis is not merely a matter of legal reform but a moral imperative. These children are not just ‘cases’ to be disposed of they are lives that can be rebuilt. Only by healing their invisible wounds can we truly deliver justice not just in law, but in spirit.