RURAL HEALTH CARE AND INTERVENTION OF THE STATE - A CRITICAL ANALYSIS IN THE INDIAN SCENARIO

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ABSTRACT

India is a vast population of 1,450 million people out of which 70% of the population are residing in rural areas. According to national mental health survey (NMHS), approximately 20.4% of the adult Indian population experiences mental disorders, 6.9% in the rural areas which is comparatively lower than the urban areas of 13.5%. But still the condition of mental disorders in rural areas are not improving even though the government has made various initiatives and schemes to enhance and improve the mental health conditions in rural areas.

The article primarily focuses on the various government initiatives, schemes that has been implemented by the government and how these government initiatives and schemes are helping in enhancing the condition of rural mental health, what are the lacunae and gaps government schemes and initiatives are facing in improving the rural mental health condition and lastly the initiatives which would perhaps help the government schemes to be ameliorated and improved to address the challenges posed in the resolution of the issues of mental health disorders in rural areas of India.

The article is limited in its scope to the rural Indian scenario and secondary sources of information are researched to give a perspective on the contemporary times. The critical study is focused on addressing only the government initiatives in the rural public health sector.

Keywords: mental health, schemes, healthcare, rural areas, public health sector

INTRODUCTION

According to the World Health Organisation (WHO), Mental Health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, contribute to their community. Mental health is a necessary resource for living a healthy life so it is the duty of every person to take care of their mental health but still the people are lacking to maintain proper mental healthcare.[1] So, to make people more aware about the mental health WHO has declared 10th October as the World Mental Health Day. In India 10.6% of the adults are suffering from mental disorders. Mental disorders can also be called mental illness. It is a health condition where people suffer from stress, anxiety, depression and many more as it affects the person's ability to think, to work or to react it happens due to certain changes in their personal life, professional life, and the lifestyle they are actually living or due to their biology which means that they inherent from their own families.[2] These types of conditions are basically found more in lower backward classes i.e., rural areas. Rural area is a region which is located outside urban areas having a low population density and few buildings. The current scenario of mental illness in rural areas is 6.9%. Mental illness like anxiety, panic attack, stress, depression and suicidal thoughts in rural areas are common due to stigma, lack of resources, discrimination and not having proper infrastructure. So, to improve the condition of mental illness in rural areas government has taken or implement various initiatives or schemes that helps in the promotion and improvement of rural mental health.

MENTAL HEALTHCARE ACT, 2017

India took an important step by ratifying the United Nations convention on the rights of persons with disabilities (UNCRPD) back in October 2007. The previous mental health act, 1987 was not sufficient to protect the rights of those persons dealing with mental illness so to align with the objective of UNCRPD's, a new mental health care bill was set in process and it also repealed the mental health act,1987. The parliament of India passed the mental health care act, 2017 on 7th April 2017 that has been published in the official gazette and came into effect on 7th July 2018. After the commencement this act brings an important change by decriminalizing attempted suicide which was punishable under section 309 of the Indian penal code. Moreover, this act aims to provide mental healthcare and services for persons with mental illness and

[1] MENTAL HEALTH, https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response (April 8, 2025).
[2] MENTAL DISORDER, https://mohfw.gov.in/?q=pressrelease-206(March 3, 2025).

ensure these persons have the right to live a life with dignity by not being discriminated against or harassed. It also gives the expanded definition of mental illness that has been/which was lacked by the previous act of 1987 in which mental illness was defined as any mental retardation, now defined in section 2 of mental healthcare act, 2017.

Here "mental illness" means a substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgement or ability to meet the ordinary demands of life, mental condition with the abuse of alcohol and drugs, but does not constitute mental barrier which is a condition of arrested or inadequate development of mind of a person, particularly characterised by sub normality of knowledge.[3]

Providing various rights to a mentally ill person.

a. Section 18: Right to access mental healthcare.

b. Section 19: Right to community living.

c. Section 20: Right to protection from cruel, inhuman and degrading treatment.

d. Section 21: Right to equality and non-discrimination

e. Section 22: Right to information

f. Section 23: Right to confidentiality

g. Section 24: Restriction on the release of information in respect of right to access medical records

h. Section 25: Right to personal contacts and communication

i. Section 26: Right to legal aid[4]

[3] Sakshi Agarwal, Mental Healthcare Act, E-Justice India. BLOG (Mar. 2, 2025, 8:30 PM), https://www.ejusticeindia.com/mental-healthcare-act-2017.

[4] Monika Kanwar, Mental Healthcare Act,2017, SLIDE SHARE A SCRIBD COMPANY (Dec. 17, 2022, 10:04 AM), https://www.slideshare.net/slideshow/mental-health-care-act-2017-254936088/254936088.

- **Advanced Directive**

It has been defined under section 5 of the mental healthcare act 2017 in this the person who is mentally ill will be given the right to make an advance directive in writing of how the treatment would be taken place in future i.e., in the manner in which they wished to be treated and the manner in which they do not prefer to be treated excluding minors and they can also appoint their nominated representative. [5]

- **Nominated Representative**

Is a person who has been appointed by advanced directive who can take decisions on their behalf in matters related to their mental healthcare by giving their written consent when they are not in their capacity and he should not be a minor person.[6]

- **Mental Health Establishments**

The government has the power to set up the central mental health authority at national level and state mental health authority in every state. Any person or organisation who wants to run mental health establishment are required to register themselves under the appropriate authority. All mental health practitioners (nurses, clinical psychologists, social workers) and every mental health institute will have to be registered under this authority. These bodies are responsible to:

- Maintain high standards of care by providing secure and effective mental health services while upholding proper hygiene and safety protocols.
- Register, manage, and oversee a list of mental health facilities and professionals.
- Train mental health professionals and law enforcement officials on the provisions of the act.

[5]Pranav Wadhawankar, Mental Healthcare Act, 2017, ipleaders. BLOG (Mar. 4, 2025, 1:00 PM), https://blog.ipleaders.in/all-need-know-about-mental-healthcare-act/#:~:text=No%20discrimination%20of%20any%20basis,care%20to%20mentally%20ill%20people.

[6]Pranav Wadhawankar, Mental Healthcare Act, 2017, ipleaders. BLOG (Mar. 4, 2025, 1:00 PM), https://blog.ipleaders.in/all-need-know-about-mental-healthcare-act/#:~:text=No%20discrimination%20of%20any%20basis,care%20to%20mentally%20ill%20people.

- Support the government in matters related to mental health.
- Create a system for addressing complaints and grievances.[7]

- **Mental Health Review Boards**

The mental health review board has been made to protect the rights of mentally ill person. The board consists of 6 members which includes (District judge as Chairperson, one representative of the district collector, one psychiatrist, one medical practitioner and two representatives of persons with mental illness/caregivers/NGOs working in the field of mental health.) all these are appointed by state mental health authority. It takes decisions related to appointment of nominated representative, review of advance directives, also address complaints regarding the deficiency of services and violations of rights as well as it makes sure that there should be proper implementation of the provisions of the MHCA.[8]

- **Responsibility of certain other agencies**

Magistrate are only allowed to request evaluations for individuals with mental illness who are experiencing neglect or mistreatment in their own homes, also they no longer can give orders for admissions and treatment in mental health facilities; only mental health professionals can do that. Police officer has a responsibility to safeguard individuals who are homeless, wandering, or facing challenges due to mental illness. They are required to take such individuals to the closest public hospital within 24 hours for assessment and care, also contact the nominated representative or family members of such individuals and inform them.

Decriminalising suicide and prohibiting electro-convulsive therapy

According to Section 115 of the act, "Notwithstanding anything contained in Section 309 of the Indian Penal Code (45 of 1860) any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said code." It emphasizes the need for care, treatment, and support for individuals

[7] Sakshi Agarwal, Mental Healthcare Act, E-Justice India. BLOG (Mar. 2, 2005, 8:30 PM), https://www.ejusticeindia.com/mental-healthcare-act-2017.
[8] Sakshi Agarwal, Mental Healthcare Act, E-Justice India. BLOG (Mar. 2, 2005, 8:30 PM), https://www.ejusticeindia.com/mental-healthcare-act-2017.

who attempt suicide, shifting the focus from punishment to rehabilitation.

Section 95 of mental healthcare act, 2017 states there are some treatments and methods which are prohibited to perform on the mentally ill person and this method is called electro-convulsive therapy (ECT) in this the person can't be subject to ECT without the use of muscle relaxants and anaesthesia. Also, it is prohibited for the minor and if there is chaining in any manner or method whatsoever is banned.

- **Financial Punishment**

Section 107: This section basically states that any person who runs an unregistered mental health establishment he shall be liable to pay 5000 rupees as penalty which may extend to 50,000 rupees for the first offence. For the second offence he shall be liable to pay 50,000 rupees as penalty which may extend to 2,00,000 rupees. And for further offence he shall be liable to pay 2,00,000 as penalty which may extend to 5,00,000. Or, if the mental health professionals are knowingly working in unregistered mental health establishment, then he shall be liable to pay up to 25,000 as penalty.

Section 108: This section basically states that any individual who violates the provisions of mental healthcare act, 2017 will be imprisoned up to 6 months or shall be liable to pay a fine of 10,000 rupees or both for the first offence. If the individual commits any further offence, he shall be imprisoned up to 2 years or with fine of 50,000 or with both.[9]

THE MENTAL HEALTHCARE (AMENDMENT) BILL 2023

This bill was introduced by Rajya sabha on December 08, 2023 to make amendments in the existing mental healthcare act, 2017. The bill aims to address the mental health requirements of students and define the role of educational institutions. It attempts to ensure that there is provision of mental health services, treatment, and rehabilitation in the most supportive environment. It works on the goal to reduce the financial strain on families that have being affected from mental illness by expanding insurance coverage for conditions that don't require

[9] Department of Psychiatry, Bangalore Medical College and Research Institute, Bengaluru, Karnataka, India, Liabilities and penalties under Mental Healthcare Act 2017, Volume 61 Indian Journal of Psychiatry, (Suppl4): S633, April 2019. https://journals.lww.com/indianjpsychiatry/fulltext/2019/61004/liabilities_and_penalties_under_mental_healthcare.19.aspx.

hospitalization. Additionally, the bill also includes provisions for registering mental health facilities, making sure that temporary certificates are granted only after a complete/full inspection.

Government initiatives and schemes for rural areas:

1. **National mental health programme**

   Due to the inadequacy of mental healthcare infrastructure in the country there is rising of mental illness in the community so to deal with it the government on 2nd august, 1982 launched this scheme to fulfil the unmet needs. This scheme has a primary goal which makes sure that most vulnerable groups get accessible and minimum mental healthcare by integrating mental health services into the general system of care rather than confining them to specialist hospitals. The scheme deals with 5 objectives: -

   a. It makes sure that everyone can access essential mental healthcare in the near future.

   b. Ensure that mental health services should be available to all individuals within the target population, especially those who are most in need.

   c. Promote the incorporation of mental health awareness into overall healthcare and social progress.

   d. Foster community engagement in the development of mental health services.

   e. Strengthening the workforce in mental health specialties.

Also, by dealing with these objectives, the scheme also concentrates to

- Stop and handle mental and neurological disorders along with their associated disabilities.
- Add mental health technology to enhance overall health services.
- Combine mental health principles into national development to improve the quality of life.

2. District mental health programme

It is part of NMHP (National mental health programme) which is launched in 1996 in twenty- seven districts based on Bellary model developed by NIMHANS, Bengaluru with the annual budget of 280 million INR. The district mental health programme has been implemented to expand and separate mental health services, as well as to provide reasonable and affordable care for all people, especially for rural and underserved areas. This shall be done by merging mental health care into primary health services and promoting involvement from the community.[10] In addition, they also focuse on fulfilling various purposes:

- To provide sustainable mental care to the community and link them to health care.
- To discover the patients early in the community itself.
- To make sure that patients and their relatives do not have to travel long distance to go to hospitals or nursing homes in the cities.
- To minimise the workload of mental hospitals and medical colleges.
- To lessen the stigma attached towards mental illness by bringing changes in the attitude and public education.
- To treat and rehabilitate mental patients discharged from the mental hospitals within the community.

3. Ayushman Arogya mandir

The union government of India renamed the existing Ayushman Bharat health and wellness centres (AB-HWCs) as 'Ayushman Arogya Mandir' on April 18th 2018 containing a tagline called- 'Arogya Parmam Dhanam'. It was first commenced or

[10] Om Prakash Singh, District Mental Health Program, Volume 60, Indian Journal of Psychiatry, Apr-Jun (2018) https://pmc.ncbi.nlm.nih.gov/articles/PMC6102961/.

introduced in Bijapur, Chhattisgarh. In this the existing sub-health centres (SHCs) and primary health centres (PHCs) are transformed into Ayushman Arogya mandir.[11]

This scheme has 2 connected parts: -

a) **Health and wellness centres (HWCs)**

In February 2018, the Indian government revealed its intention to set up 150,000 health and wellness centres (HWCs) by enhancing existing sub centres and primary health centres. These centres aim to provide comprehensive primary health care (CPHC) to enhance healthcare access for communities. They will offer services focused on maternal and child health, along with tackling non-communicable diseases, which includes providing free essential medications and diagnostic services. The aim of health and wellness centres is to provide ample number of services to meet the basic health care needs for everyone in the community and they also focus on improving access, fairness and inclusivity.

b) **Pradhan Mantri Jan Arogya yojana (PM-JAY)**

The hon'ble prime minister of India, shri Narender Modi has launched this scheme on 23rd September, 2018 in Ranchi, Jharkhand. Ayushman Bharat PM-JAY is recognised as the largest health insurance program in the world. It offers health coverage of Rs. 5 lakhs per family each year for secondary and tertiary hospital care, helping over 12 crore poor and vulnerable families, which amounts to around 55 crore individuals, representing the bottom 40% of India's population. Here the families included are determined by the deprivation and job criteria from the socio-economic caste census 2011 (SECC 2011) for both rural and urban areas. This scheme also includes families from the previous Rastriya Swasthya Bima yojana (RSBY), which started in 2008, even if they are not part of the SECC 2011 database. The entire initiative is

[11] The Hindu, https://www.thehindu.com/news/national/centre-renames-ayushman-bharat-health-and-wellness-centres-as-ayushman-arogya-mandir/article67576634.ece. (Apr. 1, 2025)

financed by the government, with expenses shared between the central and state governments.

4. Tele Manas

The full form of tele manas is (Tele Mental Health Assistance and Networking Across States) it was launched by the government of India on the day when the world mental health day has been celebrated i.e., 10th October 2022. It is a toll-free mental health helpline in India_ 14416 which works for 24/7 hrs and is available in 20 languages to provide free tele-mental health services across the country, especially in rural and remote area. Currently, 36 States/UTs have set up 53 tele manas cells and have started tele mental health services also over 10 lakh calls have been received and more than 3,500 calls daily has been managed.

Tele-manas is organised into a two-tier system.

Tier 1 includes state tele-manas centres with trained counsellors and mental health experts.

Tier 2 consists of specialists from district mental health programme (DMHP) facilities and medical colleges, providing extra resources for in-person and audiovisual consultations through e-Sanjeevani. This tier also offers face-to-face services from mental health professionals at public health professionals at public health facilities, including DMHP and mentoring institutes. If advanced treatment is required, Tele-MANAS directs individuals to suitable mental health facilities for further assessment and care.[12]

5. Asha Workers

The Asha (Accredited Social health activists) scheme consists of female community workers in which they have an aim to serve as a bridge between primary healthcare facilities and communities in rural areas and underserved regions as well as promoting education related to maternal, child health, family planning, disease prevention, and

[12] Aswini Ashokan Naidu, Telemedicine: Bridging the Gap in Providing Primary Care to Rural Area Patients Across India, Telehealth and Medicine Today. BLOG (Mar. 27, 2025, 6:30 PM), https://telehealthandmedicinetoday.com/index.php/journal/article/view/518/1201.

mental health. It was established in 2005 as a part of national rural health mission (NRHM), which is now integrated into the national health mission (NHM). The number of ASHAs has grown from 992,000 in the fiscal year 2021-22 to 1,003,000 in 2022-23. In India, the Asha program become successful when there was a remarkable decline of IMR (Infant Mortality Ratio) from 58 per 1,000 live births in 2005 to just 28 in 2020. Similarly, the MMR (Maternal Mortality Ratio) has also seen a significant reduction, falling from 301 deaths per 100,000 live births in 2003 to 97 in 2020. Moreover, the NFHS-5 report reveals that the percentage of institutional deliveries has surged, jumped from 41% in 2005 to an impressive 88.6% in 2021. So basically, this program covers a wide range of responsibilities which is connected with the healthcare in rural areas and underserved areas.[13]

6. E-Sanjeevani

It is basically a national telemedicine service where a doctor can consult with the patient online through a website or mobile application. E-Sanjeevani was launched on the 1st July 2021, by the prime minister during the 6th anniversary of digital India initiatives as well as it provides free cost services including registration, queue, management, e-prescriptions, and notifications. This telemedicine program is implemented nationwide by the ministry of health and family welfare under the Ayushman Bharat scheme, which allows consultation between both doctor to doctor or doctor to patient. It significantly enhances access to healthcare services for millions living in rural and remote areas. So, by tackling the uneven distribution of healthcare professionals and resources, it effectively connects urban and rural communities, as well as bridging the gap between wealthy and less fortunate populations, thus enhancing access to medical services.

Positive impact of government schemes and initiatives in rural areas:

1. Tele-Manas scheme

In the year 2015- 16 when the national mental health survey was conducted it has been shown that about/almost 13.7% of people experiences mental

[13] ASHA WORKERS, https://www.drishtiias.com/daily-news-editorials/acknowledging-the-contributions-of-asha,.

disorder at some point of their lives, but currently 10.6% of people are being suffering from mental disorder. In spite of/even though having this alarming numbers of mental disorder still India has limited access to mental health services especially in rural and underserved regions. As 85% of treatment gap for common mental disorders, 73.6% for severe mental disorders, 75.5% for psychosis, 70.4% for bipolar disorder, 86.3% for alcohol use disorders, and a staggering 91.8% for tobacco use disorder. So, after analysing the issues of mental disorders government launched tele-manas which basically deals to provide free tele-mental health services to individuals across India with a motive to bridge the gap between mental health care demand and the availability of services, particularly in rural and remote areas by giving free toll-free number i.e., 14416 or 18008914416 to addresses issues related to stress, anxiety, grief, and sleeplessness. Since, its launch in 2022, tele-manas has received over 340,000 calls (as of October 8) from 51 centres across 32 states and union territories, now handling more than 2000 calls every single day. The health department of Andhra Pradesh set up a tele-manas cell at Siddhartha medical college in January providing counselling via phone call to 2500 persons who are in distress. By doing tele-counselling it prevented 45 suicide attempts between October 11, 2023, and may 9, 2023 in the medical college. The tele-manas also provide training to their counsellors regarding the tele-counselling from the faculty at the national institute of mental health and neurosciences through online sessions. In this the counsellors hardly spent 20 to 30 minutes to talk to the callers to get know about their issues. And if needed, cases are then sent to psychiatrists at district hospitals.

2. District mental health programme

The positive impact brings by district mental health programme in the Uttarakhand as well as in Uttar Pradesh is that it conducted primary care physicians training which is 108 hrs exceeding per physician, also more than 2,182 patient consult used digital modules. For instance, NAMAN Rural Mental Health Programme, Pithoragarh which has been established in munsiyari taluk by Ashraya Hastha Trust in connection with NIMHANS addresses mental health needs from childhood to old age. So, it helps in

improving awareness and consciousness related to mental illness issues. As likewise, in Uttar Pradesh there is Integrated Care Model in Varanasi established by the Ramakrishna Mission Home of Service deals with 288 patients having common mental disorders (CMD) and 166 patients having Severe Mental Disorders (SMD) which helps in enhancing mental health service accessibility.[14]

3. Ayushman Arogya mandir

Health and wellness centres, also called as the Ayushman Arogya mandir has made important changes in the healthcare facilities in the rural areas of Udhampur, Jammu and Kashmir. About 146 centres has been set up in the district which upgrade the access to health and medical facilities for the people, particularly for pregnant women in that area. During the last one to one and a half year, healthcare services have been in progress also it provides free medication to patients, along with a focus on both physical and mental well-being. It also conducts screening and if any suspected patient is found, it transfers them to a higher level. Moreover, under this scheme the infrastructure has also improved and to make mental health better it provides yoga classes at the centres. Presently, there are 1,73,763 functional Ayushman Arogya mandirs, involving 1,27,637 sub-health centres, 23,908 primary health centres, 5,108 urban primary health centres, 11,806 ayurveda, yoga and naturopathy, unani, siddha, and homoepathy centres, and 5,304 urban health and wellness centres.[15]

4. Asha Workers

Asha workers are basically initiative of the national rural health mission with a motive to bridge the gap between public healthcare system and local communities. Over the past 18 years the number of asha workers has been increase from 140,000 to over 1 million. These workers have refined the usage

[14] Vipul Singh, District Mental Health Program: Inception, Evolution and Challenges, Indian Journal of Behavioural Sciences, (2025), https://in.docworkspace.com/d/sIHnIrsdAkrbZvwY.
[15] AYUSHMAN AAROGYA MANDIRS, https://health.economictimes.indiatimes.com/news/industry/ayushman-aarogya-mandirs-made-significant-changes-in-healthcare-in-rural-udhampur-in-jk/111956487.

of maternity services such as antenatal checkups and facility births which helps in lessen the maternal and infant mortality rates in India. During the covid-19 pandemics, Asha workers play a pivotal role in managing the effects of the virus and helping to roll out the vaccination campaign along with this, it also helps in enhancing the maternal and child health practices and outcomes in India. The world health organisation by honouring Asha workers with the global health leaders award in 2022 they acknowledge their incredible efforts.

5. E-Sanjeevani

E- Sanjeevani is India's national telemedicine service, launched by the ministry of health and family welfare and developed by C-DAC. This service uses technology to promote remote consultations with doctors. It has 2 parts:

- E-Sanjeevani AB-HWC it is a doctor-to-doctor telemedicine system which provide specialised health services in rural and remote areas and comes under the Ayushman Bharat scheme.

- E-Sanjeevani OPD, it is a patient-to-doctor telemedicine system which allows individual to get the help from the doctor online at home without visiting to a hospital directly.

Moreover, E-Sanjeevani AB-HWC has set-up more than 16 million consultations. Right now, around 33,297 health and wellness centres are connected over 2,991 district hospitals and medical colleges. The e-Sanjeevani OPD platform has helped over 6.5 million patients across 35 states and union territories. Up to now, more than 110,988 doctors and paramedics have been trained and fused into the system. There are 664 online OPDs available on E-Sanjeevani OPD, with a total of 21.7 million tele-consultations completed to date. Usually, over 110,000 patients use E-Sanjeevani each day, making it a essential choice for healthcare delivery. Significantly, 53% of the consultations have been for women. E-Sanjeevani has really improved access to specialised healthcare, especially for those in rural areas. This service has also

proven to be a advantage for urban patients, especially during the second wave of the ongoing pandemic, which has put a lot of pressure on our healthcare system. Teleconsultation services are accessible over various specialties, including medicine, orthopaedics, ENT, ophthalmology, and psychiatry. In some states, the services has been expanded to include old age homes, orphanages and inmates in prisons.

LACK OF GOVERNMENT INITIATIVE

- **Lack of transportation and connectivity**

  Rural area suffers lack of transportation related to mental healthcare as comparison to urban areas. Approximately 86% of medical visits in India are from individuals living in rural areas, with a majority travelling over 100 km to reach available healthcare facilities, and where 70-80% of the cost is paid out-of-pocket. Transportation and connectivity problems create challenges for people to reach to district hospitals that offer specialised mental health services for the rural area people. Even though, having the tele-manas scheme that provides 24x7 tele-mental health services through telephone, or by video conferencing but still it lacks in rural areas due to poor internet connectivity and mobile.[16]

- **Lack of trained professionals**

  In India, there are 0.75 psychiatrists for 100,000 people but according to the guideline there is need of at least three psychiatrists per one lakh population as compared to developed countries there are 6.6 psychiatrists for 100,000 people. So due to which India faces short fall in both psychiatrists and psychologists compared to the recommended standards and the actual mental health needs of the population. The situation is worse in rural areas where the

[16] Dhaval Date Rao, Importance of Public Transit in Rural Areas and how to Improve It, iunera, BLOG (Mar. 16, 2025, 4:00 PM), https://www.iunera.com/kraken/public-transport/importance-of-public-transit-in-rural-areas-and-how-to-improve-it/.

ratio is significantly higher due to a shortage of doctors or trained professionals, indicating a severe gap in rural mental health access.

- **Lack of infrastructure**

  According to health dynamics of India report 2022-23 it revealed that there are only 4,413 specialists available, out of the needed 21,964, resulting to a shortfall of 79.9%. The most important gaps were seen in the fields of surgery, general medicine, paediatrics, and obstetrics and gynaecology. The incidence of catastrophic health expenditure (CHE) and financial strain due to cancer treatment is alarmingly high. Research indicates that approximately 80.4% of patients undergoing outpatient cancer treatment and 29.8% of those admitted to the hospital for cancer experience CHE. The rates of impoverishment are equally troubling, with 67% of outpatient and 17.2% of hospitalized patients falling below the poverty line as a result of treatment costs.

- **Lack of education**

  Lack of education in rural areas related to mental health is still a concern due to which people is unavailable to seek help regarding the mental health. Even after the implementation of various schemes related to the mental health people still lack to get know about various mental health issues like depression, anxiety, suicidal thoughts and panic attacks. They don't even know whom to approach to and how to identify the symptoms of any mental illness. A study published in the lancet in 2023 found that a lot of people residing in rural areas link mental health problems with black magic and often seek help from religious organisations. Some even revealed that they stopped taking their medication, thinking they could heal solely through faith. These beliefs can lead to misdiagnoses, resulting in ineffective treatment and worsening mental health issues.

CASE RELATED TO MENTAL HEALTH

1. ***Shatrughan Chauhan vs Union of India***[17]

[17] AIR 2014 SC (CRIMINAL) 641.

The supreme court inspected several writ petitions given by or on behalf of 15 individuals who's facing the death penalty. These individuals fight for denial of their mercy requests by the governor and the president. In set of these cases, the petitioners contend to convert their death sentence into life imprisonment due to mental health issues. The court also set forth guidelines to safeguard the rights of those on death penalty. The supreme court witnessed that some individuals on death penalty may experience mental health issues due to extreme stress and suffering they go through. Therefore, it is necessary to conduct regular mental health assessment for the individuals, having death penalty and provide the medical care they need. The Prison Superintendent has the responsibility to ensure, based on medical evaluations from government doctors and psychiatrists, that the individual is both physically and mentally fit for the death penalty. If the superintendent is of the opinion that the individual is not fit then they immediately halt the execution and refer the individual to a medical board for complete assessment and later on send the report to the state government for further action.

2. ***State of Gujarat vs Manjuben***[18]

The appellant was put on trial for serious offences under sections 302 and 307 of the Indian penal code from 1860, along with the sections 135 of the Gujarat police act 1951. When the trial ended, the court found that the appellant was guilty of these offences. At the time of appeal the high court learned that before transferring the case to the session court the appellant was suffering from mental health issues. Unfortunately, the trial court overlooked the appellant's mental condition when it made its ruling on the charges. If the evidence shows that the appellant is mentally incapable and unable to defend themselves, the magistrate or court has to recognise this and postpone the trial if they believe its warranted. This applies even if the accused hasn't raised such appeal or the defence counsel hasn't shown counsel hasn't shown concern into it, still if the evidence provided which has been given in the form of document disclose something about the mental illness of the appellant, then

[18] AIR 2019 R/CC/1/2018 .

it is the duty of the trial court to look into the evidence and assess whether the accused can defend themselves, as stated in section-329 of the code of criminal procedure, 1973. The trial court must clearly record its findings. The provisions of section- 329 of code of criminal procedure, 1973 is not just a formality, but are important to make sure that an accused person gets a fair trial which can't attainable for those who is mentally ill and the non-observance of those provisions must be held to convert a trial into a farce. Its noticeable that the provisions is non- negotiable. The proceeding against a person of unsound mind and holding him guilty of the offences would be clearly violative of the rights guaranteed under article-21 of the constitution, 1950 that no person shall be deprived of his life or liberty without following the procedure established by law. If the trial court misses crucial information this lead to quash the conviction and sentence, making them subject to being overturned.

3. ***Accused X vs state of Maharashtra***[19]

The supreme court was analysing a case where the petitioner had found guilty and sentenced to death for the rape and murder of 2 minor girls. While deciding the case the supreme court had to inspect whether the accused's mental illness after the conviction shall be considered a valid reason to lessen the death penalty into life imprisonment. The supreme court recognised that several factors like overcrowding, different types of violence, forced isolation, lack of privacy, insufficient healthcare, and family issues can seriously lead to affect the prisoner's mental health. The court also highlighted that due to legal constraint on accepting a broad range of mental illness in the criminal justice system, jails frequently end up accommodating a larger number of mentally ill person having different mental conditions. Considering the ongoing lack of awareness about this mental illness, prisoners left with no option for support, which leads to continuous decline in their mental well-being. The mental healthcare act 2017 focuses on providing mental health services to those who are in need, including prisoners. Section- 20(1) of the act clearly states that

[19] AIR (2019) SCC 1.

every person with mental illness shall have a right to live with dignity, also section 103 instructs the state government to establish a mental health facility in the medical section of at least one prison in each state and union territory.

4. ***Common cause vs union of India***[20]

A constitutional bench of the supreme court upheld passive euthanasia, and noted that in light of international developments, the criminalisation of suicide needed to be reassessed. The bench took recourse to section 115 of the MHCA, which says that we have to presume that a suicidal person is in utmost distress, rather than deserving punishment under section 309 of the Indian penal code (which criminalises attempted suicide). The bench noted:

"Section 115 represents a significant shift in our law regarding how society is to treat an attempt at suicide. It attempts to bring Indian law in line with new knowledge regarding suicide, by dealing with a person who attempts suicide in need of care, treatment and rehabilitation instead of penal sanctions." The bench also cited section 5 of the MHCA while issuing guidelines regarding the application of advance directives for passive euthanasia.

5. ***Shrikant Anand Rao Bhosale vs state of Maharashtra*** [21]

The accused who was a police constable get into a fight with his wife regarding his desire to quit his job which the wife does not want it. When she was washing the clothes, her husband hit her with a grinding stone on her head. The session court found him guilty, also the high court rejected his appeal, which leads him to take the appeal to the supreme court. The accused claimed insanity as a defence, but both the trial and high court set aside this argument. In the end, the supreme court accepted his appeal and overturned the conviction. To obtain the benefit of the exception the mental state of the accused has to be proven. The supreme court noted that the evidence indicates the accused was mentally unsound both before and after the incident. Although having a weak motive and failing to run away in itself does not

[20] AIR 2018 SC
[21] AIR 2002 SCC 748

prove mental unsoundness. The court also need to understand all other circumstances as well. Considering that, the appellant was mentally unstable before and after the incident, it is appropriate to assume that he was delusional at the time of the crime. The supreme court determined that the appellant successfully established the required facts under section 105 of the evidence act, 1872, to be entitled to the protection of section 84 of the Indian penal code, 1860.

CONCLUSION

A person's overall well-being and quality of life are greatly affected by his or her mental health, and this passes above merely being unaffected by illness. Mental disorders have become more prevalent in today's stressful and demanding world, but awareness and access to quality mental healthcare are remains insufficient especially among underserved and rural areas. A crucial shift was brought through the Mental Healthcare Act of 2017, that understood mental illness as a serious problem and protected people's rights to live with dignity, care, and without discrimination. The recent Mental Healthcare (Amendment) Bill, 2023 points out the requirement for educational institutions to foster mental wellness and the urgency of addressing student's mental health problems. To offer mental health services at the local levels, the government has set up a variety of programs, such as Tele-Manas, e-Sanjeevani, the National and District Mental Health Programs, Ayushman Arogya Mandirs, and ASHA employees. While these programs making progress in the right direction, systemic problems including a lack of infrastructure, skilled workers, connectivity, and awareness often hinder them. Stronger policy execution, greater resources, more funding, community participation, and above all-a cultural shift that removes the stigma are each required for mental health to actually become a national priority. Then and only then shall we have the opportunity to develop a society whereby mental health is treated with the same respect and consideration as physical health can we truly claim to be a healthy and just society.