MENTAL HEALTHCARE AS A HUMAN RIGHT: ACCESS, BARRIER AND REALITIES IN INDIA

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ABSTRACT

Mental health essentially refers to all aspects of an individual's everyday life which impact his life, relationships, academics, work and which is in turn impacted by the same factors. In the 21st century, India stands at the cusp of growing mental health challenges especially among the younger generation ranging 10 to 40 years old. With growing rates of suicides and mental illnesses, India has limited rates of available professionals and accessibility to mental healthcare. Despite various recommendations and report of committees as old as in the year of 1946, very little has been implemented according to these reports. India has taken 77 years post-independence to recognise mental health as a fundamental right let alone a human right. Thus, analyses of secondary resources and statistical data of NIMHANs and MOHFW have showed severe lack of institutional, societal and economic facilities in access to mental healthcare and the same has been analysed in this article. Further, the article provides the existing mental health crisis and the consequences of it being left unattended thereby highlighting the need to recognise it as a human right in the 21st century. The article also proposes ideas and opinions to increase and improve access and right to mental healthcare among untreated and suffering individuals and emphasizes on overcoming social and self-stigma.

Keywords: mental healthcare, rights, access, psychiatrists, suicide, disorders

1. INTRODUCTION:

"*The mind is like an iceberg. It floats with only 1/7th of its bulk above water" – Sigmund Freud.* Mental Health according to the American Psychological Association is a state of mind characterized by emotional well-being, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life. In simple terms, it is not the mere absence of diagnosed mental illness but rather the presence of positive mental state that enable individuals to cope normal stresses of life, realize their abilities, work productively and contribute to their communities.

Human rights are rights we have simply because we exist as human beings. These rights are inherent to us all, regardless of nationality, sex, national or ethnic origin, color, language or any other status. Human rights range from the most fundamental right, namely right to life to specific rights such as the right to education, dignity, privacy etc… The prevalence of mental health disorders such as depression, anxiety and stress-related conditions has surged in recent decades, with the World Health Organization estimating that approximately one in four people will be affected by mental health issues at some point in their lives.

Though India has made significant progress in the field of Mental health, the access to mental healthcare, the treatment gaps and the stigma in the society remain a hurdle to the right and access to mental healthcare even in the 21st century.

2. MENTAL HEALTH AS HUMAN RIGHT:

Mental Healthcare in India has been a subject of stigmatization, lack of awareness, improper diagnoses and a huge treatment gap. Despite various committees being formed, progressive reports being made, policies being formulated and laws being enacted, the actual implementation, awareness and access to these opportunities remain loomed by stigma, fear and ignorance.

2.1. HUMAN RIGHT:

Human rights refer to any right that is necessary for an individual to live a happy, dignified and satisfactory life. It includes the right to life, education, healthcare, work and many other necessities. In India, the right to life and liberty has been provided under Article 21 and the

Supreme Court in various instances has elaborated and extended this right to include various other rights also. The Court in the recent times has also modernised the right to life by including right to privacy, dignity, passive euthanasia and the right to marry a person of one's choice.

However, the right to mental healthcare has barely been recognised by the Courts in India until the 2025 case of Sukdeb Saha vs State of Andhra Pradesh wherein the Supreme Court, for the first time, explicitly recognised mental health as an integral component of the constitutional Right to life under Article 21. This judgment has significantly widened the scope of right to life in India by encompassing psychological well-being, extending beyond mere physical survival.

2.2. NECESSITY TO RECOGNISE:

In the 21st century, mental health has become a widely discussed and recognised topic which signifies the importance of mental well-being. Yet, India has an 92-percentage treatment gap, 56 million individuals suffering from depressive disorders and 36 million individuals suffering from anxiety disorders and an increasing suicide rate among individuals, particularly youngsters and students.

At this juncture, it becomes necessary for us to realise the extent and importance of this concern as mental health is also an integral part of social and physical well-being. Individuals struggling with mental health problems face immense personal anguish and distress, as these conditions often impede their ability to lead fulfilling lives. They might have difficulties in maintaining relationships, pursuing education, employment opportunities and participating social activities.

Substance abuse disorders are also prevalent in individuals with untreated mental illness thereby increasing the risk of addictive disorders and consequently the crime rates. 10 – 15% of offences are directly contributed by individuals suffering from severe mental illness and combined with substance use disorders, the contribution to crime increases by 40 – 45 percentage and thereby untreated mental illness is not only an individual or personal problem but also a societal welfare problem.

2.3. MENTAL HEALTH AND PHYSICAL WELLNESS:

Mental Health and Physical health are more interdependent and interconnected than we recognise it. Most of the physical health issues starting from polycystic ovarian syndrome in

women to heart diseases and cardiac arrests are all connected with our mental health. Though our thoughts, feelings, moods and emotions feel distinct and distant from our physical activity, it is necessary to realise that they all stem from our brain activity which also controls our physical well-being.

A number of studies have found that mental illness may accelerate biological aging, increase rates of cardiovascular disease and other age-related diseases. One psychiatric condition, schizophrenia has been associated with up to 10-20 years shorter life expectancy. For instance, to understand the nexus between mental and physical health and the problem in India, we shall look into the nexus between cardiovascular disease and mental health.

Cardiovascular disease (Hereinafter referred to as CVD) is the leading cause of death in the world accounting for 31.8% of all deaths and 14.7% of disabilities. In India, CVD is responsible for 26.6% of total deaths and 13.6% of disabilities. The presence of mental health disorders increases mortality rate by 50% in individuals and the prevalence of mental health conditions among people with CVD is high, exceeding 40%. The American Heart Association recommends that depression be recognised as a major risk factor for coronary heart disease. There is about 80% increase in the risk of developing new or worsening cardiovascular disease.

This example just shows us the adverse effects untreated mental illness (which also includes stress) can have on one physical aspect, namely the heart. However, extensive studies have time and again shown that all parts of the body, from head to toe, can be disturbed, affected and even damaged as a result of untreated mental illness. Thus, it once again becomes important to recognise the significance of access and right to mental healthcare as a human right.

3. MENTAL ILLNESS AMONG VARIOUS CLASS OF INDIVIDUALS:

3.1. STUDENTS:

India has the largest population in the entire world and a majority portion of this population are youngsters, with 34.8% of the population aged between 0-19 years as of 2021. Education in India has become more of a competition of marks and scores rather than anything enjoyable and exciting. The constant pressure to score marks, parental pressures and societal expectations are subjecting the kids to extreme mental health dangers than the people recognise. The lack of sleep, the lack of extra-curriculars, the lack of free time and the constant shifting from schools

to coaching classes to home works and tests has put the children longing for peace and quiet amidst the chaos. Children as young as 11- and 12-year-olds in India are taking medical and engineering coaching even before understanding what life holds for them.

The mental health crisis among students in India is alarming, with rising rates of depression, anxiety and suicides attributed to academic pressure, societal expectation, and stigma surrounding mental health. A study by the National Institute of Mental Health and Neuroscience (NIMHANS) found that 23% of school children in India experience mental health problems. The National Crime Records Bureau reported 13,044 student suicides in 2022, reflecting a 64% increase over the past decade. Globally 1 in 7 10 to19-year-old teenagers are suffering from mental illness contributing to almost 15% of the global burden.

3.2. WORKING INDIVIDUALS:

The suicide rate among the working population is no less different. In 2022, 44,713 daily wage earners accounted for 26.4% of the total suicides. The World Health Organisation estimates that the burden of mental health problems in India generates as high as 2,443 disability-adjusted life years per 100,000 population followed by an estimated economic loss at USD 1.03 trillion.

Poor mental health at the workplace can be a contributor to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions, amongst others. Recent evidence indicates that employee effectiveness resonates with the mental health of the employees, and it contributes to overall organizational productivity. Thus, prioritizing the mental health of employees is essential. The suicide rate according to a report of WION, shows that individuals between the ages of 15 – 34 commit suicide every one hour in India.

4. DREAMS AND REALITIES:

4.1. COMMITTEES, RECOMMENDATIONS AND IMPLEMENTATIONS:

In 1946, the Bhore Committee was given the task of evaluating the medical health situation in India and the committee stated that, **"physical and mental health of an individual are inter-related and no health programme can be considered complete without adequate provision for the treatment of mental-ill health and for the promotion of positive mental health."** The report provided a very clear distinction between mental health disorders and deficiency.

The report called for immediate requirements to improve facilities and to create a separate Department of Mental Health.

This report provided in year 1946 recommended for the implementation of a Department of Mental Health and recognised the close association between mental health and physical well-being. However, India does not have a distinct mental health department and it is still governed by the Ministry of Home and Family Welfare. India, in the year 2025, appointed Mrs. Deepika Padukone Singh as the mental health ambassador in a significant move making India one of the first countries to make such an official appointment.

However, it shall be noted that she lacks formal knowledge or professional qualification in psychology or psychiatry in order to be able to contribute to the development of laws or policies. The appointment of a qualified professional would be more of value for the actual recognition and action towards the promotion of mental health as a basic human right.

Further, the 1956 and 1979 committees also emphasized on the importance of constant supervision and sufficient statistical data around mental health and to integrate mental health treatment into primary health care departments. However, the recognition of mental health as a fundamental right has been adjudged by the Hon'ble Supreme Court in July 2025 in the case of Sukdeb Saha vs State of Andhra Pradesh. Despite the progressive reports and recommendations, India has taken 77 years post-independence to recognise mental healthcare as a fundamental right let alone a basic human right.

3.2. LEGAL FRAMEWORK AND POLICIES:

The Mental Healthcare Act, 2017 was a significant step in ensuring the access to mental health care and to reduce treatment gaps in India. This Act clearly defines the rights of the individuals with mental illness provides certain rights including right to access mental health services and that every individual is entitled to access affordable and quality mental health care services without discrimination in any aspect.

This Act provides for the establishment of Central Mental Health Authority and State Mental Health Authorities. These Mental Health Authorities would focus on registering and maintaining a national database of mental health establishments. The Act has contributed to the de-criminalization of suicide in India. Section 115 of the Act further provides that in case of

suicide; there shall be a presumption of extreme stress and the same shall not be prosecuted unless otherwise proved. It also establishes a burden of the State to ensure proper treatment of individuals who have attempted suicide in order to prevent recurrence of the same. Attempt to suicide has further been decriminalized by not incorporating it in the new Bharatiya Nyaya Sanhita, 2023 which replaced the Indian Penal Code, 1860.

However, the Act defines mental illness narrowly by not including neurodevelopmental and substance use disorders unless severe. This exclusionary framing contradicts global psychiatric classifications and may deny care to vulnerable populations. The term mental healthcare is also vaguely defined, leaving room for interpretive inconsistencies across institutions.

The Act guarantees every person the right to affordable, accessible and quality mental healthcare, but does not impose enforceable duties on the State to ensure infrastructure, funding or workforce expansion. Decriminalisation of suicide is a major progress but the Act fails to mandate rehabilitative support or post attempt interventions, limiting rehabilitative scope.

4. BARRIERS IN ACCESS TO MENTAL HEALTHCARE:

4.1. INSTITUTIONAL BARRIERS:

4.1.1. LACK OF FUNDING:

Mental Health services receive less than 1% of India's health budget, limiting service expansion. For the Financial Year 2024-2025, direct funding under the Ministry of Health and Family Welfare stands at Rupees 1,004 crore, a marginal rise from Rupees 1,000 crore the previous year. This accounts for just 1% of the total ministry budget, despite rising need and inflation. This reflects a persistent mismatch between policy ambition and fiscal commitment.

However, a comparative study shows that India is the country with the least amount being allocated for mental health with countries like UK allocating 13% of its health budget, Australia allocating 7.5% of its health budget and Germany allocating 5.5% of its health budget for mental healthcare services. The funding in India has to increase to at least 5% to be able to cope with the increasing requirements for mental health services and to spread awareness about the existing opportunities.

4.1.2. LACK OF TRAINED PROFESSIONALS:

Mental Health professionals are classified into Psychiatrists and Psychologists. Psychiatrists are doctors who have a medical degree and obtained a post graduate degree in psychiatry. They deal with biological and pharmacological treatment of mental illness and have the authority to prescribe medicines. They treat sever illnesses like schizophrenia, depression, bipolar disorder and multi-personality disorder. A psychologist is not a medical doctor but a person who holds a degree in psychology and has obtained training in that field. They cannot prescribe medicines and deal with minor issues like PTSD, stress, anxiety and panic attacks. They have varying legal roles too with a psychiatrist holding a better evidentiary value than a psychologist. However, both these roles are important in contributing to mental healthcare. Many people in India lack this basic understanding and struggle to differentiate between these roles and therefore are unaware of who to approach for their problems.

The World Health Organisation recommends that there should be at least 3 psychiatrists per 100,000 people and 3 psychologists per 100,000 people. However, the reality in India is worse with only 0.7 psychiatrists per 100,000 people and 0.3 psychologists per 100,000 people. The United Kingdom has 13 psychiatrists per 100,000 people and 15 psychologists per 100,000 people and Germany has 13 psychiatrists per 100,000 people and 25 psychologists per 100,000 people. The United States of America has more of a private organisation involvement in its mental health care fields and has 12 psychiatrists and 30 psychologists per 100,000 people thereby putting India in the backfoot.

4.1.3. LACK OF PSYCHIATRIC HOSPITALS:

A psychiatric hospital is a specialized medical facility dedicated to diagnosing, treating and managing severe mental health disorders. These institutions provide both short term and long-term care, depending on the needs and severity of the conditions. India has approximately 40 state run hospitals and over 398 psychiatry departments in medical colleges. However, the number of psychiatric beds and professionals remains critically low compared to global standards. India has fewer than 3 beds per 100,000 people, far from the global median of 24. Countries like UK has 23 psychiatric beds per 100,000 people and UK has 23, Germany 80 and Japan 260 psychiatric beds respectively per 100,000 people.

This severe shortage in available facilities is an immense contrast to the recommended number

of beds and doctors per 100,000 thereby making the access to these facilities difficult and almost unavailable. Most of the existing hospitals are concentrated around urban areas thereby contributing to a regional imbalance or disparity among the facilities available to people in rural areas.

4.2. SOCIETAL BARRIERS:

4.2.1. SOCIAL STIGMA:

Public stigma refers to the negative attitudes and discriminatory behaviours that the general population holds towards individuals with mental illness. In India, cultural beliefs often categorise mental illness as a sign of weakness, loss of self-control or moral failure. These perceptions fuel fear, ridicule and social distancing, especially in rural and semi-urban areas. When individuals suffering from mental illness internalize the negative stereotypes around them, it leads to self-stigma. This internalization leads to feelings of shame, guilt and diminished self – worth.

An important example for the consequences of social stigma is the Partha De incident of Kolkata. Partha De was found to be living with the skeleton of his sister and two pet dogs for quite a few months and was retrieved from the house when his father, Arabinda De immolated himself which led to neighbours calling the police. Partha De's sister Debjani De starved herself to death which was stated by Partha as a result of depression due to the death of her two dogs. Arabinda De and his two children did not communicate with each other directly, due to his religious beliefs and hence he was ignorant about his daughter's death. On getting to know about it, he immolated himself.

Partha De was retrieved from the house and was treated at Pavlov Hospital for the mentally ill and was released after a few months. He was relocated to a different area and house by the police. However, the society around him shamed him for his illness, isolated him and the media and the people labelled him as a necrophile making him relapse into his illness again. Finally, on 20th February 2017, Partha posted a quote on his social media: "It's better to light a candle than to curse darkness" and his immolated body was found by the police the next on February 21, 2017.

This incident is a starking example of the attitude of the society towards mentally ill individuals

even if they have received treatment and are seeking to restart life.

4.2.2. ECONOMIC BARRIERS:

Out of pocket spending remains the most dominant mode of health financing in India. World Health Organisation data shows about 68% of total health expenditure is paid out of pocket, increasing financial burden of mental health care in households. Mental health treatment costs include consultations, long term psychotropic medications, psychotherapy sessions, investigations, inpatient care, transport and caregiver time. A recent study reported that treatment expenditure for mental illness pushed roughly 20% of Indian Households into poverty; on average households spent about 18.1% of their monthly consumption on health care when a member had a mental disorder.

High treatment costs therefore drive catastrophic health spending, treatment discontinuation, and a cycle where worsening illness further diminishes earning capacity and raises care needs. More than 11.1% of the total disease burden is due to mental health disorders in low- and middle-income countries. Yet they receive less than one per cent out of the health budget. The global average of out-of-pocket spending is 18% whereas India stands with 68% of out-of-pocket spending. This shows that India has the least insurance coverage for health spending.

India mandates mental health insurance under the Mental Healthcare Act, 2017 but the coverage remains limited and inconsistent unlike many high-income countries where mental health is fully integrated into public or private insurance schemes. Most policies in India do not cover regular therapy or counselling and disorders like schizophrenia or bipolar disorder may be excluded. The implementation rate is also very low and the sanction of the insurance remains discretionary to the policies, terms and conditions of the insurers. However, countries like UK and USA offer free access to mental health services, hospitalization and medication thereby encouraging citizens to undergo treatment for the mental health issues.

5. WAY FORWARD:

5.1. ECONOMIC MEASURES:

India funds less than one per cent for mental healthcare services. This should be increased to at least five per cent in order to establish better institutions, promote awareness, employ more psychiatrists and psychologists at a good salary and to maintain existing institution at better

conditions. The 83% treatment gap in India is largely due to insufficient infrastructure, shortage of trained professionals and urban concentration of services all which require sustained public investment to fix.

Mental healthcare in India is largely financed by households, out-of-pocket, amounting to 68% of total health spending and mental health service are often excluded from insurance. The Mental Health Policy in India aims to integrate mental healthcare into primary healthcare. However, a large part of India's healthcare model is hospital-centric and urban-biased. Government funding is needed to train primary care workers in mental health, expand Tele-MANAS and other mobile mental health units.

The Economic Survey 2024-25 explicitly linked youth mental health to national productivity, warning that untreated mental illness could undermine India's economic ambitions. India's 2025-2026 Union Budget allocated only around Rs.1,000 crore for mental health – less than one percent of the total health budget. Of this, over 70% goes to the three central government run institutions leaving little for community services or state-level implementation.

5.2. INSTITUTIONAL MEASURES:

The primary measure must be to increase the number of psychiatrists and psychologists in the country. The World Health Organization recommends that there should be at least 3 psychiatrists and psychologists per 100,000 people. However, the current rate in India shows around 0.7 psychiatrists and 0.3 psychologists per 100,000 people. With an increasing number of mentally ill individuals, the number of available trained professionals should also increase progressively. The government must come forward with policies, plans and ideas to encourage the study psychiatry and psychology among students.

The formulation of laws and policies must be made under the supervision of trained and renowned professionals in the field of mental health in order to consider the existing situations, the extent of concern and ensure the incorporation of necessary principles. The field of mental health law and public health law must be popularised and introduced as a separate course or stream in post-graduation like it is available in UK, USA and Australia. The laws enacted must be backed by sanctions and penalties for violation and mobile health care units must be standardized and legalised.

Schools must compulsorily have counselling units and sessions in order to tackle academic and examination stress and insecurities about the future and career decisions. The Ryan International School Murder Case that took place in a school in Gurugram in 2017 witnessed a 16-year-old student slit the throat of a 7-year-old kid of the same school in the school washroom because he was 'unprepared for the exams', wanted it to be 'postponed' as he was 'scared of his parent's reaction to his low marks'. This, though a heinous crime, also shows another angle where a student would resort to even murder in order to escape exams or be free from the parental pressure of marks. This makes it even more necessary for schools to mandatorily teach about mental healthcare, conduct individual and collective counselling and reduce score burdens to prevent incidents like this from repeating.

Finally, India has to move on from the age-old psychiatric hospital concepts and adopt the World Health Organisation recommended community service models in order to encourage voluntary treatments and prevent forceful or coercive admissions. A community service model is person-centred, rights-based and recovery-oriented, aiming to provide care that is accessible, integrated and respectful of human dignity. In this model, service is provided through primary health centres, community clinics, mobile teams and home-based care. Care is delivered by teams including psychiatrists, psychologists, nurses, social workers and peer support workers thereby emphasizing on psychosocial model. The WHO recommends a community-based model because psychiatric hospitals often lead to isolation, stigma and rights violation and are often not cost-effective.

6. CONCLUSION:

Thus, mental health is a crucial aspect of overall health care and well-being which is concerned with various other aspects of human life and is essential for efficient performance of day-to-day activities. The above economic and institutional measures suggested and outlined not only ensure proper access to healthcare but also reduce social stigma by imparting knowledge and education. Though the United Nations Organization and the World Health Organization have recognised mental health as a human right, it is necessary for India to recognise the same and take appropriate steps to integrate mental health care into everyday life. Hence, one of the most crucial needs of the 21st century is to recognize mental health as a human right, ensure proper access and impart knowledge and education on the same.