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Indian Scenario on Mental Health and its Legal Aspects

Khazin Munir[1], Mohammad Hussain[2]

[1]Research Scholar, School of Law, University of Kashmir, India

[2]Head of the Department, Law Department, Kashmir University, India

Abstract: ***Mental Health Care (MHC) Act 2017 is published in the Gazette by Government of India. It is aimed to intensify human rights of persons with mental illness and it gives them power regarding their heath and treatment. Changes such as advance directive and nominated representative are new, and review boards and responsibilities of government are clearly emphasized. And the act of attempt to suicide was decriminalized which was a big step as it was mentioned as a separate section in Indian Penal Code. The objective of this Chapter is to give an overview of Mental Health Care Act 2017 and the upcoming issues, its implementation and the challenges which it has to face in the coming future.***

Keywords: Mental Health Care Act 2017, India, human rights, decriminalization, implementation challenge

1. Introduction

Mental health is nothing new to the world. With the existence of man, mental health has shown its existence. Every phase of life which a man covers is not covered by him alone, his mind records every bit of it and justifies it in its own way. Mental health is a very underrated topic as people generally take it very casually but unfortunately giving less importance to it has lead to death of many by suicide. This issue leads not just to suicide only but divorce, family issues, issues at work place and etc but this one thing also disturbs the whole life mechanism of a person.

Up to the 17th century, every strange or mental behavior was thought to be the work of the devil, or an act against God. Mentally sick people were labeled as witches and thought to be under the control of evil spirits. Over time, mental illness was increasingly viewed as aberrant behavior. People who were mentally ill were also viewed as socially unacceptable and were imprisoned alongside other criminals because their actions were deemed against society and they posed a risk of harm to others. It changed from being evil to being unwell in the modern age. Mentally ill people were labeled as crazy or insane and placed in facilities known as asylums. But over time, these asylums turned into places where people were exploited.

Since ancient times, mental health disorders have been recognized and recorded. A Greek sanctuary at Epidauros was the first known precursor of psychiatric hospitals. In Byzantium and Jerusalem, institutions exclusively for the mentally ill were founded in the fourth century AD.[1]

Following that, asylums for the mentally ill were created by Christian and Muslim religious groups, and patients received treatment using a range of techniques infused with religious themes. In the eighth century, the first mental institutions were constructed in the Islamic world of the Middle Ages. The first hospital was constructed in Baghdad (705 AD) in the early eighth century, and then hospitals were constructed in Fes and Cairo.[2] The Bethlehem Hospital, the earliest significant contemporary mental health facility, was founded and inaugurated in London in 1247. By the late 1700s, a lack of funds, the disinterest of the ruling class, and the overcrowding of mental hospitals had led to a state of neglect, restraint, and abuse of mentally ill patients in these institutions. They also had inadequate clothing, unsanitary conditions, poor nutrition, restricted movement due to hand and foot chains, and little stimulation.[3]

Phillipe Pinel was the first Psychiatrist to free these mentally ill from asylum. In addition to being a physician from France, Philippe Pinel was also a naturalist and the founder of psychiatry. He played a key role in the creation of moral therapy, a more compassionate psychological approach to the custody and treatment of mental patients. He advocated for the humanization of mental health patients' care in general and the elimination of the practice of shackling them with chains in particular. He is regarded by some as "**the father of modern psychiatry**" and made significant contributions to the categorization of mental illnesses.[4]

[1] Menninger W.W. Role of psychiatric hospitals in treatment of mental illness. In: Kaplan HI, Sadock BJ, editors. *Comprehensive Textbook of Psychiatry*. 6th ed. London: Williams and Wilkins; 1995. pp. 2690–6. (last visited on 28 November, 2023).

[2] Syed IB. Islamic Medicine: 1000 years ahead of its times. *J Int Soc Hist Islamic Med*. 2002;2:2–9.

[3] Krishnamurthy K, Venugopal D, Alimchandani AK. Mental Hospitals in India. *Indian J Psychiatry*. 2000;42:125–32.

[4] https://en.wikipedia.org/wiki/Philippe_Pinel- (last visited on 28 November, 2023)

Clifford Beers was the founder of the American mental hygiene movement.[5] His work **'The mind that found itself'** brought in light the treatment meted out to these people in asylums, resulting in a strong reaction to the plights of mentally ill. This uproar resulted in starting of 'mental-hygiene' movement. In the 20th century, the work of **'Freud and B. F. Skinner & J. B. Watson'** gave a scientific combination of biological & social theories to explain the etiology of mental illness.[6]

According to the **World Health Organization (WHO)**:

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community."The WHO stress that mental health is "more than just the absence of mental disorders or disabilities." Peak mental health is about not only avoiding active conditions but also looking after ongoing wellness and happiness.[7]

According to **Oxford Dictionary**, Mental health means, "A person's condition with regard to their psychological and emotional well-being."[8]

Black's law dictionary doesn't define mental health but defines Mental illness as "A disorder in tough or mood so substantial that it imparts judgment, behavior, perceptions of reality, it's the ability to cop up with the ordinary demands of life. "[9]

There are many reasons which can lead to mental disturbance or mental illness of a person, and some are as under:-

Starting around 2019 The corona virus has been linked to depression and suicide in children as well as adults. Other factors that have been linked to this virus include childhood abuse, trauma, or neglect; social isolation or loneliness; experiencing discrimination and stigma; social disadvantage; poverty or debt; bereavement (losing a loved one); severe or ongoing stress; having a long-term physical health condition; unemployment or losing your job; homelessness or substandard housing; drug and alcohol abuse; domestic violence; bullying or other abuse as an adult; significant trauma as an adult, such as military combat (like Kashmir/Palestine/Burma/Syria/Egypt etc); being involved in a serious incident in which you feared for your life, or being the victim of violent crime.

Physical causes: Your behavior and mood may be affected by a head injury or a neurological disorder like epilepsy. Even though lifestyle choices like employment, food, drug use, and sleep deprivation can all have an impact on mental health, there are typically additional factors at play when mental health issues arise.

United Nations on Mental Health:-

Millions of individuals worldwide suffer from mental health issues, and one in four people may at some point in their lives be affected by a mental health issue. Suicide claims the lives of about a million individuals annually, making it the third most common cause of death for young people. Globally, depression is the main factor contributing to years lost to disability. In both industrialized and developing nations, alcohol addiction and mental health disorders rank among the top 10 causes of disability. Specifically, depression is expected to rise from its current ranking of third in the global burden of disease to the top spot by 2030.[10]

United Nations Convention on the Rights of Persons with Disabilities (CRPD):

The Convention on the Rights of Persons with Disabilities was passed by the General Assembly of the United Nations in December 2006. By February 2013, it has been signed by 155 countries and ratified by 127. It stated that citizens with a disability should enjoy in a fair and peaceful society. It is one of the nine core human rights treaties of the UN. The overall purpose, stated in Article 1, is to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity". The elimination of discrimination by ensuring that rights may be enjoyed on an equal basis with others is a fundamental aim.[11]

The word 'Disability' is not formally defined in the CRPD, allowing individual State Parties to define this term in accordance with their domestic law and in accordance with the prevalent conditions of their particular state.

According to United Nations the people with disabilities are characterized as follows;

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The use of the word 'include' in the statement above allows for a non-exhaustive description of 'disability' that is not settled; neither are the meanings of terms such as 'long-term' and 'impairments'. It is accepted by the Committee on the Rights of Persons with Disabilities that people with a 'mental illness' (referred to as having a 'psychosocial disability') fall

[5] Thomas Szasz (2008). Psychiatry:The Science of Lies. p. 98
[6] https://www.jpgmonline.com/article.asp?issn=00223859;year=2001;volume=47;issue=1;spage=73;epage=6;aulast=parkar
[7] https://www.who.int/india/health-topics/mental-health
[8] https://www.oxfordlearnersdictionaries.com/definition/english/mental-health
[9] Blacks law dictionary
[10] https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html
[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024199/#:~:text=People%20with%20a%20mental%20illness,characterisation%20of%20persons%20with%20disabilities.

under the Convention.[12] It states that mental illness be determined "in accordance with national and international accepted medical standards (including the latest edition of the International Classification of Disease of the World Health Organization) as may be notified by the Central Government." Additionally, the Act asserts that no person or authority shall classify an individual as a person with mental illness unless in directly in relation with treatment of the illness.

Indian position on Mental Healthcare :-

The power of mental health to manage human ideas and emotions and to provide a route for healthy minds makes it an essential resource for human development. The lack of mental health has a significant negative impact on the social, political, and economic aspects of human functioning as well as the functioning of society and the country.[13] The field of mental health encompasses a wide range of medical practices rather than being limited to the care of those really sick patients admitted to mental health facilities.[14] India has developed an endogenous, alternative body of knowledge which is more suited to Indian conditions.[15] Indian society has traditionally placed a strong emphasis on the spiritual side of life and the environments that surround us. In Indian society, the relationship between man and god is paramount, and everything else is based solely on this understanding.

Maulana Fazulur-Lah Hakim, an indian physician was in charge of the first Indian mental asylum, i. e. Mandu Hospital opened by Mahmood Khilji (1436-1469) at Dhar, M. P. First lunatic Asylum, Bombay Asylum, was built in modern India in approximately 1750 A.D. at the cost of 125/-, no traces of it is present today. In 1794, a private lunatic asylum was opened at Kilpauk, Madras. The central mental hospital, Yerwada, Pune was opened in 1889. First asylum for insane soldiers was started at Monghyr, Bihar and was known as Monghyr Asylum(1795).[16]

One of the earliest Indian Psychiatrists to explain the importance of health was Govindaswamy in 1948. He gave 3 objectives of mental health - regaining of the health of mentally ill person; prevention of mental illness in a vulnerable individual; and protection & development at all levels, of human society, of secure, affectionate & satisfying human relationships & in the reduction of hostile tensions in persons & groups (Govindaswamy, 1970).

According to one aspect, put forward by Govindaswamy (1970) selfishness on the psychological side & starvation on the Physical side are responsible for the disorganization of individual & society. The second aspect stressed the importance of culture to understand the personality functioning. Carstairs & Kapur (1976) & Chakraborty (1990) found the relation between social stress, modernization & occurrence of mental disorder. The third aspect is the use of traditional concepts of therapy eg. Yoga by Patanjali' & fourth aspect is importance of family in therapy .[17]

In India, traditionally the persons with mental illnesses have been taken care of in the community by the family members. During the rule by the British, many asylums were created and maximum no. of mentally ill patients in these hospitals were britisher's and British soldiers. Most of these hospitals continued after India got independence in 1947, and many new hospitals were constructed.

In the last three decades, many reforms have been initiated in the mental hospitals in India by involving the family members of the persons admitted and those attending the outpatient services. The strength of joint family, marriage, the close-knit community, greater tolerance of deviant behavior in the larger community, religion and faith-based coping and healing have all contributed to a large number of persons with various mental disorders being taken care of in the community in India.[18] Internationally, the gradual closure of the mental hospitals has taken place due to the issues of frequent cases of maltreatment of patients, geographical and professional isolation of the institutions and the staff, failure of management and leadership, badly targeted financial resources, inadequate staff training, and not enough inspection and quality guarantee procedures. On the other hand, the mental hospitals in India have ungraded their hospitals by developing good training facilities, expanding outpatient and community services, and also downsizing the inpatient units.

Involving families in taking care of the patients under care of mental health services have been a unique contribution from India. It was initiated by Dr. Vidya Sagar in 1950s at Amritsar Mental Hospital followed by the Mental Health Centre at Christian Medical College, Vellore, and All India Institute of Mental Health, Bengaluru, in 1960s. Family members would actually be admitted along with the persons with mental illness to be a part of the care for the patient. This practice has been continued in most of the general hospital psychiatric units (GHPUs), which developed from 1960s onward in India. During the 1970s and 1980s, efforts were also made to

[12] https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html

[13] De NN. Mental health service in India. *Indian J Neurol Psychiatry.* 1949;1:183–95. (last visited on 28 November, 2023).

[14] Baasher TA, Carstairs GM, Gheil R, Hassler FR. Geneva: World Health Organization; 1973. Mental Health Services in developing countries. 1973. A Seminar presented on the organization of mental health services in developing countries, Addis Ababa. (last visited on 28 November,2023).

[15] Sharma S, Chadda RK. Delhi: Institute of Human Behaviour and Allied Sciences; 1996. Recommendations of WHO workshop on 'future role on mental hospitals in mental health care' In: Mental Hospitals in India: Current Status and Role in Mental Health Care.(last visited on 28 November, 2023).

[16]https://www.jpgmonline.com/article.asp?issn=00223859;year=2001;volume=47;issue=1;spage=73;epage=6;aulast=parkar

[17]https://www.jpgmonline.com/article.asp?issn=00223859;year=2001;volume=47;issue=1;spage=73;epage=6;aulast=parkar

[18] Isaac M. Introduction. In: Chavan BS, Gupta N, Arun P, Sidana A, Jadhav S, editors. Community Mental Health in India. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2012. p. xxxv-xli.

understand the functioning of families with an ill person in the family and their needs.[19]

Meanwhile india was getting introduced to Mental health issues and a committee was established named as Bhore committee (in 1946) and on its recommendations "All India Institute Mental Health" was set up in 1954, which became the "National Institute of Mental Health And NeuroSciences" in 1974 at Bangalore, which was launched in 1982 and later the "District Mental Health Programme" (DMHP) in a stepwise fashion from 1996 onward.

National mental health programme was launched with the aim to guarantee the availability and accessibility of minimum mental healthcare for all in the people so everyone is prepared for the upcoming time, particularly to the most vulnerable, underprivileged and unnoticed sections of the society to promote the knowledge of mental health in general healthcare and in social development; and to promote community participation in the mental health service development. The main focus of the NMHP was the amalgamation of mental health care with general, primary health care.

District Mental Health Programme was launched in 1996 with four districts, based on earlier experiences at Bellary District, Karnataka State. DMHP envisaged a community-based approach to the problem, which included training of mental health team at identified nodal institutions; increasing awareness about the mental health problems, and reducing the associated stigma provision of services for early detection and treatment of mental disorders in the community, and collecting information and getting experience at the level of community for future planning. It followed a more realistic and practical approach compared to the ambitious aims of the NMHP. Presently, the DMHP has been implemented in 241 districts of the country, and it is proposed to expand it to more districts. Currently, the emphasis is on a judicious balance between various components of the mental health care delivery system with clearly specified budgetary allocations. A plan for integration of NMHP with National Rural Health Mission (later renamed as the National Health Mission) was also developed.[20]

The National Mental Health Survey of India in 2016 found that "**1 in 20 people in India suffer from depression**", "productive age groups are affected most", "economic burden of mental disorders is huge" and that the treatment gap varies between 70% and 92%.[21]

Different countries have different approach of law towards their citizens. Sometimes a law is not formed as a separate legislature but is mentioned in general laws as a part of it.

In India**, the Mental Health Care Act,2017** was passed on 7 April 2017 and came into force from 7 July 2018. On March 27, 2017, Lok Sabha in a unanimous decision passed the Mental Healthcare Act 2017 which was passed in Rajya Sabha on August 2016 and got its approval from Honorable President of India on April 2017. The opening paragraph of the Act states "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto." Before this Act the law which was prevalent was Mental Health Act, 1987 that was passed on 22 May 1987.

In British India Lunacy legislation included the Lunatic Removal Act 1851, the Indian Lunatic Asylum Act 1858, the Military Lunatic Act 1877, and some other Acts related to lunacy along with their amendments. The first law to govern mental health in India was the Indian Lunacy Act 1912, which was carved out of the English Lunatics Act 1845. The Indian Psychiatric Society suggested a draft in 1950, however it was only given assent by the President in May 1987, and implemented in 1993 as the Mental Health Act 1987. Criticism of the Mental Health Act 1987 led to the Mental Health Care Bill 2013, which was finally passed as the Mental Healthcare Act, 2017.

The actual journey of Mental Health Act, 2017 began from the "**Indian Lunacy Act, 1912**" which was basically the first law which covered the field of mental health and issues in India. But the main focus of this Act was to protect and safeguard the common man and society from the mentally ill patients as they were considered dangerous and hazardous to the society. This Act totally was silent over the rights of mentally ill people and neglected the privileges which should have been given to such patients and was this approach was highly criticized by the Indian Psychiatric Society.

This further gave birth to the "**Mental Health Act, 1987**" which finally came into existence in 1993. This act was an uplift of the Indian Lunacy Act, 1912 in terms of placing emphasis on care and treatment instead of custodial sentences, protecting the human rights, emphasizing on guardianship and management of the property of mentally ill people. It also provided measures for hospital admission on special circumstances. However, it was still not up to the expectations. Though having many positive features, the Mental Health Act 1987 had been the target of criticism right since its inception. It is alleged to be concerned mainly with the legal procedure of licensing, regulating admissions, and

[19] https://www.indjsp.org/article.asp?issn=09719962;year=2015;volume=31;issue=2;spage=153;epage=160;aulast=Chadda#ref2

[20] Agarwal SP, Ichhpujani RL, Shrivastava S, Goel DS. Restructuring the national mental health programme. In: Agarwal SP, Goel DS, Salhan RN, Ichhpujani RL, Shrivastava S, editors. Mental Health: An Indian Perspective (1946–2003). New Delhi: Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India/Elsevier; 2004. p. 119-22.

[21] https://en.wikipedia.org/wiki/Mental_health_in_India#:~:text=Prevalence,-Further%20information%3A%20Suicide&text=The%20National%20Mental%20Health%20Survey,between%2070%25%20and%2092%25.

guardianship matters of PMI. Human rights issues and mental health care delivery were not adequately addressed in this Act.

It had many lacunas in it regarding some important aspects. It curtailed the liberty of such individuals which was a major disregard to human rights, it did not provide any relief to patients on rehabilitation and treatment plans after their discharge from hospitals. It also failed to take into consideration the financial, social, or emotional burdens to the patients as well as their caregivers. Its focus was more on legal aspect giving less importance to medical aspect. The role family members were curtailed which encouraged many families to abandon the mentally ill patients.

All this made a pathway for Mental health Act, 2017 which is a comprehensive Act and has been drafted keeping in mind the previous Acts and laws and the defects that had. The definition of mental illness has been clearly defined in the Section 2(s) of the Acts as "a substantial disorder of thinking, mood and perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs. But it doesn't regard mental retardation, a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence, as mental illness"[22]In 2018, The Mental Healthcare Act finally came into force. It includes:

Decriminalizing Suicide Attempt
In "section 115(1) notwithstanding anything contained in Section 309 of the Indian Penal Code 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.

(2) The Appropriate Government shall have a duty to provide care, treatment and rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide.

This shows how the formation of the act has allowed the sensitive care that has to be taken to such victims of suicide who are mentally stressed and unaware about their well being, this act has allowed now to take special care to such cases wherein the victim has attempted suicide due to stress or mental illness and has provided provisions through which they cater to the needs of mentally unhealthy or unfit personnel.

Secures Human Rights of People with Mental Illness
It ensures that every person has the right to access mental health services. Such services should be of good quality, convenient, affordable, and accessible. It also protects such persons from inhuman treatment and provides access to free legal services and their medical records.

Advance Directives:
This empowers a mentally ill person to have the right to make an advance directive of how they would want to be treated for their requisite illness and who should be their nominated representative. This directive has to be vetted by a medical practitioner.

Mentally ill persons often lack the ability to make sound decisions and do not always have someone to speak for them on their behalf. In such a situation, treating physicians is the best to take decisions because patients or their nominated representatives have limited knowledge on mental health and mental illness. Hence, from a physician's perspective, this new directive will definitely lengthen the time of admission of mentally ill persons.

The Act further recognizes the right to community living; right to live with dignity; protection from cruel, inhuman, or degrading treatment; treatment equal to persons with physical illness; right to relevant information concerning treatment, other rights and recourses; right to confidentiality; right to access their basic medical records; right to personal contacts and communication; right to legal aid; and recourse against deficiencies in the provision of care, treatment, and services.

Restricted Usage of Electroconvulsive Therapy
'Few procedures which seems barbarian and clearly against human rights are prohibited exclusively. These procedures make mental healthcare seem to be an entirely gruesome experience but these patients need to be aware that these procedures are forbidden and that they need not be scared and come forth with the treatment in a positive attitude.

a) Electro-convulsive therapy without the use of muscle relaxants and anesthesia,
b) Electro-convulsive therapy for minors,
c) Sterilization of men or women, when such sterilization is intended as a treatment for mental illness,
d) Chained in any manner or form whatsoever.

Section 96 of the Chapter XIIV states: No psychosurgery shall be performed until:

a) The informed consent of the patient on whom surgery is being performed.
b) Approval from the concerned board to perform the surgery.

Free Quality Treatment for Poor and Homeless Persons
It also ensures that people with mental illness who are homeless or fall below the poverty line (BPL) (irrespective of whether they have a BPL card or not), will be given free quality treatment.

Ensures Right to Confidentiality
It also provides the right to confidentiality to people with mental illness in terms of their mental illness, healthcare, treatment and physical healthcare.
It also ensures that photographs or any other information related to the patient will not be released in the media without their consent.

[22] https://www.mondaq.com/india/healthcare/805694/highlights-of-the-brand-new-mental-healthcare-act-2017

Special Provisions for Women
Certain special provisions have been made for women regarding their healthcare which includes not separating women from their children unless it is absolutely necessary.

Strict Punishments for Flouting
The punishment for flouting of provisions under this Act will be imprisonment up to 6 months or Rs. 10,000 or both. Offenders repeatedly violating provisions under this Act can face up to 2 years in jail or a fine of Rs. 50,000–5 lakhs or both.

Rehabilitation and Treatment
It also ensures that people with mental illness receive proper healthcare, treatment, and rehabilitation facilities in a way which does not impact or affect their dignity or rights.[23]

Insurance to mental healthcare
Section 21(4)A of the Mental Healthcare Act, 2017, provides that there should be no discrimination between mental illnesses and physical illness, and that every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness. However majority of insurance companies exclude large number of mental conditions from full coverage of the policy.

While the new act makes several provisions, it provides no guidelines or rules of implementation.

Suggestions

1) Increase in public and professional awareness and intervention to reduce stigma and ease the burden of discrimination;
2) Extend and strengthen existing systems of primary care to deliver health services for these disorders;
3) Make cost-effective interventions available to those who will benefit;
4) Mental health services should be accessible, equitable, and affordable
5) The government should downsize large psychiatric hospitals
6) Human resources for mental health must be systematically enhanced through both short-term and long-term strategies
7) There should be a national database of services and human resources available for mental health care in the country and this should be periodically updated.
8) The State and Central Governments should follow a stepped care approach to mental health services
9) Aftercare rehabilitation and reintegration within the society
10) Mental health must be converged with the social, education, labor, and legal sectors. Translational research must be encouraged in all areas
11) Law review and reform needs to occur periodically
12) Limitations imposed on the mentally ill in the area of insurance should be rectified
13) The mental health care of vulnerable groups like children, the elderly, women subject to domestic violence should receive priority attention.[24]

2. Conclusion

The author is aware that although India's present mental health care laws are not flawless, they have made great strides since the MHA, 1987, which was its precursor. The information above makes it clear that society as a whole is the source of some of the problems. The current situation calls for a shift in each person's perspective, and it would be pointless to place all the blame on the legislators. Let's say that persistent, heartfelt attempts are not made to help our nation accept mental illnesses with empathy. Then, one is unable to take advantage of the advantages provided by the current legislation. The stigmas associated with mental illnesses will never go away, thus improving public awareness of mental health services in India would require a concerted effort by the people, lawmakers, and executive branches of government. The Act is a reluctant approach towards a potential progressive law in mental health; adorned with all the precise provisions and rights guaranteed to the PMI, it falls short of combating the real issues head-on. Given the rampant lack of awareness about mental health, all the novel provisions for the PMI become tautological. Though the Act talks about sensitizing the people about mental health, it doesn't provide with promising methods for the same.

[23] http://www.hkindia.com/news_letter/article/3/litigation_article3.html?utm_source=Mondaq&utm_medium=syndication&utm_campaign=LinkedIn-integration

[24] https://nitimanthan.in/blog-posts/blog-niti-manthan/2021/03/21/mental-healthcare-act-2017-analysis/