INTERNATIONAL JOURNAL OF HUMAN RIGHTS LAW REVIEW
An International Open Access Double Blind Peer Reviewed, Referred Journal

Volume 5 | Issue 4 | 2026 Art. 44

Mental Healthcare Access in Rural India: A Human Rights Perspective

Jaya Singh
Law Student,
BA.LL.B., Amity Law School, Amity University, Lucknow

Ishaan Srivastava
Law Student,
BA.LL.B., Amity Law School, Amity University, Lucknow

Recommended Citation
Jaya Singh and Ishaan Srivastava, *Mental Healthcare Access in Rural India: A Human Rights Perspective,* 5 IJHRLR 631-652 (2026).
Available at www.ijhrlr.in/current-issues/.

Mental Healthcare Access in Rural India: A Human Rights Perspective

ABSTRACT

The importance of mental health for social justice, equality, human dignity, and the right to health is becoming more widely recognized. Despite significant legislative and policy changes, access to high-quality mental healthcare remains wildly unequal in India, particularly in rural areas where nearly two-thirds of the population resides. Diagnosis, treatment, rehabilitation, and psychosocial support are delayed in rural communities due to a variety of challenges, such as a severe shortage of mental health professionals, subpar healthcare facilities, poverty, stigma, low awareness, and ineffective welfare programs. Because mental healthcare is now recognized as a human right, discussions about it have shifted from being purely medical to involving international human rights obligations and constitutional guarantees. Articles 14, 15, 19, and 21 of the Indian Constitution as well as the Directive Principles of State Policy safeguard the rights of individuals with mental illnesses. A number of international agreements, including the Universal Declaration of Human Rights, the United Nations Convention on the Rights of Persons with Disabilities, and the International Covenant on Economic, Social, and Cultural Rights, require states to offer inclusive, accessible, affordable, and high-quality mental healthcare. The Mental Healthcare Act, 2017, which acknowledges community-based care, informed consent, confidentiality, and protection from cruel or degrading treatment as legal rights, further reinforces this rights-based approach. This essay examines rural mental healthcare from the viewpoints of human rights and the constitution in order to guarantee fair and rights-based mental healthcare in rural India. Legal and policy frameworks, court decisions, and implementation challenges are also examined. Lastly, it argues that the realization of the right to mental healthcare requires increased public funding, institutional accountability, community involvement, and successful implementation.

KEYWORDS

Rural Mental Healthcare, Human Rights, Mental Healthcare Act, 2017, Constitutional Rights, Access to Mental Healthcare, Mental Health Equity, Community-Based Mental Healthcare, India

INTRODUCTION

Mental health is a vital part of our overall well-being and is crucial for living with dignity. The World Health Organization[1] describes mental health as a state where a person understands their strengths, can handle everyday stress, works effectively, and contributes to their community. Thus, mental health is more than just the absence of illness; it includes emotional, psychological, and social well-being. It plays a key role in how people engage in school, work, family life, and community activities.

In recent years, mental health has become one of the biggest public health issues around the world. Conditions like depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders significantly add to global disease and disability rates. The World Health Organization[2] states that mental disorders are among the top causes of disability globally, impacting hundreds of millions of individuals. Even with this rising concern, mental healthcare often lacks funding and is hard to access in many developing countries, including India.

India poses a distinctive challenge due to its vast geographical diversity, socio-economic disparities and a largely rural population. Two-thirds of India's population live in the countryside, where the health-care system is less developed than in the cities. Although major advances have been made in medical sciences and health policy, specialized mental healthcare services are still mostly provided in metropolitan cities and tertiary healthcare institutions[3]. Access to psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses and rehabilitation services is less in rural areas. Besides long distance to travel, financial limitations, lack of transportation and poor awareness are further hindrances to treatment.

The effects of mental illness that is untreated are serious. People with mental disorders are often victims of discrimination, social exclusion, unemployment, exclusion from education, domestic violence, homelessness and the violation of their fundamental human rights. "The responsibilities of caregiving and the costs of treatment can take a toll on families, both emotionally and financially. Stigma surrounding mental illness in rural communities often leads to delayed diagnosis, hidden symptoms, and a reliance on traditional or unscientific healing methods over evidence-based medical care. These factors, in combination,

[1] World Health Organization, Constitution of the World Health Organization (adopted 22 July 1946, entered into force 7 April 1948) .
[2] World Health Organization, Mental Health Atlas 2020 (WHO 2021)
[3] National Institute of Mental Health and Neurosciences, National Mental Health Survey of India 2015–16: Prevalence, Patterns and Outcomes (NIMHANS Publication No 129, 2016).

exacerbate the treatment gap and impede the attainment of the constitutional promise of equality and dignity.

In the Indian context, mental health care has been predominantly custodial in nature. Earlier laws focused more on institutionalization than on rehabilitation and protection of rights. People with mental illness were often deprived of autonomy and excluded from the mainstream society. This reflected the prevailing misconceptions that regarded mental illness as a medical condition to be locked away, rather than a human rights issue requiring legal safeguards and social inclusion.

The Mental Healthcare Act, 2017[4] marked a paradigm shift, replacing the archaic Mental Health Act, 1987. The 2017 Act is based on a rights based approach and brings Indian law in line with international human rights standards, particularly the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The law acknowledges the right of all persons to access affordable, quality and non-discriminatory mental health care services. It also guarantees rights to informed consent, confidentiality, advance directives, community living, legal aid and protection from cruel, inhuman or degrading treatment. The Act is an acknowledgment of India's view that mental healthcare is not a welfare measure but a legal right to be claimed against the State.

The constitutional system also strengthens the protection of mental health rights. While the Constitution of India[5] does not specifically state a separate right to mental healthcare, the Supreme Court has often interpreted Article 21, which guarantees the right to life and personal freedom, as including the right to health, dignity, and access to healthcare. Articles 14 and 15 further prevent unfair discrimination and ensure equal legal protection. Additionally, the Directive Principles of State Policy require the government to enhance public health and promote social welfare. Together, these constitutional rules create a strong basis for recognizing access to mental healthcare as an important part of human rights.

Even with these legal advancements, there are still major gaps between what is promised by law and what actually happens, especially in rural areas of India. Mental health services are not evenly available, government spending on mental healthcare remains low, and there is a lack of trained professionals that hinders effective service delivery. These issues raise important concerns about whether the government is meeting its constitutional and international responsibilities to provide

[4] Mental Healthcare Act, 2017, Preamble and ss 18–29.
[5] Constitution of India, arts 14, 15 and 21.

fair access to healthcare.

In light of this, this essay aims to investigate mental healthcare access in rural India from the perspectives of constitutional law and human rights. It examines how the laws governing mental healthcare have changed over time, pinpoints the structural and socioeconomic obstacles that rural communities face, assesses the responses from the courts and policymakers, and suggests changes to improve the realization of the right to mental healthcare. Using a rights-based approach, the paper makes the case that mental health care should be viewed as a

fundamental human right that is necessary to guarantee equality, dignity, and inclusive development rather than just as a medical necessity.

MENTAL HEALTH AS A HUMAN RIGHT

Recognizing mental health as a human right[6] is an important change in how we view healthcare and social justice. For many years, people saw mental illness mainly through a medical or carebased perspective, often leading to individuals with mental disorders being placed in institutions, cut off from society, and lacking control over their own lives. However, modern human rights law understands that mental health is not just a medical issue; it is a vital part of human dignity, equality, and the enjoyment of all basic rights.

Human rights apply to everyone, cannot be taken away, and are all connected. Every person, no matter their physical or mental state, deserves equal legal protection and access to opportunities that allow them to live with dignity. The right to mental healthcare is part of the broader right to health, which includes physical, mental, and social well-being. Without proper mental health services, individuals struggle to fully enjoy other rights such as education, employment, family life, participation in public affairs, and access to justice.

People with mental illnesses often face discrimination in healthcare settings, workplaces, schools, housing, and even from their own families. Social stigma can make it hard for them to seek help because they fear being excluded, laughed at, or shunned. In rural India, these problems are made worse by poverty, lack of education, gender inequality, and traditional beliefs that link mental illness to supernatural forces or moral failings. These misunderstandings can lead to late diagnoses, neglect, or cruel treatment, violating the basic rights of those

[6] United Nations, Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A (III)

affected.

A human rights-focused approach to mental health[7] care is built on five main principles. First is dignity; every person deserves respect regardless of their mental health status. Second is equality and non-discrimination, which means that people with mental illnesses should have the same legal protections and chances as everyone else. Third is autonomy, recognizing that individuals have the right to make informed choices about their treatment and healthcare. Fourth is participation; those with psychosocial disabilities should have a say in decisions that affect their lives and in public policies related to mental health. Lastly is accountability; the government must ensure that legal rights are effectively enforced through accessible services and solutions.

The shift from a welfare-focused model to a rights-based approach has greatly impacted laws around the world, including in India. The Mental Healthcare Act of 2017 represents this change by stating that mental healthcare is a legal right instead of just a charitable service. This law shows that governments have a responsibility not only to avoid violating rights but also to create conditions that help people achieve the best possible mental health.

Recognizing mental healthcare as a human right is especially important for rural areas in India. Limited healthcare facilities, social stigma, poverty, and being far from services create major obstacles to getting treatment. If we don't tackle these structural issues with legal and policy changes, promises of equality and dignity will mostly be empty words. Thus, a rights-based approach insists that mental healthcare is an essential part of social justice and inclusive development[8].

INTERNATIONAL HUMAN RIGHTS FRAMEWORK

The development of international human rights law has played a key role in establishing mental healthcare as a vital human right[9]. Many international agreements, declarations, and policies require countries to provide fair access to healthcare without any form of discrimination. As a signatory to several international human rights treaties, India has made commitments to safeguard and promote the rights of individuals with mental health issues.

[7] Mental Healthcare Act, 2017, ss 18, 19, 20 and 21.
[8] World Health Organization, World Mental Health Report: Transforming Mental Health for All (WHO 2022).
[9] Office of the United Nations High Commissioner for Human Rights and World Health Organization, Mental
Health, Human Rights and Legislation: Guidance and Practice (2005)

Universal Declaration of Human Rights, 1948

The Universal Declaration of Human Rights (UDHR), which the United Nations General Assembly approved in 1948, set the groundwork for recognizing health as an important human right. While it does not specifically mention mental healthcare, Article 25 [10] affirms that everyone has the right to a decent standard of living, which includes medical care and essential social services. The principles of equality, dignity, and non-discrimination stated in the Declaration apply equally to those experiencing mental illnesses.

The UDHR highlights that every person has inherent dignity and equal rights, regardless of any differences. Therefore, when someone is denied mental health care or discriminated against due to psychosocial disabilities, it violates internationally accepted human rights.

International Covenant on Economic, Social and Cultural Rights, 1966

The International Covenant on Economic, Social and Cultural Rights (ICESCR) is an important legal document about the right to health. Article 12[11] states that everyone has the right to achieve the highest level of physical and mental health possible. The Covenant requires governments to create conditions that provide medical services and healthcare for everyone.

In General Comment No. 14[12] , the Committee on Economic, Social and Cultural Rights explained that the right to health includes more than just healthcare facilities; it has four key parts:

1. The availability of healthcare services.
2. Accessibility without discrimination.
3. Acceptability that respects medical ethics and cultural diversity.
4. The quality of healthcare facilities and professional services.

These points are especially important in rural India, where healthcare services may be listed but often do not meet standards for accessibility and quality.

[10] United Nations, Universal Declaration of Human Rights (1948), art 25.
[11] United Nations, International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, art 12.
[12] United Nations Committee on Economic, Social and Cultural Rights, General Comment No 14: The Right to the Highest Attainable Standard of Health (2000) UN Doc E/C.12/2000/4 (tel:12/2000/4).

Convention on the Rights of Persons with Disabilities, 2006

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) changed the way international disability law works by shifting from a medical model to a human rights model. India accepted this Convention in 2007, which means it took on legal responsibilities to safeguard the rights of individuals with psychosocial disabilities.

The Convention states that disability comes from how impairments interact with societal barriers, not just from medical issues alone. It asks countries to stop discrimination, encourage equality, and make sure everyone can access healthcare, education, jobs, and public services.

Article 25[13] specifically ensures that people with disabilities have the right to receive the best possible health care without facing discrimination. It requires countries to offer healthcare services that are easy to reach, affordable, and of the same quality as those provided to other citizens.

To meet its responsibilities under the UNCRPD, India created the Mental Healthcare Act in 2017[14]. This law includes important ideas like informed consent, advance directives, supported decision-making, confidentiality, and community-based rehabilitation.

Sustainable Development Goals

The 2030 Agenda for Sustainable Development identifies mental health[15] as a crucial part of sustainable development. Sustainable Development Goal 3 aims to ensure healthy lives and promote well-being for everyone, regardless of age. Specifically, Target 3.4 focuses on enhancing mental health and well-being through prevention, treatment, rehabilitation, and raising public awareness.

The Sustainable Development Goals also highlight the importance of universal health coverage, fair access to healthcare, and reducing inequalities—all of which are key to improving mental healthcare in rural India.

CONSTITUTIONAL FRAMEWORK IN INDIA

While the Constitution of India does not specifically mention a separate

[13] United Nations, Convention on the Rights of Persons with Disabilities (2006), art 25.
[14] Mental Healthcare Act, 2017, ss 5–13 (Advance Directives), ss 14–17 (Nominated Representative), s 18.
[15] United Nations, Transforming our World: the 2030 Agenda for Sustainable Development UNGA Res 70/1 (21 October 2015), Goal 3 and Target 3.4.

right to mental healthcare, its legal interpretations have gradually included protections for mental health and access to healthcare services.

Article 21: Right to Life and Personal Liberty

Article 21 states that no one can be deprived of their life or personal liberty[16] except through a lawful process. Through broad judicial interpretation, the Supreme Court has consistently maintained that the right to life includes the right to live with dignity, good health, and access to medical care.

Mental health is a vital part of living with dignity. When people are denied necessary mental healthcare, especially when treatment is available but not accessible due to system failures, it may violate Article 21.

Articles 14 and 15: Equality and Non-Discrimination

Article 14 ensures that everyone is treated equally under the law and has equal protection from it. Individuals with mental illnesses should not face unfair discrimination in healthcare, jobs, education, or access to public services.

Article 15 prohibits discrimination based on specific factors and shows the Constitution's commitment to true equality. Although mental illness isn't specifically mentioned, the principle of non-discrimination supports fair treatment for those with psychosocial disabilities.

Directive Principles of State Policy

The Directive Principles[15] strengthen the government's duty to promote public health and social welfare.

- Article 38 tells the government to create a society based on justice and well-being.
- Article 39(e) requires the protection of health and strength from harm.
- Article 41 encourages public help for those who are sick or disabled.
- Article 47 gives the government a key role in improving public health.

Even though these provisions cannot be enforced by courts, they greatly

[15] Constitution of India, arts 38, 39(e), 41 and 47

affect how laws are made and interpreted regarding healthcare rights.

THE MENTAL HEALTHCARE ACT, 2017: A LEGAL FRAMEWORK FOCUSED ON RIGHTS

The Mental Healthcare Act of 2017 is a major step forward in Indian healthcare law[16]. It replaces the older Mental Health Act from 1987 and uses a rights-based approach that aligns with both the values of the Constitution and India's commitments under the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

According to Section 18 of this Act, everyone has the right to access affordable, high-quality mental healthcare services that are provided or supported by the government. This section ensures that these services are available without any discrimination based on gender, religion, caste, disability, sexual orientation, or where someone lives. This requirement is especially important for people living in rural areas of India, where there are still significant gaps in healthcare resources.

The Act also supports the right to live in the community, which means that individuals with mental health issues should not be placed in institutions just because they lack family support or community resources. Additionally, it introduces Advance Directives, allowing people to outline their treatment choices ahead of time, and it provides for Nominated Representatives to help with decision-making when needed.

The Act also ensures that medical records stay confidential, patients give informed consent before receiving treatment[17], and they have access to legal help. It protects individuals from cruel and degrading treatment and prevents arbitrary admissions to mental health facilities. Mental Health Review Boards are created to monitor the implementation of these provisions and safeguard patients' rights.

However, despite these positive measures, the actual implementation has not been consistent.

Many states still struggle with a lack of psychiatrists, psychologists, psychiatric nurses, and rehabilitation centers. In several areas, Mental Health Review Boards are either understaffed or not operating properly. Limited budgets, low awareness levels, and poor infrastructure have hindered people's ability to access their rights, especially in rural and remote areas.

[16] Mental Healthcare Act, 2017, s 18.
[17] MentalHealthcare Act, 2017, ch XII (Mental Health Review Boards).

Thus, even though the Mental Healthcare Act of 2017 provides a solid legal foundation, achieving its goals requires ongoing government support, sufficient funding, accountability within institutions, and better integration of mental healthcare into primary health services.

HUMAN RIGHTS CONCERNS WITH MENTAL HEALTHCARE ACCESS IN RURAL INDIA

India now has a progressive legal framework thanks to the Mental Healthcare Act of 2017, but the reality of mental healthcare in rural areas demonstrates that there is a significant gap between legal guarantees and practical implementation. Access to mental healthcare in rural India is impacted by a number of structural, institutional, cultural, and economic barriers that impede the realization of the right to health. In addition to impeding timely diagnosis and treatment, these challenges violate the constitutional values of equality, dignity, and social justice.

The Mental Health Treatment Deficit

One of the most pressing problems in mental health care is the substantial treatment gap. According to the National Mental Health Survey (2015–2016)[18], a sizable portion of Indians suffering from mental illnesses do not receive any kind of professional treatment. The treatment gap is particularly severe in rural areas because of inadequate healthcare facilities, a shortage of trained professionals, and low awareness of mental health issues[19].

Many villages lack primary healthcare facilities that can diagnose and treat common mental illnesses. Healthcare facilities often lack psychiatrists, psychologists, psychiatric nurses, and psychiatric social workers. Therefore, patients and their families bear the additional financial and psychological burden of having to travel long distances to district hospitals or medical facilities in towns.

This discrepancy in treatment has a significant impact on human rights. When someone is denied timely access to mental health care, it violates their right to live with dignity under Article 21 of the Constitution and prevents them from engaging in community life, employment, and education.

Inadequate Mental Health Professionals

The issue is made worse by India's acute shortage of qualified mental health specialists, which is particularly apparent in remote and rural

[18] National Institute of Mental Health and Neurosciences, National Mental Health Survey of India 2015–16 (2016).
[19] World Health Organization, Mental Health Atlas 2020 (WHO 2021).

areas[20]. A significant portion of the rural population is underserved because most clinical psychologists, psychiatrists, and psychiatric social workers work in big cities.

Delays in diagnosis, insufficient treatment, and a greater reliance on general practitioners— who might not have received specialized training in mental healthcare—are the outcomes of this shortage. As a result, many mental diseases go undiagnosed until they worsen, which lowers treatment efficacy and raises the possibility of disability.

Additionally, the shortage puts a great deal of strain on current healthcare professionals, who frequently oversee sizable populations with little funding. The practical realization of the right to accessible healthcare guaranteed by the Mental Healthcare Act, 2017[21] is weakened from a human rights perspective by the State's incapacity to guarantee sufficient human resources.

Poor Infrastructure for Healthcare

Accessible infrastructure is a prerequisite for any healthcare system's efficacy. Mental health services are either nonexistent or woefully inadequate in many rural areas. Psychiatric units, counseling services, psychotropic medications, and trained staff are often absent from community health centers and primary health centers.

Despite being designed to decentralize mental healthcare, District Mental Health Programme (DMHP) centres [22] are still implemented inconsistently throughout states. Emergency psychiatric services, diagnostic facilities, rehabilitation centers, and necessary medications are still in short supply in a number of districts.

Access to available facilities is further restricted by remote location, poor road connectivity, and unreliable public transportation. The expense of frequent trips to urban hospitals frequently causes economically disadvantaged families to stop receiving treatment. Consequently, insufficient public infrastructure renders the legal rights protected by the Mental Healthcare Act ineffective in real life.

Financial Barriers and Poverty

One of the most important factors influencing mental health and healthcare access is still poverty. Rural households frequently put their

[20] Ministry of Health and Family Welfare, National Mental Health Programme (1982).
[21] World Health Organization, World Mental Health Report: Transforming Mental Health for All (WHO 2022).
[22] Ministry of Health and Family Welfare, Operational Guidelines for the District Mental Health Programme.

immediate financial survival ahead of their healthcare costs. Families with low incomes face significant financial challenges due to consultation fees, transportation expenses, diagnostic tests, and long-term medication.

A vicious cycle where poverty fuels mental illness and untreated mental illness exacerbates economic hardship is created when mental illness itself lowers productivity and earning potential. These financial obstacles disproportionately affect women, the elderly, people with disabilities, and members of Scheduled Castes and Scheduled Tribes[23].

Mental health services are not always sufficiently covered or efficiently implemented at the local level, despite the existence of numerous public health insurance programs[24]. Thus, the constitutional guarantee of equal access to healthcare is compromised by financial inaccessibility, which disproportionately impacts vulnerable groups.

Discrimination and Social Shame

In India, stigma continues to be one of the biggest obstacles to mental health care. Mental illness is still misinterpreted and linked to shame, superstitious beliefs, spirit possession, or divine retribution in many rural communities. Because of these false beliefs, people and families are deterred from seeking medical care because they fear discrimination and social rejection.

Abandonment, domestic violence, forced institutionalization, and denial of inheritance rights are just a few of the many forms of discrimination that women with mental illnesses frequently face. Children and teenagers with mental illnesses may face bullying or exclusion from educational institutions.

Additionally, stigma affects community involvement, marriage prospects, and work opportunities. As a result, people often keep their symptoms hidden until the disease worsens. Such discrimination undermines the values of autonomy and dignity acknowledged by the

Mental Healthcare Act of 2017 and violates the equality guarantees of Articles 14 and 15 of the Constitution.

Gender and Populations at Risk

Inequalities in mental health care are especially noticeable among vulnerable populations. Domestic violence, child marriage, harassment

[23] Constitution of India, arts 14 and 15.
[24] United Nations, Convention on the Rights of Persons with Disabilities (2006), arts 5 and 25.

related to dowries, economic dependence, and unequal caregiving responsibilities are common causes of mental health issues for rural women. Despite these dangers, there is still very little access to psychiatric treatment and psychological counseling.

Children and adolescents living in rural areas face increasing mental health concerns linked to academic pressure, substance abuse, cyberbullying, and family conflict. However, child and adolescent mental health services remain insufficient in most districts[27].

Similarly, elderly persons living alone, migrant workers, persons with disabilities, and members of Scheduled Tribes frequently encounter barriers arising from language differences, geographical isolation, poverty, and limited institutional support. Tribal communities often reside in remote regions where healthcare services are minimal, requiring culturally sensitive and community-based approaches to mental healthcare delivery.

A human rights-based framework requires special attention to these vulnerable groups through targeted interventions that ensure substantive equality rather than merely formal equality.

Insufficient Knowledge and Awareness of Mental Health

In rural India, mental health literacy is still quite low. Many people are unable to identify the signs of substance use disorders, bipolar disorder, schizophrenia, anxiety, or depression. Mental illnesses are frequently misdiagnosed as transient emotional issues or as having supernatural origins.

Poor treatment adherence and delayed diagnosis are caused in part by the lack of public awareness campaigns. Before contacting licensed medical professionals, families often seek advice from faith healers or traditional practitioners[28]. Even though traditional healing techniques have cultural value, relying solely on them could postpone evidence-based

Additionally, mental health education receives little attention from educational establishments. Early identification and referral systems are further undermined by a lack of awareness among educators, community leaders, and frontline healthcare professionals[25].

Telemedicine and the Digital Divide

The growth of digital health platforms and telemedicine has opened up

[25] World Health Organization, Comprehensive Mental Health Action Plan 2013–2030 (updated 2021).

new possibilities for enhancing the accessibility of mental health care. Government programs like the Tele-MANAS program[26] aim to offer psychiatric consultations and remote psychological counseling.

The advantages of digital healthcare are still not equally distributed, though. Digital literacy, smartphones, consistent electricity, and dependable internet connectivity are lacking in many rural households. Accessing digital platforms can be challenging for economically disadvantaged groups and the elderly.

As a result, although telemedicine can enhance current services, it cannot replace the requirement for community-based mental health facilities with sufficient staff. Therefore, ensuring fair access to mental healthcare requires closing the digital divide[27].

The Mental Healthcare Act of 2017's Poor Execution

The Mental Healthcare Act of 2017 has progressive provisions, but state-by-state implementation is still uneven. Establishing State Mental Health Authorities and Mental Health Review Boards has been a slow process in a number of states. Effective enforcement of statutory rights has been hampered by insufficient funding, a lack of skilled workers, and institutional capacity.

Informed consent, confidentiality, legal aid, advance directives, and community-based treatment are just a few of the legal rights under the Act that many patients are still ignorant of. More training in rights-based service delivery is frequently needed for healthcare providers themselves[28].

Accountability is further constrained by the lack of strong monitoring systems. Statutory guarantees run the risk of staying aspirational rather than enforceable in the absence of strong institutional oversight.

Consequences for Human Rights

These obstacles' combined effects go beyond healthcare and raise more general human rights issues. A number of interrelated rights, such as the right to life and personal liberty under Article 21, equality before the law under Article 14, freedom from discrimination, the right to education, the right to employment, and the right to fully participate in society, are

[26] Ministry of Health and Family Welfare, National Tele Mental Health Programme (Tele-MANAS) (2022).
[27] Mental Healthcare Act, 2017, ss 18–29
[28] World Health Organization, Guidance on Community Mental Health Services (2021).

impacted by inadequate access to mental healthcare.

According to international human rights law, states have a positive duty to guarantee that healthcare services are accessible, acceptable, and of high quality. Legal recognition alone is not enough, as evidenced by persistent disparities in rural India. Sustained public investment, institutional accountability, community involvement, raising awareness, and integrating mental health services into the primary healthcare system are all necessary for effective implementation.

In addition to improving healthcare delivery, addressing these issues will help India fulfill its constitutional and international obligations to uphold the equality, autonomy, and dignity of every person, regardless of where they live or their socioeconomic status.

INDIAN JUDGES' REACTIONS TO MENTAL HEALTH CARE

The Indian judiciary has been instrumental in safeguarding the rights of people with mental illnesses and in extending the reach of the right to health under Article 21 of the Constitution[29]. The Supreme Court has consistently interpreted the Constitution to impose a positive obligation on the State to provide accessible and dignified healthcare services, despite the fact that there are comparatively few cases that focus solely on mental healthcare.

The Supreme Court ruled in Parmanand Katara v. Union of India (1989) that everyone has the right to immediate medical care and that human life preservation is of utmost importance. This ruling is one of the landmark rulings. The principle established in the case, which emphasizes that access to healthcare is an essential component of the right to life under Article 21, extends to mental healthcare even though the case mainly dealt with emergency medical care.

The Supreme Court reiterated in Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996)[30] that the State is required by the Constitution to provide sufficient healthcare facilities. The Court noted that a lack of funds cannot be used as an excuse to refuse medical care. This ruling is especially pertinent to mental health care in rural areas, where people are still unable to access necessary psychiatric services due to poor infrastructure and a lack of resources.

In Common Cause v. Union of India (2018)[31], the Supreme Court affirmed the legitimacy of passive euthanasia under certain conditions

[29] Parmanand Katara v Union of India (1989) 4 SCC 286.
[30] Paschim Banga Khet Mazdoor Samity v State of West Bengal (1996) 4 SCC 37.
[31] Common Cause v Union of India (2018) 5 SCC 1.

and acknowledged the right to die with dignity. This was another noteworthy development. The ruling placed a strong emphasis on patient autonomy, informed consent, dignity, and advance directives even though the Court's main concern was end-of-life care. The Mental Healthcare Act of 2017[32] , which acknowledges advance directives and the right of people with mental illnesses to take part in treatment decisions, is closely aligned with these principles.

Additionally, the Supreme Court has consistently stressed that people with mental illnesses are entitled to equal protection under the law and cannot be arbitrarily deprived of their freedom. Mental healthcare policy should be guided by rehabilitation, community integration, and respect for individual autonomy; institutionalization should be the exception rather than the rule, according to court rulings[33].

Inadequate rehabilitation facilities, poor living conditions, long-term detention of cured patients, and overcrowding in mental health facilities have all received more judicial attention as a result of public interest litigation. Governments have been instructed by courts to enhance institutional standards, fortify monitoring systems, and guarantee adherence to legal protections.

When taken as a whole, these rulings show how the judiciary has gradually embraced a rightsoriented interpretation of healthcare, upholding the fundamental values of equality, dignity, and access to justice. However, executive action and continued institutional commitment are still necessary for judicial directives to be implemented effectively.

INSTITUTIONAL REACTIONS AND GOVERNMENTAL POLICIES

The Indian government has launched a number of initiatives to improve mental healthcare services in response to the rising prevalence of mental illness. Although these programs are significant policy advancements, their application in rural India is still uneven.

The National Mental Health Program (NMHP)

India's first all-encompassing effort to incorporate mental healthcare into the general public health system was the National Mental Health Programme[34], which was introduced in 1982. The program aimed to guarantee the accessibility and availability of basic mental health

[32] Mental Healthcare Act, 2017, ss 5–13.
[33] Sheela Barse v Union of India (1986) 3 SCC 596.
[34] Ministry of Health and Family Welfare, National Mental Health Programme (1982).

services, especially for marginalized and vulnerable groups.

Among the NMHP's goals are:

- Combining primary and mental health services.
- Encouragement of community involvement.
- Early detection and management of mental health conditions.
- Reducing stigma by raising public awareness.
- The training of mental health professionals.

Inadequate funding and a lack of qualified staff have hindered the Program's effectiveness in many rural districts, despite the fact that it established a significant policy framework.

The DMHP, or District Mental Health Program

In order to decentralize mental healthcare by offering services at the district level, the District Mental Health Program was established[35]. It seeks to educate primary care physicians, run awareness campaigns, offer outpatient mental health services, and support community rehabilitation.

Several districts have seen an improvement in service delivery thanks to the DMHP; however, state-by-state implementation varies greatly. Psychiatrists, psychologists, medications, and rehabilitation facilities are still in short supply in many districts. As a result, rural communities continue to encounter significant obstacles when trying to obtain high-quality mental healthcare[36].

Tele-MANAS, or the National Tele-Mental Health Program

The National Tele-Mental Health Programme, or Tele-MANAS, was introduced by the government in the wake of the COVID-19 pandemic to increase access to counseling and psychiatric consultations via digital platforms.

Tele-MANAS has the following benefits:

- Remote counseling for psychology.

[35] Ministry of Health and Family Welfare, District Mental Health Programme: Operational Guidelines.
[36] World Health Organization, Mental Health Atlas 2020 (WHO 2021).

- Lower airfares.
- Better access in underserved areas.
- Early treatment of emotional distress.
- When necessary, referrals to specialized medical facilities.

Language barriers, poor internet connectivity, digital illiteracy, and a lack of technological infrastructure in rural areas continue to limit the potential of digital mental healthcare.

Ayushman Bharat and Primary Care

Ayushman Bharat aims to improve primary healthcare by establishing Health and Wellness Centers. These facilities are increasingly integrating counseling and mental health screening into the provision of primary healthcare[37].

One crucial step in lowering stigma and increasing accessibility is the integration of mental health services into primary care. However, consistent access to qualified personnel, necessary medications, referral systems, and community awareness are necessary for successful implementation.

CRITICAL ANALYSIS

The enactment of the Mental Healthcare Act, 2017 represents a landmark achievement in Indian healthcare legislation. By recognizing mental healthcare as a legal entitlement rather than a charitable service, the Act reflects constitutional values of dignity, equality, autonomy, and social justice. It also demonstrates India's commitment to international human rights obligations under the UN Convention on the Rights of Persons with Disabilities[38].

However, legislative reform alone cannot transform healthcare delivery. A considerable implementation gap persists between statutory guarantees and ground realities. Rural India continues to suffer from inadequate infrastructure, shortage of professionals, insufficient budgetary allocations, and weak institutional capacity.

The rights guaranteed under the Act—including informed consent, confidentiality, advance directives, and community living—remain inaccessible for many rural residents who lack even basic psychiatric

[37] Ministry of Health and Family Welfare, Ayushman Bharat: Health and Wellness Centres Operational Guidelines.
[38] World Health Organization, World Mental Health Report (2022).

services. This disconnect illustrates that legal recognition must be accompanied by effective institutional mechanisms, adequate funding, and robust administrative accountability[39].

Furthermore, mental healthcare policy must address the broader social determinants of mental health. Poverty, unemployment, gender discrimination, domestic violence, substance abuse, social isolation, and educational inequalities significantly influence psychological well-being. A narrow biomedical approach is therefore insufficient. Mental healthcare must be integrated with social welfare, education, employment, housing, and community development programs[40].

The role of local governments, Panchayati Raj Institutions, schools, civil society organizations, and community health workers should also be strengthened. Greater participation by persons with lived experience of mental illness can improve policymaking and reduce stigma through awareness and advocacy[41].

Ultimately, realization of the right to mental healthcare requires a coordinated approach involving legal reform, public health planning, financial investment, institutional accountability, and community participation.

SUGGESATIONS

The following actions are advised in order to improve mental healthcare access in rural India:

- Increase Public Expenditure: To improve infrastructure, human resources, and rehabilitation services, government spending on mental healthcare should be significantly increased.

- Strengthen Primary Healthcare: Regular psychiatric consultations, counseling, and medication availability should be incorporated into Primary Health Centers and Health and Wellness Centers[42].

- Increase Human Resources: To encourage psychiatrists, psychologists, psychiatric nurses, and psychiatric social workers to work in rural areas, the government should set up more training facilities and offer incentives.

- Enhance Community-Based Services: To lessen reliance on institutional care, outreach programs, mobile mental health units,

[39] Mental Healthcare Act, 2017, Preamble.
[40] United Nations, Convention on the Rights of Persons with Disabilities (2006).
[41] World Health Organization, Comprehensive Mental Health Action Plan 2013–2030.
[42] Constitution of India, art 47 [47] Mental Healthcare Act, 2017, s 18.

home-based care, and community rehabilitation should be increased.

- Mental Health Awareness Campaigns: To lessen stigma and promote early treatment, ongoing awareness campaigns should be carried out through schools, Panchayats, local leaders, and the media[47].

- Strengthen Tele-Mental Healthcare: Access to telepsychiatry would be enhanced by the development of digital infrastructure, reasonably priced internet connectivity, multilingual counseling services, and digital literacy initiatives.

- Strengthen Monitoring and Accountability: To guarantee that the Mental Healthcare Act of 2017 is implemented effectively, State Mental Health Authorities and Mental Health Review Boards must be fully operational and sufficiently funded.

- Special Protection for Vulnerable Groups: Individualized mental healthcare interventions should be provided to women, children, the elderly, tribal communities, migrant workers, and people with disabilities.

- Encourage Legal Awareness: Through legal aid clinics, awareness campaigns, and civil society organizations, citizens should be informed about their rights under the Mental Healthcare Act of 2017.

- Strengthen Research and Data Collection: To support evidence-based policymaking, regular national and state-level surveys should be carried out to assess mental health indicators, treatment gaps, and program effectiveness.

CONCLUSION

Access to mental healthcare is now seen as a basic human rights duty based on equality, social justice, and dignity rather than just a public health issue. The Mental Healthcare Act, 2017, international human rights treaties, and the Indian Constitution all acknowledge that everyone has the right to receive nondiscriminatory, easily accessible, and high-quality mental healthcare.

Even with these legal developments, rural India still faces major obstacles to exercising this right. A significant treatment gap is caused by a lack of mental health professionals, poor healthcare infrastructure, financial limitations, enduring stigma, and uneven government program implementation. These shortcomings jeopardize not only

health outcomes but also India's international obligations under the ICESCR and UNCRPD[43], as well as constitutional guarantees under Articles 14 and 21.

In order to ensure that mental healthcare policies are implemented effectively, a rights-based approach necessitates that the State go beyond legislative declarations and adopt specific measures. Reducing disparities requires expanding tele-mental health services, boosting public investment, integrating mental healthcare into primary healthcare, strengthening communitybased services, and raising awareness[44].

Treating psychological well-being as a crucial part of inclusive development rather than a secondary medical issue is essential to the future of mental healthcare in India[45]. In addition to being required by the constitution, providing rural populations with fair access to mental healthcare is also a moral and human rights imperative. A society that safeguards the mental health of its most vulnerable members upholds the constitutional promise of dignity for all, advances social justice, and strengthens democracy.

[43] Constitution of India, arts 14 and 21.
[44] United Nations, International Covenant on Economic, Social and Cultural Rights (1966), art 12.
[45] World Health Organization, World Mental Health Report: Transforming Mental Health for All (WHO 2022).