The Holistic Health Revolution: Breaking the Silence on Mental Health

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Abstract

In life, sound health is an essential feature without which an individual cannot lead a purposeful life. Lack of sound health hampers potential development of human being which in turn obstructs the development of human society or community. Hence health is not a subject of individual issue rather a public concern. Thus, even with the advancement of science and technology today, the World Health Organization has rightly stated that Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease.

In our country, healthcare often focuses on physical ailments, overlooking mental, emotional, and social well-being. This paper explores health rights through a holistic lens, highlighting gaps in India's healthcare system. It discusses the interplay of mental health stigma, and access to care, where resources are scarce and awareness is limited. The impact of socio-economic factors, cultural norms and gender roles on health outcomes is also examined.

This paper furthermore aims to highlight and discuss initiatives to provide support and services for not just stereotype physical health but mental health too, since more needs to be done to abridge the treatment gap and promote awareness about mental health considering its rapid proliferation.

Key words: *Health, Constitutional Rights, expanding horizon, mental health and proliferation.*

I. Introduction

Health rights form a fundamental part of the broader framework of human rights and shape our understanding of what it means to live with dignity. The right to enjoy the highest attainable standard of physical and mental health, its

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full formal expression, is not a recent concept.[21] Its origins in international law trace back to the 1946 Constitution of the World Health Organization, whose preamble defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.[3]

Health is a crucial indicator of human development which lies at the heart of both economic and social progress. In India, the idea of a right to health and protection as basic entitlement has existed since ancient times. After independence, the Indian state adopted the view that the public are right-holders and assumed the primary responsibility to provide health care for all. India has also ratified several international conventions that commit the nation to safeguarding the health rights of individuals.

Although the Indian Constitution does not explicitly list the right to health as a fundamental right, Article 21 guarantees the right to life and personal liberty. The term "life" in this context refers to a life of dignity, extending far beyond mere survival or animal existence.[4] It includes the right to livelihood, a decent standard of living, and hygienic conditions at work and during leisure. The right to health is therefore an essential component of a dignified life. To fully understand the scope of the state's obligation to realize this right, Article 21[5] must be read in conjunction with Articles 38, 42, 43, and 47[6] of the Constitution.

The Constitution of India does not explicitly guarantee a fundamental right to health. Nevertheless, several constitutional provisions refer to public health and outline the responsibilities of the State in ensuring healthcare for its citizens. The Directive Principles of State Policy, contained in Part IV, provide a constitutional foundation for recognizing the right to health. Article 39(e)

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[2] World Health Org., Leading the Realization of Human Rights to Health and Through Health (2017), https://www.who.int/publications.

[3] Jerome Bickenbach, WHO's Definition of Health: Philosophical Analysis, *in* Handbook of the Philosophy of Medicine 961, 961–74 (Thomas Schramme & Stefan Edwards eds., Springer 2017).

[4] INDIA CONST. Art 21

[5] INDIA CONST.

[6] *Id*.

directs the State to protect the health of workers[7], while Article 42 requires the State to ensure just and humane working conditions and to provide maternity relief. Article 47 places a duty on the State to improve public health and to raise the level of nutrition and the standard of living of the people. Additionally, Article 243G empowers local self-governments to strengthen public health systems at the community level.

Since the Constitution does not explicitly recognize a right to health or healthcare, the Supreme Court of India has played a crucial role in interpreting this right through judicial decisions. In *Bandhua Mukti Morcha v. Union of India & Others*,[8] the Court read the right to health into Article 21, which guarantees the right to life. This interpretation expanded Article 21 to include conditions necessary for living with dignity.

Further, in *State of Punjab & Others v. Mohinder Singh Chawla*[9], the Supreme Court reaffirmed that the right to health is integral to the right to life and emphasized the constitutional obligation of the government to provide adequate health services[10]. Similarly, in *State of Punjab & Others v. Ram Lubhaya Bagga*[11], the Court endorsed the State's responsibility to ensure the maintenance and proper functioning of health services, thereby strengthening the judicial recognition of health as a fundamental right.

The right to the highest attainable standard of health places clears legal obligations on states to ensure conditions that allow all individuals to enjoy good health without discrimination. This right is part of the broader system of globally recognized human rights and is both

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[7] Arushi Goyal & Disha Moitra, *Striking a Balance Between Patent Laws and Public Health Issues with Special Emphasis on Its Recognition in India*, 4 INT'L J. L. MGMT. & HUM. 287, 287–94 (2021).

[8] AIR 1984 SC 802.

[9] (1996) S.C. 17.

[10] Zahara Nampewo, Jennifer Heaven Mike & Jonathan Wolff, *Respecting, Protecting and Fulfilling the Human Right to Health*, 21 INT'L J. EQUITY HEALTH 36 (2022).

[11] (1999) 1 SCC 297.

inseparable from and interdependent with them. In practical terms, this means that the realization of the right to health is closely linked to the fulfillment of other fundamental rights, such as the rights to food, shelter, employment, education, information, and participation. Each of these rights supports, and in turn depends upon, the effective enjoyment of the right to health.

Like other human rights, the right to health encompasses both, freedoms and entitlements. Freedoms include the right to control one's health and body, such as sexual and reproductive autonomy, as well as, the right to be free from interference, including protection from torture, non-consensual medical treatment, and medical experimentation. The entitlements, on the other hand, refer to the State's obligation to establish a health-care system that ensures every individual has an equal opportunity to attain the highest possible level of health.[12]

Violations of human rights exacerbate poor health outcomes and disproportionately affect vulnerable groups. Both overt and implicit discrimination in the delivery of health services, whether occurring within the health workforce or in interactions between health workers and service users, creates significant barriers to accessing care and contributes to poor-quality services. This paper seeks to provide an overview of the current state of mental health in India, examining the challenges faced, existing initiatives, and the prospects for strengthening mental healthcare delivery. India continues to struggle with a high prevalence of mental health disorders, including depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders. These conditions impose a heavy burden on individuals, families, and society at large, leading to reduced quality of life, impaired daily functioning, and substantial social and economic costs. A range of social and cultural factors like stigma, discrimination, gender inequalities, poverty, rapid urbanization, and entrenched cultural beliefs about mental illness, further complicate efforts to address mental health issues[13]. Access to mental

[12] Amir L. Alem, Farid Azadbakht and Hengameh Ghanzanfari, WHO and Its Commitment to the COVID-19 Pandemic: An Approach to the Right to Healthcare, Vol. 12, No. 4, p. 18-26 (2023).

[13] Vanee R. Meghrajani et al., A Comprehensive Analysis of Mental Health Problems in India and the Role of Mental Asylums, 15(7) Cureus e42559 (2023).

healthcare remains a serious concern, marked by large treatment gaps, variations in the quality of care, and a shortage of trained mental health professionals, particularly in rural regions. Inadequate infrastructure, limited awareness, and insufficient integration of mental health into primary healthcare systems continue to hinder timely and appropriate treatment.

The historical development of mental asylums in India is also examined, tracing their origins, intended purposes, and gradual evolution. The criticisms surrounding these institutions including stigma, human rights violations, lack of person-centered approaches, poor quality of care, and limited therapeutic value underscore the need for alternative, community-based, and rights-oriented models of mental healthcare.

In today's fast-paced world, mental health is an aspect of well-being that is too often overlooked. Health extends far beyond physical fitness; it includes mental, emotional, and social dimensions that together shape a person's overall quality of life. Yet, the stigma surrounding mental illness remains pervasive and debilitating, discouraging individuals from seeking the help and support they need. It is therefore essential to break the silence and acknowledge mental health as an integral component of human well-being. Recognizing health as a human right further highlights the importance of legal accountability, equality, non-discrimination, and active participation in shaping health systems.

Mental illness frequently results in violations of dignity and autonomy, including forced treatment, involuntary institutionalization, and the denial of an individual's legal capacity to make decisions. Paradoxically, although people with mental health conditions often face heightened levels of violence, poverty, and social exclusion, factors that significantly worsen both mental and physical health outcomes, public health systems still devote insufficient attention to mental health. This gap underscores the urgent need for a more inclusive, rights-based, and compassionate approach to mental healthcare.

Violation of human rights not only contributes to poor health outcomes but also aggravates existing conditions. For many vulnerable populations including people with disabilities, indigenous communities, individuals living with HIV, sex workers, drug users, and transgender and intersex individuals, the

healthcare setting itself can pose a heightened risk of human rights abuses, such as coercive or forced treatment and procedures.

India, with its vast and diverse population, faces a substantial mental health burden that demands urgent attention. Mental disorders affect individuals across all age groups, socioeconomic backgrounds, and geographical regions, causing widespread personal suffering, impaired daily functioning, and significant societal costs. The prevalence of mental health conditions in India has been steadily rising, making mental health an increasingly critical public health concern. Current estimates suggest that nearly 15% of the Indian population experiences some form of mental health disorder, including anxiety disorders, depression, bipolar disorder, schizophrenia, substance use disorders and neurodevelopmental disorders.

India's mental health legal framework is primarily governed by the Mental Healthcare Act, 2017, which replaced the earlier 1987 Act. The Act was designed to protect the rights of individuals with mental illness, align national law with international standards such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[14], and ensure access to quality mental healthcare. Key provisions include decriminalizing attempted suicide, establishing Mental Health Review Boards to safeguard patient rights, allowing individuals to create advance directives specifying their treatment preferences, and prohibiting cruel or degrading treatment. Despite these significant legal advancements, challenges remain, including a shortage of trained mental health professionals, resource constraints, and persistent social stigma surrounding mental illness.

II. Fundamental Provisions of the Mental Healthcare Act, 2017[15]

Right to Mental Healthcare: Every individual has the right to access affordable, quality mental healthcare services, particularly through government institutions.

[14] Rohini Goel, National Programme for Persons with Disabilities: A Comprehensive Initiative for Empowerment and Inclusivity, Career India (Oct. 22, 2024).

[15] Dhruti Dewangan et al., A Comparative Study of Mental Health Laws: India & Beyond, 3(4) Innovation & Integrative Research Ctr. J. 260 (2025).

Decriminalization of Suicide: Recognizing attempted suicide as a manifestation of mental distress rather than a criminal offense.

Protection of Rights: Prohibition of cruel or degrading treatment and protection against discrimination for individuals with mental illness.

Advance Directives: Legal recognition of individuals' treatment preferences.

Mental Health Review Boards: These boards are established to oversee the implementation of the Act and protection of the patient's rights.

Confidentiality and Access to Records: Patients have the right to confidentiality and access to their medical records.

Free Treatment: provision for free mental healthcare services for individuals below the poverty line.

III. Limitations and Challenges in Mental Healthcare in India

Stigma and Discrimination: Persistent social stigma remains a major barrier, preventing many individuals from seeking or receiving appropriate care.

Resource Constraints: Inadequate infrastructure and limited financial resources hinder the effective implementation of mental health services, particularly in underserved regions.

Shortage of Professionals: A significant "treatment gap" exists due to the scarcity of qualified mental health professionals, leaving many individuals without access to necessary care.

Implementation Gaps: Although the Mental Healthcare Act, 2017 provides a progressive legal framework, enforcement and practical implementation often remain inconsistent.

Fragmented Services: Mental health service delivery is frequently fragmented, making it challenging to ensure continuous, coordinated, and integrated care for patients.

IV. Impact of the Mental Healthcare Act, 2017 on the Indian Legal System

Shift in Focus: The law has shifted the emphasis from custodial care to rights-based care, recognizing the dignity, autonomy, and agency of individuals with mental illness.

Alignment with International Standards: It brought Indian mental health laws into alignment with global obligations, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**.**

Recognition of Legal Capacity: The Act acknowledges the legal capacity of individuals with mental illness and establishes safeguards against abuse and undue influence. While progress has been made, there is still a need to strengthen protections, as outlined in Article 12 of the UNCRPD.

Criminal Responsibility: The law retains provisions consistent with the Bharatiya Nyaya Sanhita, 2023**,** which exempts individuals from criminal responsibility if they were of "unsound mind" at the time of the offense, in accordance with the McNaghten Rules**.**

V. Conclusion

Mental health is increasingly recognized as an essential component of the human right to health, which encompasses life, dignity, and overall well-being. International and national legal frameworks, along with judicial rulings, affirm that this right includes access to affordable, high-quality mental healthcare, protection from stigma, and the creation of supportive environments that foster mental well-being. Mental health is inseparable from physical health and is a fundamental part of overall human health and dignity. The Mental Healthcare Act, 2017 exemplifies a progressive legal framework in India, safeguarding the rights of individuals with mental illness and ensuring access to mental healthcare[16]. Courts in India, interpreting Article 21 of the Constitution, have reinforced that the right to life includes the right to mental health. Good mental health is vital not only for individuals but also for communities and socio-economic development, enabling people to navigate challenges and lead fulfilling lives. Ensuring this right requires accessible, affordable, and quality mental health services for all, free from discrimination and prejudice.

[16] Sushmita Panda, FE Mental Health Series | India's Troubled Minds! How Land of 140 Crore Faces Severe Shortage of Mental Health Experts*,* Fin. Express (Apr. 30, 2024), https://preprod.financialexpress.com/business/healthcare-fe-mental-health-series-indias-troubled-minds-how-land-of-140-crore-faces-severe-shortage-of-mental-health-experts-3472441/

A critical step in achieving this goal is combating stigma through awareness, education, and advocacy, so that individuals feel safe to seek care without fear of judgment. Breaking stereotypes and replacing myths with understanding is a shared responsibility. With the growing prevalence of mental health issues in India, enhanced resources, awareness, and empathetic care are urgently needed to support both affected individuals and society as a whole.