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Research Paper

Rights-Based Promise and Ground Realities: A Narrative Review of India's Mental Healthcare Act, 2017

Himan[1]*, Dr. Mohinder Paul[2]

ABSTRACT

Mental health has been among the least prioritized sectors of the healthcare system in India despite the adoption of the Mental Healthcare Act (MHA), 2017, that aimed to protect the rights of patients, guaranteeing autonomy and encouraging care provision on a community level. This paper is a critical analysis of the obstacles of implementing MHA 2017 by contextualizing them in the social, economic, and healthcare context of India. Results suggest a systematic limitation in terms of absence of systematic reviews pertaining to the District Mental Health Programme (DMHP), infrequent & unproductive funding, shortage of professionals in mental health, inadequate rural coverage, ineffective budgetary allocations, as well as ineffective follow-ups as part of 72-hour emergency care provision. Mental illness is also increased by the factors of context, including stress at work, job loss, and stigma, and social pressures. The paper goes on to review the existing literature in mentality research in the teenager and workplace and gap in non-communicable disease related approaches to treatments and discuss such governmental programs as the National Mental Health Programme (NMHP), Telepsychiatry Mission and Rashtriya Kishor Swasthya Karyakram (RKSK). Among the suggestions is to periodically review programmes, to fund them sustainably, mental health to be incorporated into primary healthcare, mental health to be prioritized at workplace and massive awareness should be postulates. The author concludes that MHA 2017 is a progressive rights-based framework, but it suffers due to its structural, financial, and operational constraints which require critical policy considerations.

Keywords: *Mental Healthcare Act 2017, Mental Health Policy, Rights-Based Legislation, Implementation Gap, District Mental Health Programme, India*

INTRODUCTION

"Mental health" when we encounter with words like this, we assume that a person who is facing from some kind of disease and treating it as a Morbidity. As per WHO (World Health Organisation), mental well-being is not solely a disease or disorder. Instead, it conceptualizes mental health as a sub-scenario to health & humanity as a whole, integral to individual and collective thriving. While in Indian perspective mental illness signifying as "Cowardice" and "Vulnerability in personality", by using these types of slangs, the person suffering from these mental health issues doesn't promote open communication and even

[1]Research Scholar, Central University of Himachal Pradesh, Himachal Pradesh
[2]Associate Professor, Central University of Himachal Pradesh, Himachal Pradesh
*Corresponding Author

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unattached himself/herself out of the society. And it further leads to development of negative thoughts such as suicidal thoughts, hopelessness, worthlessness, loneliness, self-blame etc. and it finally effects the physical health too, by reducing the Life Expectancy of a human being. Focusing on the mental health as an impactful driving force of national and individual development, where the focus point was on "mental health', as a report recently published by the Indian Union Ministry of Finance and Corporate Affairs, In the year 2023-2024, with the matter, its recent Economic Survey Report placing the centre of discussion unmistakably on mental health and its Impact on policy recommendations. The mental health has become a core factor directly touching the social fabric of a nation, a National Mental Health Survey (NMHS**)** conducted during the period 2023-2024 that revealed that there was also lower rate of illness on mental conditions in non-metro urban areas (4.3%) compared to areas with urban metro presence (13.5%), and rural areas (6.9%). The Survey is aimed at as shown in survey on emotional health of school students (NCERT) an escalating of psychological disorder within youth aggravated attributed to the COVID-19 epidemic, with 43% experiencing mood swings, 14% as feeling extreme emotion and 11% of students reported as feeling anxious.

To protect the psychological health, India brings the Mental Health Act (MHA) The year 1987 marked the first instances as "Mental Health Act, 1987" that was later renamed as "The Mental Healthcare Act, 2017" to prioritize patients' rights, community-based care and autonomy. The 2017 act also bring some major changes such as bringing the advances directives (Sec.5 of MHA,2017) and decriminalisation of suicide (Sec. 115 of MHA, 2017) etc.

Meaning of 'Health'

Before going towards the concept of mental health, it is vital to figure out what "Health" is, health refers a situation where a person is free from any illness or injury. As health has a broad meaning that differ from different aspects, because health can be broadly categorized into various types, Such as physical, spiritual, social, mental & emotional health etc. Mental health is not just a disease that is limited to single person, but it is a silent pandemic that has spread all over the world just like any other socially influenced disease. That spread from someone who is very anxious, negative and stressed and being around them can affect your own mood and stress levels.

Meaning of 'Mental Health'

According to the WHO "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community."

Also, In the words of **APA Dictionary of Psychology,** "Mental Health is a state of mind characterized by emotional well-being, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life."

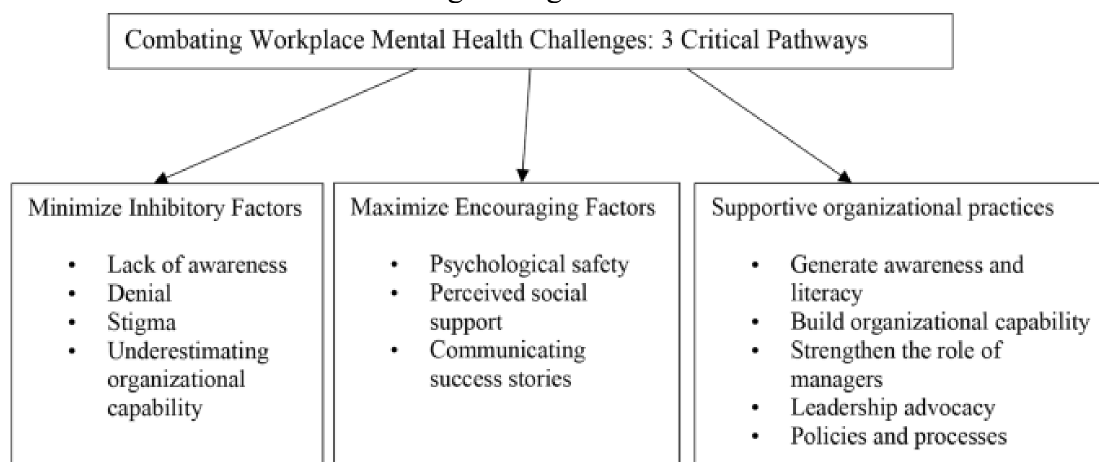
By describing it as the psychological, emotional and community functioning of a given person, which defines how we think, feel and act and what is affected or influenced by, Department of Health and Family Welfare has elaborated on psychological care.

So, by above definitions we can conclude that mental health is a state where a person is suffering from any kind of negativity, stress, tension, anxiety and depression and where his/her mind is not fully independent to take decision by themselves. As mental health is a complex issue itself and thus become challenge to evaluate and cure, with the increasing competitive world and work-related issues.

Research-Based Perspectives on Mental Health Challenges Across Contexts

A. Workplace Mental Health Stigma in India: An Exploratory Study (2024)

Exploratory research of employees between the age group of 35-45 in five IT companies in Mumbai, Delhi, Chennai, Hyderabad and Bangalore indicates, mental-health problems are still a strongly stigmatized matter. Such employees tend not to report due to fear of being judged, discriminated and possibly having their careers undermined, and most of them will never confess to facing such difficulties mainly due to a lack of knowledge and perception. The conclusions indicate that organisational policies and a supportive culture are urgently needed to decrease stigma levels and promote the use of help-seeking behaviour. Organizations should take deliberate efforts to destigmatizing mental health problems by organizing awareness campaigns, discussing openly in their wellness programs additionally incorporating mental health in their health promotion programs. few pathways were given to combat this as shown in the below given figure:



B. Adolescent Depression in Urban Schools of Central India (Parida et al., 2023)

A snapshot study of 1,412 adolescents aged 14–19 years from urban schools in central India (classes 9-12) where data were gathered via multistage cluster sampling in mid-2022 to early 2023, using a questionnaire covering socio-demographic variables, screen time, physical activity etc., and the DASS-42 scale to assess depression. They found that 39% of participants reported some level of depression: 16.9% mild, 16.7% moderate, 5.1% severe, and 0.5% extremely severe. Mother's education level was significantly associated with depression. The authors recommend involving parents and teachers and strengthening school counselling services to address adolescent depression.

C. Prevalence and Treatment Gap of Common Mental Disorders Among NCD Patients in Rural East India (Rajan et al., 2024)

In rural East India, a cross-sectional study was conducted among the target population of 515 adults aged 30 and above who had non-communicable diseases (NCDS). The data is collected in 2023 (the samples of villages are taken via simple random sampling), and the participants were pre-screened in terms of anxiety, substance and use disorder. The research

established that this prevalence was 46.4 per cent with common mental disorder (CMD) and reduced to 11.7 per cent due to exclusion of substance use. The treatment gap was extremely high: 98.3% (with substance use) and 93.3% (excluding substance use) had not undergone any official intervention during the 12 months. The authors conclude that integrating mental health into NCD care is urgently needed and public health interventions should prioritize closing the treatment gap among NCD patients.

Common Symptoms of Mental Health:

- Being down some time
- Severe emotional ups and downs
- Loss of family, friends, or activities
- Low vitality sleep or sabotaging sleep
- Frequently angry, antagonistic and violence
- Experiencing paranoia, auditory and visual hallucinations
- Recurrently contemplating death and suicide
- And other related symptoms.

Policy-Practice Gaps in Mental Healthcare:

1. **Lack of Systematic evaluation: -**The modifications that had been affected such as those that have occurred during the recent 25 years of operation of District Mental Health Program (DMHP), commissioned in 1996 have encountered two methodical moralizations of DMHP approved by the national government. The 1st was compiled in 2003 by national institute of mental health and neuroscience- spanning 27 districts throughout the nation and the 2nd systematic evaluation through the aid of the Indian Council of Market Research (ICMR)- 2008-09 was made on the same and on 20 districts where the DMHP was operating. Then it is clearly defined how the inappropriate systematic assessment had.
2. **Inconsistent, Unclear and Underutilization of Funds: -**According to the report by Indian Mental Health Observatory (IMHO) part 3 that laid an emphasis on the fiscal process which brought forward funding related problem in DMHP (District Mental Health Programme) implementation. The irregularity of the fund flow had been also noted in this report, and the funds will become hard to access due to the time lapse that occurred in administration, and the lack of unity between the state level authorities and the disbursements authorities. The other report by the IMHO (2023), points to the fact that no clear information and guidelines are given concerning the utilisation and allocation of funds towards DMHP. And a parallel apprehension by IMHO regarding financing that is upward until 2021. It demonstrates that the Centre for the functioning of DMHP assigned 37 States/UTs total amounting to Rs. 52,224 lakhs between the FY 2015 and 2021. And it was later discovered that States/UTs have been lagging in the utilisation of the funds over the years. State/UTs use only that 38 percent of total allocated that consists of 19854.75 lakh. And 14 states were consuming less than 25% of the money and only 10 States/UTs were identified to be consuming over 40% of the spending money. States such like Andhra Pradesh (78%), West Bengal (71%) & Chhattisgarh (64%) were using the best percentage of allocated funds. Whilst the states as per the IMHO report of 2023 include those with the lowest utilization rates of 5% in Telangana, 12% in Uttarakhand, and 12% in Jharkhand.
3. **Scarcity of professional: -** The insufficiency of mental well-being workers constitutes another problem as experienced in implementing mental health initiatives

in the nation such as India. These are the psychiatric nurses, psychiatrists and clinical psychologists. With the declining number of health professionals to the surge of population, an attempt was made to access the hard-core mental health affected population. And since most of the jobs are contractual in nature and that the transfers that occurred to the trained staff frequently makes this even worse. As a report of National Mental Health Survey that took around 2015-2016 it shows that there was a need for intervention of 150 million Indians with mental disorders. However, only 20% of them that is 30 million are seeking care at present.

4. **Poor Accessibility Out of town and tribal regions: -** As DMHP works at a ground level, and because of the various factors such as distance, methods of transportation, languages, and communication materials that serve as a hindrance towards giving and offering care in time. The need of seamless, efficient and effective coordination can be seen here between the healthcare and more specifically, mental healthcare. As lack of training makes the situation worse.
5. **Union Budget Allocations for Mental Health: -**A major limitation in studying mental health policy in India arises from the **low and uneven budgetary allocations** provided in the Union Budgets. Although there has been an increasing strain on the mental health conditions, the sector still amounts to a mere one percent of the overall health spending which limits the ability to conduct scaled-up program evaluation. Funds remain **concentrated in tertiary institutions** like NIMHANS, while preventive and community-based services are underfunded, limiting research on accessibility at the grassroots level. The **latest budget (2025–26)** shows declining allocations for key initiatives such as **Tele-MANAS**, alongside a pattern of under-utilisation of funds, reflecting weak implementation capacity. Moreover, the **fragmented nature of funding** and the mismatch between policy ambition and fiscal commitment hinder researchers from accessing reliable, comprehensive data. These structural issues collectively constrain the capability of research to investigate the effectiveness entirely, scalability, and inclusivity of mental health programmes in India.
6. **72 hours follow-up: -**According to the (MHCA), 2017, a physician is authorised to set up to 72-hour emergency treatment before he or she refers the patient to a more advanced treatment system. And worst still the follow-up visit does not require the other professionals to treat the mentally illegal person. Emission, as well, allows limitation handling of substance abuse patients in primary care facility.

Contextual Drivers of Mental health: Workplace, Social and Cultural

A) Workplace related drivers: -

- Job stress and work overload
- Burnout and role conflict
- Discrimination and lack of organisational support
- Job insecurity.

The WHO estimates that 60 percent of the world population is in employment, out of which 61 percent do informal work. The report points out that anxiety and depression cost almost 12 billion lost working days every year with indirect costs being a big fraction of the cost to the society. On the same note, analysing Periodic Labour Force Survey (July 2021 June 2022) publication published in February 2023 reveals that more than one half of regular wage or salaried workers in India do not have formal contracts, paid leaves, or welfare benefits. The average working hours of salaried, self-employed, regular, and casual

labourers are between 40-50 hours per week whereby the work is usually between 6-8 hours of daily work and minimal rest. These are some of the conditions that lead to mental and physical health-related problems, which not only affect them mentally but physically too.

As another report by WHO shows that the loss of around USD 1.03 trillion is estimated stemming from psychological well-being factors conditions. As the cases of psychosocial health has significantly increased after the Covid-19, as most of the employees lose their jobs during that period and that effects their mental health. Because of this the economic survey report suggested that enhancement education on mental health in schools and expanding digital mental health services. To tackle these in 2022, Health and Family Welfare Department launches the National Suicide Prevention Strategy (NSPS) whose objective is to lower mortality due to suicide by 10 percent by 2030. So mental health as its own is not just a simple phenomenon but a complex issue that needs to be evaluated and rectified as it not only impacts mental health but negatively impact the decision-making power, cognitive skills, and critical thinking too.

B) Social Setting Drivers: -
- Family and relationship pressure
- Community stigma and exclusion
- Social isolation and loneliness
- Peer and societal expectations.

C) Cultural Factors: -
- Technological and digital stress
- Economic instability and unemployment
- Environmental and lifestyle factors
- Cultural norms and expectations.

Policy Interventions and Governmental Initiatives:
1. **National Mental Health Program (NMHP):** It was commenced in 1982; India was among the first developing countries that put mental health on the agenda of the national policy. The main goals of it are to guarantee accessibility and affordability of minimum of making psychological care available to all, advocacy and exploitation of psychological health acumen in primary healthcare and social progress, and citizen engagement. The issues of implementation, access, funding and staffing shortages, and failure to improve the outcomes on psychological health in India may be discussed with the help of the NMHP policy framework being a relevant one. In respect of the **MHA, 2017**, it has acquired the greater significance.
2. **Central Mental Health Authority and State Mental Health Authority:** CMHA is created pursuant to the Mental Healthcare Act, 2017, this body is responsible for setting standards, formulating goals, and coordinating services of mental health across the country & where the SMHA looks and review, implement, set standards at the state level.
3. **District Mental Health Programme:** It devised in the year 1996, also it is a subset of a larger program called National Mental Health Program (NMHP), inaugurated in the1982. Its introduction was driven with the aim of devolving psychiatric services and ensuring their delivery at the community level. It became the first one of these programs, and in developing countries, it was state directed mental health program. It has transformed over time since it has considered other districts and involved more health care workers in the process in addition to offering improved quality and

quantity of the psychological care within the district level. Psychological care has also been covered in the category provisions of Ayushman Bharat- HWC constituted by DMHP under primary health care. Ayushman Bharat has succeeded in publishing the standard protocol on mental, neurological, and wellness centres, which has a new name, Ayushman Arogya Mandirs (AAMs). As of 30th June 2025, 1,77,906 Ayushman Arogya Mandirs have been operationalized by upgrading SHCs and PHCs to deliver free, comprehensive primary healthcare services under 12 service packages across rural and urban India. With an outlay of ₹64,180 crore (2021–26), PM-ABHIM aims to boost health infrastructure and pandemic preparedness through the development of AAMs, BPHUs, IPHLs, and CCBs across India. Under DMHP the facilities like eventually, Community Health Centres (CHC) noticeable not to be excluded fell under the category of Primary Health Centres (PHC), are available that includes outpatient services, counselling/psychotherapy, screening/assessment, psycho-social interventions, long-term care and follow-up of patients with severe mental illness, medications, outreach access, provision of ambulance facility etc. Other than this, 10 bed indoor facility used to provide hospitalisation to the district level is also available.

4. **Central Telepsychiatry Programme (Tele MANAS):** - This scheme was introduced in October 2022 which offers all-time tele-mental health access through a toll-free helpline (14416) with the idea of the provision of integrated care and counselling.
5. **India has implemented Rashtriya Kishor Swasthya Karyakram (RKSK): -** It is the Indian Central Adolescent Health Programme that started in 2014 as a sign toward addressing the holistic health requirements of the adults that fall within the 10-19 years bracket. Here RKSK provides curative, promotive, preventive, counselling services and clinic-based care to reach adolescents through peer educators and facility-based adolescent-friendly clinics.

Synthesis and Way Forward:

1. **Adequate and sufficient Fundings:** As in the DMHP programmes the insufficient and irregular funding is one of the major and core issue for establishment and implementation of these programmes that hinder the desired impact of these at the ground level. And currently in the Union Budget of 2025-26 the budget expenditure is not adequate funds for this.
2. **Continuous, Planned and Systematic evaluation**: As stated above, after the establishment of DMHP in the year 1996, only 2 systematic evaluations has been done till now which means that in the span of 28-29 years only 2 systematic evaluations has been there, and that makes it less impactful. As evaluation is the base for further refinement so that the stated objectives can be achieved. And that is what lacks here.
3. **Awareness and Education Campaigns**: Through the implementation of campaigns in the whole country to fight stigma on mental disorder and through the process of incorporating psychological health education in schools, colleges, and places of work. That these kinds of things can be taken and corrected with care.
4. **Prioritizing Mental health at Workplace:** As companies such as Tata Consultancy Services (TCS) and Procter and Gamble in India are increasingly implementing programs to helping employees maintain their mental well-being, such as, Employee Assistance Programs (EAPs) with confidential counselling, wellness initiatives like stress management workshops, and flexible work policies.

5. **Integrating Mental Health with Primary healthcare:** As generally be associate primary health with physical health, but this is not always a case and not even in modern world, with increasing modernity in the today's world, the rise in mental health issues too, whether it is because of replacing jobs because of AI or introduction of technology, or either because of any social or contributing factors.
6. **Innovative Funding and Sustainability Models:** Explore partnerships with NGOs, charitable foundations, private sector, and corporate social responsibility (CSR) to fund mental health services in schools and build models that are financially sustainable, perhaps through sliding-scale fees, peer support, or volunteer involvement.
7. **Capacity Building and Training:** Increase the number of trained counsellors, psychologists, and mental health professionals; also build capacity among non-specialists (teachers, lay counsellors, volunteers) to provide basic mental health support and by provide ongoing professional development and supervision for those offering mental health services (to maintain quality, fidelity).

CONCLUSION

The Mental Healthcare Act (MHA), 2017 is a landmark development for recognizing mental well-being as an inherent human right in the Indian context; however, it is limited in reaching its full potential due to systemic obstacles, such as insufficient mechanisms for evaluation, misguided funding, lack of workforce and massive socio-cultural stigma. While government ventures like the NMHP, DMHP, Tele-MANAS and Rashtriya Kishor Swasthya Karyakram (RKSK) are making commendable strides, they still face challenges in the lack of integration in implementation. For the Act to achieve the impact it intends on India, a complete overhaul is needed: effective, ongoing assessment; sustainable financing models in place; mental health in primary care; employer-based interventions in place; and a series of very large public awareness drives. A comprehensive, multi-sectoral approach (with digital innovation, empowerment of community health agents, partnerships) will ensure that the MHA becomes truly transformative ensuring human dignity, equity and holistic human development.

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