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Review Paper

Advocacy on Paper, Action in Progress: A Review of MHCA 2017

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ABSTRACT

The introduction of the Mental Healthcare Act of 2017 indicated a shift in the governance of Mental Healthcare in the country with focus on human rights, accessibility, informed consent, and dignity. The Act was meant to encourage autonomy, reduce coercion, and focus on community care, however, the implementation continues to be hampered with systemic and infrastructural issues. This review looks at the enabling and the disabling aspects of the Act, concentrating on the availability of mental health services, the implementation of the rights of patients, and the legal enforcement of the Act. The review relies on secondary sources, research, and the treatment advocacy literature and governmental data and literature on various states to ascertain the equity of the advocacy and the treatment experience of the mentally ill. This review tries to identify the gaps, and the systemic issues of patients, families, mental health care providers and the community, and attempts to explain the rational gaps of the Act with limited review literature. The review outlines the gaps to improve accountability, support, and infrastructure, and the rights guaranteed under the Mental Healthcare Act 2017 might provide real support to the patients and their families.

Keywords: *Mental Healthcare Act 2017, Mental Health Review Boards, Patient Advocacy, Legal Rights, Involuntary Admission, Advance Directives, Mental Health Law, Psychiatric Ethics*

The Mental Healthcare Act (MHCA) of 2017 represented an important turning point for India's Mental Health Policy, being the first to adopt a fully "rights-based" approach to the policy, which recognizes the "value" of the individual as the focus of care. The Act demands equal treatment, respect, and individual liberty for those seeking treatment and aligns with the Indian Constitution and international norms and standards with respect to "informed consent" and autonomy and expanding the scope for non-coercive treatment options. The Act as well seeks to remove the coercive elements present in Mental Health policies and legislation and aims to strengthen the "right to mental health" and the "right to legally sanctioned protection" to promote the mental health and wellbeing of the individual.

The journey of implementation of the Act has been a far cry from the promised radical change to the lived experience of those seeking treatment. The promised change has been countered with the realities of inadequate budgets, insufficient staffing, slow compliance with policy, and the patchwork implementation of policies across different Indian States

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which has created a reality far-removed from the rights defined in legislation for treatment seekers. The Mental Health professional's "rights" to practice are also curtailed, as they seek to navigate an opaque system of policies and processes while waiting for policy direction.

This review focuses on assessing the impact MHCA 2017 has had on the Indian mental healthcare system. The review focuses on the literature, the policy analyses, and the implementation outcomes from various states to evaluate the Act's success regarding the impact on accessibility, advocacy frameworks, and the protection of rights. The review attempts to illustrate the achievements, the barriers that remain, and the pathway that must be taken to reach a situation where rights are not just legally recognized, but where their actual rights are defended.

REVIEW OF LITERATURE

Patra, J., et.al. (2025). This study examines the extent to which Indian insurers have complied with the MHCA 2017 provision regarding parity of mental health benefits with physical health benefits. It reviews policy documents and examines the views of key stakeholders to find some steps taken, but many barriers remain. Many plans continue to have restrictions such as protracted waiting periods and minimal benefits during hospitalization, which means that the coverage and access gaps are substantial in reality. The authors contend that aggressive and comprehensive legislation, public action, and the removal of exclusionary practices in insurance will be required to achieve mental health parity in India.

Bhattacharjee, S., & Bhattacharjee, D. (2024). This research underscores the reality that people with mental illness continue to have their basic human rights breached. The 2017 legislation replaced older laws, mainstreamed human rights, and sought to secure dignity, autonomy, and access to care. The authors point out that, while the new law positions the country among global human rights, the value of the law will be in the everyday practicalities of command and control of the law in the administration systems.

Srivastava, S., & Sharma, I. (2024). A survey of psychiatrists reveals discrepancies in the awareness and integration of MHCA 2017 into practice. Some of the challenges are insufficient training, uncertainty about the legal aspects, and a lack of resources. The authors suggest the streamlining of certain processes and the proactive enhancement of organizational backing for more seamless nation-wide implementation.

Vanagundi, R., et.al. (2024). Interviews conducted with psychiatrists working in Goa indicate that administrative workloads and stress increased during the transition from the old mental health law to the MHCA 2017, despite the latter's more progressive goals. The study indicates that increased funding, and more staff training and hiring could mitigate practitioner stress and improve execution.

Kapoor, A., & Shastri, M. (2023). The examined research explains how the Mental Healthcare Act (MHCA) 2017 defends the position of India in a global mental health discourse, which is a "right to mental health" as articulated in the UN Convention on the Rights of Persons with Disabilities. Despite a gain on rights towards autonomy and equal access, changes remain sluggish. The authors indicate the importance of change driven by civil society and advocates with lived experience.

Gupta, S., et.al. (2022). The study critique on India's Mental Health Review Boards (MHRBs) explains the negative impacts of inefficiencies of organizational structure, unclear processes, and lack of sufficient resources in the system. The study overall concludes that MHRBs can more robustly defend rights under the Act by intervening with a streamlining exercise that centers organizational resource simplification, coordination, and restructuring.

Pattnaik, J. I., et.al. (2022). The article performs a critical assessment of the Mental Healthcare Act (MHCA) of 2017, which was introduced in India as a means of protecting the rights of persons suffering from mental illness along with improving their access to care. MHCA 2017 is certainly a forward-looking legislation, but its implementation is still a long way to go due to lack of clear instructions, inadequate staffing and limited facilities, particularly in the rural parts of the country. The authors recommend the need for phased implementation, improved training, and increased community assistance to realize its goals.

Vashist, A., et.al. (2022). This work points out that MHCA 2017 was introduced mostly as a legal reform, rather than as a change that included investment in services. The lack of progress is still due to minimal preventive care, weak rehabilitation support and an overall lack of resources. For the Act to effect change, there needs to be a stronger built structure.

Gowda, M. R., et.al. (2019). There are critical gaps in mental health care resources in India and access to these resources is largely on the outskirts of urban and metropolitan areas. This study provides a vision for improving the service availability under MHCA 2017 as well as the legal and procedural ambiguities through the expansion and appropriate regulation of Mental Health Establishments.

Gowda, M., et.al. (2019). The article explains that MHCA 2017 places legal responsibility on mental health teams to plan and document continuity of care before discharge. Effective coordination with families and services is essential to reduce relapse and support recovery.
Harbishettar, V., et.al. (2019). This study highlights how the MHCA 2017 has played an important role in strengthening patient rights and encouraging more respectful mental healthcare in India. By making autonomy a priority and emphasizing thorough documentation, the Act aims to protect both patients and professionals through greater clarity and accountability. Although it has increased the amount of paperwork and administrative work for mental health providers, many of these challenges can be managed with better training, teamwork, and system support. Overall, the MHCA 2017 represents a positive shift toward a more compassionate, transparent, and consistent mental health system, even as implementation continues to evolve.

Math, S. B., et. al. (2019). The Mental Healthcare Act (MHCA) 2017 is widely seen as a major step forward in transforming India's mental health system into one that prioritizes patient rights and dignity. However, this study highlights that there is still a noticeable gap between what the Act promises and how it is implemented in everyday settings. While the MHCA 2017 sets a strong foundation for rights-based care, its true impact will depend on future improvements particularly those that make the Act more practical, culturally aware, and better suited to India's current healthcare challenges.

Mohan, A., & Math, S. B. (2019). point out that although the MHCA 2017 recognizes addiction as a mental illness, there are still uncertainties around how consent, involuntary treatment, and legal coordination should work in practice. They emphasize the need for clearer guidelines so that addiction care can be delivered more effectively.

Pavitra, K. S., et.al. (2019). highlight a cultural concern: while the Act strongly promotes patient autonomy, it may unintentionally sideline the important role families play in caregiving within India. They argue that the law should strike a better balance, supporting families while still safeguarding the rights of individuals.

Vadlamani, L. N., & Gowda, M. (2019). focus on Section 115 of the Act, which decriminalizes suicide attempts and ensures survivors receive care instead of punishment. They stress that for this progressive shift to truly make a difference, India needs more trained mental health professionals and greater public awareness about the change.

METHODOLOGY

I gathered the material for this review from various scholarly sources, such as PubMed, ResearchGate, and Google Scholar. To provide an up-to-date and thorough analysis of the Mental Health Review Boards (MHRBs) under the Mental Healthcare Act (MHCA) 2017, I concentrated on literature published from 2019 to 2025. The focus was to evaluate how effective the MHRBs are in advocating for patients on the legal and psychological levels to the highest standards. In considering the various approaches from different domains, I included peer-reviewed journal articles, articles authored by the government, and articles on policy evaluation, encompassing voices from the legal field, mental health practice, and the consumer side of the services. This work integrates domestic and international literature on the extent to which MHRBs are aligned with the legal and therapeutic aspects of care in mental health, the rights of the patients, and the promotion of mental health.

DISCUSSION

This review looks at the impact of the Mental Healthcare Act (MHCA) 2017 on the provision of rights-based mental health services in the country. While the Act constitutes a major policy shift in prioritising dignity, autonomy, and access to care, the empirical evidence suggests that systemic and cultural barriers continue to be the primary challenges in the operationalisation of the Act. Both progress and the gaps that continue to hinder the full potential of the Act are the focus of the review.

Key insights from reviewed studies include:

1. Enforcement of the law remains inconsistent. This is mainly because of limited resources, mental health professional shortages, and lack of awareness from managers, clinicians, and the public.
2. Some psychiatrists find some provisions confusing, particularly around issues of capacity assessment, minor consent, and emergency care, which indicates a need for clearer operational guidelines.
3. While the Act's goals of deinstitutionalization and community care are a step forward, the reality is that many areas still lack operational rehabilitation facilities, adequately trained staff, and referral systems, leaving families with the burden of caregiving.
4. Including addiction in the definition of mental illness has clinical and legal implications, particularly where treatment provisions of the Narcotic Drugs and Psychotropic Substances Act intersect, which complicates integrated care.
5. Well-designed discharge planning requirements are substantiated, though they are impossible to complete due to a lack of organizational support, inadequate documentation, and poorly developed community follow-up services.

6. The Act improved mental illness health insurance coverage, but policy restrictions, limited awareness, lengthy waiting periods, and uncovered services continue to hinder many people.
7. Mental Health Review Boards (MHRBs) play a crucial protective role, but delays in establishment, limited staffing, and unclear procedures reduce their accessibility and effectiveness.

Overall, while the MHCA 2017 has created a strong legal framework recognizing mental health as a fundamental right, the practical system required to uphold these rights remains underdeveloped. Strengthening infrastructure, improving training, enhancing community partnerships, and involving families meaningfully in care decisions are essential next steps. Only with such sustained efforts can the Act evolve from policy into tangible improvements in the lives of individuals living with mental illness across India.

CONCLUSION

The 2017 Mental Healthcare Act is India's step forward in safeguarding the rights and securing the future of people living with mental illness. The Act imperative inclusion of discharge planning in treatment ought to show an understanding that recovery goes beyond the reduction of symptoms and the release from an institution. As much as hospital systems focus on discharge outcomes, the Act recognizes the importance of community care, support, and autonomy. Recovery and integration to ordinary living hinges on the community's sustained positive attitude. The Act's collaborative approach in planning, inclusion of the patient, the family, and future care providers, ought to alleviate the uncertainties of the hospital-to-home transition and reduce the likelihood of relapse or discontinuation of treatment.

However, the Act's strong legal framework does not seem to encourage sufficient activity. The community integration problem has had health facilities inadequately resourced to support recovery, cope with community stigma, and guidelines on discharge procedures. Some family caregivers take on the burden of care when social stigma, family impoverishment, and mental ill health literacy is prevalent. These isolated and unsupported gaps in care create exposure and risk to the untreated during the most vulnerable stages of the mental illness.

Moving forward, the most important thing is that the actions inspired by the principles of the MHCA 2017 must be concrete and uniform across the board. Community mental health investments and the appropriate professional training, community mental health resource continued compliance enforcement frameworks will also be necessary for optimal service. In addition, incorporating psychosocial rehabilitation and family-centered care models into the mainstream services will assist patients in gaining the psychological stamina and independence that helps them avoid relapses over considerable periods.

Future studies should also seek to understand the long-range impacts of exit planning from hospital care. In particular, the most successful interventions focused on the various configurations within the diverse India context. Addressing both the systemic and societal barriers will result in giving the Act a greater degree of operational effect, making a mental healthcare environment within which rights-based treatment is not a promise, but a reality. In other words, focusing on discharge planning will provide the needed framework and service to reduce relapses, improve the life of the patient, and provide a holistic and comprehensive service recovery.

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Conflict of Interest
The author(s) declared no conflict of interest.

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