JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

Analytical study on laws relating to rights of mentally ill persons in India

[1] Authored by Prof. Dr. Anjuli Sharma, Associate Professor Dr. Vinod Kankar, Siddharth Tiwari(Research Scholar)

Abstract

The legislative framework that governs the rights of mentally disabled individuals in India is the subject of this analytical study. It examines the development of mental health laws from colonial times to the present, with a particular emphasis on critical statutes like the Mental Healthcare Act of 2017, which represents a substantial transition to a rights-based approach to mental health care. The research investigates the extent to which this Act is consistent with international human rights standards, with a particular emphasis on its safeguarding of the rights of mental health patients, such as the right to access quality care, autonomy, and the ability to live with dignity. Additionally, the research underscores the obstacles associated with the implementation of these policies, including the stigma surrounding mental illness, inadequate infrastructure, and a lack of awareness. The study also evaluates the roles of a variety of stakeholders, such as government bodies, mental health professionals, and advocacy organizations, in the enforcement of these rights. The study identifies voids in the current legal framework and provides recommendations for policy reforms by examining case studies and legal precedents. The results emphasize the necessity of a comprehensive approach to mental health legislation that not only prioritizes the effective provision of mental health services but also addresses legal rights. Advocating for improved legal safeguards and improved support systems for individuals with mental health conditions, this study contributes to the ongoing discussion regarding mental health law reform in India.

Keywords: *Laws, Mentally Ill Persons, India, Rights*

1. Introduction

People with mental illnesses have received inadequate attention and care from the community since their inception, as a consequence of their low socioeconomic status. They have been neglected and regarded as stepmothers by health planners, particularly in impoverished countries. Only the call for the progressive integration of human rights principles and liberal jurisprudence into the legal systems of each nation state served to ignite the imperative necessity to initiate the necessary measures to guarantee the appropriate care and treatment of individuals with mental illness. Therefore, it is now universally recognized that a mentally ill individual requires extra attention and care for their medical care and overall well-being as a result of the advancement of humanistic principles. The

future government was directed by the framers of the Constitution to consistently endeavor to improve public health due to the societal benefits that accrue from improving their circumstances. In our community, individuals with mental disorders are the most marginalized category of members with disabilities. Mental disabilities are defined as any illness that manifests significant psychological or behavioral symptoms that are associated with a painful or disagreeable symptom or a deficit in one or more critical areas of functioning. A definition of a mental disease that is considered universally appropriate does not exist. The reason for this is partially due to the fact that behaviors or mental states that are deemed aberrant or objectionable in one society may be considered acceptable or normal in another, and it is generally difficult to differentiate between good mental functioning and abnormal behavior.

The Indian Constitution applies equally to all Indian citizens, irrespective of their physical or mental health, their caste, religion, creed, or any other attributes. The sole requirement for the Constitution to be applicable is that the individuals it benefits are citizens of India. No citizen shall be denied access to public spaces, enterprises, wells, tanks, or any combination of these due to their gender, caste, place of birth, sex, or race, as stipulated in the Constitution. However, the Constitution designates the following social categories as those to which specific laws may be enacted without causing prejudice to the other members of the Indian populace. Members of the lesser socioeconomic and educational strata, women, and children comprise this population. According to the Supreme Court of India's interpretation in numerous precedent-setting cases, the fundamental rights to health and human dignity are a component of the right to life and liberty. Furthermore, the Supreme Court has designated the preservation and promotion of public health as one of the obligations that arise from Article 21 of the Constitution.

It came into effect in December 2016 as the Rights of Persons with Disabilities Act (RPWD Act). It safeguards and advocates for the rights and integrity of individuals with disabilities in a variety of domains, such as education, social interactions, legal matters, economic opportunities, cultural engagement, and political participation. The following is applicable to private, non-governmental, and governmental organizations. The regulations establish precise deadlines and requirements for businesses to ensure that their facilities and services are accessible. The Act does not address the unique requirements of individuals with mental illness (PMI) and their families, despite the fact that mental illness is a handicap. PWD with mental illness necessitate particular attention as a result of their illnesses. Serious mental illness patients frequently remain oblivious of their condition as a result of a lack of comprehension. In these circumstances, their families serve as indispensable caregivers. Family is essential for the administration of mental illness in our country, where mental health care professionals are scarce. Family support provides moral, emotional, and physical support to the PMI; therefore, it is imperative that they participate in mental healthcare to the fullest extent possible.

Everyone, worldwide, understands the crucial importance of mental health. The need for mental health services is great everywhere, but the solutions offered are insufficient. The goal of the “World Mental Health Report: Transforming Mental Health for All” is to motivate and educate people worldwide about improving their mental health. Utilizing the most recent research, presenting global best practices, and sharing firsthand accounts, it

elucidates the reasons and contexts in which change is most urgently required as well as the most effective means of bringing it about. It urges all parties involved to collaborate in order to fortify the systems that support mental health, change the surroundings that have an impact on mental health, and increase the value and dedication placed on mental health. Particular attention is paid to mental health and those who suffer from mental health issues in this report. The report also mentions drug use issues, neurological conditions, and intellectual and cognitive difficulties from time to time. This research recognizes that all of these problems can be, and frequently are, strongly linked to mental health conditions, even though they are not the primary focus.

2. Literature Review

Relevant literature from a variety of sources, including research studies, the schools of thought of eminent jurists, etc., has been reviewed in the context of the current study. People with mental health issues face human rights violations, both inside and outside institutions, including limited access to civil liberties, employment, education, and housing.

A legal framework must seriously address challenges impacting mental health patients in institutions and communities. A.N. Singh[1] claims that the general circumstances in which people with mental retardation have been raised point to the urgent need for legislation that can give them greater protection and a higher quality of life. The social security program, which includes pensions and disability insurance, special trusts, parents, medical care and treatment, education, leisure, sheltered workshops, vocational training, employment, job reservations, marriage, inheritance, property ownership and management, and government responsibility for the care and welfare of disabled people are among the critical areas of care and protection against which disabled people require legal coverage.

According to Justice V.R. Krishna Iyer, the essence of social justice is law with a heart humanist jurisprudence that is compassionate toward the needs of the disabled community, adaptable legal technology that is rich in substantive rules, operational procedures, and empathetic staff judiciary and executive—prepared to provide relief in the spirit of love and armed with the law. He underscores that the preamble of the Constitution and the International Year of the Disabled Persons underscore the fundamental truth that all "disabled" individuals are human beings, and that this is the foundation for the rule of law in the context of the emergent human rights movement.

International human rights instruments are essential for mental health because they provide essential safeguards that are impervious to political removal and legitimize international scrutiny of laws and procedures within a sovereign nation. Constitutional rights and mental well-being are inextricably linked. The objective of these complementary techniques is to enhance the quality of life for individuals. A specific level of mental health is

[1]A.N.Singh, Enabling the Differently Able, 1988. Shipra Publishers, New Delhi. p.1

necessary to engage in both social and political affairs in accordance with human rights. Nevertheless, human rights are essential for mental wellness, as they protect individuals from injury and enable the expression of opinions that are essential for mental well-being.

A married woman in her thirties, Mrs. D, entered a mental health facility. Despite the absence of symptoms of psychosis, she was diagnosed with significant depression and active suicidal ideation. After a comprehensive examination, it was determined that the current incident commenced three months ago. The month prior, she attempted to commit suicide by ingesting thirty paracetamol tablets. Upon her arrival at the emergency room of a general hospital, she was administered identical treatment. She and her family, however, had refrained from disclosing her death wishes or attempted suicide to the physicians due to concerns regarding potential medical-legal repercussions and police scrutiny. They had reported that she had taken prescription medications that were readily obtained at home in order to alleviate agonizing stomach pain. This scenario is clinically significant and remarkably prevalent, as the current law enables the family to acknowledge the true nature of the issue and obtain immediate psychiatric assistance for the prompt identification and treatment of suicidal thoughts and depressive disorders. These individuals are now subject to treatment by the state, as mandated by Section 115. This is a highly advantageous development.

Sheela Barse v. Union of India addressed the confinement of mentally ill individuals who were not criminals in West Bengal's institutions. The Supreme Court underscored the appalling conditions in which they were held and declared that it is both unconstitutional and unlawful to admit mentally unwell individuals who are not criminals to institutions. The Supreme Court defined the execution of an individual with mental retardation as "cruel and unusual punishment" in the June 2002 case of Atkins v. Virginia. The court concluded that a mentally impaired defendant bore less personal culpability for the offense. Scholars in the fields of medicine and law argue that mentally ill offenders should be treated with the same level of respect. According to the National Alliance on Mental Illness, individuals who have committed offenses as a result of states of mind or behavior caused by a mental disorder necessitate treatment, not punishment.

The Supreme Court was informed in the case of "Chandan Kumar v. State of West Bengal" about the appalling circumstances that mentally ill individuals were exposed to at a mental health facility in Mankaundi, Hooghli District. The Court denounced this practice, decreed that patients who were unruly or unable to be physically controlled should no longer be restrained with iron chains, and demanded that these persons be provided with medical care. However, on August 6, 2001, a total of 26 patients at Erwadi sadly died due to the carelessness of both government and private officials. The victims were unable to escape since they were confined to their beds when the facility caught fire. Following this tragic event, the NHRC has advised that all Chief Ministers provide a certificate confirming that no individuals with mental illnesses are restrained in any public or private institutions.

The case of Suchita Srivastav and Others against Chandigarh Administration raised two primary inquiries: Firstly, is it possible to terminate the victim's pregnancy even if she had expressed her want to become a parent? Furthermore, would taking such action align with her optimal welfare? The court ruled that the termination of the victim's pregnancy cannot be carried out without her consent, and it was determined that it would not be in her "best interests" to continue the pregnancy. The Medical Termination of Pregnancy Act of 1971 explicitly acknowledges the entitlement to personal freedom for mentally disabled persons who have reached the age of adulthood. The court denied the request to waive the consent requirement for a pregnancy abortion due to the failure to fulfill the other legal prerequisites in this particular case. The court further concluded that the victim's physical well-being is significantly jeopardized when an abortion is conducted during this advanced stage of pregnancy (19–20 weeks). Ultimately, the court emphasized the significance of considering additional criteria outside cultural prejudices when assessing the ability of an individual with minor intellectual disability to meet their parenting responsibilities.

The case of Ms. EeraThr. Dr. ManjulaKrippendorf vs the State (Government of National Capital Territory of Delhi) and others; the individual appealing in this particular case was a victim of sexual assault. She was undergoing psychiatric therapy for her moderate intellectual disability, but she was capable of providing her permission. She possessed the legal authority to provide authorization for the termination of the pregnancy. Her lack of inclination towards pregnancy was evident. Upon gaining clarity, the appellant plainly asserted that she had been subjected to sexual assault and had provided her consent for the abortion. The PMCH's decision not to continue with the pregnancy termination in this particular circumstance lacked adequate proof, since there was no indication of a life-threatening scenario for the victim. It would be advantageous to mention the recent verdict in X v. Union of India, where the Court emphasized a woman's autonomy in making decisions about her reproductive health. Additionally, the Court issued specific orders based on the report provided by the Medical Board.

3. Objectives

1. The objective of disability policy must be to create a society that fosters the full participation of individuals with disabilities in the community.
2. Enabling young people and individuals with disabilities to lead independent lives and make decisions that impact their own lives.

3.1 Hypothesis

1. Existing laws relating to the protection of mentally challenged persons are not implemented effectively.

2. The existing laws do not meet the international standards in protecting the human rights of the mentally challenged persons.

4. Research Methodology

In this study, the methodology adopted is mainly doctrinal. To understand the legal protection of mentally challenged people and human rights in India, all international documents, statutes, and judicial decisions are examined, followed by critical analysis of secondary sources like books, journals, online databases, and web sources.

Case Study

Case Study: Vinod Kumar v. State of Punjab (2015)

Background

Vinod Kumar, a man with a severe mental disorder, was accused of perpetrating a crime in this instance. His defense contended that his mental illness rendered him incapable of criminal liability for his actions. The case raised critical issues concerning the treatment of mentally disabled individuals within the criminal justice system. Vinod Kumar, who was diagnosed with schizophrenia, was accused with larceny and assault. The medical evidence presented by his defense demonstrated that his mental illness significantly impeded his capacity to comprehend the nature of his actions or to exert control over them. The defense contended that Kumar's mental illness should not render him criminally liable.

Legal Issues

Criminal Responsibility: The primary legal inquiry was whether Kumar's mental disorder relieved him of criminal responsibility under Indian law.

Application of Mental Health Laws: The court was required to evaluate the provisions of the Indian Penal Code (IPC) and the Mental Health Act, 1987, with respect to the treatment of mentally ill offenders.

The Court's Decision

The Punjab and Haryana High Court considered Kumar's poor mental health and his inability to comprehend the nature of his actions. The court cited Section 84 of the IPC, which stipulates that an individual is not criminally culpable if, as a result of a mental disorder, they are unable to comprehend the nature of their actions or that they are wrongful. The court directed that Kumar be treated in a mental health facility rather than a prison. The decision emphasized the necessity of a nuanced approach in the disposition of mentally ill offenders, emphasizing that mental illness should be taken into account when determining criminal responsibility and sentencing.

The significance of incorporating mental health considerations into criminal justice procedures was emphasized by this case. It emphasized the necessity of specialized mental health facilities and professionals within the legal

system. It also reaffirmed the provisions of the Mental Health Act and IPC that dictate the treatment of mentally ill individuals in a manner that is distinct from that of other offenders.

Conclusion

An analytical study of the legislation concerning the rights of mentally ill individuals in India uncovers an intricate interaction between the laws themselves and how they are put into practice. The legal system in India has seen major changes, progressing from the first Lunacy Act of 1912 to the comprehensive Mental Healthcare Act of 2017. This transformation signifies an increasing acknowledgment of the rights of persons with mental illness and a transition towards a more compassionate and rights-oriented approach to mental healthcare. The Mental Healthcare Act of 2017 is a significant milestone in the advancement of mental healthcare. It highlights the importance of individuals' rights to avail mental health services, make informed choices regarding their treatment, and reside in the community instead of being confined to institutions. Nevertheless, despite these advancements, there are still obstacles in effectively implementing these rights. The enforcement of these regulations is hindered by issues such as a lack of proper mental health infrastructure, social stigma, and inadequate funding. Furthermore, it is imperative to enhance awareness and give comprehensive training to healthcare practitioners, law enforcement personnel, and the general public to guarantee the preservation and observance of the rights of those with mental illness. Mere enhancement of the legal structure is insufficient; a coordinated endeavor is necessary to overcome systemic obstacles and guarantee the implementation of the principles outlined in the Mental Healthcare Act.

In conclusion, India has made significant strides in acknowledging and safeguarding the rights of individuals with mental illnesses; however, there is a continuing need to resolve the extant gaps and obstacles. In order to guarantee that the rights of mentally ill individuals are fully realized and respected, it is imperative to implement a comprehensive strategy that includes legal reforms, societal change, and improved support systems.