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A Comparative Study of Mental Health Laws : India & Beyond

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ABSTRACT
Mental health is one aspect of human being, but this aspect is deprived of all the appropriate attention from the side of the countries including India. Mental Healthcare Act 2017 is one of the major reform legislations in India which seeks to provide protection to the persons with mental illness against various forms of abuse and maltreatment and to provide treatment facility to them. The act seeks to offer the best that one can in the way of care within communities for mentally ill persons, and to respect their dignity, but the problems with it are nearly impossible to overcome. These are lack of funds, inadequate awareness, and the social taboo that has followed mental illness for a long time. Considering mental health in India with the mental health laws in the other nations, this paper also gets to know how the Act is implemented in the real lives, getting a good perspective on its effectiveness and opening up space for further discussions of issues arising such as shame, poor infrastructure and public awareness. This research thus reveals the several structural features of Indian systems that are inimical to the realization of the right to health as it guarantees mental health care. It points out a few workable suggestions, among them some seek to intensify the input of money into mental health programs, care in communities, and efforts to revive the community campaign against stigma. While elaborating how the issues are conveyed, this article wants to make a discrete and sound contribution to the international debate on mental health law and contribute models as to how mental health rights can be constructed in India, which we might learn from, with the help of advanced best practice from around the world.

Keywords: *Community Care Centers, Mental Health, Mental HealthCare Act 2017, WHO*

INTRODUCTION
India's large population and diverse population structure mean that the country has to deal with a rather large mental health problem that it cannot ignore. Mental disorders are prevalent in all age groups, socioeconomic statuses and different regions of the globe hence it affects anyone. Such conditions and their consequences include person's suffering, restricted activities in day-

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to-day life, and financial and social losses. India continues to experience a growing incident of mental health disorders, throwing up a worrying trend within the rising public health sector. It has been predicted that around 15% of the population of India suffers from some type of mental health problem.[1] This figure includes anxiety disorders depression bipolar disorder schizophrenia, substance use disorders and neurodevelopmental disorders. India is witnessing a shift in the demographics and epidemiology of MH disorders and their ramifications are much broader - these concerns require further elucidation. Coping with mental health diseases can become a necessity, not only for the people, if need be, but for the advancement of the country in general. Mental Health Care Challenges in India involves Stigma & Discrimination, efforts persisting in Lack of Awareness, scarce Mental Health workforce, family and societal pressure and Legal & Institutional constraint.

Evolution of Legislation in Protecting Mental HealthCare Rights –

The Act known as ***Indian Lunacy Act, 1912***[2] can be said to be the curtain raiser for the mental health law in India. Passed on March 16th 1912, its objectives were to repeals and enact laws regarding mental sickness and the overseeing of asylums. This Act set general guidelines for reception, detention and treatment of the so called "lunatics", and in contrast to the modern legislation, demonstrated more concern to patients' custody than to their needs and rehabilitating. The Act sanctioned detention of patients, with poor quality living conditions, for a long time and they had no chance of being released or getting better. There are demands for change, as a result of which, talks were initiated that resulted in the formulation of more liberal mental health laws in the later decades.[3]

The ***Mental Health Act, 1987***[4] was an historic event of Indian legislation which aimed for treatment & care of mentally ill person. This act was passed with an intended purpose of reviving and restating the laws governing mental. Its main aim was to ensure that mentally ill persons were availed with appropriate care and their rights protected concerning their treatment, property and affairs. It focused on the welfare of the mentally ill persons and sought to advance their welfare in the health, loose and correctional facilities. In its ruling, it eliminated licensing of many mental hospitals which were controlled by the government and this had a negative impact in as much as quality standard of many of the hospitals were concerned.[5] Also the Act failed to

[1] R. R. James, *Understanding the Mental Healthcare Act, 2017: Its Evolution, Present Challenges, and Future Prospects*, **Indian J. Psychiatry**, *64*(4), 379 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC10460242/.
[2] **The Indian Lunacy Act, 1912**, No. 4, Acts of Parliament, 1912 (India).
[3] Dr. Avinash De Sousa, *The Indian Lunacy Act, 1912: The Historic Background*, *ResearchGate* (2011), https://www.researchgate.net/publication/51651438_The_Indian_Lunacy_Act_1912_The_historic_background.
[4] **The Mental Health Act, 1987,** No. 14, Acts of Parliament, 1987 (India).
[5] T. S. Sathyanarayana Rao et al., *Mental Health Legislation in India: A Review***, Indian J. Psychiatry**, *53*(1), 65 (2011), https://pmc.ncbi.nlm.nih.gov/articles/PMC3103146/.

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extend the rights of the patients who were admitted in the private psychiatric units or the general hospitals with psychiatric wings /departments.

The new ***Mental Healthcare Act 2017***[6] is a radical paradigm shift in the treatment of mental health in India which primarily use the rights-based approach to mental health care. Signed on April 7, 2017, and entering into force on May 29, 2018, the Act repealed the Mental Health Act of 1987 and had an objective to harmonies Indian legislation with IHR standards. The Mental Healthcare Act, 2017 brought about a change from the medical model of the Mental Health Care Act, 2013. Key highlights includes decriminalization of suicide, consent and autonomy, Prohibition of Inhumane Practices and Community based care policies

Mental Healthcare and International Human Rights –

As mental health is a part of human rights, both international human rights and mental health care are connected. Human beings are protected by their rights in international law, including the rights to have dignity, personal liberty and to be treated equally if they have mental health conditions.

The ***Universal Declaration of Human Rights, 1948 (UDHR)*** has provisions stating that persons with mental disorders are also endowed with rights and freedoms.[7] The adequate protection of the rights of persons with mental health conditions has been supported by this basic instrument with the help of the numerous international treaties and principles. The UDHR incorporates health as one of the principles of the rights of individuals in as much as dignity is concerned. It accredits the right to a decent living which includes health and medical treatment as well as social services which include the mentally ill and their treatment under UDHR which condemns physical maltreatment and torture. The ***ICESCR***[8] presents states with an obligation to work toward the progressive realization of Articles of the highest standard of physical and mental health possible. Consequently, it ensures that one is entitled to the highest standard of physical and mental health. The law enshrines the right to health and mental health by explaining that all States must ensure that those with mental disorders have accessible, affordable and quality mental health care.

The international human rights treaty focusing on the rights of PWDs has been adopting since 2006 in the form of the ***CRPD***[9]. The Department stresses that the respective states should guarantee and advance these rights so that these people can receive a full appreciation and actively participate in society. The CRPD transformed mental Health by providing a Rights-Based approach, this not only includes the definition of disability to persons with long term Mental Impairments but also guarantees legal capacity and decision making regarding the

[6] **The Mental Healthcare Act, 2017**, No. 10 Acts of Parliament, 2017 (India).
[7] **Universal Declaration of Human Rights**, G.A. Res. 217A (III), U.N. Doc. A/RES/3/217A (Dec. 10, 1948).
[8] **International Covenant on Economic, Social and Cultural Rights**, Dec. 16, 1966, 993 U.N.T.S. 3.
[9] **Convention on the Rights of Persons with Disabilities**, G.A. Res. 61/106, U.N. Doc. A/RES/61/106 (Dec. 13, 2006).

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treatment to the relevant affected persons while also dictating compliance with health discriminations against persons with mental illness. However, the implementation of these international human rights standards in mental health practice, there are still formidable barriers. At this time, most countries have not eliminated prejudice legislative and policy measures that infringe upon the rights of mentally ill persons.

MENTAL HEALTHCARE ACT, 2017

The Mental Healthcare Act, 2017 is a progressive legislation in India to bring right based approach to Mental Health and for protecting and fulfilling the rights of persons with mental illness. It also aims at legalizing and enhancing the service of specialized health care facilities on suicide committed persons. MHCA is a vast improvement over the mental health act of 1987 it brings Indian mental health law at par with the international human rights standards particularly UNCRPD. The Act has two primary objectives:

- It provides that a right of every person to receive mental health care and treatment from the state funded services and non-discriminative behavior.
- It ensures the protection of Rights f pateints.

The MHCA is divided into numerous sections where various issues related to the mental health care are covered such as General Provisions where meanings and purpose of MHCA, definition of mental illness, and the capacity to make decisions regarding mental healthcare, preferences for treatment, involuntary admission and the treatment of a patient and Protection of Persons with mental Illness treatments the rights of persons with mental illness to be protected from inhumane treatment and to seek legal redress.[10]

Substantial Provisions of the Mental Healthcare Act, 2017 –

- ***Right to Access Mental Healthcare***: The Act also explained that every person shall have the right to receive accessible, available and affordable mental healthcare (Sec 18).
- ***Right to Live with Dignity and Protection from Inhumane Treatment***: Patients' rights regarding humane treatment and prohibition of certain coercive treatments unless the same is medically necessary under the supervision of the treating doctor (Sec. 20).
- ***Advance Directives***: The Act allows citizens to provide instructions for the therapy that should be provided if the patient will be incoherent in the future. (Sec. 5-11).
- ***Decriminalization of Suicide***: For the first time, the Act eliminates suicide as a crime and emphasizes that people who try to commit suicide are ill and need treatment (Sec. 115).

[10] Dr. B. N. Gangadhar & Suresh Bada Math, *Liabilities and Penalties Under Mental Healthcare Act, 2017*, **Indian J. Psychiatry**, *61*(Suppl 4), S783 (2019), https://journals.lww.com/indianjpsychiatry/fulltext/2019/61004/liabilities_and_penalties_under_mental_healthcare.19.aspx.

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- ***Mental Health Review Boards (MHRBs):*** These boards were meant to oversee, and provide recommendations on mental health facilities, hear and assess complaints from patients and their families (Sec. 73).

This Act does not include mental retardation as that is on developmental disorders. This is rather unique from earlier legislations that left transformed patient PMI to essentially make informed decisions on the various treatments on offer without much input on their part.

Protection of Rights under the Act, 2017 –

The Act incorporates acts of mental health in combination to the human rights to assert that patients with illnesses of the mind are equal citizens of the country in accordance with The Constitution of India. It also guards against discrimination in mental healthcare, employment, education as well as earnings and social opportunities. The Act guarantees several rights to individuals with mental illnesses, including:

- ***Right to Access Mental Healthcare***: Mental health care consumers have the right to receive ST and PT services for mental illness that are adequate in quality and quantity without being expensive, delivered in the least restrictive setting.
- ***Right to Live with Dignity***: It does not allow members to degrade other members and it frowns on any form of inhuman treatment of fellow human beings.
- ***Right to Confidentiality:*** Identifying information related to the patient may not be communicated except in the course of practicing their profession or as may be permitted by law.
- ***Right to Community Living:*** You need to guarantee that nobody will be locked in mental health facilities, but they will be accepted into society.
- ***Right to Legal Aid:*** Paralegal services must be delivered to patients who have mental illnesses.
- ***Right to Information***: Patients are entitling to information about diagnosis or results, treatment and likely outcome of the illness in simple language.

The Act introduces the principles of the community-based rehabilitation that focuses not only on the continuance of institutionalization but also supports an individual's reintegration into the society thus minimizing his or her isolation and dependence. Although the Act provides the elements for enhancing mental health care in the country, the measures will be required to further enhance the implementation, funding, awareness and eventually observe to what extent the rights of the mental health consumers have been protected effectively in practice.

MENTAL HEALTH LAWS IN OTHER COUNTRIES

Mental health law is a fast-moving area influenced by the intersection of legal systems, public health policies, and human rights principles. Various countries in the world have developed different approaches to mental health legislation for addressing the intricate problems that have

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cropped up in mental health. These nations have indeed devised strong legal systems for the protection of the rights of people who suffer from mental illnesses but the way they acquire different legal, political, and healthcare backgrounds is worth noticing and have capacity in their jurisdictions, provide rights and protection, have a review mechanism, and support community-based care.

The United Kingdom -

Significantly revised by the Mental Health Act 2007, the cornerstone of mental health law in the UK is the Mental Health Act 1983. Scotland and Northern Ireland have different legal systems, but this law mostly affects England and Wales. "mental disorder" under the Act is defined broadly to include "any disorder or disability of the mind",[11] covering such disorders as schizophrenia, depression, and bipolar disease. Except they co-occur with another mental condition, it clearly rules out drug abuse and particular personality disorders still. Unlike the Mental Capacity Act 2005, which allows for mandatory treatment even without permission if it is judged necessary for the health or safety of the individual, the MHA 1983 lets for compulsory treatment of people confined under the Act. Guiding treatment decisions for those without decision-making capacity, the Mental Capacity Act works along with the MHA. Individuals imprisoned under the Act must have Independent Mental Health Advocates (IMHAs under the regulation). Patients can appeal their detention to a Mental Health Tribunal and ask for a care plan review. Under specific settings, the Community Treatment Orders (CTOs) permit patients to be released into the community. [12]The Care Quality Commission (CQC) oversees the implementation of the Act and examines detentions and treatments in psychiatric facilities with the goal of lowering hospital readmissions and guaranteeing continuity of care.

United States of America -

Rather than operating under a single federal mental health act regulating treatment and rights, the United States runs under a mix of state and federal laws. 2008's Mental Health Parity and Addiction Equity Act (MHPAEA) requires insurance coverage equal to that of physical health for mental health services. It is key to the protection of mentally ill people. Although definitions differ by state, they usually correspond with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) issued by the American Psychiatric Association. U.S. states generally emphasize voluntary treatment, but also allow for involuntary commitment through court orders, usually when an individual poses a danger to themselves or others. [13] Mental health treatment depends greatly on informed consent. Emphasizing as well is the right to decline treatment, unless overruled by a court. Patients have the right to legal representation; most states have Mental Health Courts or Review Boards to supervise involuntary hospitalizations. The

[11] **Mental Health Act, 1983**, § 1 (U.K.).
[12] **Mental Health Act 1983: Code of Practice for Wales** (Revised 2016).
[13] **Mental Health Parity and Addiction Equity Act**, 42 U.S.C. § 300gg-26 (2008), https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity.

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Community Mental Health Services Block Grant supports state-level community-based programs, with a strong emphasis on deinstitutionalization and crisis intervention services.

Australia -

Operating under a federal system, Australia defines mental illness as a condition that affects cognitive, emotional, or social functioning. Mental health policies are established at the level of the state and territory, with the 2022 Mental Health and Wellbeing Act (Victoria) being one of the most advanced. Patients have access to Independent Mental Health Advocacy (IMHA) services and are entitled to be present at hearings. Victorian legislation recognizes advance statements, and involuntary treatment is subject to strict procedural safeguards and time limits.[14] The Act enshrines a Charter of Mental Health Rights, focusing on dignity, autonomy, and least restrictive treatments. The Victorian Act specifically excludes abuse and intellectual disability unless accompanied by a mental illness. Advance statements are recognized under legislation, and involuntary treatment is subject to strict procedural safeguards and time limitations. Mental Health Tribunals conduct regular reviews of involuntary treatment orders. Legal aid is available, and family members have the right to participate in hearings. Australian law supports community-based treatment, with models like the "hospital in the home" and assertive outreach programs aimed at reducing hospitalization.

Canada –

Canada's mental health laws are mainly under the responsibility of the provincial and territorial statutes, like the Mental Health Act, R.S.O. 1990 of Ontario and the Mental Health Act, 1996 of British Columbia. Very much like in other areas, mental disorder is generally defined as a broad category rather than the typical requirement for a condition that one of the symptoms is the cause of substantial dysfunction or at least the risk of harm. In Canada, a person can be considered to be capable until it is not proven otherwise. Through the Health Care Consent Acts, Advance directives, and substitute decision-making mechanisms can be availed by the patients. The patients have the right to be informed of their detention, be given legal counsel, and dispute involuntary admissions. In many provinces second medical opinions are required before the prolonged detention. Independent Consent and Capacity Boards and Review Panels are made available for patients to appeal involuntarily being treated orders. This legal assistance is provided to the public for free. In Canada, there has been an expansion of community-based services,[15] for example, Assertive Community Treatment (ACT) and Crisis Outreach and Support Teams (COAST). At the same time, the services vary significantly from one province to another.

[14] **Mental Health and Wellbeing Act 2022** (Vic) (Austl.).

[15] K. S. Jacob, *Mental Health Legislation: Can We Learn from Other Jurisdictions?*, **Indian J. Psychiatry,** *61*(Suppl 4), S679 (2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC6735142/ .

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COMPARISON AMONG INDIA AND OTHER COUNTRIES

Mental health laws across the world offer several approaches to negotiating individual rights, medical needs, and community security. Based on legal definitions, consent processes, rights protections, review processes, and community care, this part contrasts the Mental Healthcare Act of India (MHCA) 2017 with those of the United Kingdom, United States, Australia, and Canada. The review identifies missing content and best practices to help in legislative changes.

Legal definitions of psychiatric disorders

- India MHCA,2017
  Mental illness is a major disruption of orientation, memory, mood, perception, thinking, judgment, behavior, or daily activities that hampers judgment, behavior, or everyday performance but does not encompass intellectual impairment. This matches the emphasis of the CRPD on functional ability beyond diagnostic indicators. According to MHCA Section 2, it is severe cognitive restriction, mood, or perception limitation.
- UK (Accessibility for Those with Disabilities 1983)
  Underlines states demanding imprisonment for health/safety—for instance any mental disorder or handicap. Though more generalized, the definition is slammed for placing too much focus on risk as opposed to therapeutic needs.
- The United States (Act on Parity of Mental Health and Drug Dependency)
  Although it sometimes defines mental illness inconsistently, insurance parity is needed for both mental and physical problems. State regulations change, occasionally depending on DSM-5 standards.
- Australia
  For example, Victoria's Act specifies that "major grief of disability" exists, and definitions point out how decision-making or damages is affected by "mental disorder."
- Canada
  In Ontario, provinces exclude neurodevelopmental disorders and define mental illness as a "condition of thought, mood, or perception" which impacts judgment.

Provisions regarding consent and ability.

- India
  Patients might define therapy needs in advance and Supported Decision-Making where Calls for nominated representatives to defer to patient autonomy unless legal judgment of incompetence.
- United Kingdom
  Unless determined incapacitated, patients have decision-making authority under the Capacity Act 2005. Those compelled to be treated must obtain the approval of a Mental Health Tribunal.
- United states of America

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The MHPAEA guarantees equivalent consent processes for psychiatric therapy; in most cases, emergency exception is needed.

- Australia
  Community Treatment Orders (CTOs) let involuntary outpatient treatments for those lacking insight inappropriately undermine autonomy.
- Canada
  Least Limiting Approach, for instance in British Columbia, patient permission is given priority and boards evaluate involuntary admissions.

Safeguarding rights and entitlements

- India
  The right to dignity prevents in India solitary confinement, restraint, and electroconvulsive therapy (ECT) contrary to operating without anaesthetic. Regarding decriminalizing Suicide attempted suicide is regarded as a mental health crisis instead of a criminal action.
- United Kingdom
  Independent Mental Health Advocates (IMHAs) help to maintain human rights while detained.
- USA
  The American with Disabilities Act (ADA) prohibits denial of mental health services. It deals with anti-discrimination in field of medical access.
- Australia
  Charters of Rights: In some Australian states NSW among them legal aid and respect in treatment are mandated.
- Canada
  Privacy Protections: Provincial laws restrict the sharing of mental health data outside permission.

Review Mechanism

- India
  Involuntary hospitalizations, facility oversight, and redry complaints are approved by Indian Mental Health Review Boards (MHRBs).
- United Kingdom
  Mental Health Tribunals: Check detained cases within 14 days to make sure they meet human rights criteria.
- United States of America
  In overburdened systems, state-level hearings will investigate compulsory commitments; nevertheless, adjournments are usual.
- Australian
  Regularly review CTOs and inpatient stays to ensure mental health competency.

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- Canada
  Provincial Review Boards review long-term forced or involuntary admissions yearly.

Community Care Contribution

- India
  Regardless of policies demanding that mental health is incorporated into primary care and community-based rehabilitation is top priority, financial deficits slow implementation.
- United Kingdom
  Emphasizes models of "Care in the Community" as well as on crisis resolution teams that lower admissions.
- USA
  In rural areas, Federally Qualified Health Centers (FQHCs) provide decentralized care, but there are many shortfall areas.
- Australia
  Although reliance on coercion is still debated, Australia's CTOs seek to drive individuals to community settings.
- Canada
  Early intervention programs for psychosis and youth mental health are most highly ranked by such provinces as Ontario.

India's MHCA 2017 is among the first to present the rights of the patients with the introduction of Advance Directives, Nominated Representatives and a Rights-based framework. This seems quite a lot what Australia and Canada already have. However, it's still the case that there are many difficulties with implementation and availability of community-based health services in India, as well as in rural areas of Canada and Australia. India's Mental Health Review Boards closely resemble the tribunal systems in the UK and Australia, although their function is still in their infant stage. India's Suicide Decriminalization is in line with human rights and reduces stigma. Also of greatest priority is the funding for mental health, backing up the campaigns that combat the social stigma of mental illness, and entering into international pacts that reach across nations to fill in the gaps.

IMPLEMENTATION CHALLENGES IN INDIA

Most states have started to appreciate mental health from the legal and policy aspects after the Mental Healthcare Act, 2017 became a law in India. Nevertheless, the efficacy of the law does not necessarily result in the actual improvement of the situation. The real essence of a good legal framework lies in its practice and in India, the practice of law faces challenges at every level of the system. These challenges are not only the ones that cause a decrease in the life quality of the

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people who suffer from mental disorders, but they are also the ones that put a great deal of the economic and social burden on the country.

Ground-level issues of implementation - Chronic underfunding is one of the most serious hurdles to mental health policy rollout getting off to a good start. The National Mental Health Program, launched in 1982 and re-strategized in 2003, has seen limited success largely due to the meagre financial allocation and lack of robust monitoring mechanisms. Distributed unevenly throughout urban areas, mental health facilities leave rural people mostly lacking treatment possibilities. Although the Mental Healthcare Act, 2017 imagines a rights-based and decentralized delivery system, such one is not possible without a skilled and enough labor. Moreover, many specialists are hesitant about working in rural areas or in public institutions on account of low pay, substandard facilities, and great stigma. One of the most insidious obstacles is stigma; it stops people from seeking help and families from recognizing mental disorder. Cultural and religious misunderstandings brand the mentally sick as "possessed" or "weak," therefore causing disregard or harsh "therapies." Even inside institutions, there have been reports of physical abuse, substandard living conditions, and inhumane treatment.

Mental Health Review Boards and Authorities - Sections 73–77 of the MHCA, 2017 require the establishment of Mental Health Review Boards at the district level to oversee treatment-related grievances, monitor rights violations, and ensure the observance of advance directives and nominated representatives.[16] By 2024, though, most states have not formed MHRBs or chosen members lacking their proper orientation. A 2022 RTI query showed that functional MHRBs were only found in 13 of 36 states/Union territories and many lacked routine meetings or case disposal numbers.[17] Central Mental Health Authority (CMHA) and State Mental Health Authorities (SMHAs) must also be set up under the Act to license, supervise, and control mental health facilities. The CMHA was established in 2019, but most states have not informed their corresponding SMHAs, therefore making licensing and rules uneven and erratic. Unlicensed companies run without oversight, and rights enforcement stays theoretical; therefore, these problems really affect execution.

Social Consequences of Untreated Mental Disorder - Consequences of mental disorder not treated on social levels Institutional or community care being lacking, families usually turn into the main caretakers. Particularly for women, this places great emotional, financial, and mental hardship on caregivers. Research indicate that caregivers are more prone to social withdrawal, burnout, and depression. Those who suffer from mental disorders encounter systematic exclusion in employment, academic opportunities, living conditions, and social contacts. Notwithstanding constitutional safeguards and positive policies, workplace discrimination still abounds. Although it is banned by the MHCA 2017, it remains poorly enforced. Many people with mental problems find themselves homeless or permanently housed in psychiatric facilities. Many people have no

[16] **The Mental Healthcare Act, 2017**, §§ 73–77, No. 10 Acts of Parliament, 2017 (India).
[17] *RTI Responses Collected by* The Hindu *on Mental Health Review Boards in India* (2022).

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secure living possibilities after being released due to absence of halfway houses or supported housing.[18] The link between homelessness, poverty, and mental health constitutes a vicious cycle. Common untreated mental illnesses also impact community stability, raising vulnerability to violence, substance abuse, and crime. In rural and tribal sectors, superstitious beliefs sometimes lead victims to endure exorcism or physical abuse. The financial impact is as serious lower output, higher health costs, family burnout, and wide spread exclusion of people with mental issues from mainstream society. Spanning this implementation gap calls for not just legislative and policy changes but a society-wide strategy including awareness campaigns, capacity building, community integration, and constant financial investment.

RECOMMENDATIONS & FUTURE DIRECTIONS

Although mental health is more and more seen as a basic part of public health and human rights, it has yet to produce significant changes in India. Regardless of the passing of the Mental Healthcare Act, 2017 (MHCA), implementation gaps, lack of facilities, and social stigma are still undermining the goal of mental well-being for all. This section offers sensible steps based on lessons from international frameworks and India's ground reality to improve mental health systems, reduce stigma, and promote equitable access to healthcare.

More budget Allocation -

India's psychological health is greatly underfinanced. The financial neglect is evident in the inadequate number of psychiatric institutions, dearth of professionals, and subpar outreach initiatives. Allocate mental health programs across 5% of the federal health budget. Create a ring-fenced mental health fund for development of research, training, and local resources.

Including mental health services in primary care -

Most of the time, primary first-care centers lack mental health programs. Early treatment and universal access can be ensured only if mental health is part of first-level healthcare. Train general practitioners and community health workers in basic psychology and counseling. Integrate mental health services within Ayushman Bharat Health and Wellness centers (HWCs), therefore dispersing them. Qualified mental health professionals staff new primary health centers in isolated regions.

In the workplace as well as in schools -

Educational institutions and companies are perfect places for preventative mental health treatments. Under the National Education Policy 2020, mental health literacy could be included in school curricula. An excellent suggestion would be to urge every company of at least 50 staff to provide Employee Assistance Program (EAPs) teamed with regular mental wellness seminars.

Community Care Centers -

[18] G. N. Rao, *Mental Health in Homeless Populations*, **Indian J. Psychiatry**, *60*(3), 261 (2018).

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Although Section 18(6) of the MHCA mandates community-based care, there are no way of enforcement. It would be helpful to provide 1 million Accredited Social Health Activists (ASHAs) with tools to identify and refer mental health cases. States should be encouraged to create and release Community Mental Health Plans (CMHPs). The Act ought to include a distinct, detailed "Chapter on Community Mental Health Services" with clear enforcement provisions.

Structural mental health Technologies -

India's National Digital Health Mission might be used to incorporate mental healthcare into digital health records; by partnering with overseas technical firms and academic institutions to produce ethical, secure, and inclusive digital mental health platforms, global cooperation can drive the creation of AI-based diagnostic tools, telepsychiatry platforms, and mobile applications for broad access in rural areas.

Healing Methods and Cultural Perceptions -

Although little scholarship investigates their interface, indigenous and spiritual healing customs coexist with modern psychiatry. Commission ethnographic and qualitative research on cultural forms of mental illness and indigenous healing systems. Create evidence-based teaching materials for clinicians to provide culturally competent treatment.

CONCLUSION

Once pushed to the periphery of legal debate and public policy, mental health is now more and more seen as a fundamental support of general well-being and human rights. Particularly concentrating on the Mental Healthcare Act, 2017 (MHCA), in India and its compatibility with global standards, this study has looked at the development, current state, and comparative legal systems regulating mental health. Though MHCA, 2017 marks a significant departure from a custodial to a rights-based strategy, its execution is still beset with institutional and system issues. Although each nation operates within its own legal and healthcare framework, the comparative review of mental health laws in countries including the UK, the USA, Australia, and Canada exposes particular common principles—stress on community care, respect of autonomy and consent, and the requirement of ongoing oversight and accountability. While India's MHCA is inspired by these international policies, it suffers from obstacles including insufficient financing, lack of knowledge, stigma, and a severe lack of experienced mental health experts. To meet its legal and international responsibilities toward the mentally ill, India must regard mental health as a human rights and developmental concern, says the research, which offers a multi-dimensional policy roadmap including higher financial investment, national-level de-stigmatization campaigns, legislative refinement, worldwide cooperation, and culturally sensitive research. In essence, mental health law must not work alone. It should be part of a more general system of social justice, public health, and education. Future results from turning legal promises into institutional initiatives as well as from cultural transformation. India can create a

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mental health system that is not only legally sound but also empathetically driven and universally accessible with continued dedication and all-encompassing policy setting.

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