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MENTAL HEALTHCARE IN RURAL INDIA: RIGHTS ON PAPER VS REALITY ON GROUND

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Abstract

Mental healthcare in rural India tells us about one of the deepest loopholes within the Indian welfare system. While India has its own progressive legislation through the Mental Healthcare Act, 2017, millions of rural citizens continue to have a harsh reality in silence without any doctors, counselling, rehabilitation, or even dignity. The major gap between legal guarantees and ground realities reveals structural inequalities rooted in poverty, caste discrimination, illiteracy, social stigma, gender injustice, and weak healthcare infrastructure. This article critically examines mental healthcare in rural India through the view of Sustainable Development Goal 10 (Reduced Inequalities). It analyses constitutional protections, statutory safeguards, judicial interventions, and the implementation crisis affecting vulnerable communities. The article further explores the emotional, social, and economic consequences of untreated mental illness in villages and remote regions. By integrating legal analysis with a human rights perspective, the article argues that mental healthcare must be treated not merely as a medical concern but as a question of equality, dignity, and social justice in India.

Keywords: Mental Healthcare, Rural India, SDG 10, Mental Healthcare Act 2017, Right to Health, Rural Healthcare, Mental Illness, Social Justice, Public Health Policy, Community Mental Health, Human Rights

Introduction

India stands at a critical point where constitutional promises often fail to reach the people who need them most. Nowhere, this contradiction is more painful other than in the fields of mental healthcare. In metropolitan cities, conversations about anxiety, depression, stress, and therapy have slowly started to become visible. However, in rural India, mental illness remains ignored behind silence, superstition, shame, and abandonment. Many individuals suffering from schizophrenia, bipolar disorder, depression, anxiety disorders, and substance dependence continue to just live without diagnosis or treatment. Many are chained, isolated, abused, or neglected by families, societies, and communities that lack awareness and mental healthcare support systems.

Mental health is not just a medical issue rather, it is deeply interlinked to poverty, unemployment, domestic violence, caste exclusion, gender inequality, displacement, and social insecurity. Rural India faces critical deficit of psychiatrists, psychologists, psychiatric social workers, rehabilitation centers, and counselling services. The untreated remains alarmingly high, specifically in economically weaker states. As a result, legal rights guaranteed under Indian law often remain unreachable to ordinary villagers.

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The enactment of the Mental Healthcare Act, 2017 made a historic shift in Indian mental health jurisprudence. For the first time, mental healthcare was given recognition as a legal right related to dignity and autonomy. The law finally looked upon the rights-based legal framework inspired by various international human rights standards and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Yet the implementation of these protections remains uneven, particularly in rural regions.

This article examines the harsh gap between legal promises and lived realities in rural India through the perspective of Sustainable Development Goal 10, which approaches to reduce inequalities among societies. It advocates that unequal reach to mental healthcare results in a profound social injustice that undermines constitutional morality, human dignity, and inclusive development.

Mental Healthcare and SDG 10: Understanding the connection

Sustainable Development Goal 10 emphasize on diminishing inequalities within and among societies. Mental healthcare is directly related to this goal because mental illness disproportionately affects marginalized populations. Poor individuals, women, Dalits, tribal communities, migrant workers, elderly persons, disabled individuals, and rural populations often experiences multiple layers of exclusion.

In rural India, lack of equality in mental healthcare has been seen in several forms:

Unequal distribution and lack of hospitals and specialists

Few affordable treatments related to rural mental health care

Social stigma and discrimination among and by the different societies

Gender-based neglect, such as women's mental health specially the victims

Poor implementation and lack of appropriate welfare schemes

Very less awareness about their own legal rights

Absence of rehabilitation facilities

Different languages and cultural barriers

Mental illness mostly pushes families into deeper poverty level. A farmer suffering from depression may lose his interest into productivity. A woman facing any trauma may experience domestic violence and social abandonment. A child with psychological disorders may drop out of school. Thus, mental healthcare inequality creates cycles of economic and social deprivation.

SDG 10 demands inclusive policies that ensure equal opportunities and reduce discrimination. Mental healthcare cannot just remain as an urban privilege, or shall be available and is in reach of only educated and financially secure populations. Equal access to mental health care services is important for social justice, constitutional equality, and sustainable development.

Mental Healthcare in Rural India: Ground Reality

The reality of mental healthcare in rural India is heartbreaking. Villages across India continue to suffer from severe shortages of infrastructure and trained professionals. Many Primary Health Centers lack even basic psychiatric medicines. In some districts, there may not be a single psychiatrist available for lakhs of people.

Families often travel hundreds of kilometers to access treatment in urban hospitals. For poor households dependent on daily wages, such travel becomes financially impossible. Consequently, many people discontinue treatment midway or never seek medical assistance at all.

Superstition and social stigma further worsen the crisis. Mental illness is frequently associated with black magic, possession by spirits, divine punishment, or moral weakness. Individuals suffering from severe mental disorders are sometimes beaten, isolated, or taken to faith healers instead of doctors. Women face particularly cruel consequences because mental illness can become a ground for

abandonment, forced confinement, or denial of marriage and inheritance rights.

The emotional burden carried by rural families is immense. Parents silently watch children struggle with psychological disorders without understanding what is happening. Farmers facing debt and climate stress often suffer depression without support. Elderly persons experience loneliness and dementia in complete invisibility. Suicide among rural populations reflects not only personal suffering but also systemic neglect.

Despite legal protections, the absence of institutional support means that rights remain largely theoretical for millions of citizens.

Constitutional Framework for Mental Healthcare in India

The Indian Constitution does not explicitly mention mental healthcare, yet several constitutional provisions protect the rights and dignity of persons with mental illness.

Article 21: Right to Life and Personal Liberty

The Supreme Court has repeatedly interpreted Article 21 broadly to include the right to live with dignity, health, and humane conditions. Mental healthcare is therefore an essential component of the right to life. The Constitution of India also supports mental healthcare through Article 21, which guarantees the right to life and personal dignity.[2] Indian courts have interpreted this right broadly to include access to healthcare and humane treatment. Additionally, the National Mental Health Programme was introduced to integrate mental healthcare with primary healthcare systems, particularly in rural regions.

Article 14: Equality before Law

Persons with mental illness are entitled to equal protection under the law. Denial of treatment or discrimination based on mental health violates constitutional equality. . Many individuals avoid seeking help due to fear of discrimination and social exclusion. Women, elderly persons, homeless individuals, and economically weaker sections are more vulnerable to neglect and lack of treatment.

Article 15

The Constitution prohibits discrimination based on various grounds. Although mental illness is not explicitly listed, the spirit of Article 15 supports equal treatment and social inclusion.

Directive Principles of State Policy

Articles 38, 39, 41, and 47 collectively impose a duty upon the State to improve public health, reduce inequalities, and support vulnerable populations.

The constitutional vision of India is rooted in social justice and human dignity. Therefore, neglecting mental healthcare in rural India contradicts the foundational ideals of the Constitution.

Legislative Provisions under the Mental Healthcare Act, 2017

The Mental Healthcare Act, 2017 represents a landmark shift from custodial care to a rights-based approach. The Act replaced the outdated Mental Health Act of 1987 and aligned Indian law with international human rights principles. (Wikipedia)

1. Right to Access Mental Healthcare

Section 18 guarantees every person the right to affordable, accessible, and quality mental healthcare services funded by the government. This includes rehabilitation and community-based services. The State is obligated to make services available in every district.

However, in many rural districts, this promise remains unfulfilled due to infrastructure shortages and budgetary limitations.

2. Right to Community Living

The Act recognizes the right of persons with mental illness to live within society rather than being forcibly institutionalized. Long-term segregation and isolation are discouraged.

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For rural populations, community living becomes difficult because villages often lack rehabilitation centers, social workers, or support systems.

3. Advance Directives

The law allows individuals to specify their treatment preferences in advance and nominate representatives for future healthcare decisions. This provision strengthens autonomy and informed consent.

Yet awareness regarding advance directives is extremely low in rural India.

4. Decriminalization of Suicide

Section 115 effectively decriminalizes attempted suicide by presuming severe stress. The government is required to provide care, treatment, and rehabilitation instead of punishment.

This was a historic humanitarian reform because criminalizing suicide victims only deepened suffering.

5. Protection from Inhuman Treatment

The Act prohibits cruel, degrading, and inhuman treatment, including physical abuse and unhygienic conditions. It guarantees dignity, privacy, sanitation, and protection from exploitation. (Indian Kanoon)

6. Rights of Women and Children

Special protections exist for women and minors receiving treatment. Electroconvulsive therapy for minors is heavily restricted.

7. Mental Health Review Boards

The Act establishes review boards to protect patient rights and oversee admissions and treatment decisions.

However, many states have struggled to operationalize these boards effectively, especially in remote regions.

Judicial Provisions and Landmark Judicial Interventions

Indian courts have played a significant role in recognizing mental healthcare as part of fundamental rights.

1. Sheela Barse v. Union of India

The Supreme Court emphasized humane treatment for persons detained in mental institutions and highlighted the need for dignity-based care.

2. Shatrughan Chauhan v. Union of India

The Court recognized mental illness as a relevant factor in death penalty cases and stressed the importance of psychological evaluation.

3. Accused 'X' v. State of Maharashtra

The judiciary acknowledged the relationship between mental health and criminal justice, reinforcing the need for compassionate legal treatment.

4. Recognition of Mental Health under Article 21

Indian courts have repeatedly held that healthcare, including mental healthcare, forms an inseparable component of the right to life and dignity.

5. Judicial Concern over Institutional Conditions

Courts and the National Human Rights Commission have expressed concern regarding overcrowding, abuse, and illegal detention in mental healthcare institutions. (Drishti IAS)

The judiciary has attempted to push governments toward accountability, yet enforcement remains inconsistent.

Issues and Challenges in Rural Mental Healthcare

1. Lack of Mental Health Professionals

India faces a severe shortage of psychiatrists, psychologists, and psychiatric social workers. Rural areas suffer the most because professionals prefer urban postings with better facilities and salaries. According to government reports, most mental health professionals are

concentrated in urban areas, leaving rural populations underserved.

2. Poor Healthcare Infrastructure

Many Primary Health Centre lack psychiatric medicines, counselling services, and trained staff. Community health workers are often not adequately trained to identify mental illnesses. Resulting in poor treatments in the field and in addition, in most of the cases it fails to provide any treatment at all. Hence, rural public suffers due such poor infrastructure.

3. Social Stigma and Cultural Beliefs

Mental illness continues to be associated with shame, weakness, and supernatural beliefs. Families often hide affected individuals due to fear of social exclusion. Such cultural beliefs leads to unfair treatment to the patient and sometimes people in the society tend to detain them unwantedly and refuse to understand the condition the patients are suffering from.

4. Gender-Based Inequalities

Women in rural India face emotional violence, domestic abuse, unpaid labour burdens, and reproductive pressures. Yet their mental health concerns are frequently ignored or dismissed. Such cases are the main cause of women's suicidal history in the rural area which directly or indirectly affects their children's mental health.

5. Poverty and Economic Insecurity

Poverty intensifies mental stress while simultaneously limiting access to treatment. Poor households prioritize food and survival over mental healthcare expenses. Other than that, mental health treatments usually tends to be costly and due to lack of awareness people always choose other basic needs as the utmost priority.

6. Lack of Awareness

Many rural citizens are unaware of mental health symptoms, available services, or legal rights under the law, which is why they prioritize other basic needs first without giving it a thought. Such lack of awareness leads to many mental health issues to be seen as other disbeliefs.

7. Weak Implementation of the Mental Healthcare Act

Although the law is progressive, implementation mechanisms remain weak due to limited funding, bureaucratic delays, and inadequate monitoring. Law surely do provide us the solution but that solution is yet to be implemented with more sincerity.

8. Absence of Community-Based Rehabilitation

Recovery from mental illness requires counselling, family support, employment opportunities, and social reintegration. Such systems are largely absent in rural India.

9. Digital Divide

Telemedicine and online counselling are growing in urban India, but poor internet access and digital illiteracy exclude many rural populations.

10. Emotional Isolation

Perhaps the most invisible tragedy is emotional loneliness. Countless individuals suffer silently without empathy, understanding, or companionship. Their pain remains unheard because society often refuses to acknowledge mental suffering as real suffering.

Mental Healthcare, Human Dignity, and Social Justice

Mental illness does not destroy human dignity; society's response to mental illness does. When individuals are mocked, chained, abandoned, or denied treatment, the violation is not merely medical but moral and constitutional.

A rights-based approach requires society to recognize persons with mental illness as equal citizens deserving compassion and support. Rural India urgently needs a shift from fear and stigma to empathy and inclusion.

Mental healthcare must not be reduced to hospitals and medicines alone. It involves emotional safety, family acceptance, community participation, economic stability,

and social respect. A farmer battling depression deserves the same dignity as any urban professional receiving therapy. A rural woman experiencing trauma deserves care instead of silence. Equality cannot exist if mental suffering is ignored simply because it occurs in poor and remote communities.

Conclusion

Mental healthcare in rural India represents one of the most urgent human rights challenges of contemporary India. The law promises dignity, equality, autonomy, and care, yet millions continue to live without support, treatment, or hope. The distance between rights on paper and reality on the ground reflects deeper inequalities embedded within Indian society.

The Mental Healthcare Act, 2017 is undoubtedly a progressive and compassionate law. It recognizes that persons with mental illness are not objects of charity or fear but individuals entitled to rights, freedom, and dignity. However, legislation alone cannot transform realities unless accompanied by political will, institutional accountability, financial commitment, and social empathy.

From an SDG 10 perspective, unequal access to mental healthcare is not merely a healthcare failure; it is a violation of social justice. Rural citizens deserve the same opportunities for emotional wellbeing as urban populations. A nation cannot claim inclusive development while ignoring invisible suffering hidden in villages, farms, and marginalized communities.

The true measure of a democratic society lies in how it treats its most vulnerable citizens. Mental healthcare must therefore become a collective moral responsibility. India must move beyond symbolic recognition and build a compassionate system where no individual is abandoned because of mental illness, poverty, or geography. Only then can the promise of equality become meaningful, and only then can the dream of reduced inequalities become a lived reality rather than a constitutional aspiration.

Recommendations

1. Strengthening Rural Mental Healthcare Infrastructure

The government must establish mental health units in every district hospital and strengthen psychiatric services at Primary Health Centres.

2. Increasing Mental Health Budget Allocation

India's public expenditure on mental health remains extremely low. Greater financial investment is necessary for staffing, medicines, rehabilitation, and awareness campaigns.

3. Community-Based Mental Health Programs

Village-level mental health programs involving ASHA workers, local NGOs, teachers, and community leaders can improve awareness and early intervention.

4. Training Primary Healthcare Workers

General physicians, nurses, and health workers should receive training to identify common mental illnesses and provide basic counselling support.

5. Awareness and Anti-Stigma Campaigns

Mass awareness campaigns in regional languages are essential to challenge myths and encourage treatment-seeking behaviour.

6. Special Focus on Women and Vulnerable Groups

Policies must address the mental health needs of women, tribal communities, elderly persons, disabled individuals, and economically marginalized populations.

7. Tele-Mental Health Expansion

Digital mental health services should be expanded with better internet access and community support centres in rural regions.

8. Effective Implementation of the Mental Healthcare Act

Mental Health Review Boards, State Mental Health Authorities, and grievance redress mechanisms must function efficiently and transparently.

9. School and College Counselling Systems

Rural educational institutions should include mental health counselling and emotional wellness programs.

10. Integrating Mental Healthcare with SDG Policies

Mental healthcare should become an essential part of poverty reduction, gender justice, education, employment, and rural development strategies under SDG implementation frameworks.

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