



Amala Poli // In 2017, India's Parliament passed a new Mental Healthcare Act that sought to address several gaps and problems in the previous act of 1987. While marking a significant moment in Indian history by attempting to prioritize patients' rights and consent, the new act raises new concerns. Can the status quo be transformed through proper implementation of the act? Initial responses indicate some apprehension about the act's implementation across the country's mental health institutions. Instead of focusing on the key highlights of the act [1] [2], this essay explores a paradox in the way that the mental well-being of the population is being addressed.

Two discursive strands are at odds in the approach to mental health that exists in India. One is the liberal, progressive stance that draws attention to the increasing need for mental health initiatives and awareness about the widespread nature of mental illness. The other is the budgetary and fiscal reality of the health sector, where an inadequate 0.02% of the total health budget (also grossly insufficient) is allocated to addressing mental health (Galhotra & Mishra 2018).

The strongest concern, then, is the implementation of the act. Will it hold institutions and stakeholders accountable, relieve the burden of the mentally ill population in the country, and ensure that their rights are safeguarded? The fiscal statistics suggest that some measures need to be taken urgently to transform the act's promises into realities.

Less than a year after its passage, the High Court of New Delhi heard a petition in July 2018 regarding the treatment of a military corporal against his consent in a hospital of the Indian Air Force. Hospitalized for a routine de-addiction checkup, the corporal's treatment and the drugs administered to him had little to do with his alcoholism at the time of admission. The High Court expressed alarm that similar situations could occur in military hospitals across the country. The age-old tussle between military powers and the civil law seems to be the key issue, as the High Court expressed concern over the IAF's disregard for the Mental Health Act. Apart from the pressure on the individual and caregivers to bring the law to the notice of the institutions, one wonders what checks and accountability measures are in place for other such instances of patients committed indefinitely in military hospitals across the country.

A crisis of workforce and infrastructure is another major concern, as only 40 mental health institutions exist in India and fewer than 26,000 beds are available for long-term rehabilitation in a nation with a population bordering 1.4 billion people (Galhotra & Mishra 2018). These numbers are terrifying. Predictions suggest that the scale of people who need treatment for mental health issues is set to increase in the next decade. The only way to be pragmatically and ethically equipped for such a challenge is through a dialogue between policy makers and executives, between healthcare professionals and caregivers, and through more initiatives to resist the stigma and shame surrounding mental illness in the country.

The elephant in the room grows bigger, and blinking can hardly make it disappear. The need for grassroots research, focused on identifying causal and genetic connections across different sample populations, needs to become a priority. Simultaneously, the move from awareness has to translate to budgetary allocations that can ease the pressure on the existing mental health institutions.

Works Cited

Galhotra, Abhiruchi, and Abhisek Mishra. "Mental Healthcare Act 2017: Need to Wait and Watch." *International Journal of Applied and Basic Medical Research*, vol. 8, no. 2, 2018, pp. 67–70., doi:10.4103/ijabmr.ijabmr_328_17.

Of India, Press Trust. "High Court Says IAF 'Irresponsible' for Confining Corporal to Psychiatric Ward without Consent." *Hindustan Times*, 12 July 2018. Web.

Image Citation

Title image: "Courtroom Gavel." *Flickr*, Creative Commons Public Access CCO, 15 Feb., 2019.