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Legal Framework shaping Mental Health: Reforming Policies for Equitable Access

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Abstract

Mental hospitals have been an integral part of psychiatric services in India over the years and for the past century. Mental hospitals stemmed in India from the era of lunatic asylums – a concept that was British and European in its conception. The whole purpose of the concept of a mental hospital was to segregate the mentally ill from the community and not treat them as normal but rather detention away from the community. Most mental hospitals in India were built in the British and pre-British eras when the emphasis was never on community-based treatments and in that era psychiatric patients were viewed as a danger and menace to the society.

Globally, mental health problems are becoming more prevalent, and the effect of COVID-19 on the socioeconomic landscape has made the problem worse to almost alarming levels. This worrying trend was quickly noted by many wealthy and developing nations, who responded by greatly increasing their budgets for mental health services last year. For example, Canada promised a $1 billion fund allocation for mental health in its Budget 2021, whereas Chile announced a budget increase of over 300% for mental health. The Indian government prioritises mental health in the Union Budget for 2024. It is encouraging to see that the

government is now prioritising mental health, as seen by the drive towards digital health and the funding of a nationwide tele-mental health initiative to increase access to care.

KEYWORDS – Mental Health Care, Mental Hospitals, Mental Health, Policies, Law and Reforms.

HISTORICAL ASPECTS

The development of psychiatry to its current state has been greatly aided by the introduction of mental hospitals. Since protecting the public, not the mad, was the main goal behind the establishment of mental asylums, they were frequently built in military barracks where escape was impossible, far from cities, and with high fences. These mental asylums provided therapies that were common at the time and acted as a means of isolating mentally ill people from the general public. The concept of mental asylums originated primarily in British thought. The development of psychiatry in our nation from the pre-independence period to the present has been greatly influenced by mental hospitals. New ideas, such as general hospital psychiatry units (GHPUs) and deinstitutionalization of the mentally ill emerged post-independence with a focus on health. The creation of GHPUs coincided with the beginning of initiatives to upgrade the deteriorating conditions in the mental institutions that were already in place.

It is noteworthy to mention that in India, there was a Chola Hospital antedating Bethlem Hospital which was treating the mentally ill along with the others. We can safely conclude, from history and epigraphy, that mentally ill in the medieval period were looked after in small hospitals, like the one at Thirumukkudal and hospitals situated mostly in the secluded parts of temples. The wants and desires of European patients in India during that time were reflected in the early creation of mental hospitals in that country. However, over time, as mental hospitals grew, so did the attention and disregard of the colonialists who dominated India for more than 200 years. Additionally, the ideas and conceptions that were popular in England and Europe at the time had a big impact on the early mental hospitals in India.

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POSTINDEPENDENCE DEVELOPMENT OF MENTAL HOSPITALS

Following India's independence in 1947, mental hospitals saw their last phase of development. The Government of India has prioritised the development of general hospital psychiatric units over the construction of additional mental hospitals due to the substandard conditions found in the majority of mental hospitals, insufficient funding, and a global trend towards deinstitutionalization. The goal of tripling the number of beds in mental hospitals and improving hospital care for patients was the focus of India's first two decades of independence. Additionally, very few new mental hospitals have been constructed in the previous several decades, with a stronger focus on strengthening the facilities that already exist. These hospitals are primarily located in Delhi, Jaipur, Kottayam, and Bengal. Additionally, there has been a focus on enhancing the state of the current hospitals and promoting outpatient treatment via general hospital psychiatry units.

India now has 45 mental hospitals, up from 31 at the time of independence. Compared to previous independence; the number of patients treated at these hospitals has multiplied. The Indian government has recently shown a greater interest in community-based programmes for the treatment of mental illness. Even though most minor and less severe forms of illness can be successfully identified and treated by hospital psychiatry units and community-based mental health initiatives, a significant number of patients still need long-term inpatient care in mental hospitals, sometimes in restrained settings. Most of these patients have more serious medical conditions, less social supports, and a heavy cost on their families and society.

In addition to the rise of the mental hospital movement, psychiatry was impacted by two other significant factors. The first was the creation of particular medications, such chlorpromazine, to treat mental diseases, offering a glimmer of hope for a recovery; the second was the emergence of the antipsychiatry movement. These movements and the then-current economic downturn served as catalysts for the deinstitutionalization of mentally ill individuals and the development of the idea of community psychiatry. By planning a number of conferences and seminars for mental hospital superintendents, attempts have been made to

assess how well mental hospitals are operating. These took place at Bangalore (1988), Delhi (1995), Agra (1960), Ranchi (1986), and Bangalore (1999).

At the time of India's independence, mental institutions had roughly 10,000 beds for a population of 400 million. While the number of beds has climbed to only over 21,000 over the last 50 years, the population has increased by nearly 2.5 times. As a result, the ratio of one psychiatric bed to every 5000 people has stayed roughly unchanged. In India, the rate of serious mental illness varies from 3 to 10 per 1000 people, which is more than five times the number of available beds.

GOVERNMENT REVIEW OF MENTAL HOSPITALS AND THEIR SERVICES

The National Human Rights Commission (NHRC) was asked to conduct an assessment of all 37 government mental hospitals in the nation, with a total bed capacity of 18,918. The Supreme Court was taken aback by the conditions and deemed them a flagrant violation of the fundamental rights protected under Article 21 of the Indian Constitution. One remark summarised the findings of the extensively documented NHRC Report from 1996: "It seemed as though time had stopped."

HEALTH AND JUSTICE SYSTEM

Anyone going through protracted legal proceedings may claim that it is negatively affecting their health, especially if they are a defendant or in danger of losing a loved one (child custody issues, for example). However, to the best of our knowledge, no research has evaluated the influence of the legal system on health, namely the psychological well-being of both plaintiffs and defendants.

This section conducts a general bibliographic study, referring to categories such as victim, aggressor, and victim of abuse, even though our research is focused on civil family law proceedings. But the empirical research that follows is strictly civil. There have been several documented instances of detainees or detained individuals taking their own lives while in the care of the police. Police officials generally respond by saying that since the suicide was a voluntary act by the dead, they are not accountable because they did not commit any overt

acts while the detainee was in their care. In addition, how can law enforcement and prison officials avert or halt these kinds of incidents? They shouldn't be held accountable for such a suicide die as a result. The legal situation, however, differs slightly from what police and jail personnel typically believe. The law is rather clear and well-established when it comes to deaths that occur while an inmate is in custody because of medical malpractice, suicide, or attacks by other prisoners. The State's vicarious responsibility to compensate the deceased's next of kin has been upheld by the Honourable Supreme Court and other High Court rulings. The Honourable Court has affirmed that the State is in charge of the care and protection of the prisoners, and that it bears responsibility for their well-being.

It is the responsibility of the jail administration to ensure that the lives and freedoms of the detainees are protected. In the Nilabati Behera case, the Hon'ble Supreme Court ruled that individuals who are convicted, incarcerated, or awaiting trial do not lose their fundamental rights under Article 21 [Right to life and personal liberty] of the Constitution, and that law enforcement and prison officials bear a commensurate responsibility in this regard. to ensure that the right to life is not violated for those who are detained.

The State has an obligation to take precautions to make sure that no one is denied the protections of Article 21. This severe responsibility of care does not allow for any exceptions. When a person's life is taken from them due to the wrongdoing of its representatives, the State is obligated to make amends by compensating the person's loved ones. Nonetheless, the Court upheld the State's entitlement to recoup the damages from the wrongdoers. The police and jail administrations bear a heavy burden of obligation to make sure that a citizen under their care is not denied the opportunity to live. Changes in demographics are the main cause of the rising global prevalence of mental health concerns. Mental health issues and drug use problems have increased by 13% over the previous ten years and 2017. Worldwide, depression is the primary cause of disability. In both industrialised and developing nations, mental health issues, including drinking, are frequently listed among the top 10 causes of disability. These problems affect every part of life and are frequently accompanied by abuse, prejudice, and stigma.

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Remarkably, mental health receives less than 2 percent of the global median of government health spending. Good therapies are available, yet many people still cannot afford them. Poor mental health is frequently a result of poverty, a lack of education, gender discrimination, abuse, and sickness, which prevents people from realising their full potential and contributing to their communities. Raising awareness, providing access to high-quality care, and doing research to develop new therapies are all necessary to address mental health. The acknowledgement of mental health as a crucial barrier to development is gaining traction, highlighting the significance of tackling these imperceptible yet substantial issues in order to meet global development objectives.

The growing number of mental health issues is now the norm. A regulatory framework is necessary in this situation to uphold the rights of those suffering from mental health illnesses and to promote the delivery of high-quality care.

A legislative framework would make it possible to include mental health in public health initiatives. Laws make it simpler to obtain care, which raises the likelihood that any mental health condition will be diagnosed and lowers the likelihood that someone will have poor mental health. Pre-existing plans also provide financial protection by reducing the unwarranted financial constraints associated with seeking mental health care. Policies pertaining to mental health can also hold service providers accountable for outcomes and client interactions, ensuring that individuals receive top-notch care and that their needs are met in a courteous and effective manner. Finally, but just as importantly, policies pertaining to mental health can stimulate innovation and research in the area, deepening our understanding of mental health conditions and services, improving the range of treatments accessible, and stimulating more research.

The Union Budget for this year is evidence of the government's commitment to strengthening national public health. The emphasis on opening more medical schools will aid in making use of the infrastructure already in place in hospitals and producing high-caliber healthcare workers. There is a greater emphasis on cervical cancer vaccination and expanding health coverage via the Ayushman Bharat initiative to ASHA and Anganwadi workers in order to

facilitate more access to preventative treatment and health insurance. Any person's general health depends on their state of mental wellness. As a member of the younger generation, I kindly ask my readers to recognise the significance of this and the urgency with which we must destigmatize mental health concerns. Empathy, sensitivity, and awareness can go a long way towards improving the world. In order for legislation to be implemented, it is imperative that mental health be acknowledged, supported, and protected. Additionally, prompt action must be made to guarantee that everyone can exercise their fundamental rights and receive the mental health care they require.

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