

संवाद

WHERE EVERY MIND RESONATES

Volume I | Issue II



A CHRDS INITIATIVE

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CENTRE FOR HUMAN RIGHTS AND DISABILITY STUDIES
HIMACHAL PRADESH NATIONAL LAW UNIVERSITY, SHIMLA



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FOREWORD

PROF. (DR.) PRITI SAXENA



I am filled with pride to celebrate the release of second edition of Samvaad, the magazine from the Centre for Human Rights and Disability Studies at HPNLU, Shimla. Each issue reaffirms our commitment to providing a platform for often overlooked voices. I am filled with pride to celebrate the release of another edition of Samvaad, the magazine from the Centre for Human Rights and Disability Studies at HPNLU, Shimla.

commitment to providing a platform for often overlooked voices. This edition showcases remarkable courage and creativity, reminding us that mental health and disability are lived realities that shape our identities. Through poetry, storytelling, and art, it inspires empathy and action. I commend the CHRDS team, faculty coordinators, student members, and contributors for their dedication in bringing this edition to life. Their commitment has ensured that Samvaad grows not only as a publication but also as a movement of compassion, inclusivity, and dialogue. As an institution, we have a duty to foster understanding, where awareness leads to empathy and meaningful change.

Congratulations to the entire CHRDS family! I wish Samvaad continued growth and impact in the years ahead. With aspiration and solidarity,
Prof. (Dr.) Priti Saxena Vice Chancellor
Himachal Pradesh National Law University,
Shimla

With aspiration and solidarity,
Prof. (Dr.) Priti Saxena
Vice Chancellor
Himachal Pradesh National Law
University, Shimla

**“When we can no longer change a situation, we are challenged to change ourselves. Life’s meaning is found not in comfort, but in courage and purpose.”
— Viktor E. Frankl**



MESSAGE FROM THE TEAM

DR. AKSHITA DHIMAN

Mental health is not merely the absence of illness; it is the art of living with awareness, meaning, and balance. The human mind carries infinite potential, yet it is also fragile. When society places undue weight on achievement, perfection, and comparison, the mind often falters—not because it is weak, but because it is human.

Sigmund Freud once observed that “Unexpressed emotions will never die. They are buried alive and will come forth later in uglier ways.” His words remind us that silence, repression, or denial of inner conflicts cannot bring peace. Healing begins when we give space to expression—when the unconscious finds voice and when unspoken struggles meet empathy.

Carl Rogers also emphasised, “The curious paradox is that when I accept myself just as I am, then I can change.” This acceptance of our vulnerabilities, emotions, and imperfections is the foundation of well-being. But acceptance cannot exist in isolation; it needs a climate of empathy, freedom, and dialogue.

Mental health is, therefore, not only a personal journey but also a collective responsibility. As Viktor Frankl reminded us, even in suffering, we retain the freedom to choose our response and discover meaning.



To nurture minds, we must create environments where silence is not stigmatized, where struggle is not hidden, and where every voice resonates with dignity. *संवाद* embodies this spirit. It is not just a magazine, but a mirror—reflecting resilience, amplifying unheard narratives, and reminding us that the mind’s strength lies not in suppression, but in expression. In a world that often forgets to pause, *संवाद* invites us to listen—to ourselves, to each other, and to the deeper truths of being human. At the end I would like to extend my heartfelt congratulations to the CHRDS team on bringing out the second issue of *संवाद*. May this journey of dialogue and reflection continue to inspire and grow stronger with every edition.

Faculty Coordinator

“मन एव मनुष्याणां कारणं बन्धमोक्षयोः।”

“The mind alone is the cause of bondage and liberation.” — Amṛtabindu Upaniṣad



MESSAGE FROM THE TEAM

ASHPINDER KAUR



I still remember one evening when I was completely stressed and broke down crying. In that moment, one of my closest friends said something that has stayed with me ever since: “Shed your tears only for those who value them, not for the things or people that don’t.” Those words felt like a gentle reminder that my emotions are precious and deserve to be respected.

That reminder also made me realize how much the people around me have shaped my journey. As the Convenor of the Centre for Human Rights and Disability Studies, people often expect me to lead with strength and clarity, but behind every role and responsibility, there is also a student who has her own struggles, doubts, and moments of weakness. For me, the only reason I have been able to walk this journey with confidence is because of the people who have always stood by me -my family and friends. They have been my real strength, the ones who quietly held me up when I felt like giving in.

In the end, I have come to see mental health not as a destination, but as a journey of gentle balance—of listening to ourselves with the same patience and kindness we so readily offer others. Strength is not the absence of struggle, but the courage to honor our emotions, to rest when we are weary, and to rise again when we are ready. If there is one lesson this path has etched into my heart, it is that healing begins the moment we allow ourselves to be human. And perhaps, in embracing that humanity with grace, we discover a strength far greater than perfection—the strength to keep moving forward with hope.

Student Convenor

“Life doesn’t always give us what we deserve, but rather, what we demand. And so you must continue to push harder than any other person in the room.”

—Wadi Ben-Hirki



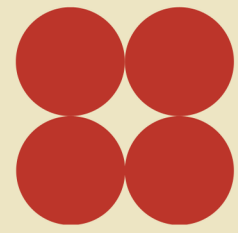


BLOGS

From Blog Writing Competition

IT'S OK TO NOT BE OK: MENTAL HEALTH LESSONS FROM LAW SCHOOL

Lingabathina Deekshita
Pulavarthi Dhanvin



Introduction: The Unspoken Weight

When we first walked into law school, we imagined courtrooms, justice, and change. What we didn't expect was the emotional weight that would creep in slowly, the sleepless nights, the self-doubt, the crushing silence of burnout.

No one talks about how hard it is to stay afloat when we're expected to always keep swimming.

"This isn't just one person's journey—it's a shared reality that countless law students face quietly. It's time we grant ourselves the freedom to admit: It's OK to not be OK."

"Mental health needs a great deal of attention. It's the final taboo, and it needs to be faced and dealt with." — Adam Ant

Lesson One: Pressure Doesn't Equal Purpose : The Race to Nowhere

In our early semesters, many of us convinced ourselves that we had to be everywhere: top of the class, part of every committee, in every competition. If we paused, we feared we'd be "falling behind." Behind whom? We didn't always know and yet, the race felt endless.

I remember staying up the entire night before a moot court, not because I wasn't prepared but because I was too anxious to sleep. That day, I smiled through it, but inside, I was drowning. We pushed ourselves to the limit, chasing an imaginary standard, unaware of why we were chasing or who we were really racing against. Life isn't meant to be a constant chase. Pausing is just as important as moving forward; it's about knowing when to step back and breathe. Chasing your dreams is essential, but it's equally important to understand that there is no shame in slowing down to ensure you're not sacrificing your peace for ambition. Life isn't all about the chase it's about how we chase. Peace is like oxygen to humans, and in the same way, peace is the foundation of a healthy, meaningful life—like the Constitution is to India. Without it, everything else becomes unsustainable. We must remember doing everything doesn't make us exceptional; knowing when to rest makes us wise. Productivity means nothing if it costs our peace. "Don't confuse having a career with having a life." — Hillary Clinton

Lesson Two: The Mask We All Wear: Smiling Through the Storm

There were days when we smiled in class and cried in washrooms. Some of us turned in assignments minutes after a panic attack. And the scariest part? No one noticed. Or maybe we were all too busy hiding our own cracks. Why do we feel the need to hide? What if we stopped worrying about what others think of us? We often imagine people will judge us, but in reality, they're caught up in their own struggles. The truth is, hiding our vulnerabilities only weighs down our hearts. What if, instead of pretending, we just let ourselves be an open book—to the people who matter, and those who understand?

In law school, we learn to argue, defend, and speak for others. But when it comes to us, we often stay silent, afraid of judgment. Why? What if we let go of that heavy burden and embraced peace, knowing that vulnerability isn't weakness—it's where strength starts. It takes more courage to ask for help than to pretend we're fine. Don't carry the weight of silence when you could share the load and find peace.

"Be kind, for everyone you meet is fighting a battle you know nothing about."—Ian Maclaren

Lesson Three: You Can't Pour from an Empty Cup: Choosing Rest, Not Guilt

We kept pushing ourselves, telling ourselves we'd "rest after this semester." That "things will get better after internships." But they didn't at least not until we stopped waiting for peace and started creating it.

We learned to take walks without guilt. To journal our thoughts. To turn off our phones. To say no even to people we cared about. These were small acts, but they made a big impact. Slowly, they became quiet reminders that we matter, even when we're not producing or performing. And if someone could watch us break but never try to hold the pieces, we stopped chasing their approval. We began to see them for what they really were a chapter, not the whole story. Our worth was never theirs to measure. A semester or an internship is just a phase in life important, yes, but never worth losing yourself over. Chase your dreams, but not at the cost of your peace. Achieving doesn't always mean winning a prize. Sometimes, it's finding the one person who listens without judgment. And sometimes, it's simply coming home to yourself.

Failed a semester? There's always another one. Missed this internship? A new opportunity will come. We never really know what's next—so why chase it at the cost of our sanity? Life isn't only about grades and internships. It's also about friendship, love, family—and most of all, about you. So we chose to let go of the pressure, the endless chase, and the need to explain ourselves. Sometimes, the most powerful thing we can do is take a deep breath, smile quietly, and say, "This isn't mine to carry anymore." Peace is not a prize at the finish line. It's something we build daily brick by brick. You can't pour into others when you're running on empty. And you don't have to.

"Almost everything will work again if you unplug it for a few minutes, including you."—Anne Lamott

Lesson Four: You Are Not Alone: Finding Strength in Honesty

It wasn't until we opened up to a friend that we realized—we were all quietly struggling. One of us hadn't slept properly in days. Another was battling anxiety in silence. A senior we looked up to once took a break from law school just to protect their mental health. We're so busy trying to look "strong" that we forget: everyone is carrying something. Behind every polished answer in class, every smiling face in the hallway, there are stories of doubt, grief, panic, or pain that go unspoken. But the truth is, we are not alone. Everyone has their own struggles—whether with friends, family, or their own thoughts. Why not share them with that one person who will listen, understand, and offer hope? Why hide behind strength when it's okay to cry when you're sad? Why act like you don't need help when it's perfectly fine to ask for support? Keep trying, keep pursuing your dreams and relationships, but never at the cost of your peace. Don't regret the things you couldn't control focus on what you can change today. If something or someone disturbs your peace, let it go. Be brave enough to speak up for yourself, because your peace is the most precious thing you have. The moment we choose honesty, something shifts. We stop feeling alone. We start finding people who don't just nod along, but truly understand. The fear of being judged often keeps us silent—but vulnerability is what builds bridges.

It creates friendships rooted not in perfection, but in presence. Real ones. The most beautiful friendships are born in honesty. Be real. Speak your truth. You'll find your tribe—and they'll help you find yourself. "What happens when people open their hearts? They get better."—Haruki Murakami

What We Wish Law Schools Understood We don't need another workshop or seminar on mental wellness. What we need is a real break—a moment to breathe after those long assignments, a chance to reset after the rush. Mental wellness isn't something that can just be taught in a classroom; it's something we need to experience, to feel it in our bones when we're given the space to rest without guilt. After pouring ourselves into an assignment or an internship, we don't need more tasks or deadlines. We need to step back and let our minds and hearts catch up. Every student deserves time to recharge, not because we're weak, but because we're human. Rest is as important as the work itself. It isn't a luxury—it's essential for our well-being. Whether it's dancing the night away, sharing a quiet moment with a friend, or simply doing nothing, we need those breaks. Law school shouldn't be a place where breaks are rare or seen as indulgent. Flexibility should be built in—allowing us to live, to feel, and to heal. Because when we're allowed to rest, we return stronger. Success isn't just about the grades or the competitions—it's about staying true to ourselves. And that means allowing ourselves the grace to step back, breathe, and come back better.

Conclusion: Healing, Hope, and the Road Ahead

Law school will test us—not just intellectually, but emotionally. There will be days when quitting feels easier than continuing. But please, on those days, remember this:

We are not our grades.

We are not our CVs.

We are not our burnout.

We are human.

And our well-being matters. Always. Healing happens today, with the hope for a better tomorrow. Never, ever lose your peace at any cost, because peace is invaluable.

It's OK to pause. To cry. To ask for help.

It's OK to be messy, healing, in progress.

Because we're not alone, and more importantly—we don't have to go through it alone.

"You are enough. You have nothing to prove to anybody." — Maya Angelou

About the Authors



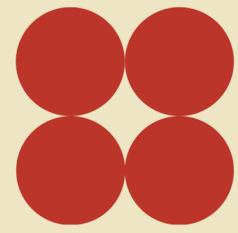
I am Lingabathina Deekshitha, a fourth-year B.A. LL.B. (Hons.) student at Damodaram Sanjivayya National Law University, Visakhapatnam. My academic interests lie in corporate law and human rights, with a particular concern for how mental health and inclusivity shape the legal profession. Through internships, moots, and legal awareness initiatives, I continue to explore these intersections. Writing is my way of reflecting on lived experiences while advocating for a more empathetic legal system.

I am Dhanvin Pulavarthi, a fourth-year B.A. LL.B. (Hons.) student at Damodaram Sanjivayya National Law University, Visakhapatnam. My academic interests lie in corporate law and arbitration, but I also believe that legal education must recognize the importance of mental health. Writing this blog has been a way for me to reflect on the hidden pressures of law school and to advocate for balance, empathy, and openness in our journeys.



BREAKING THE SILENCE: TRANSFORMING MENTAL HEALTH CULTURE IN NLUS

Prakhar Mishra



“Mental health is not a destination, but a process. It’s about how you drive, not where you’re going.” – Noam Shpancer

The journey through law school, particularly at National Law Universities (NLUs) in India, is often romanticized as a path to intellectual rigor and professional success. However, beneath the veneer of prestige lies a reality of intense academic pressure, relentless extracurricular demands, and the pervasive influence of social media, all of which take a significant toll on students’ mental health. NLUs, such as NLSIU Bangalore, NALSAR Hyderabad, and NLU Delhi, are breeding grounds for legal excellence but also for stress, anxiety, and burnout.

NLUs are synonymous with academic excellence, characterized by demanding curricula that include continuous assessments, research papers, and high-stakes examinations. Students are expected to maintain high Cumulative Grade Point Averages (CGPAs) to secure placements or scholarships, a pressure compounded by the need to excel in extracurricular activities like moot courts, debates, and internships.

For instance, at NLU Jodhpur, the continuous assessment model requires students to submit multiple projects per semester, often clashing with moot court preparations or internship deadlines. A 2019 survey by the Student Bar Association at NLSIU revealed that over 60% of students experienced moderate to severe stress due to these combined pressures. The competitive culture in NLUs, where students are ranked against peers, fosters a fear of failure and feelings of inadequacy. For example, at NLU Delhi, the “always-on” culture means that missing a deadline or underperforming in a moot can lead to self-doubt and imposter syndrome. Additionally, the transition to law school often involves relocating to new cities, navigating hostel life, and adapting to unfamiliar social dynamics. First-generation learners or students from marginalized backgrounds face amplified challenges, lacking the social capital to navigate the high-achieving NLU environment. These factors contribute to mental health issues, including depression and anxiety, which are often stigmatized in the hyper-competitive culture of law schools.

Social media platforms like Instagram, LinkedIn, and X are very common among NLU students, serving as tools for networking and self-expression but also as sources of stress. The curated nature of social media fuels a culture of comparison, where students feel pressured to showcase achievements like internship offers or moot victories. A student at NLU Lucknow shared how LinkedIn posts about peers' accomplishments triggered feelings of inadequacy, despite their own successes. This "highlight reel" effect, where only successes are shared, masks struggles and isolates students who perceive their peers as thriving.

Moreover, the constant connectivity of social media leads to digital overload, with students spending hours scrolling or engaging online, reducing time for rest or reflection. A 2021 study highlighted that excessive social media use correlates with increased anxiety among university students. However, social media also offers opportunities for positive change. Platforms like X have been used to share mental health resources and foster open conversations. The #LawSchoolMentalHealth hashtag, for instance, has gained traction among NLU students, encouraging discussions about stress and well-being. This duality underscores the potential to repurpose social media as a tool for mental health advocacy.

The academic pressure in NLUs is relentless. Students face tight deadlines, rigorous grading, and the expectation to produce high-quality research papers. At NALSAR Hyderabad, for example, students often juggle multiple assignments while preparing for national moot

court competitions like the Philip C. Jessup International Moot Court, which demands months of preparation. Extracurricular activities, while voluntary, are perceived as mandatory for career success, as participation in moots, journals, or legal aid clinics is critical for building a competitive CV.

This pressure is not unique to NLUs. At Indian Institutes of Technology (IITs) and Indian Institutes of Management (IIMs), students face similar challenges. A 2021 study at IIT Bombay found that 45% of students reported mental health concerns due to academic workloads and extracurricular expectations. The parallels suggest that systemic solutions addressing the root causes of stress are necessary across higher education institutions.

Innovative Solutions from Other Institutions

To transform the mental health culture in NLUs, we can draw inspiration from innovative approaches implemented by other higher education institutions, both in India and globally. These solutions focus on structural and cultural changes, moving beyond traditional methods like counselling.

- **Flexible Academic Structures (Inspired by IIT Madras)** - IIT Madras's "credit banking" system allows students to complete courses at their own pace within a specified timeframe, reducing the pressure of rigid schedules. NLUs could adopt a modular assessment model, enabling students to stagger project deadlines. For instance, instead of submitting five projects in one semester, students could complete them over two semesters, alleviating burnout.

2. Mandatory Well-Being Courses (Inspired by Yale University) - Yale's "Psychology and the Good Life" course teaches evidence-based strategies for managing stress and building resilience. NLUs could integrate mandatory well-being modules into their curricula, covering time management, mindfulness, and coping with failure. These credit-based courses would ensure engagement without adding to students' workloads.

3. Gamified Mental Health Initiatives (Inspired by University of Melbourne) - The University of Melbourne uses gamified apps to reward students for completing mental health tasks like journaling or attending workshops. NLUs could develop apps tailored to law students, offering points for activities like taking breaks or mentoring peers, integrated with campus portals for accessibility.

4. Faculty Mentorship Programs (Inspired by IIM Ahmedabad) - IIM Ahmedabad's faculty mentorship program fosters regular check-ins to discuss academic and personal challenges. NLUs could implement structured mentorship, where faculty guide students on managing workloads, creating a support system beyond peer networks.

A holistic approach for NLUs combines innovative solutions with traditional methods like counselling and peer support to create a robust mental health ecosystem.

- Counselling with a Twist: Virtual and Anonymous Options - Expanding counselling services to include virtual sessions would accommodate students' busy schedules. Anonymous chat-based counselling, inspired by platforms like 7 Cups, could reduce stigma. NLU Delhi, for example, could partner with mental health startups to offer subsidized teletherapy.

- Peer Support with Structure: Mental Health Ambassadors - Formalizing peer support through "mental health ambassadors" trained in basic counselling skills could enhance outreach. These ambassadors could organize workshops and create safe spaces, as seen in NALSAR's student welfare committee initiatives.
- Social Media Campaigns: Leveraging Digital Platforms - NLUs can harness social media to promote mental health awareness. Student-led campaigns on Instagram and X, like NLSIU's potential "#NLUWellness" initiative, could share coping strategies and anonymous stories of overcoming challenges. Collaborations with mental health organizations for live sessions would make these efforts engaging and accessible.

The mental health challenges faced by students in National Law Universities (NLUs) call for a bold reimagining of the academic and social environment. The intense demands of legal education, coupled with the pressures of a competitive culture and the influence of digital platforms, create a perfect storm that undermines student well-being. To address this, NLUs must pioneer a transformative approach that integrates innovative strategies, robust support systems, and a redefined cultural ethos, ensuring students are equipped to thrive in both their personal and professional lives. A critical step forward is fostering an environment where mental health is destigmatized and prioritized. This requires institutional policies that balance academic rigor with flexibility, such as allowing students to pace their coursework through extended deadlines or modular assessments.

Such measures would alleviate the strain of overlapping academic and extracurricular commitments, giving students breathing room to focus on their well-being. Additionally, embedding well-being education into the curriculum through courses teaching stress management, emotional resilience, and self-care would empower students with practical tools to navigate the demands of law school.

Engaging students through innovative platforms can further enhance mental health initiatives. Mobile apps that incentivize self-care practices, such as meditation or goal-setting, could make well-being interactive and accessible. Faculty-led mentorship programs, designed to provide personalized guidance, would create a supportive network, helping students feel valued beyond their academic output. These mentors could serve as trusted advisors, offering insights on managing workloads and addressing personal challenges. Support systems must also evolve to meet diverse needs. Expanding access to professional counselling through virtual platforms and confidential channels would ensure students can seek help without fear of judgment. Training student volunteers as mental health advocates could amplify

outreach, creating peer-led spaces for dialogue and resource-sharing. These advocates could host events or discussion groups, fostering a sense of community and reducing isolation. Digital platforms, often a source of pressure, can be harnessed to promote positive change. NLU-led campaigns on social media, featuring student stories, expert advice, and wellness tips, could spark meaningful conversations and build solidarity. Partnerships with mental health organizations could elevate these efforts, offering workshops or live sessions to engage students dynamically.

Ultimately, NLUs have the opportunity to set a precedent for higher education by championing mental health as integral to success. By implementing flexible academic policies, educational programs, innovative tools, mentorship, accessible counselling, peer networks, and strategic digital campaigns, NLUs can cultivate a culture of resilience and empathy. This holistic approach will not only support students during their academic journey but also prepare them to lead with compassion in the legal profession, shaping a future where mental well-being is a foundation for excellence.

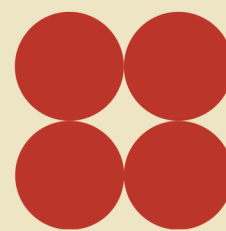
About the Author



As a dedicated second-year law student at Maharashtra National Law University Nagpur, I am passionate about litigation, legal research, and alternate dispute resolution. My academic journey is complemented by active participation in national moot court, negotiation, and debate competitions where I have achieved notable rankings. Through authoring publications on legal topics and engaging in public speaking, I have honed my skills in research and persuasive argumentation. My commitment extends to community service and legal aid, reflecting my dedication to social justice.

WALKING THE TALK: UNSPOKEN REALITIES AND REFLECTIONS FROM FIELDWORK

Manisha Mehra



It was a usual day at the special school, where my undergraduate students were preparing for the next activity that they had planned for the differently abled children of the foundational learning class. One of my students got up quickly for jotting down field notes as she prepared for the transition activity. Suddenly, a child—a young boy with mild Intellectual disability came out of nowhere and fixed her dupatta for her. Startled, she froze. Then she turned around and looked at me unsure of how to respond. This was her second week of working with children with special needs. This simple act could be read in a whole lot of different ways. One could see it as an act of care and concern, as mimicking what the child observed adults do, a bid for attachment with the student and so on. This is one of many such instances that forces one to break away from the textbook strategies on guiding children with special needs. Moments that remind us that guidance is not just about identifying and managing “socially undesirable behaviors” but becoming curious enough to see them as an opportunity to understand their “inner world”. In this blog, I discuss reflections like these—drawn from my journey both as a student and a supervisor in the field— that creates a platform to hold space for exploration, inquiry, discomfort and celebration of the lived realities of the educators.

The reality of imperfection:

During fieldwork, my students draw from a number of textbook frameworks. There are models of disability, therapeutic interventions, token economy, contingency contract, task analysis (to name a few). These indubitably help build strong theoretical foundation but there are times when the rug is pulled out by unanticipated challenges on field and those may require preparedness, presence and compassion. We have to be emotionally ready, be prepared as educators in this field. We have to know how to respond when a young boy with ASD suddenly starts humming loudly covering his ears during an intense Zumba session, or when a young girl with visual impairment soils her pants during morning prayer session. When one is confronted with situations like these, it is but natural to be confused, fearful or even uncertain about how to respond. But these moments will not allow for instant reflection or discussion. They will instead demand educators to maintain calm and composure since differently abled children are very sensitive to adult emotional cues. The educators would need to quickly identify the child’s concerns and address them first. Being emotionally intelligent as a teacher would involve not only how you respond to a situation but also how you process the experience.

Balancing Professionalism and Emotional Connection:

During my undergraduate years, I had an opportunity to work with children with special needs in their own neighborhoods. I would go from home to home, gently encouraging parents to send their children to a common space where we could engage with them meaningfully. During one such visit, I came across a young girl with intellectual disability, with whom I built a very strong emotional connection as time passed. Every time she would see me, her eyes would sparkle and she would run towards me. However, she had a very unusual way of expressing her excitement—she would bite me on my hand and then hug me tightly. As a student under training, I remember being confused a few initial times as to how to teach the concept of personal space to a special needs child. I was racked with the constant inner dialogue on how to be compassionate when I am the one being hurt. However, feeling overwhelmed and conflicted does not mean that one does not care but these very reflections can lead to breakthroughs in devising ways in which to take care of yourself and hold space for the child too. If these internal conflicts are not reflected upon and addressed, it can take an emotional toll on the educators that may make them psychologically distant with the children.

Make Room for Silence, Slowness, and Stillness:

Two weeks of my undergraduate students being into the implementation and during my recent check-ins, I got to know that they have been reaching at exact 10:00 AM to the special school for fieldwork. Yes, right in time for the implementation of the structured plan, something they saw as “real work”.

It was not that I did not admire their punctuality or creative activity ideas but the lack of understanding that experience of the most grounding, meaningful moments happened before and after the plan kicks off. That day when they participated in chanting session with the children, served them breakfast and observed them with other non-teaching staff members, their parents when being picked up or dropped off, they made really insight-provoking observations. It was in these moments that they could observe the children just be. In a hyper-productive, output-driven culture, we must learn to tap into the power of quiet presence. Silently proximity with the child helps educators attune them to the child's world and set a foundation for trust.

Lack of Language for Subtle Progress:

During my undergraduate fieldwork placement at the department's nursery laboratory school, I experienced something that I found very unsettling as a young professional. One morning, when we had just begun our session, a man visited the school with his daughter in his arms looking frantically for the supervisor. When I went to greet the child, she withdrew and clung to her father without uttering a word, drooling on his shoulders. He expressed his desire to enroll his daughter in our program. Then he listed the “deliverables” he expected from the program, outlining specific developmental milestones for the child to achieve. Many parents, especially ones with differently abled children are almost tethered to their child achieving milestones, having observable changes in capacities, behaviors and so on. What goes unnoticed is the value of the transformative journey that the child and the educator shares. Things that may not be ticked off in a growth tracking chart/report but are subtle cues towards progress.

Navigating Ethical Dilemmas:

During one of my supervision visit to the special school, I met the mother of a young girl with special needs. The girl had just hit puberty and the mother was visibly scared of what might the future have in store for her daughter. She confided in me and shared how she was concerned about the safety, hygiene and vulnerability of the daughter especially being “doubly disadvantaged as a girl with disability”. She was contemplating hysterectomy to prevent menstruation altogether. Being a woman myself, I was shaken to my core, being in that situation where I confronted the societal assumption that she is not to be granted the privilege of experiencing her womanhood. Not just motherhood but the rich tapestry of becoming and being a woman. The mother’s concerns came from a place of love, protection and fear of abuse but it spoke volumes of the emotional weight she was carrying. As educators, we cannot offer medical advice but are expected to counsel, comfort, mediate and walk along the emotional terrain that the parents navigate. There is a dire need for educators’ training not only limited to pedagogy and classroom management strategies but also in terms of ethics concerning the individuals and culturally sensitive advocacy. Additionally, there is a strong need for a support system, a team of experts that can empower parents so that they do not feel that they have to make irreversible life choices for their differently abled children out of fear or stigma.

A Call to Reimagine Educators’ Well-Being:

Educators are seen as not only individuals who are nurturing the growth of special needs children but as a beacon of hope for fostering their futures. The educators’ role is not limited to the four walls of a classroom but also help these children develop strategies to navigate everyday challenges. During one of my fieldwork feedback meetings, one student shared an experience that struck a chord with all of us. The student shared that she was taken aback by the strict tone with which an educator was interacting with a child. She believed her the instructor to be very insensitive and unnecessarily harsh. This prompted reflection and discussion around the supremely demanding environment, often resource-constrained and emotionally demanding context in which the educators function. Keeping that in mind, it is upholding this unfailingly kind, nurturing image of an educator that may be problematic. One should look at them as individuals who are on an everyday basis encountering the feeling of loss, inner conflict, emotional overwhelm, hope and so much more that make caring for differently abled impossibly layered. While guiding the lives of differently abled is a very rewarding process it can also get very lonely when one does not have a space to replenish emotionally. There are systemic barriers that have a compounded effect on what may manifest as a “strict tone”. Understanding this would help us reframe the way we view and provide support to the educators in the field.

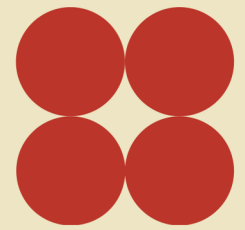
About the Author



A Research Scholar in the Department of Human Development and Family Studies at The Maharaja Sayajirao University of Baroda, Vadodara, her doctoral research aims to explore and document the lived experiences of emerging adults in long-distance dating relationships across the two geographically and culturally diverse regions of Gujarat and Uttarakhand. In addition, she is also serving as Temporary Assistant Professor, teaching disability studies and supervising student fieldwork at ARPAN, an organisation dedicated to providing educational and therapeutic support to children with multiple disabilities.

NOT JUST IN YOUR HEAD: UNMASKING MENTAL HEALTH DISABILITIES IN A 'PRODUCTIVITY- OBSESSED' SOCIETY

Sidratul Muntaha



In the modern world, where everything moves at a much quicker pace, the matter of mental health is more in the conversations. Because appreciation is being placed on some areas of health, there has been greater focus on the matter of psychological wellbeing. Still, mental health disabilities are one of the areas that tends to be neglected. Unlike physical disabilities, some illnesses such as depression, bipolar disorder, schizophrenia, and anxiety are difficult to identify and therefore often neglected. The reality is that in our current society, people are obsessed with productivity and economic growth which makes matters worse for the mentally disabled. The aim of this blog is to inform readers about mental health disabilities, analyze the relationship between the societal norms concerning productivity and mental illnesses, and appeal to authorities for changes in how they regard and treat people with mental illnesses.

The Invisible Reality of Mental Health Disabilities

The World Health Organization (WHO) describes mental health disabilities as disorders that considerably restrict one's cognitive, emotional, and social functions. Still dignity and equality is often denied to such people.

In India, The Rights of Persons with Disabilities Act (RPWD Act) 2016 acknowledges mental illness as a disability, yet these rights are not translated into practice. People suffering from mental health disabilities are often socially isolated and misunderstood by the society which leads to late diagnosis, little help, and the condition getting progressively worse.

Mental illness is invisible, which makes assessing its impact very difficult which further complicates its underestimation. Looking at physical disabilities, such as lack of mobility, these are usually easier to diagnosed, unlike mental disorders like schizophrenia, bipolar disorder, depression, anxiety, and obsessive-compulsive disorder which are not physically apparent. The absence of such markers means that people with such conditions must go through life without having their difficulties recognized. People are now increasingly using the phrase 'invisible disabilities' to address these circumstances.

The lack of perceivable symptoms associated with a particular mental health concern often fosters lack of belief from the public and even from healthcare professionals who may think that the patient is exaggerating or even fabricating symptoms. Stigma related to mental health in India and in many other cultures is added to this disbelief

The widespread assumption of a person afflicted with a mental illness, is that they are enduring some form of suffering due to their character or a personal deficiency, which does not require any form of medical attention. Such underestimation of mental disorders and their health disabilities is uncalled for, but this causes people to stop reporting symptoms because they are branded as mentally incapacitated or weak.

Take for example schizophrenia which is considered to be one of the most poorly understood and complicated forms of mental illness. Schizophrenia is marked by some of the most complex symptoms like delusions and hallucinations which can render him/her/both aged Functionally Disabled (FD). Due to lack of understanding of motivation, he/she/they suffering from schizophrenia is likely to be tagged as lazy, and lacking drive. As one of the most prevalent mental health concerns today, depression is, unfortunately, dismissed by most, including loved ones, as just another phase of sadness. Clinical depression, however, is persistent and can culminate in acute psychosomatic conditions, profoundly restricting one's participation in basic tasks such as attending work or school. Depressive individuals seem aloof and uninterested in everything happening around them, but what most fail to understand is that even this lethargy and lack of enthusiasm is an illness.

The very nature of mental health disabilities makes them invisible, not only because they are internal, but also due to sociocultural attitudes, stigma, and neglect. This problem requires the rethinking of the approach to mental health ailments in their entirety. People suffering from mental health disabilities ought to be recognized not only as sufferers of an illness but as human beings with rights, and as such, entitled to regard and empathy as well as the support needed to live a dignified life.

Understanding the nature and existence of mental health disabilities enables society to address the problems of invisibility and discrimination that hinder the full participation of people living with mental health issues from society.

The Productivity Trap: A Society Built on Performance

Especially in schools and places of work, productivity is perceived to be a priority more than anything else. Individuals are conditioned from a very young age to believe that their self-worth is tied to their outputs and efforts. To some extent, there is an expectation in the workplace, educational institutions and in general life to enhance performance and strive to complete tasks in a shorter time frame. For those suffering with mental health disabilities, this undue focus on productivity is especially challenging when symptoms are internal and variant, not overt and consistent.

This malfunction of society is heightened by the current economic order obsessed with quick profit. Most professions expect employees to endure relentless workloads and severe stress without exhibiting any signs of distress. Social media influencers promote nonstop work under the “hustle culture” which cultivates the need to work round the clock. As a consequence, it becomes incredibly difficult for those with mental health concerns to voice their needs without being seen as feeble or incompetent.

Students tackling challenging subjects such as law tend to feel this pressure even more. Law divides students' time and attention because of its intense deadlines and the competitive atmosphere. These conditions do not help students struggling with their mental health.

This situation makes it impossible to grapple with a paradox: students are expected to function at A plus performance level, while dealing with profoundly diminished mental and emotional energies. Those who have anxiety, depression, or other conditions often feel they must hide their struggles in order to keep up.

Legal and Policy Gaps: A Recognition Without Implementation

Despite more individuals understanding the essence of mental health today, the legislation meant to safeguard people suffering from mental health conditions doesn't tend to work as effortlessly as it should. In India, the Right of Persons with Disability (RPWD) Act of 2016 was one of the steps taken in the right direction. It states that persons with disabilities, mentally ill people included, should receive assistance to help them study, work, and participate in public life. The reality however is that this assistance is largely unavailable.

Generally, schools and workplaces do not have explicit policies to assist students or employees suffering from mental health issues. The legislation provides that “reasonable accommodation” must be given which is an adjustment, with what must be done together with the person, but is very vague in practice. Because of this vagueness, many people go without support. Some people find the legal processes complex, while others are subjected to lack of information as educational institutions and workplaces do not understand what they are meant to do.

In as much as there are laws in some jurisdictions aimed at preventing discrimination, persons with mental health

disabilities are the most reluctant to identify themselves due to the condition. They fear discrimination where they might suffer varying degrees of career advancement, promotional opportunities, and even employment termination. As such, barriers associated with mental health are often perceived as being more serious threats, which prevents individuals from exercising even legal entitlements.

The Cost of Concealment: Masking Mental Health Disabilities

Someone suffering from a mental health disability may feel as though they have to mask their issue. This is often the result of social stigma at the workplace or being judged, treated with bias, or ostracized socially. Instead of being open about their problems, they try to circumvent it because it only makes things more distressful. That said, pretending can often worsen the primary problem and snowball into greater stress, burnout, and anxiety.

Sometimes due to social pressure or stigma, people try to behave cheerfully in order to be accepted into the society which often leads them to believe they are inherently flawed. The act of trying too hard to mask the underlying condition, only intensifies collapse. It is, in fact, the mask that is more debilitating than the underlying condition – and that aura renders suffering invisible.

Taking, for example, a test anxious student - describing how they ignore the urge to utilize the aid or assistance built into the system for asking for questions in the middle of the exam; they may believe that they will be perceived as incompetent.

Towards a Compassionate, Rights-Based Framework

To make a real difference to individuals with mental health disabilities, society needs to shift focus from productivity to compassion, rights, and inclusion. We must enable people not just to work or study, but to live with dignity. This transformation requires action in three areas: legislation, institutions, and societal mind-set.

First, The Rights of Persons with Disabilities (RPWD) Act needs to be implemented effectively. There needs to be specific guidelines detailing what support must be provided, such as mental health breaks, flexible time frames, quiet rooms, and counselling services. In addition, no one should feel stigmatized for utilizing these supports.

Second, there has to be robust active awareness campaigns targeted towards removing the stigma associated with mental health issues. These campaigns should be integrated into the school and workplace cultures as they promote overall well-being. The right attitude and initiative needs to be taken so that people want to come forward for help as it is often difficult. Providing assistance to people with mental health disabilities should be considered standard, not a privilege.

Finally, more needs to be done legally to defend and assist those suffering from mental health issues. As an example we discussed improving access to social security benefits, having straightforward processes and appropriate remedies for discrimination, and increasing the public's understanding of the impact and implications of mental illness in everyday life.

We might be able to shift a productivity centered society which can at times be helpful, but what we as a society need to put more focus on is the degree of damage this does, especially for people with mental health challenges. In shifting to a more humane system, everyone, not just few people, will have the resources and not just tools to navigate life, thrive in it. If we as a society hope to truly understand and support those who are most often adrift and unheard in a world which spins faster and faster, this is crucial.

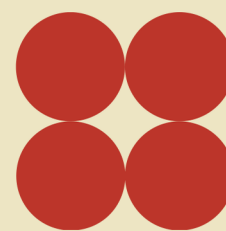
About the Author



I am Sidratul Muntaha, a Final year B.A. LL.B. student at Guru Gobind Singh Indraprastha University, New Delhi. My academic interests span constitutional law, corporate regulation, intellectual property, and the intersection of fashion and law. Alongside these, I am deeply invested in human rights, mental health, and disability rights. I believe law should not merely regulate but also empower, and my writing reflects a personal commitment to inclusion and social justice.

NAVIGATING DISABILITY AND ACCOMMODATIONS FOR MENTAL HEALTH CONDITIONS IN EDUCATION AND EMPLOYMENT

Sheetal Mallik



The lived experiences of persons with disabilities (PwD) in India, particularly those with mental health conditions such as anxiety, depression, or bipolar disorder, highlight a significant gap between legislative mandates and their implementation. The Rights of Persons with Disabilities Act, 2016 (RPwD Act) and the Mental Healthcare Act, 2017 promise equitable access to education and employment through reasonable accommodations. However, structural barriers, stigma, and policy gaps continue to exclude PwD from elite academic institutions and competitive job markets. The tragic suicide of a hearing-impaired BTech student at the Indian Institute of Information Technology (IIIT) Allahabad in 2023, driven by systemic pressures, underscores the urgent need for reform. This paper, rooted in a social constructivist framework, examines barriers to reasonable accommodations for mental health conditions and advocates for inclusive reforms to foster belonging, resilience, and equity.

STRUCTURAL AND INSTITUTIONAL BARRIERS

Infrastructure Limitations and Academic Rigidity

Elite institutions like IITs, NITs, and AIIMS comply with the RPwD Act's 5% reservation quota, yet their campus infrastructure often lacks inclusive design, such as sensory-friendly spaces, which exacerbates anxiety for students with mental health conditions. Inaccessible lecture halls and rigid academic policies, such as inflexible deadlines or lack of quiet exam spaces, compound these challenges. Faculty, often untrained in disability inclusion, may misinterpret accommodations as favoritism, perpetuating academic rigidity and disempowering students. This systemic failure highlights the need for universal design and faculty training to ensure equitable academic environments.

Gaps in Policy and Practice

The Mental Healthcare Act, 2017 mandates mental health services, yet campuses rarely integrate resources like the Tele MANAS helpline, which received 1.8 million calls by February 2025. Policy implementation falters due to the misuse of disability quotas by non-disabled individuals and limited scholarships, which exacerbate financial strain for PwD students. A 2025 Supreme Court ruling on scribe accommodations for visually impaired students signals judicial progress, but mental health accommodations remain underdeveloped. Expanding financial resources and scholarships is critical to address these constraints.

STIGMA, STEREOTYPING, AND SOCIAL DISCOMFORT

Imposition of Ableist Norms

Mental health conditions are often misconstrued as deficiencies, leading to assumptions of incompetence and perceptions of PwD as objects of sympathy. Students face unsolicited help and pressure to conform to “normalcy,” compelling them to perform self-sufficiency to counter stigma. These ableist norms foster social withdrawal, as students struggle to build meaningful connections, exacerbating isolation. Addressing stigma requires cultural shifts within institutions to promote acceptance and inclusion.

(In)visibility in Institutional and Public Discourse

PwD students often feel invisible in institutional dialogues due to the lack of platforms to amplify their voices. The National Mental Health Survey (2015–16) reports a 10.6% prevalence of mental health conditions, yet a 70–92% treatment gap persists due to stigma and resource scarcity. This invisibility compounds emotional challenges, including existential doubts and struggles with identity and belonging, particularly during unpredictable life transitions. Student-led forums and advocacy platforms are essential to counter this erasure.

INTERPERSONAL AND INSTITUTIONAL SUPPORT NETWORKS

Resilience Through Support Systems

Despite systemic barriers, PwD students exhibit remarkable resilience, relying on self-driven coping mechanisms and peer networks as emotional anchors. Institutional support, such as counselling services and accommodations, can foster inclusion, but inconsistent familial support and limited resources often hinder progress. Successful PwD role models inspire students, helping them build emotional resilience through cycles of perseverance. Strengthening institutional scaffolding is vital to support this resilience.

Challenging Norms and Advocating for Change

PwD students advocate for equal treatment, emphasising effort over assumed limitations, and contribute to slow but visible social changes. However, their voices remain underrepresented due to limited advocacy platforms. The IIIT Allahabad tragedy, where a student faced inconsistent accommodations and social isolation, underscores the need for robust support networks to prevent such outcomes. Empowering students through advocacy and peer initiatives can drive systemic change.

EMPLOYMENT CHALLENGES

Limited Access to Career Opportunities

The transition to employment reveals stark disparities. IIIT Allahabad's 2024 placement data reports a 93% placement rate for BTech students, with an average package of INR 25.78 LPA, while NITs and IITs achieve 80–95% placement rates with packages of INR 10–30 LPA. However, only 34% of PwD are employed, compared to 54% of non-disabled individuals, with mental health conditions facing even lower rates due to assumptions of incompetence. Only 20% of PwD BTech graduates from IITs secure campus placements, compared to 85% of their peers. These disparities highlight the need for inclusive hiring practices.

Encountering Ableist Structures in Professional Transitions Employers often fail to provide accommodations like flexible schedules, limiting access to internships and career opportunities. The private sector, unbound by RPwD Act mandates, exacerbates these challenges, with high-pressure environments disproportionately impacting PwD. A 2022 report noted 11,486 suicides among private sector professionals, reflecting systemic pressures. Mobility transitions outside campus further complicate career plans, necessitating accessible workplaces.

POLICY GAPS AND SOLUTIONS

Financial and Resource Constraints

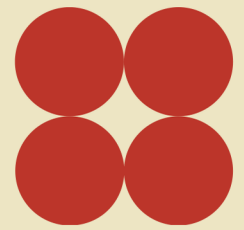
Financial strain and bureaucratic hurdles, such as disability certificate requirements (met by only 35% of PwD), hinder access to accommodations. The Ministry of Social Justice and Empowerment could incentivize private sector inclusion through tax benefits or accessibility audits. Expanding scholarships and streamlining certification processes are critical to address resource constraints.

Building Inclusive Support Systems

Institutions must adopt universal design, including accessible campuses, flexible curricula, and stigma-free spaces. Faculty training and integration of disability studies into curricula can foster inclusion. Expanding Tele MANAS and student-led forums can amplify PwD voices, while judicial advocacy, like the 2025 scribe ruling, sets a precedent for mental health accommodations. Community-based support can complement clinical care, empowering PwD through shared experiences. The potential of every PwD is a vital contribution to India's future, yet systemic barriers silence their voices. The IIIT Allahabad tragedy is a stark reminder of the need for inclusive reform. By addressing structural barriers, fostering resilience through support systems, and closing policy gaps, India can honor its commitments to the Sustainable Development Goals. This is a scholarly and moral imperative to ensure every PwD's right to belong and thrive.

WE ALL DESERVE DIGNITY: MENTAL HEALTH, DISABILITY, AND THE RIGHT TO JUST BE.

Shivya Joshi



Have you ever felt invisible in a room full of people? Not because you're shy or quiet, but because people have already decided who you are, what you can do, and what you're worth, before even hearing you speak? That's how a lot of people with mental health conditions and disabilities feel every single day. And not just from strangers, but from systems, policies, and sometimes even from people closest to them. I'm writing this not just to talk about "mental health" or "disability" like topics you study in your textbooks. I want to talk about people's stories, lives and battles they are fighting behind their calm faces. When we talk about mental health, disability, and rights we're really talking about how we treat each other. Just imagine waking up daily and your biggest challenge is to manage your mental health and physical disability just because people out there are constantly judging you, make you question your worth, your existence and treat your mental health issues as a disability that defines you, your existence and how unworthy and undeserving, this is not just my story or someone's story this is the story of most of us, who are out there constantly asking themselves about their own limits and dreams.

Mental health and disabilities common human experiences, these are universal regardless geographic boundary, age, class, gender, etc, and what are the results of mental health issues and disabilities? Let me tell you the results are simple to answer yet difficult to understand- Isolation, Stigma and Injustice on a Global level. But there is a swap happening, slowly voices are raising, authorities are concerning and a new version of dignity and rights is emerging.

THE HUMANIZED FACE OF DISABILITY

By stating disability I am not only referring to those wheelchairs and white canes in similar sense mentioning mental health clearly not indicates only depression or anxiety. These two terms (mental Health and Disability) are not just simple terms that we use to chit chat or gossip, they cover broader, deeper meaning. These terms are diverse and often invisible because people decide not to support each other but to criticize each other, they decide to neglect humanity and prioritize their own materialistic approach which is harsh and cruel.

Let me tell you a story of my best friend Shraddha,

Shraddha is a 20 year old kind and beautiful girl who is a brilliant speaker, a great writer, animal lover, a great friend and lives with bipolar disorder. For years Shraddha decided to keep her diagnosis secret, not because she was ashamed, but her fear that if she shared her problem with her colleagues or family, they would question her abilities. She is even petrified to ask for leave from HR even when her condition worsened as everybody would be questioning her abilities and suggesting she wasn't "a good fit" instead of helping her or supporting her.

Now imagine if Shraddha got a disability, do you think her fear would be different? In my opinion the answer is no, even if Shraddha had a disability the pressure to prove her abilities would be same, not because I think the world is a harsh place but because this is the harsh reality of people out there. The common thread is lack of structural understanding of how mental health and disability are interwoven with systematic inequality. People lack in understanding that prioritizing mental health is crucial for leading a healthy and fulfilling life and a person's disability and mental health is not a mere indicator of ability.

"Mental Health and disability problems don't define who you are, they are something you experience. You walk in the rain, you feel the rain, but you are not the rain."

-Matt Haig

The Problem isn't just personal - it's political

Disability and mental health is not solely medical or idiosyncratic, they are deeply political because they intersect with structure of power, access and equity.

Globally over 1 billion people live with some disability. Approximately 1 in 8 people suffers from and lives with mental health conditions.

Even after this scenario many countries do not legally recognize mental health as a part of right to health. In many countries people with psychological and intellectual disabilities are often denied legal standing and capacity and are deprived of their right to make own decisions. There is widespread of discrimination in the platforms or sectors of education, employment and housing. This is clearly what I or most of us call "A HUMAN RIGHTS CRISIS."

Quiet Weight of Stigma

When I mention the term Stigma in context of mental health and disability, I am verbalizing about the deleterious ways society treats people simply for being different for thinking, feeling, moving, or communicating in a ways that oddballs the narrow range of expectations. Currently stigma is the most powerful force or weapon that is working against mental health and disability rights. Stigma muzzles people and tells them about how broken and incomplete they are burden on society and pins the blame of their struggle on their personal disability or weakness instead of structural failure. Stigma dehumanizes humanity as it tells people with mental health issues and disability "you don't belong here." These attitudes are cannot be ignored as they cause a deep distress and trauma in the hearts of innocent people who are considered as "ALIENS or OUTSIDERS" just because they are suffering from some mental health issues or disability, it makes people afraid to even ask for help. Let me be straight forward and remind you that humanity is something which is not an object to fight for, it is something which is naturally given to an individual, and it is a right which is given to everyone individual on this planet regardless of their sufferings, age, race, sex, region, mental problems and disability.

When people begin listening each other instead of judging, when people label each other as humans with eyes full of humanity instead of recognizing each other as diagnosis labels, stigma ends.

Where Law LEADS and Where it LAGS

A right is a protection, not a luxury. There are many of us who enjoy certain sets of rights, but just visualize not being able to claim your rights or enjoy your rights just because you got mental problems and disabilities, isn't it frantic? So what if I tell you, 90% of children suffering from mental issues and disabilities in developing countries do not attain school. Adult literacy rate for persons with disabilities is as low as 3% and only 1% for women with disabilities. In India, 79% of caregivers say individuals with mental illness are not encouraged to pursue education. Less than 2% of national health budgets go to mental health, mostly for psychiatric hospitals. You would be flabbergasted to know that how often these basic rights are denied, especially if someone has an intellectual or psychosocial disability. People are underestimated and society tells them they can't marry, can't vote, and can't raise children all because of a diagnosis. And here's the scary part: it's all legal.

Now an important question arises what our legal systems are doing, what legislative bodies are doing in regard of this problem?

To resolve this issue law took many measures like:

- The UN Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, was a landmark in shifting how we understand disability. It affirmed that: "Disability is not a medical problem but a human rights issue"

- India framed "Rights of Persons with Disabilities Act 2016" to expand the definition of Disability. This act guarantees 5% of reservation in education and 4% reservation in employment sector for people with disability.
- South Africa adopted "Mental Health Care Act 2002" that focuses on community-based care and human rights. Ensures that mental health users be treated with dignity and their consent prioritized.

In a nutshell we can say that Laws exist to protect the rights of people with mental illness and disabilities, but the implementation is weak, and accountability is inconsistent.

Language Matters

Phrases like "crazy," "psycho," "wheelchair-bound," "crazy," "handicapped," or "slow" etc not only hurt people but also tells them: you're not welcome, you're not normal, you're not enough. Language is the key behind your social standing and your individuality; it has a power to destroy anything or create anything. Language is something which shapes a person's thoughts and perception and delivers it to another person. It can humanize and dehumanize at a great level. Language is something in my opinion is irreversible, whatever you speak decides your standing, your upbringing, your background and your rank in society. It directly reflects your education and the thoughts revolving in your mind. People are not "confined" to wheelchairs. They use them. People don't "suffer from" they live with it, or more accurately, experience the world through it.

Unseen, Unheard and Unseen

By stating the words above I am pointing towards the cost of invisibility these individuals are facing. When mental health and disabilities are turned a blind eye into in matters of policy making, the consequences run deep, not just for those directly affected, but for whole society. The economic costs are staggering. Every year, billions are lost in productivity because people living with mental illness aren't getting the support they need to thrive at work, or to stay there at all. Socially, these individuals are excluded from education and employment, this leads to the deprivation of perspectives and talents. The emotional cost of being unseen, unheard, or treated as an afterthought is often devastating, when no one sees you, it breaks your spirit.

During crises natural disasters, armed conflicts, or pandemics these inequalities only grow. People with disabilities are too often the last to be evacuated. Mental health care, already fragile, becomes a luxury. And those with cognitive or physical challenges face a widening digital divide, cut off from critical information, support, and connection.

Let me take you a few years back and activate your nostalgia, during COVID-19, the world talked a lot about health but very little mentioned about mental health.

People with disabilities died in higher numbers. Mental health services were the first to be cut. Many lost access to medication, support systems, or even food. The world went quiet, and in that silence, a lot of people were left behind.

Let's Meet Shraddha AGAIN

I hope every one of you still remembers my best friend Shraddha. After years of silence, one day she decided to start blogging about her bipolar disorder, at first her blood ran cold, but she gathered her courage and started it. After reaching out people she noticed that her colleagues, her former bosses, even people from her own family shared their own stories. Shraddha now works in an NGO to spread awareness among people about mental health and disability. She tells people that it is normal and it does not define you, your capacities and your limits.

She believes and tells everyone that what is coming is worth fighting for. She imagines a world where mental health is as accessible as primary health care, where children with disabilities and mental problems sit in a regular classroom and learn with every one, workplaces are place to work not to discriminate anyone for their physical or psychological disability. This is not idealism; this is justice and is achievable.

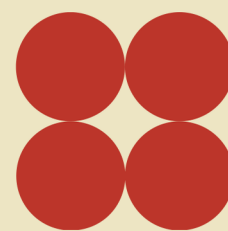
About the Author



I am currently a law student at Kanoria School of Law for Women, Jaipur, pursuing my academic interests in corporate law, constitutional law, and international relations. My research focuses on the intersection of legal principles and social justice, particularly in areas like human rights, company law, and labor legislation. Through my writing, I aim to simplify complex legal concepts and connect them with real- world applications.

DISABILITY, MENTAL HEALTH & THE CARCERAL SYSTEM: WHEN PRISONS TAKE THE PLACE OF CARE IN INDIA

Harshwardhan Sharma



India's prison system starkly lays bare a systemic breakdown where detention takes the place of care, particularly for individuals with disabilities and mental illness. With more than 4.27 lakh prisoners accommodated in jails meant for only 2.5 lakh, the extent of overcrowding is alarming. Almost 77% of these prisoners are undertrials, many with disabilities or untreated mental health issues. Prisons, however, are grossly ill-prepared to deal with such vulnerabilities and instead tend to compound them. The tragic case of the wheelchair-bound professor G.N. Saibaba, who passed away in custody after years of neglect in spite of his 90% disability, sums up this crisis in all its starkness. This blog examines the nexus of disability, mental health, and incarceration in India, comparing legal frameworks, systemic obstacles, individual testimonies, and the process towards effective reform.

Historical and Structural Context

India's carceral infrastructure is rooted in colonial laws, with the Prisons Act, 1894, being the central statute that adjudicates the majority of cases. The Act is illustrative of a retributive approach, focusing on discipline rather than rehabilitation.

While legislative changes such as the Model Prisons Act, 2023, hold the promise of a more humane approach, the reality of implementation varies between states. Therefore, most prisons are still overshadowed by overcrowding, poor sanitation, and a shortage of quality medical facilities—entirely factors with uneven consequences for persons with disabilities (PwDs) and those suffering from mental illnesses.

One of the key shortcomings in post-independence India has been the lack of a well-developed community-based mental healthcare infrastructure. The deinstitutionalization process, intended to shut down large mental asylums, was not complemented by the development of sufficient outpatient and residential community care facilities. This created a gap leading to a process termed transinstitutionalization, in which psychosocial and cognitive disability populations are transferred from hospitals to jails instead of care homes. Imprisonment thus becomes a replacement for social and medical care.

Just 9,180 inmates were reported mentally ill in 2021 by the National Crime Records Bureau (NCRB)—grossly underreporting, say experts who put the actual figure much higher. Underreporting is due to stigma, absence of training among prison personnel, and lack of appropriate tools for diagnosis.

Disability and Mental Health in Indian Prisons: The Reality

Infrastructural Exclusion

In spite of the Rights of Persons with Disabilities (RPwD) Act, 2016, that ensured accessibility in all public buildings, not more than 12% of Indian prisons have disability-friendly facilities. For example, Asia's biggest prison complex, Tihar Jail in Delhi, features a broken elevator and inaccessible toilets, which make life unbearable for wheelchair users. Deaf prisoners do not get interpreters for court hearings and in general communication in prisons, resulting in systematic denial of due process and legal representation.

The RPwD Act also puts the obligation of providing "reasonable accommodation" on public institutions, such as prisons. But in practice, they are seldom adopted. This is a clear contravention of national law as well as Article 21 of the Indian Constitution, which enshrines the right to life and dignity.

Mental Health Crisis and Neglect

Most Indian prisons lack full-time mental health professionals. Instead, part-time psychiatrists visit sporadically—sometimes only once a month. Basic psychiatric medicines are often out of stock, leading to discontinuity in treatment and deterioration in mental health. For example, Ravi Chandra, a former inmate of Chennai's Puzhal Jail, reported that his anxiety medication was abruptly discontinued, triggering frequent panic attacks.

Custodial violence then aggravates the mental health emergency. Surveys indicate that 65% of prisoners with psychosocial disabilities are taunted or belittled by prison personnel, and 40% are physically restrained as punishment. The high-profile case of Stan Swamy, an 84-year-old activist fighting for tribal rights who has Parkinson's disease, exemplifies the callousness in the system. Refused a sipper cup and minimal medical care, Swamy's state deteriorated until he passed away in custody in 2021.

Overcrowding and Solitary Confinement

Indian prisons have an average overcrowding rate of 130%, producing horribly congested conditions that reinforce anxiety, hostility, and the transmission of infectious diseases. Lack of privacy and incessant noise negatively impact prisoners, especially those who already suffer from mental illness.

Solitary confinement is employed as a punishment in Indian prisons, even though international human rights norms suggest that it should not be used against individuals with mental illness. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) exclude prolonged solitary confinement and call for special safeguards for prisoners with disabilities. However, such practices are still the norm in India.

Legal Protections and Gaps

The Mental Healthcare Act (MHCA), 2017 requires the availability of mental health care in prisons, such as having a psychiatrist per 500 prisoners and 20-bed psychiatric units in central jails. But only 12 among 134 central prisons have these facilities. Inadequate financial and human resources, coupled with administrative slowness, hinder meaningful implementation.

Even though Section 309 of the Indian Penal Code (punishing attempted suicide) was decriminalized in 2017, persons in acute mental distress continue to be uniformly arrested under vague sections such as "public nuisance." This creates a situation where those in need are incarcerated rather than cared for.

The Supreme Court's ruling in Justice K.S. Puttaswamy (Retd.) v. Union of India (2017) established the right to privacy and dignity as constitutional rights. These logically must extend to prisoners, including persons with disabilities. However, the operational gap between judicial judgments and ground realities continues wide.

Case Studies: Human Stories from Indian Prisons

Professor G.N. Saibaba

Detained in 2014 under the Unlawful Activities (Prevention) Act, Professor Saibaba was 90% physically disabled and wheelchair-bound. He was deprived of essential medical treatment and mobility aids during his detention at Nagpur Central Jail. Although he made several requests for bail on health grounds, he languished in prison for years before passing away in 2021. His case generated public opinion and once more sparked debates on prison reform.

Stan Swamy

Swamy's detention in Mumbai's Arthur Road Jail illustrated how systemic negligence can be fatal. Diagnosed with advanced Parkinson's, he struggled to eat and drink due to tremors. Despite multiple court applications, he was denied a straw and sipper for several weeks. The denial of such a basic aid contributed to a sharp decline in his health, leading to his death in custody. His case was soon to become symbolical of the state's apathy towards the rights of prisoners with disabilities.

Undertrial Prisoners with Mental Illness

A 2023 field investigation in Uttar Pradesh and Bihar prisons found that most undertrial prisoners with psychosocial disabilities were being detained on petty, non-violent charges like loitering or petty theft. Lack of screening at the point of arrest and inability to provide mental health services in police custody resulted in detention of individuals who ought to have been referred to psychiatric services.

The Vicious Cycle: How Prisons Disable

Indian prisons are not merely locations where disability is ignored—they are also spaces that actively produce and exacerbate disabilities. Overcrowding, abuse, and neglect provide a conducive environment for triggering trauma, anxiety, and psychosis even among otherwise healthy individuals. Denial of aids and accommodations further disables those with existing conditions.

Solitary confinement, monitoring, and punitive measures create alienation. Mentally ill prisoners are usually treated as security risks instead of as individuals in need of care. Prisons become tools for social isolation and systemic violence instead of being rehabilitative.

Pathways to Decarceration and Reform

1. Full Implementation of Existing Laws

- **Training of Staff:** On-going disability and mental health sensitivity training for prison staff has to be institutionalized. NGOs such as the Bapu Trust for Mental Health have models that can be replicated at a national level.
- **Accessible Infrastructure:** Ramps, tactile walking paths, accessible toilets, elevators, and hearing aids have to be incorporated into prison infrastructure utilizing centrally sponsored funds, e.g., from Members of Parliament Local Area Development Scheme (MPLADS).

- **Healthcare Access:** Ensure uninterrupted access to psychiatric medications, regular evaluations, and the presence of full-time mental health professionals.

2. Community-Based Alternatives

- **Mental Health Courts:** Specialized courts that divert individuals with mental health conditions from the criminal justice system into treatment facilities must be scaled. Delhi's pilot mental health court has shown measurable reductions in recidivism.
- **Crisis Intervention Teams (CITs):** These are composed of social workers and psychologists who respond to emergencies instead of police. Chennai's "Udhavum Karangal" is an example that can be replicated nationally.
- **Decriminalisation:** Public nuisance laws must not be misused to criminalise mental distress or disability-related behaviours.

3. Oversight and Accountability

- **Prison Oversight Boards:** Independent monitoring bodies must include disability rights activists, mental health experts, and legal scholars to ensure compliance.
- **Tele-Mental Health Services:** Utilizing the NIC's e-Prisons portal, online consultations must be made compulsory in remote and under-equipped jails.
- **Data Transparency:** Reports on annual disability audits and mental health reviews must be made available for each state prison.

4. Legislative Reforms

- **Revise prison manuals** to align with RPwD and MHCA requirements.

- **Implement bail reforms** that take into consideration disability and mental health status.
- **Enhance legal aid services** to provide access to justice for PwDs in prisons.

International Best Practices and Lessons for India

Italy's REMS System

Italy shifted from forensic psychiatric hospitals to community-based residential care centers known as REMS (*Residenze per l'Esecuzione delle Misure di Sicurezza*). They are small-scale, human-rights-oriented alternatives to prisons. Consequently, violent events declined dramatically, and rehabilitation results improved.

US Crisis Intervention Teams and Mental Health Courts

The U.S. utilizes Crisis Intervention Teams (CITs), where police officers who have received training work with mental health professionals to de-escalate crises. Cities that use CIT programs have seen 28% fewer arrests of individuals with mental illnesses. Mental health courts in cities such as Miami and New York have been effective in diverting criminals into community-based treatment.

Adapting to India

India needs to domesticate these models with regard to linguistic diversity, urban-rural gaps, and gender- and caste-based vulnerabilities. Crucially, these interventions need to be community-based and culturally sensitive.

CONCLUSION: REIMAGINING JUSTICE THROUGH CARE

The Supreme Court has confirmed that dignity is the essence of Article 21, but the care of disabled and mentally ill prisoners frequently contravenes this basic right. India needs to make a clear transition from a punitive to a rehabilitative model of justice.

This entails dismantling the prison-care complex, investing in community mental health systems, enforcing the RPwD and MHCA Acts intensively, and facilitating accountability through independent monitoring. The experiences of Professor Saibaba, Stan Swamy, and many unnamed undertrials remind us that the price of doing nothing is paid in human lives.

Justice no longer has to be punishment. It has to be care, support, and restoration. That is when we can say we are a society which upholds the rights of everyone, including those incarcerated.

About the Author

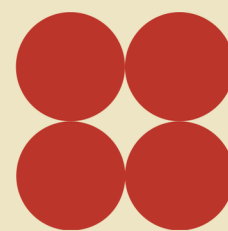


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MENTAL HEALTH CHALLENGES AND THE RIGHT TO INCLUSIVE EDUCATION IN INDIA

Prinu Jose

Dr. Ravi Prasad Varma



The Constitution of India recognizes education as a fundamental right. Article 21-A of the Indian Constitution enshrines the right to free and compulsory education for all children from six to fourteen years.¹ Each child is unique, with diverse abilities and inabilities. Children with Developmental Disabilities (CwDD) are a special subgroup who face impairments in physical, learning, language, and behavioural domains. These impairments might emerge during the early developmental period and usually last for a lifetime. Some of the examples related to this include autism spectrum disorder and cerebral palsy.² The Constitutional provisions guarantee the right to education to this subgroup, which was further supported by the Rights of Persons with Disabilities (RPWD) Act, 2016. The RPWD Act defines inclusive education as ‘a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities’.³ The definition explicitly states that teaching and learning should be adapted to the needs of all students, regardless of their disabilities or diagnoses. So, does India’s inclusive education system support or fail CwDD and in what all ways? What are the mental health implications of inclusive education in this group? Let’s explore the answers through this blog!

Positionality

Before going to the core ideas, I would like to declare my positionality. I am biomedically trained public health professional. My current PhD work is on lifelong care of children with developmental disabilities. I have been working for and among families of children with developmental disabilities since my post-graduation days. Therefore, my position as a researcher might have influenced how I have explained the concept of inclusive education here.

The way we went about it

As a part of my PhD formative research, I conducted a series of in-depth interviews on lifelong care of CwDD among senior administrators of various rehabilitation facilities in Kerala. The scenarios I am presenting on inclusive education in this blog are based on what emerged from my interviews. The rehabilitation facilities were three tertiary care centers, one non-governmental organization (NGO), one special school and two BUDS institutions.

BUDS (not an acronym) institutions are facilities that work under the respective local self-governments with technical support from Kerala's Kudumbashree Mission. Government of Kerala launched Kudumbashree Mission as a platform to bring women together focusing on their empowerment through livelihood generation. This institution caters to children with mental disabilities, especially from impoverished families. The focal areas of all these institutions differ, while they all share a common purpose of catering to CwDD. Among the three tertiary care centers I visited, two primarily catered to young children, while only one served both young and adolescents with disabilities. The parent-run NGO focused exclusively on long-term care of individuals with mental challenges aged 18 and above. The special schools and BUDS schools had children ranging in age from 3 to 45 years.

Insights from field work

I will describe the flow of events related to inclusive education, regular schooling and mental health challenges faced CwDD using three scenarios as described by the study participants.

Scenario 1: Parental perspectives on 'normal' schooling The BUDS school teacher reported that for them, training and preparing children with disabilities for regular school was one their major focus areas. When they feel the child is ready to attend normal school, they would start the proceedings for the school transfer to a regular school. This process was strongly supported by both a nearby government school as well as the parents.

“We do not force any child to be here [BUDS school]. If we see a small positive change, we will help them to enrol in the normal school.”

The teacher recounted a scenario whereby a child who had multiple disabilities was enrolled in a normal school. She noted that the parents of the child were extremely happy and grateful to the school authorities. The parental urge to enrol their child with disability was reiterated by another senior administrator of a tertiary care institution catering for both children and adolescents with developmental disabilities. She said that one of the primary concerns of these parents are on whether their child can attend regular school.

“The main concern of the parents is whether their child can go to a normal school and study. It is not about socialisation and communication for them.”

The senior administrator also felt that parents are more concerned about their child's academic gains than the development of basic communication skills. She remarked that during patient consultations parents report that there is a lot of improvement in the child's condition. But when the Consultant specifically asks about child's communication, parents say that the child can sing a rhyme or tell ABC, but is still unable to ask for basic needs.

“Also, when they come to us and tell that there is improvement – it is usually the situation where the child can tell ABC or rhymes. Will the child ask food? No. Will the child asks for food when he or she is hungry? No. So, convincing those parents is difficult.”

Scenario 2: What happens after a child with developmental disabilities is enrolled in school? One of the senior administrators was of the view that CwDD who attend normal school face bullying. They lamented the situations where the child tries to put with this just for the sake of peer acceptance. Also, many of these children have communication issues. So, even in the situation of physical or mental abuse, they are unable to communicate appropriately about it. They endure it in silence.

“What we see is that, especially when these children become adolescents, there is a lot of bullying. Other children mock them. Intellectually disabled children want to be involved but even though they get bullied a lot..even though they get attacked, they remain in the group. They want that peer involvement..which is very sad.”

Also, as the following quote illustrates, many children are unable to understand what is taught at school. Yes, they study with the neurotypical children. But the benefits that they receive through this form of education may be minimal

“If a child with mental retardation [SIC] or intellectual disability is send to a normal school, they will not understand anything. At 5 or 6 years, when they are directly taken to a normal school, the child will not understand anything.”

Another issue that was emphasized was the attitude of other children towards CwDD. Some neurotypical children may not recognize that the child has special needs and requires support.

Scenario 3: Child’s situation after normal schooling The senior administrator who runs the NGO especially for adults with developmental disabilities reported that through inclusive education, the child can complete schooling often with good grades as suggested by documents. After the mainstream schooling, they come to these NGOs for further care. At this point, when they evaluate, most of them do not know anything. They might possess a certificate from school, however, many of them might have lost the crucial early years where effective training, tailored to their specific rehabilitation needs were possible.

“As government started inclusive education program, most of the children go to normal schools.

Going to normal school does not provide any benefit for these children, they are not getting adequate training and education.. They are not receiving any education there...There are less children who come to special school now-a-days. Now, after 12th standard, after receiving good marks as per their certificate [chuckles] they will come to us. They will come to us in a situation where they are unable to do anything.”

Considering this, the NGO focused mostly on vocational training and other extracurricular activities.

The Therefore Thoughts

Inclusive education is an approach whereby all children, regardless of their capabilities, can study under one roof. This holds potential to promote better integration of CwDD among their peers, communities, and society as a whole. Despite being a minority, when children with special needs attend regular schools, the authorities need to make certain arrangements to ensure their care and well-being. Further, many schools appoint special educators for training these children. That, in itself, can be community integration. When all children study together, they begin to accept disabilities as a natural part of being human, which in turn aids in reducing stigma at schools and the wider community. Further, when a child with disability is enrolled in regular school, the inclusivity extends beyond the child to include their parents as well. Therefore, the positive intentions and notable strides cannot be forgone. However, I would like to sound a word of caution. CwDD is a heterogeneous group with diverse skills, abilities, and needs. Inclusive education may be suitable for a group, but may not be beneficial for another group. The three different scenarios in this blog distinctly illustrate the series of events from CwDD's life as they navigate through an inclusive education system. In addition to improvement in health outcomes, parental aspirations and organizational targets are the driving forces for their entry to regular schools. Some children adapt well to the system, but some do not. They are teased and bullied at school, which might affect their mental well-being. At the end of schooling, they are awarded a certificate, which may not necessarily guarantee a livelihood. But is it only about a certificate? That's an important question to ask.

Little Things That Make a Difference

Inclusive education may be effective for a group but might not benefit another. Attending a regular school and getting a certificate cannot be an end in itself. These can be means to achieve inclusive education, provided there is a responsive environment. For this, before enrolment, a thorough assessment of the child's abilities is necessary. Prevocational training focusing on skill identification should be made mandatory in rehabilitation facilities. On evaluation, if the expert team recommends special school training, it should be encouraged. At this stage, shared decision-making and awareness creation among parents of CwDD is imperative. Strict monitoring and legal regulations against the physical and mental abuse of these children in schools should be enforced. Dynamic and ongoing awareness programs among the medical community, school authorities, and wider community are crucial.

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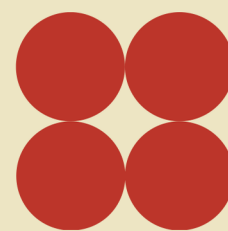
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"INVISIBLE, NOT IMAGINARY": MENTAL HEALTH DISABILITIES AND THE FIGHT FOR BASIC HUMAN RIGHTS BEHIND THE BARS

Nitika

Ishita Samyal



“It is said that no one truly knows a country until one has been inside its prisons. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

- Nelson Mandela

This quote hits hard when we talk about mentally ill people in Indian jails. Prisons should be about fixing lives, but for these individuals, they often become places of isolation, neglect, and silent suffering. Because of their mental health, they're not just vulnerable; they become invisible to a system that doesn't really get them. This is a tough truth that we, as a society, often avoid looking at. Even though we have laws like the Mental Healthcare Act (2017) and the Rights of Persons with Disabilities Act (2016), mentally ill people in the legal system still face major problems. Think about it: mental illness is often misunderstood and even seen as a crime in our justice system. Many accused individuals with mental health issues end up stuck in jail for ages just because they can't understand what they're being charged with or because they don't have anyone to bail them out. What's worse is that they hardly ever get the medical help they actually need. Instead, they're left to get worse in overcrowded, underfunded jails

that aren't equipped to deal with mental health conditions. Some important court cases like *Veena Sethi v. State of Bihar*, *Charanjit Singh v. State*, and *Accused X v. State of Maharashtra* have pointed this out, but the response has been patchy and not enough.

Furthermore, the very bedrock of our constitutional framework, enshrined in Article 14, unequivocally mandates that equals must be treated equally. However, the stark and often brutal reality within the walls of India's prisons reveals a blatant and deeply concerning disregard for this fundamental principle when it comes to individuals grappling with mental disabilities. They are routinely denied the specialized medical treatment, therapeutic interventions, and supportive environments that are essential for their well-being and potential recovery. As a direct and inevitable consequence of this systemic neglect, their fundamental right to live with dignity – a cornerstone of Article 21 of the Constitution – is systematically eroded, leaving them stripped of understanding, support, and the very essence of their humanity, often rendering them voiceless and utterly without recourse within a system that should, in principle, protect them. This blog takes a closer look at this humanitarian and legal mess.

It argues that this isn't just about healthcare; it's fundamentally about human rights, what kind of society we want to be, and the justice we aim for. By looking at laws, court decisions, and international rules like the CRPD (Convention on the Rights of Persons with Disabilities) and the Mandela Rules (basic standards for treating prisoners), we can see how urgently India needs to change its approach to mentally ill prisoners. Because if justice doesn't include the most voiceless among us, it's not really justice at all.

Invisible Walls: The Harsh Reality of Mentally ill Prisoners in India

Buddha said that without health, life isn't really life – it's just suffering and like being half-dead. Imagine a world where people question your pain, ignore your struggles, and act like your rights don't matter just because your illness isn't something you can see. This is the everyday reality for tons of people with mental health disabilities. Even though we're talking more about mental health now, many still face rejection, unfairness, and neglect from the system. It's time to change the conversation. Instead of asking, "What's wrong with you?", we should be asking, "What happened to you, and how can we, as a society, actually help you?" We need to talk about mental health not just as a medical issue, but as a basic human right.

Good news is, Indian law has started to recognize this. The 2016 Act includes mental illness as a disability, defining it as a long-term mental problem that, when it clashes with social barriers, stops people from fully participating in society like everyone else. Also, Section 2(1)(s) of the Mental Health Care Act defines mental illness as a serious problem with thinking, mood, perception, awareness, or memory that really messes with someone's judgment, behavior, ability to know what's real, or ability to handle everyday life.

It also includes mental issues linked to alcohol and drug abuse, but it doesn't include mental retardation. It's pretty clear that compared to other vulnerable groups who face social stigma, people with mental disabilities are probably the most overlooked and disadvantaged. And this bad situation turns into a disaster when someone with a mental illness ends up locked up in prison without the right kind of treatment.

The terrible situation of mentally ill prisoners in India shows a deep-rooted humanitarian crisis that's often hidden by bureaucratic slowness and legal inaction. This issue really came to light with the *Veena Sethi v. State of Bihar* case in 1982. The Supreme Court took notice of a report about 16 mentally ill people being held inhumanely in Hazaribagh Central Jail – many without even having a trial for over 25 years! While the court ordered their release, they didn't really set down rules to stop this from happening again. A few years later, in 1997, a prisoner's letter in the *Rama Murthy v. State of Karnataka* case showed the lawful mental health conditions in Bangalore Central Jail. The report for the court suggested that mentally ill prisoners should be treated at NIMHANS (a mental health institute) instead of being left to get worse in their cells. Sadly, this suggestion wasn't included in the final decision, so the problem continued.

The issue popped up again in 1989 with *Sheela Barse v. Union of India*, where the court rightly said that non-criminal mentally ill people shouldn't be in jail. But they didn't really address the situation of mentally ill accused people – those stuck between criminal charges and their mental health issues – leaving a big gap in their protection. Around the same time, the National Human Rights Commission (NHRC) started checking prisons across India and found shocking conditions where mentally ill prisoners were mixed with the general population, denied treatment, and even abused.

The NHRC's reports in 1994-95 and a seminar in 2014 finally recognized the rights of this group, but actual change was slow to come.

A potential turning point was the Charanjit Singh v. State and Ors. case in 2002. The NHRC filed a case after hearing about Charanjit's sad story – a mentally ill person waiting for trial who was just left to rot in jail because he couldn't find someone to guarantee his release. The court's decision was a rare moment of clarity. They used Article 21 of the Constitution, which guarantees the right to live with dignity, and ordered that his charges be dropped. The judgment also led to some important recommendations from the NHRC to really change mental healthcare in prisons. These included things like preventive counselling, mental health treatment in every jail, separate housing for mentally ill prisoners, the right to get medical help when entering prison, and regular reviews of these cases. The NHRC even told state governments to use private hospitals if public ones were full and stressed the need to help these individuals get back on their feet after recovery, especially if they didn't have family support.

The CRPD (Article 2) introduces a key idea: "reasonable accommodation." This means making suitable changes in how things are done and the physical setup of prisons so that people with disabilities can enjoy their rights equally. This same idea is now in the updated Nelson Mandela Rules (Rule 5.2). Both the CRPD and our own RPDA (Rights of Persons with Disabilities Act) expand on what equality means, saying that we need to make space for differences as a matter of basic human dignity. When someone is sentenced, their freedom is usually limited. Under Article 21 of our Constitution, the right to life and liberty can only be taken away through fair laws. In cases involving the death penalty, which obviously affects the right to life, there are many important protections.

A core part of the right to life is "dignity." Human dignity has many aspects, including the ability to understand, make rational choices, and have free will. The right to dignity of someone accused of a crime doesn't just disappear after the judge's decision; it lasts even after they go to prison and until they die. For mentally ill prisoners, Section 20(1) of the Mental Healthcare Act, 2017, clearly says that "every person with mental illness shall have a right to live with dignity."

Justice S.B. Sinha, in a speech about disability law and human rights, mentioned an old Vedic idea that the basic human right is happiness – "Let all people be happy." He pointed out that people with disabilities have just as much right to happiness and a good life as those without disabilities. He talked about several court decisions, including Javed Abidi v. UOI, where the Supreme Court told Indian Airlines to give discounts to passengers with physical disabilities. The main goal was to create a barrier-free environment for people with disabilities and help them become part of society. Justice Sinha also stressed that it's time for "social innovation" in how we deal with these issues.

People who have delusions or hear voices are often distracted and can't understand that they've been arrested or what the consequences of their actions are. The Supreme Court in Accused X v State of Maharashtra recognized that: "people in prison tend to have increased affinity to mental illness. Moreover, due to legal constraints on the recognition of broad-spectrum mental illness within the Criminal Justice System, prisons inevitably become home for a greater number of mentally ill prisoners of various degrees and the realities within the prisons walls may well compound and complicate these problems."

Despite efforts to make our laws align with CRPD principles, the Model Prison Management Bill of 1999, which became the Model Prisons and Correctional Services Act 2023, didn't really do enough to address the rights and needs of prisoners with disabilities. While there were sections for women prisoners, pregnant prisoners, mothers with children in prison, and transgender prisoners, there wasn't a specific section for prisoners with disabilities. These recommendations mostly remain just words on paper. The lack of a central law to protect mentally ill prisoners has led to different practices in different states. There's not enough infrastructure, not enough mental health professionals, and prison staff aren't properly trained to handle mental health crises. Courts have sometimes been understanding, but they can't fill the gap left by the lack of action from lawmakers. So, it's time to rethink justice for this forgotten group. India needs to pass a dedicated "Rights of Mentally Ill Prisoners Act," set up mental health units in or near prisons, and give judges the power to dismiss hopeless cases without waiting for NGOs to step in. There also needs to be a limit on how long someone can be held while waiting for a trial they might never understand or attend.

Justice, after all, needs to include everyone. The law needs to stop seeing mentally ill prisoners as threats and start seeing them as vulnerable people who deserve care, dignity, and a future. The current prison environment, with its harshness and overcrowding, only makes mental illness worse and, in some tragic cases, leads to suicide.

The answer isn't more isolation, but real reform with compassion. Setting up dedicated facilities with trained, humane staff, ensuring accountability through regular reports to the courts, and guaranteeing the right to mental health treatment are the steps India needs to take – not later, but right now. In a just society, even those who have lost their minds should never lose their rights.

CONCLUSION

In a democracy that takes pride in the rule of law and its constitutional values, the ongoing neglect of mentally ill prisoners is a worrying contradiction. These individuals often face a double punishment – first from their condition and then again from a system that doesn't accommodate or even acknowledge their special needs. The failure to provide timely mental healthcare, the long detentions of people waiting for trial because they can't get bail or understand the charges, and the lack of clear policies all show that our legal system is still struggling to uphold the rights of the most marginalized. We urgently need big changes to how we treat mentally ill prisoners in India. Only by taking compassionate and rights-based action, with better laws, judicial oversight, and a change in how society thinks, can we truly say we're a just society that values everyone's dignity and leaves no one to suffer in silence behind the invisible walls of neglect. The time to act is now, to break down these walls and make sure justice reaches everyone, especially those who can't speak for themselves.

About the Authors



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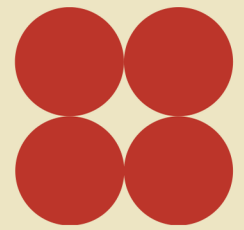
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"YOUR LORDSHIPS, WE ARE NOT OKAY: A MENTAL HEALTH PLEA FROM LAW STUDENTS"

Soumya Rai

Raj Thapa



A mental health PIL

To their Lordships, the ones with constitutional compassion, sitting at the helm of affairs that govern the past, present, and future of law students, the petitioner is a student of law, overworked and underslept, and expresses perpetual panic.

The panic finds its inception from the very point of awareness a law student gains about the conditions he is going to face. Though It is very well known that Article 21(of the Indian constitution), a flag bearer of the right to life which includes basic human decency, right to respect, real support, and to have sound mental health. Unfortunately, the field of law has become one such arena that does not allow its own practitioners to have one. Hence, this PIL, where the legal minds seek remedies and not just reviews and non-effective guidelines to cure the mental health conditions.

Structural Causes: Why We're Breaking Down

Law is often cited as among one of the most stressful courses and professions. A degree program after 12th standard takes five years which is similar to the length of MBBS and it increases to six if pursued after graduation.

Law students are often a victim of overwhelming expectations, an average law student is expected to participate in moots, debates, publish academic papers and to add more, at top of these, is to intern at top law firms along with excelling academically.

The toxic competitiveness is not something exclusive to law colleges, but this mental health crisis is celebrated in law schools. We have almost normalized poor mental health as a prerequisite in law school. Sara L. Ochs writes about the implicit hierarchy that marginalize and amplifies the imposter syndrome, The culture of constant comparison is seen growing in law colleges which fosters imposters syndrome and pure rivalry among law students in such cases success and achievements become the only measures of worth leading to immense amounts of psychological stress.

Moreover students from legal background often have a better access to opportunities whereas first generation Law students often struggle to bridge the gap, A new lawyer with no legal background faces obstacles such as; lack of exposure, informal knowledge and acculturation where "a new generation lawyer is treated just like as a body without backbone"

Due to the internship culture many internships in India involve abusive environments where a law student has to deal with tight deadlines rigorous working hours, traveling in the labyrinth of courts-office-courts and all these without any stipend, interns are expected to be grateful That they're getting an opportunity to learn, Also seniors are not here to be blamed as the yardstick has already been set very low that sadly a new statute resembling the features of MNREGA is expected to be Promulgated for legal interns and juniors.

Most law schools lack proper counseling and mental health wings, even the top institutes do not comprise safe grievances, redressal mechanisms or a culture of emotional support. In recent years there are number of suicide cases from various premier institutes, In short we do have handbooks for mental health and policies for the same but what we lack is the enforcement of it and probably a hard pill to swallow what we lack is intention and will to take this issue seriously, ironically Profession built on the pillars of justice does not embody the same from within.

The Missed Duty of Care

In recent years, multiple guidelines and notifications have been issued addressing law students, their problems, and mental health. But it is unfortunate that all these efforts have become dormant, as these wonderful drafts and policies," so efficient", are not backed by any enforcement mechanism that will put these formulated pieces to the real test.

Sadly, bringing a supportive environment or creating policies for the same that nurtures budding legal minds is either missing or, at worst, lacks the very intent.

The UGC 2022 guidelines for student health and well-being were introduced to address the critical need for holistic development that includes mental as well as physical aspects of well-being of students pursuing higher educational degrees. These were framed in line with the New Education Policy (NEP) 2020. One of the most potentially game-changing measures in this was the establishment of Student Service Centers (SSC). These centers were envisioned to address stress-related concerns and emotional adjustment issues among students. However, despite the detailed plans on paper, no real or progressive steps were taken to implement them meaningfully.

Similarly, the Bar Council of India issued guidelines mandating a stipend of ₹20,000 per month in urban areas and ₹15,000 in rural areas for junior advocates. These guidelines also proposed a grievance redressal mechanism and the formation of a dedicated monitoring committee to oversee implementation. But in the end, all these measures were merely recommendations and have become nothing more than a dead letter, just like various other Bar Councils of different states proposing minimum stipend policy. At the end, all we get is rigorous working hours and mental traumas in return for zero stipends.

A Glimpse of Hope: What the World is Doing Right

While we see the deteriorating condition of mental health in the legal profession there are progressive steps taken by various countries globally, legal education systems are increasingly recognizing the importance of mental health support for students;.

UNITED STATES -

The American Bar Association has developed comprehensive resources for law students, including the Substance Use and Mental Health Toolkit. This toolkit provides guidance on managing stress, substance use, and mental health challenges, aiming to foster well-being within the legal education community. Additionally, the ABA's well-being pledge encourages law schools and legal employers to prioritize mental health.

UNITED KINGDOM -

UK universities have significantly increased their investment in student mental health services. For instance, the University of Greenwich and the University of Wales Trinity St David have increased their mental health budgets by nearly 600% and 400% respectively. Services like Nightline offer confidential and anonymous overnight support run by students for students.

AUSTRALIA -

The Law Council of Australia has implemented initiatives such as Lawcare, a confidential service providing psychological support to legal professionals. Moreover, such kind of mental health awareness is inculcated in educational curriculum, promoting early detection and implementation.

INDIA -

While some institutions have begun addressing mental health, yet there is a lack of organised intervention on the same. Few IITs have formed an expert panel to intervene and assess the campus mental health challenges following students' suicides. Similarly, NLSIU Bangalore has established a Student Welfare Office and partnered with mental health professionals to provide counselling services.

What Needs to Change?

In India, mental health is still considered a taboo. Whenever any situation related to mental health arises, it is only associated with the victim being a lunatic. The notion is such, that even if there is any kind of genuine help a person needs, he/she would hesitate seeking medical help. This has caused a sudden increase in stress and burnout of an individual. To foster a supportive educational environment, several reforms are necessary.

- **Mandatory Mental Health Support** - All India Bar Council recognized colleges should establish dedicated mental health support system. This must include hiring medical professionals and providing accessible services to students. The Mental Healthcare Act, 2017, emphasizes the right to access mental health care and focuses on protecting the rights of individuals with mental illness and ensuring they receive dignified care and treatment. Not only this, but the compliance of the Act should be done in every college as a subject of basic awareness.
- **Anonymous Complaint System** - Most of the individuals hesitate to open up about their respective issues. Implementing confidential channels for students to report mental health and to create a safe space regarding their concerned grievances can encourage them to seek help without fear of stigma. Such systems can identify and address systemic issues.
- **Promoting a Healthy Work-Life Balance** - Easy said than done could not stand apt for this idea of creating a better balance between work and personal life. The budding lawyers are always on their toes to accomplish their tasks assigned by their seniors. They work hours and weeks without earning a single penny. To avoid the stress that is caused because of this, a mere mental support from the seniors should be appreciated. Taking regular breaks and setting healthy boundaries should not be considered as a sign of being idle.

4. Creating Peer Support Groups - Being lawyers, it is within their perks to build a network of colleagues to share concerns regarding the challenges of mental health. Senior lawyers mentoring junior lawyers can create a safe space for anyone to open up about their problems.

5. Setting Realistic Expectations - The work should not be extraordinary but feel personal and practical to oneself. Many law firms impose unrealistic workloads and overburden their juniors with metrics that seem difficult to execute within a certain period of time. It should be considered to implement a fair amount of work upon a lawyer, not which is compromised for financial gain.

Prayer for Relief

There are instances where an array of hope is always seen, but what is missing every time is that the ray of hope doesn't enlighten the atrocities enough. What these legal minds seek are measures not in the form of adjournments but acknowledgements and implementations — that mental health may not be just a topic of discussion but should also be followed by a plan of action. Compliance with guidelines such as those of the UGC, which were *pari passu* with NEP 2020, the condition so far is not a choice, but the only choice left. So, a bit more empathy from lawmakers and institutions would propel this culture of exploitation to a justified one, as Former CJI states that “empathy in law is what separates a just society from an unjust one” .

About the Authors



I am Soumya Rai , a final year law student from DES law college, Pune. For me, law is not just about rules but also about stories, people and perspective. Reading helps me question and understand the world, while writing lets me shape my own voice within it. Beyond academics, I see law as a way to connect with real human experiences, and that keeps me inspired to learn and grow.

I am Raj Krishna Thapa, a second-year law student at DES Shri Navalmal Firodia Law College, Pune. For me, law is not merely about rules but about narratives, people, and perspectives. My academic interests lie in Intellectual Property Rights and Criminal Law, where I enjoy exploring the balance between innovation, justice, and fairness. I like to combine legal studies with contemporary issues, which allows me to view law as a living force shaping society. Research deepens my critical understanding, while writing refines my voice. I see law as a bridge between principles and real human experiences, inspiring continuous learning



AFTERWORD

Hesham Ahsan

(2024-29)

As we close this second issue of the first volume of Samvaad, I wish to convey my own thoughts regarding this magazine, which is perhaps one of my proudest achievements.

While editing this magazine, both the first and the second issue, it was imperative upon me to find the right mindset with which to undertake such an important project. Dealing with the subject matter that is covered by this magazine, I could not half-heart it.

At first, what I wished was to become irrelevant. All that is required from me, I thought, would be to become a platform that hosts the voices of others, the voices of true change as compared to my echoing. The sign of a great social worker would be that of true irrelevance, what abrahamic religions phrase as “Giving with the right hand, while the left is unaware” .

However, I have since realised that such a view is narcissistic in its own. It is equivalent to sitting on the moral high horse, and excusing oneself from actual realities. That feeling comes from pure selfishness. When wanting to become irrelevant, paradoxically what weighs on the heart is still the want of recognition, so that people may praise us as great and kind persons, who gave up recognition. Oh so great helper of the helpers. The true direction, that heart and mind must face is Introspection. The very core of this magazine deals with the same. The kind contributors of this magazine both teach as well as introspect at the same time, when talking about important topics such as mental health, human rights and disability.

Therefore, moving forward, my approach to this great step taken by the Centre would be introspection as well.

While I edit and myself contribute to this communal effort, I shall constantly refresh my views and think about what I can take away from this magazine, in every issue of every volume. Doing otherwise, in my opinion, would be disrespecting everything that is encapsulated in this magazine. And this shall be my mindset throughout the short tenure I have left, the most of which I wish to be involved and tied to this magazine.

Editor-In-Chief

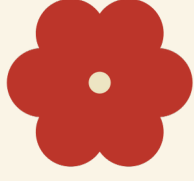




Disclaimer:

The views and opinions expressed in this magazine Samvaad are solely those of the individual authors and do not reflect the official policy or position of the Centre for Human Rights and Disability Studies, HPNLU or Himachal Pradesh National Law University, Shimla.

The content is intended for awareness and informational purposes only and should not be considered as professional mental health advice. The primary aim of this publication is to foster dialogue and raise awareness around mental health issues within the academic and broader community.



संवाद

WHERE EVERY MIND RESONATES

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