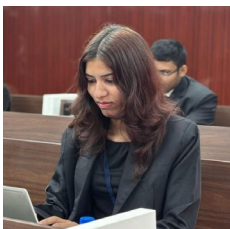


Invisible Wounds: Addressing the Legal and Policy Gaps in Mental Health Support for
Indian Armed Forces Personnel

- *Gati Jhamb and Sakshi Vimal*



(About the author - Gati Jhamb: Gati Jhamb is a 3rd year law student from National Law Institute University, Bhopal. She has a keen interest in tax and Arbitration Law, further, she has immense dedication towards Mental Health and its related areas.



Sakshi Vimal: Sakshi Vimal is a third year law student at National Law Institute University, Bhopal, passionate about law and advocacy, with a keen interest in contributing meaningfully to the legal discourse.)

I. Introduction

The recent scare of a war between India and Pakistan has revived conversation about war and its damages. Wars are usually classified as traumatic for the civilians and a sign of bravery for the soldiers. However, it is pertinent to discuss the physiological and psychological impacts of war on the soldiers, who continue to hold the line bravely. While the physical suffering, including disability, makes way into the discussion, the same is not the case for the soldiers' mental suffering, which in itself is tremendous.

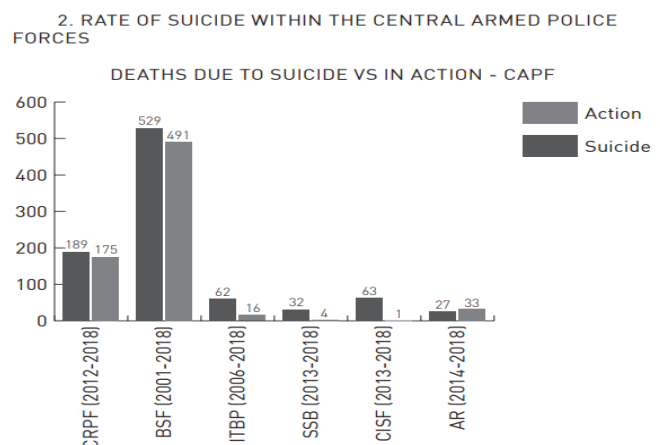
There is immense stigma around mental health issues, and more so when it concerns soldiers who are considered the embodiment of bravery, and mental health disorders, which are considered a sign of weakness. This multiplies the stigma for the armed forces. According to a study conducted for the Indian armed forces, 90% of patients admitted to experiencing stigma. 86% of those patients had experienced discrimination.¹

¹ AA Pawar, *Stigma of mental illness: A study in the Indian Armed Forces*, 4 MJAFI 70, 354-359 (2014).

This paper explores the mental health issues faced by soldiers in the armed forces and the current legal mechanisms used to address them. It then moves on to explore the policy gaps in the legal framework. This discussion becomes more relevant today, as India has been in five major wars since 1947² and there are currently twenty-seven conflicts going on worldwide.³ While a discussion about death and injury seeps into mainstream media, the same status is not accorded to conversations around the soldiers' mental health

II. War-Induced Medical Disorders: Statistical and Medical Overview

As discussed above, there is a high number of mental health disorders faced by soldiers in the armed forces. The table below presents us with staggering numbers, from years 2012-18, in all forces, except AR, the number of deaths by suicide is much higher than those from actual action. In the CRPF, the number of suicides exceeds the number of deaths in action, by more than 110 soldiers, even in the BSF, there is a stark difference of 28 soldiers, with deaths by suicide exceeding deaths by action, in the ITBP by 46, in SSB by 28 and CISF by 62. In AR, also, the deaths by suicide are 27, although they are fewer than deaths in action.⁴



Similarly, within the CAPF, 189 Central Reserve Police Force Officers (CRPF) committed suicide, since 2012 (while 175 were killed in action), 529 soldiers of the Border Security Force (BSF) have committed suicide since 2001 (491 killed in action), 62 soldiers of the Indo-Tibetan Border Police (ITBP) have committed suicide since 2006 (16 killed in action), 32 soldiers of the Sashastra Seema Bal (SSB) have committed suicide since 2013 (4 killed in action), 63 soldiers of the Central Industrial Police Force (CISF) have committed suicide since 2013 (only 1 was killed in action) and 27 soldiers of the Assam Rifles (AR) have committed suicide (with 33 killed in action). This highlights that apart from the Assam Rifles, the number of deaths due to suicide within the CAPF until 2018 is disturbingly higher in comparison to those killed in action (Ministry of Home Affairs 2018: 94).

The following line graph depicts the number of deaths by suicide and fratricide, from 2016-18.⁵ The number of deaths by suicide, as discussed above and deaths by suicide and fratricide depict the number of issues being faced by the soldiers in the armed forces. Suicide is a clear indication of a severe mental health crisis. The WHO discusses that there is a link between suicide and mental disorders. A study conducted in the United States found that out of all

² Vasudha Sharma, *Victims of armed conflict in India: psychosocial impact and available support*, 1 EJP 14 (2023).

³ GLOBAL CONFLICT TRACKER available at <https://www.cfr.org/global-conflict-tracker> (last visited May. 15, 2025).

⁴ Sitara Srinivas, *Mental Health in the Indian Armed Forces and Central Armed Police Forces*, SPRF (2021).

⁵ *Id.*

people who committed suicide,⁶ 46% of them had known mental health conditions, while this number is not conclusive for Indian soldiers, it can be used as an indication.⁷

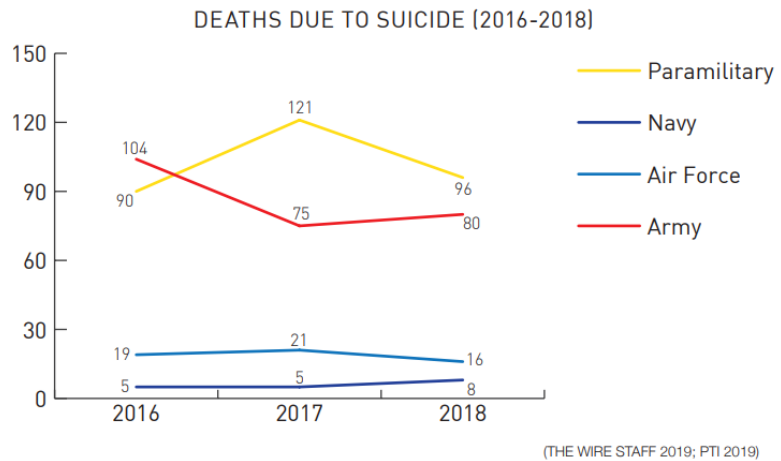
The following table also depicts the various kinds of mental health disorders, as experienced by soldiers, especially during war. Soldiers suffer a great deal due to direct combat, from

Post Traumatic Stress Disorder to Schizophrenia; many diseases impact soldiers' lives. In the next section, we explore how the current legal regime aims to help out the soldiers.⁸

NUMBER OF SUICIDES AND FRATICIDES WITHIN THE INDIAN ARMED FORCES AND CENTRAL ARMED POLICE FORCES

Fratricide, more commonly known as fragging, is a deliberate attempt to kill, or killing of a soldier, by a fellow soldier.

1. RATE OF SUICIDE AND FRATICIDES WITHIN THE INDIAN ARMED FORCES AND CENTRAL ARMED POLICE FORCES



Term/Disorder	Description	Possible Trigger/Cause
Trauma	General psychological suffering from war, killing, and violence in war	Exposure to violence, massacres, sieges, and brutality
Shock	Emotional or psychological disturbance from extreme experiences	Starvation, cruelty to innocents, helplessness in conflict
Combat Fatigue/Shell Shock	A psychological breakdown from sustained battle exposure	Prolonged trench warfare, constant shelling, death of comrades

⁶ WORLD HEALTH ORGANIZATION NEWSROOM, available at <https://www.who.int/news-room/fact-sheets/detail/suicide/> (last visited May. 14, 2025).

⁷ Farzana Akkas, *Mental Health Conditions Can Contribute to Suicide Risk*, (May. 2, 2022, United States)

⁸ Justin Corfield, *Psychological effects of war*, EBSCO (2024) available at [Psychological effects of war | EBSCO Research Starters](#) (last visited May. 14, 2025).

Post Traumatic Stress Disorder (PTSD)	Clinical diagnosis of trauma-related mental illness	Chronic exposure to violence, moral injury, and lack of closure
General Mental Illness	Long-term psychological damage resulting in institutionalisation or abnormal behaviour	Accumulated trauma, social isolation, and lack of mental health resources
Violence against the family	Domestic abuse is linked to unresolved trauma and stress from war	Suppressed rage, psychological instability, and maladjustment to civilian life
Suicidal behaviour	High suicide rates among war veterans are due to untreated or chronic trauma	Despair, guilt, emotional numbness, isolation
Drug addiction	Particularly noted among Vietnam and Iraq war veterans	Introduction to drugs during deployment, self-medication for stress or trauma
Social withdrawal	Depression or isolation upon return to society	Social rejection, loss of purpose, emotional dissonance
Propaganda induced hatred	Psychological manipulation through the demonisation of enemies	State-driven dehumanisation of opponents, indoctrination
Fear and Anxiety	Constant worry in populations due to the threat of war or attacks (India-Pak example)	Threat of invasion, raids, or siege warfare
Stress from the civil war	Emotional trauma from fighting internal enemies, often involving divided loyalties and personal losses	Fighting against one's own country's citizens, betrayal, and moral conflict

III. Indian Legal Framework and Mental Health in the Armed Forces

The Directorate of the Indian Army Veterans, the branch of the Adjutant General of the Indian Army, which looks after the veterans of the Indian Army, take responsibility for the veterans'

health and their families after they pass away. The information provided by them on the website provides a list of grants for ex-gratia payments in cases of disability, education grants to children, and higher education of widow, marriage grants, one time computer grants and mobility equipment or assistance to disabled soldiers, however there seems to be no category for the mental health deterioration of the veterans, or other such related issues suffered by them.⁹

The Mental Health Act, 2017,¹⁰ which governs the mental health facilities for civilians, does not mention anything relating to the veterans, the Rights of Persons with Disabilities Act, 2016.¹¹ suffers from the same discrepancy. Even the Armed Forces Tribunal Act, 2007¹² and the Ex-Servicemen Contributory Health Scheme,¹³ offer healthcare benefits to the retired Veterans, but mental health does not find an adequate place in these. The Army Act, 1950¹⁴ mentions lunacy; however, that is only in relation to a defence for the accused,¹⁵ and other than that, mental health crisis finds no mention in the Act.

In the case of *UOI v. Ex. Gnr. Ajeet Singh*,¹⁶ the court acknowledged the need for better mental health provisions for veterans, however, nothing significant has been done since. Although there have been a few progressive cases in this regard. In the case of *Confederation of Ex-Servicemen Association v. Union of India*, full and free medical care of ex-servicemen and their family were recognised, and it included mental health as a disability for consideration.¹⁷ In *Rajumon TM v. Union of India*,¹⁸ the Apex Court directed that the disability pension be directed to veterans diagnosed with schizophrenia, after the same had been rejected by the lower courts.

In the case of *Union of India v. Rajbir Singh*,¹⁹ the court stated that an individual is generally assumed to be mentally and physically fit when joining service, unless any health issues are officially recorded at that time. Further, if they are later discharged on medical grounds, it is

⁹ DIRECTORATE OF INDIAN ARMY VETERANS, available at <https://www.indianarmyveterans.gov.in/rehabilitation-and-welfare-section.html> (May. 15, 2025).

¹⁰ The Mental Health Act, 2017.

¹¹ The Rights of Persons with Disabilities Act, 2016.

¹² The Armed Forces Tribunal Act, 2007

¹³ The Ex-Servicemen Contributory Health Scheme, 2023.

¹⁴ The Army Act, 1950.

¹⁵ The Army Act, 1950 S. 145.

¹⁶ *Union of India v. Ex. Gnr. Ajeet Singh*

¹⁷ *Confederation of Ex-Servicemen Association v. Union of India*

¹⁸ *Rajumon TM v. Union of India*

¹⁹ *Union of India v. Rajbir Singh*

presumed that their condition worsened due to the service itself. Subsequently, any illness leading to discharge or death is typically considered to have originated during service unless it was noted during recruitment, and if a condition was undetectable at the time of joining, medical authorities must explain why.

A similar conclusion was brought in the case of *Dharamvir Singh v. Union of India*,²⁰ that a soldier is presumed to be of sound health when they enter the service, thus, if they are discharged on medical grounds later, it has to be assumed that the disorder developed during the course of service, and thus, should be entitled to compensation accordingly. It is unclear if the same rules as laid down by the court in the above cases apply to mental health issues faced by the veterans during the course of their service.

IV. Policy Gaps and Institutional Apathy

The above explanation of the provisions and judicial precedents adequately elaborates the lack of legislative and judicial focus on the armed forces' mental health. It has been ignored over the decades for a few reasons, like the lack of discussion of the lives of the veterans and their issues in the mainstream conversations. The laws for the armed forces are separate from those of civilians, and thus, the focus of the mental health acts and provisions does not give adequate consideration to that of the armed forces.

The lack of study, further, exacerbates the problem; the statistics and data available do not elaborate on the problem in enough depth, thus making it difficult for the policy-makers to frame provisions as per the needs of the personnel. This fundamental lack of research eventually results in a fundamental gap in policy. Additionally, policies do not need to be framed merely for addressing the issues, but also for addressing the stigma around mental health in the forces.

Furthermore, the Ministry of Defence has stated that they are trying to create a healthy and appropriate environment for the armed forces, including the establishment of Military Psychiatry Treatment Centres and the Mansik Sahayata Helpline.²¹ However, considering the data presented above, these steps seem insufficient to address these challenges. The forces should have a dedicated department to address the mental health issues of the army personnel, along with dedicated legislation or amendments to the legislation dealing with the physical health of the veterans, to include the mental aspect.

V. Conclusion: A Call for Change

²⁰ *Dharamvir Singh v. Union of India*

²¹ PRESS INFORMATION BUREAU, *Suicide and Fratricide cases in the armed forces* (7 January 2019), available at - <https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1558887> (Last Accessed May 15, 2025).

India is not in a current state of war or military confrontation, but that should not prevent these concerns from being addressed, considering that the services being rendered by them are continuous; thus, so should be the support. Their services are of the topmost priority to the country, and so, their welfare shall, proportionately, be prioritised. The issues discussed above, like PTSD, Shock and other general mental illnesses, are just the beginning of the problems of the veterans.

The laws then explained the legislative gap between the overwhelming majority of diseases and the insufficiency of policies, and subsequently, that of medical facilities for the personnel. In the Case of *Veterans for Common Sense v. Peake*,²² a case from the United States, the case was filed complaining that the veterans were not receiving treatment for their mental health issues encountered during combat. The court ruled that at least a greater effort must be made to diagnose and treat soldiers from the war. A similar approach, i.e. at least an acceptance of the issues, should be adopted in India.

The under-delivering policy considerations do not respect the services rendered by the armed forces to ensure the safety of the citizens and the country as a whole. The research paper clearly elaborates the legal void resulting in the constant degradation of the soldiers' mental health and suggests that immediate research and policy attention should be paid to the issue for its resolution.

²² *Veterans for Common Sense v. James Peake*