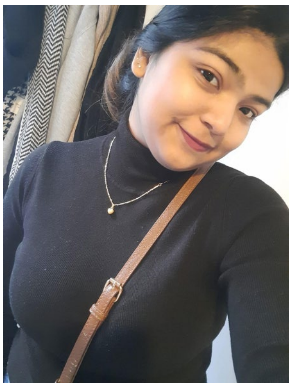
# Not Mad Enough to Matter, Not Well Enough to Belong: Living Between Labels

- *Miss Meryl De Souza*



(***About the author*** **-** Meryl De Souza holds an MSc in Clinical Psychology from the University of South Wales. Her research critically examines trauma, psychological resilience, and social support among structurally marginalised populations. She is the author of a peer-reviewed article on the well-being of sex trafficking survivors and co-author of a book chapter on honour-based violence in India. Grounded in qualitative inquiry and rights-based frameworks, her work bridges mental health, social justice, and inclusive practice.)

## Introduction: The Invisible Majority

In 2023, a postgraduate law student in Delhi was denied employment at a legal consultancy firm. Her disclosure of a long-managed bipolar disorder was met not with empathy but with suspicion. “You seem OK now, but what if there is a relapse?” she was told. When she later applied for state benefits under the Rights of Persons with Disabilities Act, 2016 (RPWD Act), her application was rejected for not meeting the 40% disability threshold. Not “ill enough” to be protected. Not “well enough” to belong.

This blog explores the lived reality of individuals with mental health disabilities who experience double discrimination: marginalised by societal stigma on one hand, and by structural indifference within legal and care frameworks on the other. This is not a rare exception—it is a systematically neglected majority.

There is a dangerous gap in India’s mental health and disability landscape—one where those with fluctuating, non-visible psychiatric conditions are pushed out of both support systems and social inclusion.

## What Is Double Discrimination?

Double discrimination refers to the intersecting marginalisation that people with mental health disabilities experience—both as individuals with disabilities and as psychiatric patients.

While visible disabilities such as locomotor or sensory impairments often elicit institutional responses in the form of ramps, scribes, or quotas, mental health conditions are met with scepticism. The stigma surrounding mental illness is not just cultural; it is built into legal structures, policy enforcement, and the distribution of rights.

In India, this stigma is further compounded by gender, caste, and class. For instance, women from Dalit and Adivasi communities are disproportionately affected by trauma-related disorders and least likely to receive services. A 2022 report by Mariwala Health Initiative and Anubhuti Trust found that women facing caste-based violence were routinely pathologised rather than supported, with their testimonies doubted due to mental health histories.[1]

This intersectional violence means that mental health is often not the cause but a consequence of structural oppression—and yet, the legal system treats it as an isolated personal condition.

## Barriers in Access: Who Gets to Be “Disabled”?

Under the RPWD Act, mental illness is listed as one of the 21 recognised categories of disability. However, eligibility for many benefits depends on the person being certified as having a “benchmark disability”, defined as 40% or more impairment. For psychiatric disabilities, this determination relies on the Indian Disability Evaluation and Assessment Scale (IDEAS), which has been widely criticised by mental health professionals for lacking nuance.[2]

As a result, people with depression, OCD, PTSD, or anxiety often find themselves ineligible for support. Their conditions fluctuate, and bureaucratic gatekeeping fails to account for episodic suffering. Unlike physical impairment that can be measured with medical tests, psychological pain is demanded to be both visible and constant to be believed.

A 2020 study by the Centre for Mental Health Law and Policy (Pune) showed that less than 5% of persons with common mental disorders who sought disability certification were granted benchmark status.[3]

This leads to the paradox where the system demands that people first become completely incapacitated before offering any aid.

## Mental Health and the Myth of “Choice”

Psychological suffering is often framed in India as a failure of character rather than a condition requiring care. Popular advice like “think positive” or “have faith” can invalidate genuine clinical issues.

The psychological toll of being blamed for one’s illness is profound. The National Mental Health Survey (NMHS) 2015–16 revealed that over 80% of Indians with mental health conditions do not seek treatment, and the primary reasons cited were stigma and lack of awareness.[4]

This moralistic view of mental illness also infects institutional policy. Despite the provisions of the RPWD Act and the Mental Health Care Act, 2017, which mandate non-discrimination, accommodations in universities or workplaces are rare. A 2022 study by iCALL and Tata Institute of Social Sciences found that most educational institutions had no established mechanism to process accommodation requests based on psychiatric diagnosis.[5]

Instead of accommodations, students and employees are encouraged to “cope better”—individualising responsibility rather than transforming structures.

## Lived Experience of Rejection and Invisibility

In an anonymised testimony collected by the Bapu Trust, a 26-year-old with borderline personality disorder described being denied admission to a postgraduate programme after disclosing her condition. She had no history of academic failure—only a letter from her therapist advising reduced coursework in times of crisis. The admissions officer called her "unstable" and "a risk to the classroom."[6]

Another case shared by TARSHI India involved a trans man with complex PTSD who was denied housing by three landlords in Gurugram after mentioning he was undergoing therapy. "You will create trouble if you break down," he was told.

These narratives demonstrate that denial of dignity is not always loud or violent—often, it is quiet, bureaucratic, and systematic. When institutions refuse to acknowledge mental illness as real and valid, they participate in a form of erasure that deepens psychological wounds.

The cultural shame around mental health in India leads to underreporting, under-diagnosis, and under-representation. People are told they are "too sensitive" or "weak", and over time, many internalise these judgements. Mental illness becomes invisible labour—to function in public while suffering in private.

## The Way Forward: Rewriting Inclusion

Addressing this crisis requires both legal reform and social re-imagination:

- **Update Assessment Tools**: Replace IDEAS with a multi-axial, functional assessment scale that captures the full range of psychiatric disabilities.
- **Mandatory Accommodations**: Educational institutions and workplaces must be legally bound to implement reasonable accommodations, including flexible deadlines, reduced workloads, and leave policies.
- **Decentralised, Rights-Based Care**: Support community mental health models like those run by The Banyan or iCALL which prioritise lived experience and social rehabilitation over institutionalisation.
- **Training and Awareness**: Introduce trauma-informed training for educators, HR professionals, and civil servants to build compassionate systems.

At its heart, disability is about the denial of participation. If a student cannot finish an exam due to a panic attack but is denied a retake, their right to education is violated. If an employee is fired for needing recovery time from a depressive episode, the right to work is infringed.

As the Constitution of India promises dignity and equality, so must our institutions recognise that dignity includes the invisible, the fluctuating, and the painful.

## Conclusion: We Are Here—But Are We Seen?

There is no shortage of resilience among people with mental health disabilities. What there is, is a shortage of recognition—legal, social, and institutional.

Lastly, the definition of disability in Indian law must shift from impairment-based models to dignity-based recognition. A person with a mind in pain should not have to first "perform" illness to qualify for compassion or support.

Disability is not just what is visible—it is what disrupts your ability to participate in the world on equal terms. And by that measure, millions in India are still waiting to be seen.

Until the system stops demanding proof of pain, justice will remain a ghost. It is time to make the invisible visible—not just in law, but in life.

## References

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