

LEGAL RIGHTS OF ADOLESCENTS UNDER THE MENTAL HEALTHCARE ACT, 2017

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ABSTRACT

The intricate and often challenging nexus of mental health and the law, particularly as it relates to our most vulnerable citizens, our children. As legal practitioners, our role is not merely to interpret statutes but to act as sentinels for justice, ensuring that the law serves its highest purpose—to protect and uplift. The law's engagement with mental health, especially for juveniles, is a litmus test of our society's compassion and commitment to a rights-based framework.

Key Words: Legal Rights, Mental HealthCare Act 2017, Adolescents, Education, Advocate, Supreme Court, Right of Children

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The Mental Healthcare Act of 2017 (MHCA) was a watershed moment, shifting the paradigm from the outdated Lunacy Act of 1912. It fundamentally recognizes that every person, including a minor, has a right to mental healthcare. This is not a charity; it is a fundamental right.

While the MHCA grants a minor's Nominated Representative (NR)—typically a parent or legal guardian—the authority to make decisions regarding inpatient admission and treatment, the Act is not without its safeguards. Section 87 of the MHCA outlines the procedure for admitting a minor, requiring the recommendation of two mental health professionals. Crucially, it mandates that minors be accommodated separately from adults, in a "developmentally appropriate" environment.

This legislative intent is echoed in judicial pronouncements. In the landmark case of *Krishnan v. Union of India*, the Supreme Court emphasized the need for a rights-based judicial approach to juvenile mental health. The court's ruling served as a clarion call, directing authorities to prioritize the implementation of the MHCA in relation to children and adolescents, and recognizing the right to mental health as an integral component of the Right to Life under Article 21 of the Constitution of India. This judgment highlighted the failure of state institutions to provide adequate mental healthcare and mandated comprehensive rehabilitation and support services.

JUVENILE JUSTICE SYSTEM AND MENTAL HEALTH REFORM

The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) is premised on the principle of rehabilitation over retribution. However, the ground reality often fails to meet this ideal. A significant number of children in the juvenile justice system suffer from undiagnosed and untreated mental health conditions, often as a result of trauma, abuse, or neglect.

The Supreme Court has consistently intervened to uphold the rights of these children. In *Sheela Barse v. Union of India*, a landmark case, the court's directions were aimed at ensuring that children are not confined in prisons like adults, as this would have a harmful effect on their growth and development. The court emphasized that children should be kept in separate detention homes and have their matters heard by a special court. While this case predates the MHCA, its principles laid the foundation for a more humane approach to juvenile justice by recognizing the unique vulnerability of children in conflict with the law.

The courts have rightly focused on the need for mandatory mental health screenings and therapeutic interventions within the juvenile justice system to address the root causes of delinquent behavior and foster a path toward recovery and reintegration into society.

SCHOOL DISCIPLINE, CORPORAL PUNISHMENT, AND CHILD PROTECTION LAWS

The battle against corporal punishment is a testament to the evolving understanding of child psychology and rights. For too long, the law has been slow to recognize that the cane and the slap are not tools of discipline but instruments of violence that inflict deep psychological wounds.

The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) explicitly prohibits "physical punishment and mental harassment." This prohibition is further reinforced by the Juvenile Justice

Act, which considers corporal punishment in a child care institution a punishable offense.

In a pivotal ruling, the Delhi High Court in *Parents Forum for Meaningful Education v. Union of India* struck down parts of the Delhi School Education Rules, 1973, that permitted corporal punishment, holding them to be violative of Articles 14 and 21 of the Constitution. This judgment affirmed that subjecting a child to physical violence "scars the mind...and robs him of his dignity," thereby violating the fundamental right to life. The Supreme Court has repeatedly affirmed this principle, most recently in the case of *Sukdeb Saha v. State of Andhra Pradesh*, where it recognized the right to mental health as an integral component of the right to life and laid down binding guidelines for educational institutions to prevent student suicides.

PRIVACY, CONSENT, AND ETHICAL ISSUES IN YOUTH MENTAL HEALTH RECORDS

The digital age introduces a new frontier of legal and ethical challenges, particularly concerning the privacy of youth mental health records. While the Digital Personal Data Protection (DPDP) Act of 2023 provides a foundational legal framework for data protection, it doesn't sufficiently address the unique sensitivities of mental health data.

The principle of confidentiality is paramount in the therapeutic relationship. Without it, a young person will not feel safe to seek help. However, this right is not absolute. In the legal realm, the balance between a minor's right to privacy and the parents' right to know is a delicate one. Case law on this topic is still evolving. In *Mrjyoti Jeena vs. Government of NCT of Delhi*, the Central Information Commission highlighted the unique nature of psychiatric records, recognizing that their disclosure could potentially harm the patient and breach the confidentiality of other individuals involved in the treatment. This case, while not directly on youth privacy, underscores the general principle that psychiatric records are not akin to ordinary medical records.

The MHCA itself provides some guidance, stating that a minor who is a patient has the right to confidentiality. While parental consent is a requirement for treatment, the spirit of the law, and a sound ethical practice, is to empower the young person as much as possible, respecting their autonomy and only disclosing information to parents when there is a clear and present danger to the minor or others.

IN CONCLUSION, Advocate's, work is far from over. It continues to push for a more empathetic and holistic legal system that recognize mental health as a core aspect of human rights. The law must evolve from a reactive instrument to a proactive force for social good, ensuring that every child is not just protected from harm, but also nurtured to reach their full potential.