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4. Digital Governance and the Protection of Mental Health Rights: A Critical Study under the MHCA 2017 in Light of the CRPD

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Abstract

India has enacted the Mental Healthcare Act 2017 (MHCA) to safeguard the rights of persons with psychosocial disabilities, in line with its obligations under the UN Convention on the Rights of Persons with Disabilities (CRPD). Simultaneously, the government has launched ambitious digital governance initiatives including the National Tele Mental Health Programme (Tele-MANAS), the National Digital Health Mission (NDHM/ABDM), and the e-Sanjeevani telemedicine platform to expand access to mental health care. This paper critically examines MHCA 2017 and related laws under the CRPD framework, analyzes how digital health platforms transform service delivery, and identifies emerging legal, ethical and policy challenges (data privacy, accessibility, potential discrimination). The analysis uses academic, legal and official sources to ground its critique and recommendations.

Introduction

India's mental health crisis is severe and widening. A recent Lancet study estimated over 197 million Indians suffer from mental disorders. India ratified the UN CRPD in 2007 and enacted new laws to adopt a rights-based approach to disability. The Mental Healthcare Act 2017 (MHCA) was explicitly framed to give effect to CRPD obligations aiming to transform mental health care into an equitable, nondiscriminatory system that respects the autonomy and dignity of people with psychosocial disabilities.

Simultaneously, India has pursued **digital governance** to bridge treatment gaps. In 2019–2020, the Government launched the eSanjeevani telemedicine platform and updated telemedicine practice guidelines. Early results are encouraging: by April 2025, Tele-MANAS had over 53 centers and handled more than 2 million calls.

The CRPD and MHCA both emphasize the right to privacy and non-discrimination; these obligations must extend into the digital realm. This paper critically examines how the MHCA

2017 and related policies align with India's CRPD commitments, and how digital governance initiatives affect the rights of persons with psychosocial disabilities.

Legal Framework

International Obligations – CRPD and Human Rights

The United Nations Convention on the Rights of Persons with Disabilities 2006 (CRPD) explicitly includes persons with “long-term physical, mental, intellectual or sensory impairments” (including psychosocial disabilities) in its scope. CRPD Articles relevant to mental health include: Article 12 (equal legal capacity), Article 14 (liberty and security), Article 19 (living independently and in the community), Article 21 (access to information and privacy), and Article 25 (right to health).

Mental Healthcare Act, 2017

The Mental Healthcare Act 2017 (MHCA) represented a landmark overhaul of India's mental health law. It provides the features aligned with CRPD.

Right to access care: Section 18 provides that every person has a right to affordable mental healthcare and treatment at government-run or funded facilities. Government must integrate mental health into all levels of healthcare (general hospitals, primary health centers, etc.). The Act mandates availability of a spectrum of services (pharmacological, psychosocial, rehabilitation) at all healthcare facilities.

Right to equality and non-discrimination: Section 3 prohibits discrimination against any person on grounds of mental illness. Services must be accessible without discrimination based on gender, caste, religion, sexual orientation, disability or other status.

Right to live in the community: Section 19 affirms the right of persons with mental illness to reside in and be included in the community, with appropriate support. Section 19 provides for legal aid and support if a person is forced to leave their home, thereby protecting their right to live independently. This echoes CRPD Article 19's right to community integration.

Legal capacity and decision-making: In a significant shift, MHCA embraces supported decision-making. It allows individuals to make Advance Directives (ADs) specifying preferred treatments in future crises (Section 5), and to appoint Nominated Representatives (NRs) to assist in decision-making when capacity is impaired (Section 14).

Protection from abuse: Section 18 also guarantees protection from cruel, inhuman and degrading treatment in mental health facilities, and mandates research on mental health issues.

Other Relevant Laws and Policies

In addition to MHCA, several other laws and policies impact mental health and digital governance-

Digital Personal Data Protection Act (2023)

India's new privacy law applies to digital personal data. It establishes consent-based processing but includes broad exemptions for government and certain activities. Its provisions on sensitive data and state use are central to concerns about digital health privacy (discussed below).

National Mental Health Programme (NMHP) and District Mental Health P

Since 1982, NMHP has aimed to provide community mental health services. DMHP currently covers 767 districts. Tele-MANAS is explicitly integrated as a “digital arm” of DMHP. Showing how long-standing programs and new digital tools converge.

National Digital Health Blueprint & ABDM (2021–)

The government's Digital Health Mission (now Ayushman Bharat Digital Mission) seeks to create a federated digital health ecosystem: unique health IDs (ABHA), electronic health records, health facility registry and coverage registry.

The Digital Governance Landscape

India has launched several large-scale digital health initiatives that significantly affect mental healthcare. These programs aim to expand reach, reduce barriers, and modernize services through technology. We briefly describe the major platforms-

e-Sanjeevani Telemedicine Platform

Launched by the Ministry of Health in November 2019, eSanjeevani is a national telemedicine service that enables remote doctor-patient consultations. The service is functional in all 35 states and union territories, and has been credited with “distressing” overloaded healthcare systems and improving access. By bringing primary and specialty care into homes, eSanjeevani helps overcome distance and stigma an advantage noted in its impact.

Ayushman Bharat Digital Mission (ABDM)

Launched in Sept 2021, ABDM (National Digital Health Mission) is a pan-India digital health infrastructure. It provides individuals with a voluntary ABHA (Health ID) to link their medical records across providers. ABDM's ecosystem includes electronic health records (EHRs), a health facility registry, and personal health records.

CRPD Compliance and Rights Analysis

Autonomy and Legal Capacity (CRPD Article 12)

The CRPD affirms that persons with disabilities have the right to equal recognition before the law, and must be supported to exercise legal capacity (Article 12). The MHCA 2017 embodies this principle in its provisions on Advance Directives and Nominated Representatives, which allow individuals to state their treatment preferences in advance and choose a trusted support person when they cannot decide alone.

Freedom from Arbitrary Detention (CRPD Article 14) and Institutionalization

CRPD Article 14 states that persons with disabilities should not be deprived of liberty on the basis of disability. While neither CRPD nor MHCA explicitly prohibits all involuntary treatment, the MHCA tries to limit it to situations where the individual's capacity is proven to be impaired and certain criteria met. However, the fact that involuntary admission is allowed at all can be seen as at odds with the strictest CRPD interpretation. On the other hand, MHCA strengthens procedural safeguards: the requirement of a separate medical board and a mental health review board aims to prevent abuses. It also bans chaining or physical restraint in institutions. This is an important compliance point: CRPD mandates states facilitate independent living, and MHCA explicitly commits to this right.

Privacy and Confidentiality (CRPD Article 22)

CRPD Article 22 protects the privacy of personal information. MHCA Section 25 enshrines confidentiality of mental health information and medical records. Patients are entitled to a copy of their records, and disclosure requires consent except in limited cases. This legal framework supports privacy for mental health users.

Inclusion and Participation (CRPD Articles 3, 29, etc.)

CRPD emphasizes that persons with disabilities should participate in shaping policies that affect them. The MHCA established District Mental Health Review Boards with patient and family representatives. There is some indication that civil society organizations are engaging with government (e.g. the Centre for Mental Health Law & Policy has been advising officials, but systematic inclusion remains an area for improvement.

In sum, India's MHCA 2017 incorporates many CRPD principles (right to health, community living, autonomy) and has prompted a rapid expansion of services. Nevertheless, gaps remain between the Act's promises and CRPD's goals. On one hand, digital platforms are fulfilling CRPD's call for accessibility (reaching more people, offering services in vernacular). On the other hand, they introduce new risks: data privacy and the digital divide can undermine

the right to confidentiality and non-discrimination. The next section examines these challenges and gaps in detail.

Challenges and Gaps

Despite progress, both the legal framework and digital governance in India face critical gaps and risks. These include technical, ethical and policy challenges that could impair the rights of persons with psychosocial disabilities.

Data Privacy and Security

Digital mental health platforms collect vast amounts of personal information not just names and diagnoses, but often daily mood logs, speech or video data, and even biometrics (e.g. from wearable stress trackers). In India's nascent privacy regime, securing this data is problematic. The ethical gap is the lack of informed consent protocols tailored to psychosocial patients (who may have impaired insight during crises).

Quality and Regulation of Digital Mental Health Services

The rapid proliferation of digital mental health apps has outpaced regulation. There are no standardized quality or privacy benchmarks mandated by law for mental health apps. This contrasts with the regulation of pharmaceutical or medical devices. The result may be inconsistent practice: some doctors use platforms responsibly, others might over-prescribe or under-diagnose.

Discrimination and Stigma

Although MHCA promotes non-discrimination, societal stigma around mental illness persists. In a digital setting, stigma can take new forms. For instance, online mental health support groups need moderation to prevent bullying of vulnerable members. These issues underscore the need for strong data ethics and monitoring in digital mental health.

Gaps in Policy Integration

Finally, some policy silos limit effectiveness. Mental health falls under Ministry of Health, but digital governance is overseen by multiple agencies (Ministry of Electronics and Technology, NITI Aayog, etc

In sum, the promise of digital governance for mental health is tempered by real-world risks: insufficient data protections, unequal access, unregulated tools, and persistent stigma.

Recommendations

To realize the full potential of digital governance for mental health while protecting rights, we propose the following measures

Strengthen Data Protection and Privacy Safeguards

Explicitly classify mental health data as sensitive under Indian law, requiring higher protection (e.g. mandatory encryption, limited retention). Digital platforms must implement transparent privacy policies and user control (e.g. opt-in for data sharing). Embedding **informed consent** procedures that accommodate psychosocial disability (e.g. allowing nominated representatives to consent) is crucial.

Ensure Universal Accessibility of Digital Platforms

Platforms like Tele-MANAS and eSanjeevani should be designed for universal access. This means compliance with digital accessibility standards for users with sensory or cognitive impairments. The government should invest in digital literacy programs for mental health, training community health workers to assist patients in using tele-platforms.

Bridge the Digital divide through Infrastructure

Continue expanding internet and electricity access in underserved areas, so that telehealth can reach all. Subsidized data plans for healthcare purposes and tax incentives for rural mental health infrastructure can help.

Conclusion

India's Mental Healthcare Act 2017 is a forward-looking law that largely embraces a rights-based ethos for persons with psychosocial disabilities. Under the CRPD, India has an obligation to align its laws and practices with international disability rights norms. MHCA incorporates many such norms: it guarantees access to care, non-discrimination, and autonomy-enhancing mechanisms like advance directives. Digital governance initiatives like Tele-MANAS and eSanjeevani have the potential to revolutionize access, making mental health services more widely available and potentially reducing stigma through anonymity.

Nevertheless, this analysis highlights a gap between ideals and reality. Several CRPD standards are only partially met. Involuntary treatment remains permitted under specified conditions. The integrity of supported decision-making is sometimes compromised (ADs can be overridden). Crucially, digital expansions introduce new fault lines.

References

1. Authors: Meera Damji, M. S. (6 October 2021). Mobilizing for the Rights of Persons with Psychosocial Disabilities in India. *hpod.law.harvard*.
2. Dhapte, M. H. (May 28 2025). Navigating data privacy in India and its emerging intersection with mental health. *India Mental Health Observatory*.

3. Duffy, R. K. (48 (2017).). Concordance of the Indian Mental Healthcare Act 2017 with the World Health Organization's Checklist on Mental Health Legislation. *Int J Ment Health Syst* 11 .
4. Duffy, R. K. (n.d.). *Concordance of the Indian Mental Healthcare Act 2017 with the World Health Organization's Checklist on Mental Health Legislation*. Retrieved from International Journal of Mental Health Systems: <https://doi.org/10.1186/s13033-017-0155-1>.
5. *Parity in health* . (n.d.). Retrieved August 1, 2025, from Keshav Desiraju India Mental Health Observatory: <https://cmhlp.org/imho/publication>
6. Salelkar, A. (2017 , April 13). Reviewing the Mental Healthcare Act, 2017. *Legal Matters* .
7. Suhas, S., Kumar, C. N., Math, S. B., & Manjunatha, N. (July-Dec 2022). A Pathbreaking Telemedicine Initiative from India. *Journal of Psychiatry Spectrum* 1(2): , p 111-116, .
8. *Update on National Tele Mental Health Programme (NTMHP)*. (n.d.). Retrieved from Ministry of Health and Family Welfare: <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2118790#:~:text=As%20on%201st%20April%202025%2C,on%20languages%20opted%20by%20States>