

# **The Growing Importance of Mental Health: A Review of the Mental Health Act's 2018 Provisions**

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## **Abstract**

This short article delves into the rising significance of mental health services in Bangladesh. It evaluates the human rights approach to mental health and attempts to define its normative elements. Contemporary mental health policies and the laws that now exist to safeguard those with mental illness are investigated. Finally, this piece concludes that the government makes ongoing efforts to promote good mental health. Creating an up-to-date framework where the right to counseling and therapeutic care would be offered in the mental hospital along with other serious health diseases is necessary to ensure the protection and prevention of mental health. Regrettably, the Mental Health Act (MHA) 2018 is lacking in this critical area of defence.

## **1. Introduction**

Despite recent positive developments, Bangladesh mostly ignores mental health issues due to a widespread lack of health literacy. Since 1972, the Constitution of Bangladesh guarantees everyone access to health care, including public health services. However, these often take a back seat to other development priorities. One study found signs of mental disorders among 6.5-31.0% of adults and 13.4-22.9% of children.<sup>1</sup> Most people who suffer from mental diseases either receive inadequate medical care or do so with regrettable delays. Every year, numerous suicides are caused by mental health problems. In order to defend the rights of the mentally ill, the controversial Lunacy Act of 1912, which was in effect for 106 years, has been replaced by the Mental Health Act of 2018. It strives to take the necessary actions for the general welfare of people with mental health conditions across the nation, safeguarding their property rights, assuring caring services, and facilitating recovery.

Since independence, the country's only resources for dealing with mental health issues were the Lunacy Act of 1912 and a single dedicated hospital. Until recently, the broader mental health legal system was governed by this statute, which was adopted in a distinct context. The Act was not

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<sup>1</sup> M Mohammad Didar Hossain and others, 'Mental Disorders in Bangladesh: A Systematic Review', BMC Psychiatry 2014, 14:216, available at <<http://www.biomedcentral.com/1471-244X/14/216>>.

mental health law in the traditional sense because it promoted the segregation and incarceration of people with mental illness while ignoring their well-being and social integration. It had long been criticized as being “archaic and obsolete.” As a result, there has been a long-standing call for adopting a new mental health law incorporating human rights-based approaches and adopting best practices from around the world. In parallel, the majority of national health laws had become outdated and unable to meet the needs of the time. In light of this, the National Health Policy of 2011 was developed, in which “health” was defined as total physical, mental, and social well-being, and the increased mental health issues brought on by urbanization were acknowledged. In order to provide healthcare services, safeguard property right, promote rehabilitation, and ensure the general welfare of people with mental diseases or disorders, the Mental Health Act 2018 (MHA 2018) was passed into law. This article attempts to address the emerging significance of mental health issues, focusing on the relatively new MHA 2018.

## **2. The Significance of Mental Health in Our Life:**

The term “mental health” refers to both the absence of mental health issues and the presence of common or severe mental health problems (i.e., those that are accepted in psychiatry as diagnosable mental disorders/illnesses) and is, therefore, an essential part of any human life.

There is no fixed standard to determine mental health issues. How susceptible we are to mental health problems depends on our own subjective-evaluative, psychosocial, and dimensional understanding of mental health. This subjective assessment accounts for the universal precariousness of mental health that considers the wide variety of factors involved. The vulnerability of mental health is a distinctive growing concern for all. It’s been said that “vulnerability is both universal and particular; it is experienced uniquely by each of us.”<sup>2</sup> The degree to which we feel vulnerable depends on the quality and amount of resources at our disposal.<sup>3</sup> Everyone faces resilience issues due to the universal vulnerability we all share. Nevertheless, the more resilience challenges we face, the more acutely we tend to feel this shared vulnerability.

All persons are vulnerable in the same essential way due to their mental health. It is essential to our identity and the compass by which we navigate our lives.<sup>4</sup> The state of one’s mind and body are inextricably linked, and one cannot be properly comprehended without the other. The difficulty in providing a single description stems from competing definitions and the correlation between mental and physical health.

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<sup>2</sup> Ibid

<sup>3</sup> Phil Bielby, *Not ‘us’ and ‘them’: towards a normative legal theory of mental health vulnerability*, *International Journal of Law in Context* (2019), 15, 51–67, available at [doi:10.1017/S1744552318000149](https://doi.org/10.1017/S1744552318000149).

<sup>4</sup> Phil Bielby, *Justifying mental health rights from a Gewirthian perspective*, (2006). In P Bauhn (ed.), *Gewirthian Perspectives on Human Rights*. London: Routledge, pp. 174–190.

A person's mental health is assessed as how they think about and talk about their emotional and cognitive well-being and how they get along with others in their daily lives.<sup>5</sup> This takes into account the "whole person" rather than just the signs and symptoms. A person's mental state, physical condition, and social environment are necessary factors.<sup>6</sup> Good mental health, sometimes known as mental health "flourishing," is predicated on a person's resilience as well as their sense of self-worth, self-trust, and self-acceptance/self-compassion, all of which foster personal growth.<sup>7</sup> It is important to acknowledge the difficulties associated with life. It is also important to emphasize that unpleasant emotions like grief, fear, and anger are "part of a mentally healthy life" since they help us grow and create constructive changes.

The World Health Organization (WHO) explains health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."<sup>8</sup> The WHO also delineates mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normative demands of life, and can contribute to his or her community." "The ability to feel, express, and manage a range of positive and negative emotions" and "the ability to form and maintain good relationships with others" are highlighted as components of good mental health by the UK's Mental Health Foundation, confirming the subjective-experiential experience of psychological and emotional well-being.<sup>9</sup>

The United Nations special rapporteur on the right to health recently acknowledged the importance of psychosocial factors in his report.<sup>10</sup> The focus on psychosocial rather than biological factors makes way for a "more sophisticated approach in which all manifestations of mental distress may be understood as part of a continuum of potentially understandable responses to challenging life situations."<sup>11</sup> No sharp boundary separates mental health from mental sickness. Rather, it is a continuum from healthy to mentally ill that "recognize that all of us, sometimes, have distressing and unusual experiences in our lives"<sup>12</sup> Like one's physical health, the ups, and downs of one's mental health are inevitable and widespread features of the human condition. This demonstrates

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<sup>5</sup> Corey L. M. Keyes, *The mental health continuum: from languishing to flourishing in life*. *Journal of Health and Social Behavior* Vol 43 No. 2, (Jun 2002), pp.207–222.

<sup>6</sup> Ibid

<sup>7</sup> This concept is often connected with the humanistic psychology of Carl Rogers.

<sup>8</sup> World Health Organization (WHO) (1948) Constitution of the World Health Organization (as Adopted by the International Health Conference, New York, 19–22 June, 1946; 45th Edition, Supplement, October 2006). Available at [www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf)

<sup>9</sup> Mental Health Foundation (2018) What is good mental health? Available at <https://www.mentalhealth.org.uk/your-mentalhealth/about-mental-health/what-good-mental-health>

<sup>10</sup>United Nations General Assembly (2017) Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, A/HRC/35/21. New York: United Nations. Available at [http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/35/21](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/35/21) South African Ms. Tlaleng Mofokeng was appointed Special Rapporteur by the United Nations Human Rights Council at its 44th session in July 2020. She is a physician with experience promoting family planning, HIV care, universal access to healthcare, and other causes.

<sup>11</sup> J Tew, *Social Approaches to Mental Distress*. Basingstoke: Palgrave, (2011).

<sup>12</sup> John Cromby, Dave Harper and Paula Reavey, 'Psychology, Mental Health and Distress'. Basingstoke: Palgrave. (2013).

that everyone always has a level of psychological or mental health, whether that state involves happiness or distress.

Public mental health frameworks give people access to preventive measures that are necessary for sustaining good mental health and preventing mental health suffering.<sup>13</sup> For those experiencing more severe mental health problems, multidisciplinary teams comprised of psychologists, psychiatrists, social workers, and caregivers are vital in providing the required support, affirmation, and empowerment for the patient's road to recovery.<sup>14</sup> As suggested by the UN General Assembly, this may also include peer-led types of support.<sup>15</sup> But as the psychosocial approach finds, mental health can't and shouldn't be looked at in isolation. Social forces that work against good mental health include but are not limited to inequity, unemployment, 'high expectations, low control' workplace situations, and early-life trauma such as child abuse or neglect.

### **3. The Normative Features of Mental Health: Rights and Care**

Care ethics centers on the concept of vulnerability.<sup>16</sup> Perhaps this is not so surprising when considering that "caring" is defined as "everything we do directly to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering so that they can survive, develop, and function in society."<sup>17</sup>

The normative dimensions of mental health vulnerability were premised upon the argument (Engster) that one has a rationally justified obligation to care based on the moral right to be cared for.<sup>18</sup> The benefit of this argument is that it provides stronger epistemic justification for the moral imperative of caring.<sup>19</sup>

Kultgren sets yet another new benchmark that contends that "care is too vital to be left to the vicissitudes of familial affiliation and friendship." People with mental health illnesses may suffer when others fail to show them empathy and compassion, as noted by Goldie et al. (2016). This is especially true in mental health vulnerability, where ignorance, bigotry, and stigma still all too often taint attitudes toward mental health distress. Misunderstandings and prejudices can cause emotional anguish, notwithstanding some positive trends in recent years. Discrimination against

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<sup>13</sup> UN General Assembly Report (2017).

<sup>14</sup> P Kinderman, 'A Prescription for Psychiatry: Why We Need a Whole New Approach to Mental Health and Wellbeing', Basingstoke: Palgrave, (2013).

<sup>15</sup> n 10, UNGA Report (2017).

<sup>16</sup> J Herring, 'Caring and the Law', Oxford: Hart Publishing, (2013).

<sup>17</sup> D Engster, 'The Heart of Justice: Care Ethics and Political Theory', Oxford: Oxford University Press, (2007).

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

and continued social exclusion of people gives rise to serious mental health disorders that reflect callousness in law and society.<sup>20</sup> “A duty to care” applies here.

The second basis on which rights and care can be brought together as a normative characteristic of mental health vulnerability is that fusing rights and care is an effective way to ameliorate power imbalances in mental health and diminish inequities in the social determinants of mental health. These inequalities are exacerbated by the psychiatric classification of mental health conditions and the resulting psychiatric dominance in this field. Discrimination increases due to the aforementioned factors as well as the uneven impact of mental health policy and practice on gender, color, sexual orientation, and socioeconomic position.

According to a recent study by the UN special rapporteur on the right to health, the mental health crisis should be addressed not as a crisis of individual situations but as a crisis of social obstacles that hinders human rights.<sup>21</sup> Programs for mental health should emphasize “power imbalance” rather than “chemical imbalance.” This approach supports the psychosocial view of mental health.

All residents should have the right to access community-based mental health promotion and prevention programs.<sup>22</sup> Care must be given for these safeguards to be effective. Public health psychotherapeutic programs, such as England’s Improving Access to Psychological Therapies (IAPT) program<sup>23</sup> and the National Health Service (NHS) Talking Therapies<sup>24</sup> for Anxiety and Depression program, etc. need to emphasize the uniqueness of each client’s experience of mental health suffering in their interactions with therapists. General discussions of obligations to copyright holders cannot provide the level of subtlety needed to accomplish this.

Features of care are reflected in international human rights law related to mental health. For instance, Article 16, paragraph 4 of the UN CRPD entails a requirement to consider ‘gender- and age-specific needs’ (United Nations General Assembly, 2006) and references to ‘the health, welfare, self-respect, dignity, and autonomy of the person,’ which, by definition, must be receptive to the particular circumstances of the identifier. Given the growing understanding of the relevance of disability rights, the CRPD is revolutionary in its acknowledgment of the necessity of psychosocial care and rights-based approaches to universal mental health vulnerability.<sup>25</sup>

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<sup>20</sup> J Randall and others (2012) ‘Stigma and discrimination: critical human rights issues for mental health. In M Dudley, D Silove and F Gale (eds), *Mental Health and Human Rights: Vision, Praxis, and Courage*. Oxford: Oxford University Press, pp. 113–124.

<sup>21</sup> UN General Assembly Report (2017).

<sup>22</sup> Bielby (n 4), pp. 179-180.

<sup>23</sup> DM Clark (2012) *The English Improving Access to Psychological Therapies (IAPT) program: history and progress*.

<sup>24</sup> NHS Talking Therapies for Anxiety and Depression, available at <https://www.hee.nhs.uk/our-work/mental-health/improving-access-psychological-therapies>.

<sup>25</sup> O Lewis (2010) The expressive, educational and proactive roles of human rights: an analysis of the United Nations Convention on the Rights of Persons with Disabilities. In B McSherry and P Weller (eds), *Rethinking Rights-based Mental Health Laws*. Oxford: Hart Publishing, pp. 97–128.

For a society to promote “genuine mental health and well-being,” as Kinderman puts it, “we need to protect and promote the mental health prevention strategies broadly to address deep-rooted structural issues like inequalities in life chances and parenting quality, opportunities for meaningful, secure employment, and efforts to improve housing and the environment.”<sup>26</sup> Clearly, the values of care in mental health vulnerability must be significantly incorporated into the current liberal legal systems.<sup>27</sup> Understanding the universal and fundamental aspect of human existence that shapes the psychological requirements of all citizens is important for legal theory in the context of mental health vulnerability.

Psychological and relational resilience are common sources of challenges to mental health vulnerability. The mental health issue, whether good, average, or poor, can vary when some are exposed more than others due to their basic interests being undermined, denied, or jeopardized. The state must be responsive to ground a socially just legal and political vision for mental health. This idea of ‘proactive’ vulnerability management, propelled by Fineman, employs universal vulnerability in pursuing equality and a responsive state.<sup>28</sup> This takes into account the social causes of poor mental health in neoliberal cultures and aims to both promote and prevent good mental health.

The protection of mental health often interacts with cognate ideas in legal and political theory, such as the concept of disability. The application of the growing theories to the specific ethical-legal questions must ensure social justice in mental health. Going beyond the traditional focus of legal and political theory, mental health promotion and prevention strategies and efforts must be cutting-edge and applied to appropriate mental support, shedding light on the subjective-evaluative components of mental health.<sup>29</sup> A better grasp of mental health strategies will enhance our universal comprehension of vulnerability in legal theory and can help in progressive social change aimed at bettering mental health.

#### **4. Overview of the Mental Health Act of 2018**

The MHA 2018, a special law with precedence over other laws, contains provisions on four key issues:

1. The creation and oversight of mental health hospitals and rehabilitation facilities
2. The evaluation, admission, and treatment of patients
3. The judicial assessment of mental health and the determination of mental capacity

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<sup>26</sup> J Herring, ‘Caring and the Law’, Oxford: Hart Publishing, (2013).

<sup>27</sup> Ibid.

<sup>28</sup> MA Fineman, ‘The vulnerable subject and the responsive state’ (2010), *Emory Law Journal* 60, pp. 251–275.

<sup>29</sup> Ibid.

#### 4. Guardianship of the person and property of such patients

Some key terms, including treatment consent, mental health, mental illness, and mental disorder, are defined in the MHA 2018. There is a clear distinction between mental illness and mental disorder, and “consent to treatment” is vaguely defined. While “mental illness” is defined as a type of mental illness other than mental disability or drug addiction, “mental disorder” is defined as conditions, including mental disabilities, drug addiction, and any other clinically recognized mental conditions, that are connected to a person’s body and mind and prevent them from leading an everyday life.<sup>30</sup>

The examination, admission, and medical treatment of people with mental disorders are outlined in further depth by the MHA 2018.<sup>31</sup> Mental health patients are divided into three categories for examination and admission: freely admitted, non-protesting, and unwilling. Adults with mental illness may voluntarily enter hospitals, but minors must have their guardians’ (i.e., parents’ or relatives’) permission. Voluntarily admitted patients may request release unless their admission status is modified and they are given forced therapy. A guardian or relative may apply for admission on behalf of a non-protesting patient with a mental illness but cannot express an opinion regarding their admission to or care in a mental hospital. The patient may be accepted based on a medical professional’s examination results. With or without a request from a guardian/relative or a police officer, the involuntary admission and treatment of unwilling patients are permitted once a psychiatrist certifies mental illness or mental disorder even though the intended person denies it after taking into account the nature and severity of the person’s illness and pertinent factors.

The MHA 2018 calls for creating a Mental Health Review and Monitoring Committee (MHRMC) at the district level to examine the validity of each patient’s admission and care.<sup>32</sup> Adults admitted voluntarily must have their records reviewed every 15 days, kids every seven days, and non-protesting patients every 28 days. The involuntary hospitalization for mental treatment can be between 3 and 28 days.<sup>33</sup> It can be extended up to 180 days or more, if necessary, subject to periodic evaluation by the MHRMC and the suggestion of a responsible medical officer or a psychiatrist.<sup>34</sup> After being released from the hospital, patients without guardians, family, or shelter are legally required to be admitted and treated in a social welfare institute or rehabilitation facility.

According to the MHA 2018, the parent of a person with a mental illness is the guardian of both the person and the property.<sup>35</sup> Other people, including family members, may step in to serve as guardians in their place.<sup>36</sup> Legal and judicial intervention can determine a person’s mental

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<sup>30</sup> The Mental Health Act 2008, s. 2(16).

<sup>31</sup> *Ibid.*, ss.11-19

<sup>32</sup> *Ibid.*, s. 5.

<sup>33</sup> *Ibid.*, s. 13.

<sup>34</sup> *Ibid.*

<sup>35</sup> *Ibid.*, ss. 11&12.

<sup>36</sup> *Ibid.*

competence to resolve guardianship and property management disputes.<sup>37</sup> A property manager or guardian negligent in carrying out their mandated duties and responsibilities faces criminal liability.<sup>38</sup>

The MHA 2018 allows the government to create distinct mental health units in all district-level government hospitals and medical college hospitals across the nation.<sup>39</sup> It also enables the development of associated rehabilitation facilities by for-profit businesses.<sup>40</sup> This is a positive step because the government-run public health facilities are underfunded and mismanaged, and the services that are accessible are concentrated in large cities.

## **5. Analysis of the MHA 2018**

There are certain restrictions, but the MHA 2018 is a significant advancement in promoting, defending, and preserving mental health rights in Bangladesh. Although acknowledging the value of mental health patients' rights to health, property, dignity, education, etc., the Act does not include a comprehensive list of these rights. Secondly, there are no protections against infringing on these rights when providing care to these patients is difficult due to a difficult or unpleasant social environment. Although the Rights and Protection of Persons with Disabilities Act of 2013 recognizes the rights of people with mental disabilities, separate legislation must be drafted to protect those with mental illnesses that do not qualify as mental disability. Community-based treatment, regarded as more effective than institutional care, does not recognize the social rehabilitation and integration of mental health patients. But community-based treatment is not acknowledged in the law. In addition, the law does not address patient confidentiality issues and accountability of the medical practitioners associated with the failure to maintain confidentiality. The law must provide adequate training for mental healthcare service providers.

Service providers have expressed some reservations about including clauses on criminal culpability for delivering a fake certificate of mental illness. Some argue that such a law requirement may deter psychiatrists from examining and treating patients, preventing them from accessing mental healthcare treatments because Bangladesh does not even have one psychiatrist per million residents. However, given that it is so simple to fake certificates in this nation, which has severe ramifications for the exercise of property rights, inheritance, guardianship, custody, and other marital rights, as well as criminal liability, this is justifiable.

## **6. The Existing Challenges to Achieve Mental Health Support**

Bangladesh suffers significantly from mental health issues and has disproportionately few mental health services. As a result of the COVID-19 epidemic, which has forced individuals to spend

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<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid, s.7.

<sup>40</sup>Ibid.



more time at home, a sizable portion of the population has come to appreciate the critical nature of mental healthcare. Only 10% of those who have mental disorders, which affect about 16% of the population, receive treatment; others go untreated because of social stigma or high costs of care, which are typically paid out of pocket by patients or their relatives in 70% of cases; and only 6% of the national budget, or less than 1% of the country's gross domestic product, is allotted to the healthcare sector; of this, less than 1% is devoted to mental health.<sup>41</sup>

Shortly, Bangladesh may be unable to guarantee accessible and nearby mental healthcare services due to socioeconomic and cultural factors. Nevertheless, as per the law, the government should prioritize setting up mental health units as soon as possible in government hospitals at the district level and medical colleges. Although the recently passed MHA 2018 is a positive development, much work remains. Mainly, Bangladesh urgently requires the drafting of ancillary legislation and a mental health policy outlining provisions for informed consent and the rights of patients (as per a human rights-based methodology). In addition, it must increase service capacity and raise public understanding of the value of social inclusion, a good family life, and mental healthcare. Such deeds and policies would go a long way toward building a stable and mentally healthy nation for the future.

Many people believe that mental diseases are caused by being possessed by evil spirits rather than being treatable illnesses. As a result, According to Section 23 of the Act, medical professionals who knowingly issue fake mental health certificates or who are negligent or manage patients improperly face harsh penalties, including up to a five-lakh-taka fine or three years in prison. Only 0.49 psychiatrists are present in Bangladesh for every 100,000 people. Every episode of mental illness requires a documented diagnosis from this limited team, followed by care.

There is concern that the few mental health professionals in practice may get alarmed by the harsh penalties for issuing bogus mental health certificates. Therefore, rather than facilitating greater access to services, this strict punishment policy may hinder the delivery of adoptable and valuable mental health care. Issuing a fraudulent mental health certificate is undeniably a significant criminal offense, but such unethical behavior occasionally occurs. A mental illness certificate has various repercussions in the legal system, impacting inheritance rights to property, divorce, child custody, and criminal trials. Reduced penalties for fake certifications are, therefore, not a practical option. Sometimes, a doctor may not issue a false mental illness certificate with malice aforethought but instead based on an incorrect diagnosis. Such an accidental incorrect diagnosis may result from a technical malfunction or human error. Therefore, the court should consider whether the certificate was issued with lousy intent or due to an unintentionally incorrect diagnosis before punishing a doctor accused of providing a false mental health certificate.

The Act's provision for separating children and adolescents from adults in mental hospitals is one of its most vital features. This clause, however, is rarely used. Additionally, there are insufficient

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<sup>41</sup> ME Karim and S Shaikh, 'Newly Enacted Mental Health Law in Bangladesh' (2021) 18 BJPsych International 85.

resources for hiring in the mental health industry. This government hospital needs a higher level of service quality.

Additionally, the Mental Health Act does not permit the construction of additional regional mental hospitals. Most practitioners are in large urban regions like Dhaka, the country's metropolis. Comparatively speaking, private hospitals offer more incredible support and surroundings. Nevertheless, low-income people need help to afford the high cost of private hospitals. As a result, patients run the risk of being mistreated.

According to Section 6 of the Act, rules must be created to guarantee the patient's rights to health, property, dignity, education, etc. Significant issues like confidentiality and responsibility, as well as the fundamental human rights of a person with a mental disability, have not been elaborated in the lack of such Rules. There is no human rights review commission in Bangladesh to look into the frequent violations of people's human rights due to mental illness, according to the WHO-AIMS report on the mental health system in Bangladesh. It would not be inaccurate to argue that people with mental illnesses must deal with prejudice in many aspects of life, including housing, food, healthcare, and education. A rigorous review mechanism for long periods and communal allowance are also missing from the Act, although community support and rehabilitation are addressed in it.

People do not view mental health as fundamental, especially in rural areas. They continue to hold onto superstition. They believe everyone with a mental condition is evil-possessed when they see them. As a result, they take the patient to the local witch doctors who treat them inhumanly rather than institutional psychiatry. Unfortunately, the Act has no provisions to penalize these violators for this cruel conduct or to stop it. The Act has to be changed to include criminal penalties for doctors engaged in cruel practices.

## **7. Recommendations and Conclusions**

Ensuring sound mental health is a continuous effort of the government. Protection and prevention of mental health must be ensured by devising an up-to-date framework where the right to counseling and therapeutic support would be provided in the mental hospital along with other critical health disorders. Unfortunately, the MHA 2018 ignores that vital part. The Act missed the fundamental law on the prevention of mental health disorders. Therapeutic and counseling are

*sine-quo-non* to ensure universal mental health support. The Mental Health Act of 2018 must be backed by a comprehensive and robust mental health policy to cover its shortcomings and strengthen the legal framework around mental health.

Devising a human rights-based mental health protection system and introducing the same in a comprehensive manner everywhere in the health centers across the country. The government should establish mental health care institutions everywhere, including educational institutions, to

protect millions of students. Some public universities, such as the University of Dhaka and the Jahangirnagar University, provide counseling and therapeutic support facilities, especially for students and university staff. At present, Chittagong University has no such institutional support for students, although there was a corner of psychological protection during the ongoing pandemic.<sup>42</sup> But students' advisors working under Chittagong University may play a role even in mental health care for students if the system can develop to include psychiatrists to offer counseling and therapeutic assistance.

The government must improve the mental healthcare system and develop a set of capable staff offering mental healthcare specialists. Every area needs to promptly create specialized facilities for mental health care with an adequate number of psychiatrists. Such hospitals must have sufficient medical equipment and staff. Also, it is crucial to set up mental health helplines where individuals can quickly access emergency mental health support and essential details about the programs offered. Moreover, people with mental illnesses need access to special education services. In this way, we can end the prejudice existing against them.

It is possible to make some allusions to the Indian Mental Health Act when considering how to improve it. The Indian Mental Health Act strongly emphasizes the human rights of people with mental illnesses, including the right to access mental healthcare, the right to community living, the right to protection from cruelty, inhumane treatment, and the right to equality and non-discrimination. The Indian Act prohibits the disclosure of information about mental disease and access to medical records and contacts of individuals with mental illnesses. The Act also includes guidelines for requesting legal aid and filing complaints about any flaws in mental health treatment.

In addition to legal action, the government may launch campaigns to educate the general population about the importance of mental health. In addition to the stringent punitive regulations, policies, and programs, every conscious individual has a moral commitment to work toward eliminating the societal stigma associated with mental illness and protecting the rights of those in need of mental health assistance. Together, we can make a difference.

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<sup>42</sup> On 9<sup>th</sup> April, 2023, a fourth semester female student of Shamsun Nahar hall committed suicide in her hall room. She was a brilliant student of Management Department and has gone through tons of sufferings and pains in her personal life. She could not share her hardship with her family members, teachers and friends. The presence of a Counselling Centre may be a panacea for saving her life.