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SUKDEB SAHA V. THE STATE OF ANDHRA PRADESH & ORS.: ESTABLISHING STRUCTURAL ACCOUNTABILITY FOR STUDENT MENTAL HEALTH

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INTRODUCTION

The Indian Supreme Court, in its judgment in *Sukdeb Saha v. The State of Andhra Pradesh & Ors.*, delivered on July 25, 2025, has authored a transformative chapter in the annals of Indian constitutional law.[2] The case arose from the tragic death of a 17-year-old National Eligibility-cum-Entrance Test (NEET) aspirant, who died under suspicious circumstances after falling from a hostel building in Visakhapatnam. The local police investigation, fraught with what the petitioner-father alleged were serious procedural lapses and a premature conclusion of suicide, failed to inspire confidence. This led the father, Sukdeb Saha, to petition the Supreme Court for an impartial inquiry and, more broadly, for systemic reforms to prevent such tragedies in the future.

The Court, in its ruling, issued two major directives. *Firstly*, it directed a Central Bureau of Investigation (CBI) probe into the questionable conditions of the death, to address charges of procedural impropriety. *Secondly*, and more notably, the Court exercised its complete authority under Articles 32 and 141 to deliver the binding "Saha Guidelines," requiring thorough mental health care protocols in every Indian private and public educational establishments (including residential).

This case commentary contends that the judgment in Sukdeb Saha essentially alters the standard of institutional and state liability from purely remedial justice to a proactive duty of care. Interpreting mental health jurisprudence in the very broad compass of Article 21, the judgment brings to the fore

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[2] Sukdeb Saha v. The State of Andhra Pradesh & Ors., 2025 SCO.LR 7(4)[20].

a new template of structural liability, obliging institutions to confront systemic modes of violence and not episodic ones. Further, the comment will then critically assess the judgment for its apparent disregard of the existing Mental Healthcare Act, 2017 (MHCA), and its ambiguity in defining definitive accountability for fatal breaches of this newly established duty.

This case comment is split in three sections. *Firstly*, It will map out the jurisprudential lineage of Article 21, and show that the Saha judgment is not *creatio ex nihilo* but the natural endpoint of decades of precedent. *Secondly*, we will examine how the judgment addresses the challenge of "structural victimisation" by establishing this new structural architecture of accountability. *Thirdly*, we will critically examine the judgment for seeming to ignore the current Mental Healthcare Act, 2017 (MHCA), and for the uncertainty that pervades its institutional concept of accountability.

PAVING THE PATH FOR A RIGHT TO MENTAL HEALTH

The Saha judgment explicitly provides for right to mental health. It is no novelty but a brilliant distillation of virtually half a century of judicial pronouncements. It explicitly gives emphasis to many observations which have gradually expanded the scope of "life" in Article 21 from being alive to a life of dignity.[3]

The expedition commenced subsequent to the Emergency period. In the landmark case of *Francis Coralie Mullin (1981)*, the Court delineated a definitive distinction between the right to life and "mere animal existence." It notably asserted that the right to life encompasses the ability to live with human dignity along with all requisite elements, such as essential needs. This ruling broadened the constitutional framework to embrace positive rights deemed necessary for a dignified existence under Article 21.[4] To render this concept of dignity substantive, the Court introduced a novel interpretative approach, as demonstrated in the case of *Bandhua Mukti Morcha (1984)*. In this instance, the Court proclaimed that the right to live with human dignity "derives from the Directive Principles of State Policy." This innovative interpretation empowered the Court to invoke the principles from non-

[3] INDIA CONST. art. 21 (1950).
[4] Francis Coralie Mullin v. Administrator, Union Territory of Delhi, (1981) 1 SCC 608.

justiciable directives, such as the objective of Article 47 to enhance public health, in order to uphold and enforce the fundamental rights articulated in Part III.[5]

Consequently, the Court began to explicitly affirm the right to health, which it initially looked to physical health. It was observed in the case *Vincent Panikurlangara (1987)* that "a healthy body is the very foundation for all human activities" and thus, it falls upon the obligation of the state to afford conducive conditions to arrive at optimum health.[6] It was reaffirmed in *Paschim Banga Khet Mazdoor Samity (1996)*, where it was held that a lapse in medical treatment from a government hospital will constitute violation of Article 21 and lack of funds cannot be a sound defence to this lapse.[7]

One of the landmark turning points amongst these cases was that of *CESC Ltd. v. Subash Chandra Bose (1992)*. Relying on international legal documents, the Court defined health not only as the "absence of disease" but instead as a thorough status of "complete physical, mental and social well-being."[8] This case represented one of the earliest times that the Court expressly included the "mental" as a component of its definition of health as found in Article 21, thus building a crucial precursor to the Saha judgment.

The legal debate over the right to institutionalized and vulnerable groups further deepened this understanding. In *Rakesh Chandra Narayan (1989)*, the Court, in response to unacceptable conditions that existed in a mental care facility, took the unprecedented step of constituting a committee to oversee it, thus implicitly recognizing that mental illness sufferers have a right to reside in dignified conditions.[9] Analogously, in *Shatrughan Chauhan (2014)*, the Court found that improper delay in disposing of mercy petitions, which cause severe mental distress, and executing a person suffering from mental illness to be a violation of Article 21. This judgment provided a direct link between a person's mental distress and his constitutional right to life.[10]

The ultimate foundations for the Saha judgment were formulated through legal cases that emphasized individual autonomy, privacy, and identity. The pivotal ruling in *K.S. Puttaswamy (2017)*, which recognized the right to privacy, played a significant role. It determined that dignity includes the

[5] Bandhua Mukti Morcha v. Union of India, (1984) 3 SCC 161.
[6] Vincent Panikurlangara v. Union of India, (1987) 2 SCC 165.
[7] Paschim Banga Khet Mazdoor Samity v. State of W.B., (1996) 4 SCC 37.
[8] CESC Ltd. v. Subhash Chandra Bose, (1992) 1 SCC 441.
[9] Rakesh Chandra Narayan v. State of Bihar, 1989 Supp (1) SCC 644.
[10] Shatrughan Chauhan v. Union of India, (2014) 3 SCC 1.

entitlement to make personal decisions and maintain individual autonomy, aspects that are fundamentally linked to a person's mental and psychological well-being.[11] This assertion was further supported in *Navtej Singh Johar (2018)*. By decriminalizing consensual same-sex relationships, the Supreme Court engaged in an extensive examination of the significance of identity and autonomy, emphasizing that "mental integrity" and "psychological autonomy" are crucial components of human dignity safeguarded by Article 21.[12] The Saha Judgement extends this lineage, interlinking a dignified existence with a comprehensive understanding of health, transitioning from the acknowledgment of mental distress to the establishment of mandatory guidelines and directions.

FROM INDIVIDUAL TRAGEDY TO STRUCTURAL FAILURE

The biggest impact of the Sukdeb Saha judgment is the manner in which it transforms how we approach accountability. It shifts the legal and social debate from framing student suicide as a personal tragedy to viewing it as a product of larger system failures. It does so by reframing the issue of "structural victimisation" under a new rubric of "structural accountability."[13]

"Structural victimisation" refers to individuals being harmed not by an individual, but by the workings of social and economic systems. It is reminiscent of sociologist Johan Galtung's concept of "structural violence," in which harm arises from unequal power and life chances.[14] The alarming Indian student suicide statistics demonstrate this systemic harm. Data from the National Crime Records Bureau (NCRB) for the year 2022 indicated that 13,044 students died by suicide. Especially, Out of these 13,044 deaths, failure in examinations directly resulted in 2,248 deaths.[15] Those statistics are not abstraction, but young lives cut short as a consequence of relentless academic pressure and inadequate mental health care. The initial police inquiry in this case demonstrates the typical legal reaction: an after-the fact blame model. By hastening to a suicide conclusion, attention shifts to the mental condition of the victim and views the disaster as a personal failure. This strategy ignores context i.e.,

[11] K.S. Puttaswamy (Privacy-9J.) v. Union of India, (2017) 10 SCC 1.
[12] Navtej Singh Johar v. Union of India, (2018) 10 SCC 1.
[13] S. WALKLATE, HANDBOOK ON VICTIMS AND VICTIMOLOGY (Willan Publishing 2007).
[14] J. Galtung, *Violence, Peace, and Peace Research*, 6 J. PEACE RSCH. 167 (1969).
[15] Nat'l Crime Recs. Bureau, Ministry Of Home Affairs, Gov't Of India, Accidental Deaths & Suicides In India 2022 (2023), https://ncrb.gov.in/uploads/files/AccidentalDeathsSuicidesinIndia2022v2.pdf.

the "coaching factory" situation and the enormous pressure that generates despair. It places blame upon the individual and removes it from the system.

The Court's response to this structural challenge was to establish a new system of accountability. The key to this system is the explicit inclusion of mental health in the Constitution. By holding that "mental health is an integral component of the right to life under Article 21," the Court effected an important change in the law. This transforms mental health from an objective of welfarism to a right that can be enforced. It follows that when an institution, particularly one that caters to children, fails to provide a safe and conducive mental health environment, it is not merely a gross error of care, it can violate the Constitution. It provides citizens strong legal grounds to demand accountability and enables courts to act.

The Saha Guidelines are the working manual for this new system. They turn the general idea of "duty of care" into clear, important responsibilities. For example, the rule that says there must be at least one qualified counsellor for every 100 students makes this responsibility easy to measure. The rule against separating students by academic performance fights the overly competitive environment that causes mental stress. The guidelines that ask for secure ceiling fans and training in "psychological first aid" make prevention a part of the school's daily routine. Importantly, the creation of district-level monitoring committees provides outside checks to ensure that schools follow the rules, not just rely on their goodwill.[16] Following these guidelines is no longer just about corporate social responsibility; it is a legal requirement. Not following them can now be seen as breaking this legally required duty, creating a strong chain of accountability from the Constitution to the everyday actions of all educational institutions.

CRITICISM: THE UNACKNOWLEDGED FRAMEWORK AND THE QUESTION OF LIABILITY

The judgment in Sukdeb Saha is a step in the right direction, but a close analysis finds significant omissions which may render it difficult to implement. Its two major shortcomings are its ambiguous

[16] Sukdeb Saha v. The State of Andhra Pradesh & Ors., 2025 SCO.LR 7(4)[20].

failure to relate to laws of the Mental Healthcare Act, 2017 (MHCA), and uncertain definition of its new concept of "institutional accountability."[17]

The most significant point of critique is the Court's decision to make separate Saha Guidelines under Articles 32 and 141, rather than utilizing the MHCA.[18] Section 18 of the Act, as a guarantee, entitles everybody to receipt of mental treatment and care.[19] Section 20 provides for a right to reside in a clean and safe environment.[20] Above all, Section 115(1) makes a strong statement: "any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the. Indian Penal Code."[21] This principle lawfully affirms that suicide attempts indicate distress, not a felony. This thought lies at the heart of the Saha judgment's benevolent approach. By instituting a separate set of "Saha Guidelines," the Court risks undermining the legislation laid out by Parliament. It may lead to laws that are ambiguous and confused. A superior approach to law, instead, would have been to adopt the MHCA as the primary guideline, affirming that non-application of its rules in schools constitutes a blatant violation of Article 21 and mandating strict application.[22]

Further, while the judgment makes it clear that institutions have a duty to care, it does not say who should be responsible when a student dies by suicide due to the institution not following rules. The guidelines say "institutions" must do certain things, but this term is unclear. If a student dies, who is legally responsible? Is it the Director of the institution, the members of the Board of Management, or the hostel warden? The judgment also does not explain what type of responsibility this is, whether it is a crime or a civil issue. It needs a CBI inquiry to look into the details of the case but does not set a general legal standard to link not following the Saha Guidelines to a suicide. It would be very hard for someone to prove that not having two annual mental health workshops directly caused a student's suicide since mental health can be affected by many things outside the institution's control. The judgment could have been better by giving guidance on how courts should deal with causation and by clearly defining who is responsible. Without this, the guidelines might be seen as nice ideas but ultimately not enforceable rights without a clear solution.

[17] Mental Health Care Act, 2017, No.7, Acts of Parliament, 2017.
[18] INDIA CONST. art. 32 & 141 (1950).
[19] Mental Health Care Act, 2017, § 18, No.7, Acts of Parliament, 2017 (India).
[20] Mental Health Care Act, 2017, § 20, No.7, Acts of Parliament, 2017 (India).
[21] Mental Health Care Act, 2017, § 115, No.7, Acts of Parliament, 2017 (India).
[22] INDIA CONST. art. 21 (1950).

CONCLUSION

The Sukdeb Saha judgment is a significant decision that addresses India's ongoing mental health problems. By including the right to mental well-being in Article 21, the Court has created a duty of care that shifts responsibility from simply reacting after issues arise to a responsibility to prevent them beforehand. This ruling provides a strong way to deal with the problem of student victimization through better accountability. However, how this judgment will be remembered depends on how it is put into practice. We have pointed out that its effect is weakened because it does not connect well with the existing Mental Healthcare Act, 2017. Additionally, for this new duty of care to work well, there is an urgent need for new laws or court actions to set clear rules on responsibility and accountability for violations. The Saha case is an important first step, but fully achieving the goal of ensuring care requires a clear system of punishment to support the important moral and legal standards the Supreme Court has established.

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