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Care as Disability Justice, Dignity in Mental Health

Context

- The experiences of people who grew up without care, endured homelessness after childhood abuse, or faced dehumanising psychiatric treatment reveal forms of suffering that cannot be captured through numerical indicators alone.
- These accounts show how distress emerges and manifests differently across lives shaped by deprivation, stigma, and systemic neglect.
- When mental health discourse focuses narrowly on symptoms and integration into predefined norms, **barriers, social attitudes, and structural inequities** remain overlooked.

Beyond the Deficit Lens

- Dominant approaches continue to view psychosocial disability through a **deficit-oriented framework**, emphasising integration into communities that reinforce narrow ideas of productivity and normality.
- This persists despite **global gaps in mental health-care access of 70%-90%** and despite advances in medication and therapy.
- These improvements have not addressed fundamental questions about the social conditions that produce suffering or the need for care grounded in **dignity, agency, and equity**.

Understanding Distress in Context

- A reimagined mental health system must centre **dignity and disability justice**, acknowledging that suffering arises from interactions between personal histories and broader societal forces.
- **Material and relational deprivation** often both precipitate and result from mental ill-health.
- Data linking suicides to family conflicts and relational ruptures point to deeper layers of **shame, alienation, and abandonment**, which are rarely spoken about or addressed.
- Explanations for distress, biological, psychological, social, cultural, political, and historical—are **interlocking rather than competing frameworks**.
- These influences intersect with **caste, class, gender, and queer identities**, shaping both experiences of distress and access to care.
- Effective mental health support requires attention to this overlapping complexity rather than reducing suffering to a single cause.

Care as Meaning-Making and Relational Justice

- People experiencing crises need space to explore **uncertainty, identity, vulnerability, and purpose**, yet mainstream models often prioritise biological or social determinants at the expense of these meaning-making processes.
- While tangible supports such as **housing, medication, and financial assistance** are essential, they cannot resolve feelings of disconnection or existential incoherence.
- Care must integrate material support with **relational work**, acknowledging that meaning and recovery unfold within a person's **social and ecological context**.
- This orientation aligns with disability justice, which seeks **liberation, wholeness, and autonomy**, not mere integration into unequal systems.

The Way Forward

• Justice-Centred Model

- A justice-centred model reframes treatment from 'What is wrong with this person?' to **What does this person need to live the life they want?**
- This may include medication, community connection, spiritual grounding, or economic stability. This shift also strengthens **trust and continuity of care**, addressing common experiences of disillusionment and disengagement.
- Building trust requires collaboration, dialogue, and acceptance of non-linear progress.
- Justice, understood as **recognising mutual obligations and repairing harms**, demands that mental health care acknowledge the social contexts that create suffering.
- Care cannot be ethical if it ignores the injustices that shaped a person's distress.

• Transforming Care, Education, and Research

- Transforming the system requires changes across training, practice, and research.
- Mental health education should prepare practitioners to **sit with uncertainty**, navigate complex social realities, and value small wins.
- Research must prioritise **context-sensitive, granular insights** over purely large-scale generalisations, employing transdisciplinary methods that link theory and practice to understand **what works, for whom, and why**.

Conclusion

- Those with lived experience and community members often labelled as non-specialists must be recognised as **essential practitioners**.
- Their experiential knowledge and contextual understanding provide forms of expertise that formal training cannot replace.
- They must receive **fair compensation, training, and systemic support** comparable to formally credentialed professionals.

Care as Disability Justice, Dignity in Mental Health FAQs

Q1. Why are personal narratives important in understanding mental health?

Ans. Personal narratives reveal forms of suffering that numerical data cannot capture and highlight the structural and relational factors shaping distress.

Q2. What limitation exists in deficit-based approaches to psychosocial disability?

Ans. Deficit-based approaches focus on fitting individuals into narrow social norms, overlooking dignity, agency, and broader social inequities.

Q3. Why must mental health care consider multiple explanations for distress?

Ans. Multiple explanations must be considered because biological, psychological, social, cultural, and political factors overlap and jointly shape people's experiences.

Q4. What shift does a justice-centred model of care propose?

Ans. A justice-centred model proposes shifting from fixing individuals to asking what they need to live the life they want.

Q5. Why should people with lived experience be recognised as practitioners?

Ans. People with lived experience should be recognised as practitioners because they offer contextual and experiential knowledge that formal training cannot replicate.

Source: **The Hindu**

Charting an Agenda on the Right to Health

Context

- Timed between Human Rights Day and **Universal Health Coverage Day**, the National Convention on Health Rights convened in New Delhi in December 2025, gathering hundreds of health professionals, activists and community leaders.
- Organised by the **Jan Swasthya Abhiyan (JSA)**, the convention outlined a comprehensive rights-based vision for strengthening India's public health system.
- Its themes, privatisation, inequitable financing, exploitation of health workers and **structural discrimination**, highlight the systemic challenges shaping India's health landscape.

Privatisation and the Erosion of Public Health

- A central concern is the **rapid expansion of privatisation** across medical colleges and public hospitals.
- Public-private partnerships are increasingly transferring public institutions to private hands, threatening to weaken already fragile public services.
- For millions dependent on public health facilities, this shift risks deepening financial and social barriers.
- Commercial private health care, driven by domestic and foreign investments, has grown without adequate regulation.

- Despite the Clinical Establishments Act of 2010, **enforcement remains minimal**, resulting in overcharging, unnecessary procedures such as excessive caesarean sections, opaque pricing and recurring violations of patient rights.

Justice and Dignity for Health Workers

- The indispensable role of frontline health workers during COVID-19 underscores the urgency of addressing their ongoing precarity.
- Many doctors, nurses, paramedics and support staff continue to face **low wages, insecure contracts and inadequate social protection**.
- The convention highlights that a resilient health system depends on fair compensation, safe working conditions, adequate staffing and comprehensive social security for all health workers.

Medicines, Market Failures, Public Access and Revitalising Public Health Systems

• Medicines, Market Failures and Public Access

- Medicines account for a significant portion of household medical expenses.
- With **over 80% of** medicines outside price control, patients are burdened by high retail markups, irrational drug combinations and aggressive marketing practices.
- The convention calls for **stronger regulatory oversight**, removal of GST on essential medicines and the expansion of public sector pharmaceutical production to ensure equitable access to essential drugs.

• Revitalising Public Health Systems

- Strong public health systems remain essential for the **over 80 crore people** who depend on public provisioning.
- The convention highlights successful community-led models and innovative state-level approaches illustrating that improved health systems are achievable through **decentralised planning, adequate** financing and community participation.
- The vision advanced is of a health system that is publicly funded, publicly accountable and grounded in the right to health.

The Way Forward

• Addressing Social Inequities in Health Care

- Entrenched social hierarchies continue to shape health outcomes in India. Dalits, Adivasis, Muslims, LGBTQ+ persons and persons with disabilities experience **systemic discrimination and exclusion** in accessing care.
- A session on gender and social justice emphasises embedding **inclusion, non-discrimination and equal access** within health systems.

- Recognising health as a product of broader determinants, the convention links health with **food security, environmental degradation and climate change**, calling for intersectoral, equity-focused approaches.

• A Legacy of Struggle and a Call for the Future

- Marking its 25th anniversary, JSA reflects on decades of collaboration with women's groups, science organisations, rural movements and patient advocacy networks.
- The convention, held during the winter session of Parliament, facilitates dialogue with Members of Parliament to push for **legislative and policy reforms** anchored in health rights.
- It celebrates past victories while outlining strategies for the decade ahead.

Conclusion

- The National Convention on Health Rights offers a powerful rights-based framework for transforming India's health sector.
- By confronting the challenges of **privatisation, inadequate public funding, weak regulation and structural inequalities**, it articulates a clear demand: **health care must serve people, not profits**.
- Strengthening public systems, protecting health workers, regulating private care and embedding social justice are essential steps toward realising the right to health for all in India.

Charting an Agenda on the Right to Health FAQs

Q1. What major concern does the convention raise about India's health system?

Ans. The convention raises major concern about the rapid privatisation of health services and its harmful impact on public health access.

Q2. Why is stronger regulation of private health care considered essential?

Ans. Stronger regulation is considered essential because weak enforcement has led to overcharging, unnecessary procedures and violations of patient rights.

Q3. What challenges do health workers continue to face after the pandemic?

Ans. Health workers continue to face low wages, insecure employment and inadequate social protection.

Q4. How does the convention propose to improve access to essential medicines?

Ans. The convention proposes to improve access by strengthening regulation, removing GST on essential medicines and expanding public sector drug production.

Q5. What broader vision does the convention promote for India's health system?

Ans. The convention promotes a vision of a publicly funded, equitable health system that upholds health care as a fundamental right.

Source: **The Hindu**