

From Medicalism to Legalism: Evolving Perspectives in Mental Health Legislation and the Protection of Individual Rights

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ABSTRACT

Mental health legislation has evolved significantly, shifting from a medical framework to a more legal-centric approach. Initially, laws were grounded in medical models, treating individuals with mental disorders as patients requiring involuntary care. This often led to the marginalization of legal rights, with patients subjected to confinement and treatment based solely on medical authority. Over time, however, the need for legal safeguards to protect individual autonomy and dignity became more evident. The shift from medicalism to legalism reflects broader societal changes, including a growing emphasis on human rights, the de-stigmatization of mental illness, and the importance of personal autonomy. Modern mental health laws now aim to balance medical care with legal protections, ensuring individuals' rights to informed consent, non-discrimination, and due process. This paper examines the milestones in the development of mental health legislation, focusing on how legal frameworks have evolved to safeguard the rights of those with mental health conditions. It also explores the role of international conventions, national reforms, and judicial interventions in promoting a

rights-based approach. Ultimately, this paper underscores the importance of legal protections in ensuring the dignity and equality of individuals with mental health issues in contemporary society.

Keywords: Mental Health Legislation, Medicalism, Legalism, Human Rights, Autonomy

1. INTRODUCTION

The development of mental health legislation has been a dynamic process, reflecting broader societal changes in the understanding of mental illness and the rights of individuals. Historically, mental health laws were rooted in a medical model, where individuals diagnosed with mental health disorders were often treated as patients in need of medical intervention, sometimes without regard for their personal autonomy or legal rights. Under this framework, patients could be involuntarily committed to psychiatric institutions and subjected to treatments based solely on medical discretion, with limited safeguards for their fundamental freedoms. This approach, often referred to as *medicalism*, saw mental health as a primarily clinical issue that required medical solutions, often

ignoring the importance of personal choice and legal protections.

However, over time, there has been a shift toward a more rights-based approach, moving away from a purely medical perspective to one that incorporates legal frameworks designed to protect the autonomy and dignity of individuals with mental health conditions. This transition reflects a growing societal recognition of the human rights of individuals with mental health disorders, as well as the increasing importance of legal protections in ensuring fair treatment. The legal approach, known as *legalism*, emphasizes the necessity of balancing medical treatment with safeguards such as informed consent, non-discrimination, and due process.

This shift has been driven by both national reforms and international human rights conventions, as well as judicial interventions that have challenged the traditional medical model. The importance of this transition lies in its potential to transform the way mental health is understood and treated in legal and social contexts, ensuring that individuals with mental health issues are treated with dignity and respect. This paper will explore the evolution of mental health legislation, analyzing the key milestones and the increasing role of law in safeguarding the rights of those affected by mental health conditions.

2. Research Objectives:

- i. To trace the historical development of mental health laws, focusing on the shift from a medical to a legal framework.
- ii. To evaluate the influence of international human rights instruments, such as the United Nations Convention on the Rights of Persons with Disabilities, on national legislation.
- iii. To analyze the role of legal reforms in safeguarding the rights of individuals with mental health conditions, including informed consent and personal autonomy.

- iv. To identify gaps in mental health legislation and explore challenges faced by marginalized groups.
- v. To examine the societal impact of legal shifts on public attitudes towards mental health and individual rights.

3. Scope and Limitation

This research examines the evolution of mental health legislation, with a focus on the shift from a medical to a legal framework in addressing mental health. It explores the historical development of mental health laws, tracking the transition from medical models that emphasized treatment to legal frameworks that prioritize the protection of individual rights. The study will review key legal reforms, international conventions, and landmark judicial decisions that have influenced this shift, with a focus on how these changes impact the treatment and rights of individuals with mental health conditions. The scope includes an analysis of the role of legal protections in ensuring autonomy, dignity, and access to justice for individuals facing mental health challenges.

4. Medicalism in the Mental Health Laws

Medicalism, in the context of mental health laws, refers to the approach that views mental illness primarily through a medical lens. This perspective emphasizes the need for medical intervention, diagnosis, and treatment, often overlooking or minimizing the legal rights of individuals with mental health conditions. Historically, mental health laws were rooted in medical models that treated mental disorders as health conditions requiring medical treatment, often leading to the marginalization of personal autonomy and legal rights.

The emergence of medicalism in mental health law can be traced back to the early 19th century when mental illness was largely seen as a disorder of the mind that required medical or psychiatric care. During this time, asylums were established to house individuals with mental disorders, and

psychiatrists became the central authorities in diagnosing and treating mental health conditions. The role of legal institutions was secondary, with laws primarily serving to support the authority of medical practitioners and institutions in deciding who required treatment and confinement.

In the medical model, the focus was on treatment, and patients were often viewed as needing protection from society, rather than as individuals with rights. This medicalized approach led to widespread practices of involuntary commitment, where individuals were confined to psychiatric institutions without their consent, often based solely on medical assessments. The patient's legal rights, including the right to liberty, the right to refuse treatment, and the right to participate in decisions about their care, were frequently disregarded. In some cases, patients were treated as objects to be fixed rather than individuals with their own agency.

One of the most significant features of medicalism in mental health laws was the practice of involuntary treatment. In many legal systems, the decision to admit someone to a mental health facility or subject them to treatment was largely at the discretion of medical professionals. Laws allowed for the involuntary confinement of individuals, often based on vague or broad definitions of mental illness. These legal frameworks did not adequately address the individual's consent or capacity to make decisions about their treatment. In many instances, individuals could be detained for long periods without meaningful oversight, and their rights to due process or a fair trial were limited.

The dominance of medicalism in mental health laws also meant that legal interventions were often inadequate in protecting the rights of individuals with mental health conditions. Legal safeguards were typically minimal, and the emphasis was placed on medical expertise rather than the balancing of individual rights and societal concerns. For instance, while medical professionals were responsible for

diagnosing and treating patients, there was little attention paid to the potential abuses of power by psychiatric institutions or the lack of judicial review of involuntary commitments.

This medicalization of mental health law was, in part, a result of societal attitudes toward mental illness. Historically, mental illness was seen as something to be feared or stigmatized, leading to the justification of medical and institutional control. Psychiatric institutions were often viewed as places of safety and rehabilitation, but in practice, they could become places of neglect and abuse, where individuals were subjected to treatments with little regard for their dignity or personal freedoms.

As understanding of mental health evolved, so too did the recognition of the need for greater legal protections for individuals with mental health conditions. This shift away from medicalism toward a more rights-based approach reflects the broader societal changes that increasingly emphasized personal autonomy, informed consent, and human rights. In recent decades, there has been growing recognition that mental health is not just a medical issue but also a legal and human rights issue, leading to reforms in mental health laws aimed at safeguarding individual freedoms while still providing necessary medical care.

Despite this progress, elements of medicalism continue to shape mental health laws in many jurisdictions. Involuntary commitment and treatment remain controversial practices, and the medical model still influences how mental health professionals approach care. However, as legal frameworks evolve, the goal is to strike a balance between providing appropriate care and treatment and ensuring that the rights of individuals with mental health conditions are protected. This requires a shift away from the paternalism of medicalism to a more inclusive and rights-based approach that recognizes individuals as active participants in decisions about their care.

5. Legalism in the Mental Health Laws

Legalism in mental health laws refers to an approach that emphasizes the protection of individual rights and legal safeguards for people with mental health conditions, shifting the focus from medical authority to legal rights. Unlike the medical model, which prioritizes medical treatment and diagnosis, legalism underscores the importance of autonomy, consent, due process, and the recognition of mental health issues as human rights concerns. The shift toward legalism in mental health laws represents a significant departure from the historical medicalized approach, recognizing the need for legal frameworks that balance medical care with the protection of fundamental rights.

Legalism in mental health law emerged as part of broader societal changes that emphasized individual freedoms, human dignity, and the rights of vulnerable groups. Over time, advocacy by mental health professionals, human rights organizations, and legal scholars led to the realization that individuals with mental health conditions should not be treated solely as patients or as subjects of medical authority. Instead, they should be seen as individuals with legal rights, including the right to make decisions about their own care, the right to be free from involuntary detention and treatment, and the right to access justice in cases of abuse or neglect.

A key aspect of legalism in mental health laws is the emphasis on *informed consent*. Unlike the medical model, which often justified involuntary treatment without the patient's consent, legal frameworks now require that individuals with mental health conditions be informed about their treatment options, understand the potential risks and benefits, and consent to the proposed treatment. This change reflects a broader shift in societal views, recognizing that individuals with mental health conditions, like those with physical health conditions, should have the autonomy to make decisions about their care, provided they are mentally competent to do so.

Involuntary commitment and treatment have been central issues in the evolution of mental health laws. Under the medical model, involuntary detention was often justified by medical professionals, who decided when individuals needed treatment or confinement. However, legalism emphasizes the importance of judicial oversight and due process. In many countries, the law now requires that involuntary commitment be subject to review by a court or tribunal to ensure that individuals are not detained without justification. Legal frameworks also ensure that individuals have the right to challenge their detention and treatment, providing a mechanism for legal recourse if their rights are violated. This represents a significant shift from the past, when psychiatric institutions often operated with minimal external scrutiny.

Legalism also focuses on non-discrimination and equal treatment. Mental health laws today increasingly reflect the recognition that people with mental health conditions should not be subject to discrimination or marginalization. Legal frameworks aim to protect individuals with mental health issues from being excluded from education, employment, and social participation due to their mental health status. This emphasis on equality is reflected in international conventions, such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which advocates for the rights of people with mental health conditions and ensures that they are treated with respect and dignity.

Furthermore, legalism has led to the integration of mental health laws with broader human rights frameworks. Legal protections for individuals with mental health conditions now align with international human rights standards, which require that people with mental disorders be treated with respect for their autonomy, dignity, and human rights. Legal reforms have sought to provide individuals with access to appropriate care while

simultaneously safeguarding their fundamental rights. This includes the right to non-discrimination, the right to be free from cruel, inhuman, or degrading treatment, and the right to liberty and security.

The shift toward legalism in mental health laws has been accompanied by significant legal reforms, such as the decriminalization of certain behaviors associated with mental health conditions, the expansion of patient rights, and the introduction of mechanisms for oversight and accountability within psychiatric institutions. These changes aim to ensure that mental health care is delivered in a way that respects the rights of individuals, promotes their dignity, and empowers them to participate in decisions about their care.

Despite these advances, challenges remain in fully realizing the principles of legalism in mental health laws. Involuntary commitment continues to be a contentious issue, and there is often a tension between ensuring access to necessary care and respecting the rights of individuals to make decisions about their own treatment. Legalism in mental health laws is still evolving, and ongoing efforts are needed to strengthen legal protections, promote access to care, and ensure that individuals with mental health conditions are not subject to discrimination or mistreatment. Nonetheless, the legalistic approach marks a significant step forward in treating mental health as a human rights issue, ensuring that individuals with mental disorders are afforded the dignity, autonomy, and protection they deserve.

5. The Effects of Perspective Shifts on Mental Health Practice from Medicalism to Legalism

The shift from medicalism to legalism in mental health practice represents a profound transformation in the way mental health issues are addressed, diagnosed, and treated within both legal and healthcare systems. This shift is rooted in the broader societal recognition of human rights, individual

autonomy, and dignity, moving away from the traditionally paternalistic, medicalized approach that often overlooked the legal rights of individuals with mental health conditions. The effects of this shift on mental health practice are significant, with changes in clinical treatment, patient autonomy, legal safeguards, and the role of mental health professionals.

5.1. Patient Autonomy and Informed Consent

One of the most notable changes resulting from the shift to legalism is the increased emphasis on patient autonomy and informed consent. Under the medical model, patients with mental health disorders were often treated as passive recipients of care, with treatment decisions being made primarily by medical professionals. Patients could be confined to psychiatric institutions and subjected to involuntary treatment, sometimes with little regard for their personal wishes or ability to consent. The shift to a more legalistic framework has emphasized the importance of obtaining informed consent, ensuring that patients are provided with clear, understandable information about their treatment options and are given the opportunity to make decisions about their care.

This change in practice aligns with the broader legal recognition that individuals, regardless of mental health status, have the right to participate in decisions that affect their lives. While this principle is not without challenges—particularly in cases where patients may not fully understand the consequences of their decisions or where their capacity to consent is in question—the legalistic approach requires that informed consent be actively sought, making patients more central to the decision-making process.

5.2. Protection of Legal Rights

The shift from medicalism to legalism has also led to stronger protections for the legal rights of individuals with mental health conditions. In the past, medical

professionals had significant authority over decisions such as involuntary confinement, treatment, and the rights of individuals to challenge these decisions. Legalism, however, emphasizes the importance of due process, judicial oversight, and legal recourse. Involuntary detention and treatment are now subject to more rigorous legal scrutiny, and individuals have the right to challenge these decisions in court or through tribunals. This ensures that people with mental health conditions are not subjected to arbitrary or unjust treatment, and that their legal rights—such as the right to liberty and freedom from discrimination—are upheld.

For instance, laws in many countries now mandate that individuals undergoing involuntary commitment be provided with a hearing, enabling them to contest their detention. This shift provides a safeguard against potential abuses within psychiatric institutions and ensures that individuals have access to legal recourse if their rights are violated. The increased recognition of the legal rights of individuals with mental health conditions reflects the growing acknowledgment that mental health issues are not just medical concerns, but also legal and human rights issues that require protection.

5.3. Mental Health as a Human Rights Issue

The transition from medicalism to legalism has reframed mental health practice by incorporating human rights principles into the legal framework. In particular, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and other international human rights instruments have influenced national mental health laws, ensuring that individuals with mental health conditions are treated with dignity and respect. Legal reforms aimed at decriminalizing mental health conditions and ensuring equal treatment for people with mental disorders are now central to mental health practice.

The emphasis on human rights has led to changes in how mental health professionals view their roles. Instead of being seen solely as medical practitioners, mental health professionals are now viewed as advocates for both the well-being and legal rights of their patients. For example, mental health practitioners must not only diagnose and treat but also be aware of the legal context in which they operate, ensuring that patients' rights are respected throughout the treatment process.

5.4. Greater Integration of Legal and Medical Systems

The shift to legalism has prompted greater integration between legal and medical systems in mental health practice. In the past, the legal system and mental health care were often seen as separate spheres, with medical professionals making decisions without much legal oversight. Today, the two fields are increasingly interconnected, as mental health professionals must work within a legal framework that respects individual rights. This has led to the development of mental health tribunals, patient advocacy systems, and legal mechanisms for ensuring oversight and accountability within psychiatric institutions.

For example, mental health courts, which allow for judicial review of mental health cases, have become more prevalent, particularly in the context of criminal law. These courts aim to address mental health issues within the legal system, offering alternatives to incarceration for individuals with mental health disorders, such as treatment in psychiatric settings, which align with the principles of legalism. This integration fosters a more holistic approach to mental health practice, where both the medical and legal aspects of care are balanced and intertwined.

5.5. Challenges and Critiques

While the shift from medicalism to legalism has brought numerous positive changes, it also presents certain challenges. For

example, the legalistic approach can lead to delays in treatment or legal battles that may prolong an individual's suffering. There is also the issue of determining capacity for informed consent in cases where individuals may not fully understand their treatment options. Mental health professionals, particularly psychiatrists, may find themselves caught between medical and legal obligations, requiring them to navigate complex legal procedures while still providing the best possible care.

Additionally, while legal reforms have made strides in protecting rights, many individuals with mental health conditions still face stigma and discrimination, which can affect their access to both legal and medical resources. Ensuring that legal reforms translate into real-world improvements in care remains an ongoing challenge.

The shift from medicalism to legalism in mental health practice has had profound effects, transforming the way individuals with mental health conditions are treated within both healthcare and legal systems. This change has resulted in greater protections for patient rights, increased patient autonomy, and a stronger focus on human rights. However, the integration of legal and medical systems also presents challenges that require ongoing attention. As mental health laws continue to evolve, it is essential to strike a balance between the medical and legal needs of individuals with mental health conditions, ensuring that both their treatment and rights are respected.

6. Ethical Considerations in the Context of Mental Health Law's Interaction Between Medicalism and Legalism

The interaction between medicalism and legalism in mental health law brings forward significant ethical considerations that affect both the treatment and rights of individuals with mental health conditions. The historical dominance of medicalism, where treatment decisions were primarily made by medical professionals, often raised ethical concerns regarding patient autonomy, consent, and the potential for

coercion. Legalism, on the other hand, which emphasizes the protection of legal rights, dignity, and autonomy, introduces a different set of ethical challenges related to balancing rights with the need for care.

One key ethical issue is the principle of autonomy. In a medical model, patients are sometimes unable to fully exercise their autonomy due to the nature of their conditions, leading to decisions made on their behalf by healthcare providers. Ethical dilemmas arise when medical professionals, despite acting in good faith, override a patient's autonomy based on the belief that involuntary treatment is necessary for their well-being. While legalism emphasizes informed consent and individual autonomy, issues still arise in determining whether patients are capable of making informed decisions, especially in cases where mental health conditions impair their ability to understand their treatment options.

Another critical ethical issue is involuntary treatment and detention. Legalism advocates for stringent legal protections, ensuring that individuals are not deprived of their liberty without due process. However, the ethical dilemma lies in balancing the patient's right to freedom against the healthcare provider's responsibility to intervene when an individual is at risk of harming themselves or others. The conflict between ensuring adequate treatment and respecting personal freedoms requires careful ethical deliberation, especially when the line between medical necessity and legal rights becomes blurred.

Lastly, non-maleficence—the duty to do no harm—remains a pivotal ethical consideration in mental health practice. While the legal framework aims to safeguard individuals' rights, the medical approach focuses on providing necessary care, which may sometimes conflict with the legalistic imperative to respect rights. Striking a balance between preventing harm through medical intervention and safeguarding individual liberties is a key ethical challenge that mental health professionals must navigate.

These ethical considerations highlight the need for an integrated approach in mental health law that respects both medical expertise and legal safeguards, ensuring that individuals are treated with dignity, respect, and fairness.

7. Prospects for the Future of the Dialogue Between Medicalism and Legalism in Mental Health Law

The future of the dialogue between medicalism and legalism in mental health law holds promising prospects as societal attitudes towards mental health evolve, with growing emphasis on human rights, patient autonomy, and holistic care. This evolving conversation is likely to shape the future of mental health care and legal frameworks in several important ways.

One of the most significant prospects is the integration of human rights principles into mental health law. The growing global recognition of mental health as a human rights issue, as reflected in instruments like the United Nations Convention on the Rights of Persons with Disabilities (CRPD), signals a shift towards a more rights-based framework. This future-oriented approach is likely to promote legal reforms that protect the autonomy and dignity of individuals with mental health conditions while still acknowledging the importance of medical care. The balance between respecting individual rights and ensuring appropriate medical intervention will remain a key challenge, but this dialogue can help bridge the gap between medical necessity and legal protections.

Increased collaboration between medical and legal professionals also presents an opportunity for a more integrated, patient-centered approach to mental health care. Future mental health practices are likely to benefit from cross-disciplinary training, where psychiatrists, lawyers, and other healthcare professionals work together to navigate the complex terrain of mental health law. This collaboration can result in more informed decisions, ensuring that both the medical and legal needs of individuals

are met in a manner that respects their rights and enhances their well-being.

Moreover, technological advancements in mental health diagnosis and treatment, including AI-based tools, may offer new ways to address legal and medical issues simultaneously. Technology can help facilitate the accurate assessment of mental health conditions, making it easier to determine when legal interventions, such as involuntary treatment, are truly necessary.

Ultimately, the future of the dialogue between medicalism and legalism will likely be marked by ongoing efforts to protect patients' rights, improve care practices, and ensure that mental health law evolves to meet the changing needs of society.

8. CONCLUSION

The evolution of mental health legislation, marked by the shift from medicalism to legalism, reflects a profound transformation in how society views mental health and the rights of individuals living with mental health conditions. Historically, mental health laws were largely grounded in medical models, where treatment was often imposed without adequate consideration for individual rights. Involuntary confinement and medical intervention based on the authority of healthcare professionals were the norm, which frequently led to the erosion of personal autonomy and dignity. This medical-centric approach marginalized the legal rights of individuals, with limited recourse to challenge involuntary treatment and confinement.

The shift towards legalism, however, has been driven by a growing emphasis on human rights, greater awareness of the de-stigmatization of mental illness, and the recognition of the importance of personal autonomy. Modern mental health laws now seek to strike a balance between medical treatment and legal safeguards, ensuring that individuals with mental health conditions not only receive necessary care but also retain their rights to informed consent, non-discrimination, and due process. This transition has been significantly shaped by

international human rights conventions such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which advocates for the equal treatment and autonomy of people with mental disorders. However, despite these advancements, gaps remain in mental health legislation, particularly in ensuring that marginalized groups—such as individuals in low-income communities, those with severe mental health conditions, and certain vulnerable populations—receive adequate protection and care. Legal reforms are ongoing, but challenges such as limited access to legal remedies and insufficient training for mental health professionals in understanding legal protections persist.

Suggestions for the Future:

- i. **Strengthening Legal Safeguards and Access to Justice:** Future reforms should focus on enhancing the legal safeguards for individuals with mental health conditions, ensuring that their rights to autonomy and informed consent are respected. Legal frameworks must be continually updated to address evolving needs and ensure timely access to justice. In particular, marginalized groups, such as individuals in rural or economically disadvantaged areas, should have greater access to legal support to challenge violations of their rights.
- ii. **Enhancing the Role of Interdisciplinary Collaboration:** To ensure the proper implementation of legal protections while providing effective medical care, a more interdisciplinary approach should be fostered. Legal professionals should be trained to understand mental health issues, while mental health practitioners should be educated on the legal aspects of treatment, patient rights, and ethical considerations. This collaboration would promote a holistic approach that respects both medical and legal aspects of patient care.

- iii. **Public Awareness and De-stigmatization:**

Efforts to de-stigmatize mental illness must continue, particularly through public education campaigns that highlight the importance of mental health rights. By enhancing public awareness, society can foster greater acceptance and support for individuals facing mental health challenges. Legal reforms and protections are most effective when they are supported by a well-informed and empathetic public.

- iv. **Promoting Global Standards and Cooperation:**

There should be an emphasis on aligning national mental health laws with international human rights standards, particularly those set out by the CRPD. Governments and international organizations should collaborate to promote the inclusion of mental health in human rights dialogues, ensuring that the rights of individuals with mental health conditions are universally respected and protected.

- v. **Research and Continuous Review:**

Further research into the effectiveness of existing mental health legislation is necessary to identify areas for improvement. Ongoing evaluations, including consultations with individuals who experience mental health challenges, will provide crucial insights into the practical impact of legal reforms and help policymakers adapt to the changing needs of society.

In conclusion, while the shift from medicalism to legalism in mental health law has made significant strides in protecting the rights and dignity of individuals with mental health conditions, ongoing legal reforms, education, and international cooperation are essential for further progress. Legal systems must continue to evolve in a way that integrates the medical needs of individuals with a robust framework of rights protection, ensuring the full dignity, autonomy, and equality of individuals living with mental health challenges.

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