CHANAKYA LAW REVIEW (CLR)

Vol VI, Issue I January- June, 2025 pp. 130-146

COMPREHENSIVE SEXUALITY EDUCATION (CSE) AND MENTAL HEALTHCARE AS RIGHTS-BASED SUICIDE PREVENTION IN INDIA AND A WAY FORWARD TO THE NATIONAL ADOLESCENT PROTECTION ACT

Kashish Jain[1]

ABSTRACT

India's legal response to adolescent suicide rests on Section 226 of the Bhartiya Nyaya Sanhita, 2023 and Section 115 of the Mental Healthcare Act, 2017, both of which decriminalise suicide but remain silent on its educational and structural causes, while the absence of mandatory Comprehensive Sexuality Education (CSE) leaves adolescents, particularly queer and sexually exposed youth, without institutional protection against identity-based shame and digital sexual harm. This article examines whether India's constitutional guarantees of Equality (Article 14), Non-Discrimination (Article 15), and Life with Dignity (Article 21) impose an affirmative obligation on the State to provide rights-based CSE and school-based mental healthcare as instruments of suicide prevention, and whether existing law reconciles this obligation with the protective mandate if the Protection of Children from Sexual Offences Act (POCSO), 2012.

Adopting a doctrinal and socio-legal approach, the article analyses "Navtej Singh Johar v. Union of India and Justice K.S. Puttaswamy v. Union of India" alongside a critical review of adolescent health policies, including "the Adolescence Education Programme and the Rashtriya Kishor Swasthya Karyakram". The analysis finds that India's suicide-prevention framework is medicalised and reactive rather than anticipatory and that legislative silos separating education, mental health and child protection produce a structural, constitutionally cognisable failure rather than an incidental policy gap.

[1] 5th Year-B.A. LL.B. (Hons.), Amity University, Noida.

The article concludes by proposing a National Adolescent Protection Act ,a unified statutory framework mandating rights-based CSE, institutionalising school-based mental health services, and establishing enforceable crisis-response mechanisms for digital and identity-based sexual harm, thereby repositioning adolescence withing Indian Law as a stage of rights rather than regulated risk.

Keywords: Comprehensive Sexuality Education; Adolescent Mental Health; Suicide Prevention; Rights-Based Approach; Mental Healthcare Act 2017; National Adolescent Protection Act; Constitutional Law and Adolescence

I. Introduction

"Sexuality and Suicide" are not normally spoken simultaneously in Indian legal or policy circles.[2] The former continues to be an area of silence, stigma, and moral unease, the latter, an issue of individualised pathology or personal failure.[3] But for a lot of teens, particularly those traversing sexual identity, gender nonconformity, online exposure, or premature sexual maturation, the lack of institutional affirmation in comprehending and supporting their sexuality becomes a location of extreme psychological vulnerability.[4] This article argues that the abandonment of CSE, combined with a fractured mental health system and poor suicide-related legislation, forms an existential and avoidable failure of India's constitutional and public policy systems.

India's legal approach towards suicide has moved from a punitive framework under Section 309 of the Indian Penal Code to a more humane formulation under Section 226 of the Bharatiya Nyaya Sanhita (BNS) and Section 115 of the Mental Healthcare Act, 2017 (MHCA).[5] But this legislative decriminalisation is not accompanied by substantive, structural interventions. While the MHCA assumes suicide attempts to be a result of *"severe stress,"* it is silent on the educational and institutional responsibilities needed to reduce such stress during adolescence, especially when this stress is a result of identity-based marginalisation, sexual shame, or

[2] Vani Jain, The Changing Landscape of Gender and Sexuality: A Multi-Level Analysis of Implications for Mental Health in Indian Youth. Diss. Durham University, 2025.
[3] Kristian Petrov, "The art of dying as an art of living: Historical contemplations on the paradoxes of suicide and the possibilities of reflexive suicide prevention." *Journal of Medical Humanities* 34.3 (2013): 347-368.
[4] Shoshana Rosenberg, Coming In: Queer Narratives of Sexual Self-Discovery, 65 *J. Homosexuality* 1788 (2018).
[5] Devashish Vashishth & Satyanarayan Vashishth, *Reforming Indian Suicide Laws: A Global Comparative Analysis and Impetus for Change With Bharatiya Nyaya Sanhita, 2023*, 19 NUALS Law Journal (2025).

internet sexual harm.[6] Suicide prevention, as interpreted by existing law, is medicalised and reactive rather than anticipatory or rights-based.[7]

Lack of CSE in India's education policy is not peripheral but central to the reproduction of stigma, silence, and ignorance that exacerbate adolescent vulnerability.[8] Plans like the "Adolescence Education Program (AEP)" and the "Rashtriya Kishor Swasthya Karyakram (RKSK)" have taken preliminary steps toward age-appropriate education, but they lack political cover, curriculum richness, and legal enforceability.[9] Opposition to CSE is typically articulated in terms of cultural relativism or concerns about "Westernisation," rather than the real-life experiences of teenagers in a pornographic era of false information, cyberbullying, and abuse based on images.[10] Lack of sexual literacy and mental health resources in schools is a structural risk factor rather than just a pedagogical failure for gay youth and survivors of sexual exposure.[11] The Protection of Children from Sexual Offences Act, 2012, which establishes a uniform, non-negotiable age of consent at eighteen and requires reporting of any sexual activity involving a minor, conflicts with this gap. CSE cannot be developed in isolation from India's child-protection laws because commentators have demonstrated that this strict framework, when applied without a corresponding curriculum that teaches adolescents about consent, boundaries, and healthy relationships, can criminalise ordinary adolescent romantic exploration while leaving genuine victims underserved.[12]

This article adopts a constitutional and socio-legal stance, arguing that denial of CSE violates Indian law courts' interpretations of the rights to equality (Article 14), non-discrimination (Article 15), and life and personal liberty (Article 21). Considering rulings such as "Navtej

[6] Simran Sandhu and Varchasvi Mudgal, and Priyash Jain. "Clinician Awareness and Attitude About Decriminalization of Suicide Attempt as per Mental Health Care Act 2017: A Cross-sectional Study." *Indian Journal of Psychological Medicine* (2026): 02537176261445618.
[7] Kathryn Turner et al., The Paradox of Suicide Prevention, 19 *Int'l J. Envtl. Res. & Pub. Health* 14983 (2022).
[8] Ketaki Chowkhani, *The Limits of Sexuality Education: Love, Sex, and Adolescent Masculinities in Urban India* (Taylor & Francis 2023).
[9] Rohina Singh, "It's all in there, no it isn't: A Critical Discourse Analysis of the Adolescent Education Programme of India as it relates to gender and sexuality hierarchies." (2024).
[10] Pawan Kumar , Kashish Jain, Sex Education and New Education Policy in India: Towards A Better Juvenile System, Journal on the Rights of the Child of National Law University, Odisha, Volume VII, Issue I, PP 34- 55 (ISSN 3107-4030) PP 34- 55
[11] Audrey Bryan, Queer Youth and Mental Health: What Do Educators Need to Know?, in *Queer Teaching-Teaching Queer* 73 (Stella Bolaki & Yugin Teo eds., Routledge 2020).
[12] Meha Bhushan, "Child Protection in India: Examining Institutional Governance and Legal Frameworks Under the Protection of Children from Sexual Offences Act in Light of Global Commitments." *Innovative Multidisciplinary Approaches to Global Challenges: Sustainability, Equity, and Ethics in an Interconnected World (IMASEE 2025)*. Atlantis Press, 2025.

Singh Johar v. Union of India*"*[13] and *"Justice K.S. Puttaswamy v. Union of India"*[14] According to the article, CSE is a crucial component of a dignified existence, especially for teenagers who are experiencing psychological risk. Additionally, it dismantles the Indian policy of maintaining things in silos, with education, mental health, and judicial accountability existing as distinct entities, making the teenage body a place of uncontrolled precarity.[15]

This article proposes a "National Adolescent Protection Act" that would unify the fields of law, education, and mental health into a single legislative framework in order to close these structural gaps. This proposed Act would include adolescent mental health services into schools, mandate the provision of rights-based CSE, and offer crisis response procedures for cases of digital sexual trauma or sexual identity distress. According to this reconceptualisation, suicide is a result of institutional desertion as well as a psychological endpoint. However, preventing it requires more than just care; it also requires curriculum and acknowledgement.

II. Sexuality, Suicide, and the Crisis of Institutional Apathy in India

The continued disregard for teenage suicide in India is indicative of a more serious structural problem in which institutional and legal negligence is linked to sexuality, shame, and silence. Lack of governmental protection is not coincidental for gay youngsters and adolescents who too frequently navigate early sexual development in settings marked by ignorance, surveillance, and punitive moralism.[16] It is a sign of a court system that has consistently ignored its obligation to provide trauma-informed, affirming environments for young people.[17] Mental health therapies are insufficient to address India's suicide issue; instead, a systemic approach is needed to address how the denial of CSE and the absence of psychosocial protections in legislation and policy create harmful circumstances. Here, suicide must be viewed as a result of institutional desertion as well as a personal act of despair.[18]

[13] Navtej Singh Johar & Ors. v. Union of India, 2018 INSC 790; (2018) 10 SCC 1 (neutral citation).
[14] Justice K.S. Puttaswamy (Retd.) & Anr. v. Union of India, AIR 2017 SC 4161.
[15] Girase, Bhushan, et al. "India's policy and programmatic response to mental health of young people: A narrative review." *SSM-Mental Health* 2 (2022): 100145.
[16] Ginney Norton, "Moral Panic & the Struggle for Democratic Education: A Comparative Analysis." *Critical Questions in Education* 17.1 (2026): 1-17.
[17] Reece, Jason. "Planning for Youth Emotional Health in Unruly Environments: Bringing a Trauma Informed Community Building Lens to Therapeutic Planning." (2020).
[18] Mark J. Goldblatt, The Psychodynamics of Hope in Suicidal Despair, 40 *Scand. Psychoanalytic Rev.* 54 (2017).

The empirical situation is terrible. According to NCRB statistics, suicide is still one of the primary causes of mortality for Indian youth between the ages of 15 and 29.[19] However, this epidemiological construct is underpinned by a trend of unrecognised structural harm that is often preceded by sexual assault, exposure to the internet, gender nonconformity, or the growing loneliness experienced by LGBT kids.[20] Atomistic and palliative state reactions have been seen. India has taken a symbolic turn with the decriminalisation of suicide attempts under Section 226 of the Bharatiya Nyaya Sanhita (BNS) and the protective assumption found in Section 115 of the Mental Healthcare Act, 2017 (MHCA).[21] But this transformation is shallow rather than profound. Schools, families, and internet platforms are not required by the MHCA or the BNS to find, lessen, or address the root causes of teenage sadness.[22] A legislation that merely does not penalise does not provide solace to the adolescent who commits suicide following the exposure of a picture or the queer youngsters who are shunned by both instructors and classmates. [23]

Lacking in India is a structural theory of suicide prevention, one that accounts for social and legal determinants of mental health risk.[24] CSE, internationally characterised as a curriculum which includes consent, gender identity, emotional well-being, sexual development, and digital harm literacy, has been shown to reduce shame, enhance help-seeking behaviour, and forestall abuse.[25] However, in India, CSE is marginalised, discretionary, non-standardised, and morally contentious.[26] Isolated attempts under schemes such as the AEP and RKSK are neither legally compulsory nor systematically followed. In this void, teenagers are left to face stigma,

[19] Susangita Jena et al., Trajectory of Suicide Among Indian Children and Adolescents: A Pooled Analysis of National Data from 1995 to 2021, 18 Child & Adolescent Psychiatry & Mental Health 123 (2024).
[20] Sabina Susan Samuel, *Psychological Profile of Suicide Survivors: Retrospection on Decisions of Suicide* (Ph.D. dissertation, Christ Univ. 2014).
[21] Kumar, Pawan, Kashish Jain, and Bhavya Sharma. "India's New Criminal Statutes: Turning Point or Mere Window Dressing? An Assessment of the First Six Months." *International Annals of Criminology* 63.1 (2025): 165-178.
[22] Vaishnavi Saxena, "Cyberbullying among Teenagers: Legal Remedies and Social Consequences." *LawFoyer Int'l J. Doctrinal Legal Rsch.* 4 (2026): 2666.
[23] Brent Braun, "Teaching out of the closet: A qualitative study to examine how queer educators navigate their professional work environments." (2025).
[24] Daiane B Machado, "Rethinking suicide prevention: insights from the global South for a new global agenda." *Nature Mental Health* 3.9 (2025): 982-990.
[25] Emma Noble, *Tech-facilitated relationship abuse in further education in Wales: young people's experiences, perceptions and the role of educators*. Diss. Cardiff university, 2025.
[26] Jithin T. Joseph, Comprehensive Sexuality Education in the Indian Context: Challenges and Opportunities, 45 *Indian J. Psychol. Med.* 292 (2023).

harassment, and coercion, bereft of tools, terminology, and institutional conditions favourably documented as antecedents of suicidal thoughts.[27]

Legal silence regarding CSE is not merely a policy failure; it is a constitutional failure. On the one hand, Articles 14, 15, and 21 bring to the fore the state's dereliction of responsibility. Path-breaking judgments like "*NALSA v. Union of India"*[28] and *"Navtej Singh Johar v. Union of India"* have enlarged the sexual rights, bodily autonomy, and constitutional morality jurisprudence. These are yet to be translatable in schools, which go on to make sexuality taboo, gender variance deviance, and mental health one's problem.[29] The state creates a paradox of upholding rights in principle while permitting their destruction in the classroom by failing to incorporate the promise of these rulings into the field of education.

In order to effectively address the issue of adolescent suicides, India must move away from piecemeal measures and toward a comprehensive, rights-based approach.[30] This means passing a National Adolescent Protection Act, which establishes platform accountability for digital harm, integrates mental health services in schools, and mandates age-appropriate, trauma-informed, and queer-affirming CSE. Not only is this reform morally correct, but it is also mandated by the constitution. Suicide prevention is now a public, educational, and legal responsibility rather than just a mental health concern. Only when law confronts the roots of shame, silence, and structural neglect can it begin to protect the lives it claims to value.

III. Absence of CSE

Among the tripartite Indian failures of education, law, and mental health administration, the absence of CSE is a structural fault line with grave and often fatal consequences. The contention here is that this institutional silence over CSE is not the result of simple curricular forgetfulness but is evidence of deeper anxieties of sexuality, identity, and institutional power that ultimately place adolescent well-being on the fringes of public policy.[31]

---

[27] Oğuz Polat & Alim Cansız, All Aspects of Adolescent Suicides, 8 *ISPEC Int'l J. Soc. Sci. & Human.* 92 (2024).
[28] National Legal Services Authority v. Union of India, 2014 INSC 275; (2014) 5 SCC 438 (neutral citation).
[29] Bandodcar, Apurva Sweeten, and Mrinal Vishnu Valke. "Gender Differences in the Perception and Use of Gendered Taboo Language." *Theories, Issues, and Contemporary Applications of Sociolinguistics*. IGI Global Scientific Publishing, 2027. 133-172.
[30] Upashana Medhi, et al. "Assessing Quality of Sensitization Programs of State-Wide Youth Mental Health Promotion Program–An Indian Example." *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine* 50.1 (2025): 34.
[31] Angelina Gray, Sexual Health and Sexuality Education in Child and Youth Care Curriculum (Ph.D. dissertation, 2022).

CSE in the UNESCO, WHO, and IPPF vision is an evidence-based, age-appropriate, and culturally responsive education initiative that seeks to equip children and adolescents with essential information regarding bodily autonomy, emotional development, consent, gender identity, and online safety.[32] Where it is efficiently operationalised in other countries, CSE will be built in such a way that decreases sexual violence rates, promotes psychological resilience, and increases help-seeking behaviour, protective factors that are inversely correlated with suicidality.[33] However, India's policy environment falls far short of these global norms.

Despite their good intentions, the AEP and RKSK lack curriculum integration, standard implementation, and legal support. While life skills and health knowledge are required, sexuality education is not specifically mentioned or called for in the National Education Policy (NEP) 2020.[34] As a result, CSE is exposed to the moral concerns of the community's gatekeepers and local government, many of whom associate sexuality education with moral decay.[35] Due to the political and cultural climate of hostility, CSE programs have been discontinued or diluted in a number of states, leaving teenagers vulnerable to stigma, misinformation, and silence.[36]

Such silence has tangible repercussions. Poor social and sexual literacy is linked to teenage suffering, especially among LGBTQ+ teens and adolescents who have experienced sexual coercion or exposure online, according to empirical research and case studies.[37] Youth lack institutional or cognitive resources to navigate early affective development or redirect sexually harmful encounters in the absence of formal instruction on consent, boundaries, identity, and internet safety.[38] The absence of mental health services in schools exacerbates this susceptibility by creating an environment that encourages suicidality, loneliness, and shame.[39]

[32]Hannah Kabelka, et al. "Adolescents' and young people's perspectives on school-based sexuality education in low-and middle-income countries: A scoping review." *Reproductive Health* 22.1 (2025): 205.
[33]Corina Modderman, et al. "What Risk and Protective Factors Influence the Relationship Between Child Sexual Abuse Disclosure and Suicidal Behaviours? A Scoping Review of the Literature." *Trauma, Violence, & Abuse* (2026): 15248380261439142.
[34] Bhawna Sangeet, *National Education Policy (NEP) 2020* (Academic Guru Publ'g House 2024).
[35]Heather Marshall, "Beyond panic: navigating the tides of change in relationships and sex education." *Sex Education* 25.3 (2025): 324-340.
[36]Neelam Punjani, and Amber Hussain. "Unspoken Sexuality: The Mental Health Impact of Missed Sex Conversations in Youth." *Adolescents* 5.4 (2025): 79.
[37]Hannah M Cowart, "The role of social media in social development of trans/gender diverse adolescents." *Sexual and Relationship Therapy* 41.2 (2026): 483-501.
[38] JoLeigh Wood, "The intersection of education and empowerment: How comprehensive sex education equips adolescents to navigate complex relational dynamics." (2025).
[39] Catherine Robinson, In Defense of Vulnerability, 30 *Subjectivity* 3 (2023).

Above all, the failure to adopt CSE must be viewed as both a constitutional infraction and a pedagogical failure. The Indian Constitution's Articles 14, 15, and 21 protect equality, non-discrimination, and the right to a dignified existence.[40] In light of the historic rulings, a human rights interpretation of these clauses necessitates the inclusion of CSE as a positive responsibility that respects teenagers' lived experiences and seeks to protect their mental and emotional well-being.

As a result, CSE is no longer controversial or optional. It ought to be acknowledged as a public health, educational, and legal intervention. It is materially contributing to preventable adolescent fatalities in addition to sustaining cycles of pain, misinformation, and shame. Building a comprehensive, rights-based response to adolescent protection and suicide prevention in India requires its exclusion from national curricula based on institutional responsibility and legal obligation.

IV. Mental Healthcare Act 2017

An important turning point in India's legal approach to mental illness was the passing of the MHCA.[41] In contrast to the punitive approach that made attempted suicide illegal under Section 309 of the Indian Penal Code, Section 115 of the MHCA recognises that such attempts are most likely the result of "severe stress" and expressly prohibits prosecution. By considering suicide attempts as public health emergencies rather than criminal offences, this clause kept Indian law in line with international standards and added some legal empathy to mental health terminology.[42] However, this move's symbolic meaning has not been implemented. The main shortcoming of the MHCA is its incapacity to institutionalise measures to prevent suicide, particularly among adolescents, who are among the most vulnerable demographic groups.[43]

Despite using rights terminology, the Mental Health Care Act (MHCA) does not convert the right to mental health care into legally binding obligations, particularly for those institutions that deal with adolescent families, schools, and universities.[44] It does not require state

[40] V Manimuthu, "Constitutional Framework and Gender Equality in India: Progress, Challenges, and the Path Ahead." *Jamal Academic Research Journal: An Interdisciplinary* 6.3 (2025).
[41] Surabhi Bhandari, "From social welfare to human rights: the evolution of India's mental health legislation." *Indian Law Review* 9.2 (2025): 155-177.
[42] Sankalp Mirani & Vidhi Sharma, Mental Health and Criminal Jurisdiction, 6 *Int'l J. Advances Eng'g & Mgmt.* 642 (Mar. 2024).
[43] Diksha Dubey, Mental Health Care Act, 2017—Decriminalizes Suicide and Protecting the Inalienable Rights of Mentally Ill Persons, in *Health Laws in India* 243 (Routledge 2022).
[44] N.R. Prashanth et al., Dealing with Statutory Bodies Under the Mental Healthcare Act 2017, 61 *Indian J. Psychiatry* S717 (2019).

governments and education boards to establish adolescent-focused mental health programs, nor does it mandate the presence of qualified counsellors in schools.[45] There is a significant gap between lived experience and legal recognition due to the absence of age-related psychological infrastructure.[46] The law lacks preventive measures, safe spaces, and integrated support systems for teenagers experiencing the psychological effects of sexual exposure, identity-based abuse, or familial rejection.[47]

This disparity is particularly concerning when we consider the intersectional vulnerability of marginalised children, queer adolescents, and victims of online sexual abuse.[48] Both empirical research and anecdotal reports attest that teenagers victimised by the non-consensual sharing of sexual content, outing of sexual orientation, or web sex harassment generally suffer from severe psychological distress.[49] These experiences, fuelled by family stigma, school-level inactivity, or absence of secure reporting mechanisms, can lead to serious depression, self-injury, or suicide.[50] And yet, the MHCA fails to consider sexuality- or gender-based vulnerabilities in its design.[51] It generalises stress without setting it within the complex, social spaces in which distress plays out.

What is even more striking is the MHCA's utter conceptual and institutional detachment from the field of education. CSE, if it is at all available in India, is being imparted in piecemeal forms under schemes like the AEP or the RKSK. These are neither legally enforced nor systematically provided. The MHCA does not fill the policy deficit. Under the Act, there is no obligation for coordination with education ministries, school boards, or digital governance regimes.[52] Consequently, the system supports necessary to avert adolescent suicidality, psychological

[45] Vandita Morarka, *The Law and You: Mental Healthcare in Educational Institutions*, Health Collective (Oct. 15, 2017).
[46] Shazreen Nadia Zulkipli, Ramalinggam Rajamanickan, and Muhamad Helmi MD said. "Law and Ageing: Developing a Theoretical Framework for the Protection of Older Adults." *Akademika* 96.1 (2026): 330.
[47] Rupinder Kaur, *The Effects of Childhood Abuse on Personality Disorders Development in LGBTQ+ Individuals: A Critical Literature Review*. Diss. Regent University, 2025.
[48] Noemí Pereda, Alba Águila-Otero, and Varinia Leiva. "Prevalence and associated characteristics of sexual exploitation in a representative sample of spanish youth from an intersectional perspective." *Child Abuse & Neglect* 160 (2025): 107234.
[49] Angela Franceschi, *Online Sexual Harassment in Adolescence: Definition, Measurement, and Comparison with Other Forms of Online Peer Victimization* (2024)
[50] Emma Rebecca Wallace, Mental Health Disorders, Childhood Adversities and Recent Stressful Experiences as Risk Factors for Non-Suicidal Self-Injury and Suicidality Among LGBTQA+ Higher Education Students, presented at the *8th Suicide & Self-Harm Early & Mid-Career Researchers' Forum* (2024).
[51] Lien Mertens, et al. "Navigating Power Imbalances and Stigma in Mental Healthcare. Patient-Reported Barriers and Facilitators to Participation in Shared Decision-Making in Mental Health Care, a Qualitative Meta-Summary." *Health Expectations* 28.2 (2025): e70239.
[52] Jigyansa Ipsita Pattnaik et al., Is the Mental Healthcare Act 2017 Fully Implementable in India, or Does It Require Amendments?, 18(2) *Odisha J. Psychiatry* 71 (Jul.-Dec. 2022)

counselling, cyber safety measures, sex education, and family awareness continue to exist in isolation, if at all.

Above all, the MHCA does not offer legally binding guarantees of care.[53] It creates a "*right to access mental healthcare,"* but it doesn't go so far as to impose legal obligations on local governments, educational institutions, or internet platforms to recognise young people who are at risk and act quickly.[54] The right is abstract, dependent on uneven execution and politicised discretion, and lacks a legally obligatory obligation to act. The MHCA is insufficient to address the suicide issue among young Indians due to this legal flaw.

The decriminalisation of suicide under the MHCA is a substantial but incomplete change. Although it acknowledges the conflict that motivates self-harm, it does not address its root causes, mitigate its triggers, or create institutional frameworks for prevention. The MHCA is an island of good purpose in a sea of systemic negligence if it is not legally integrated with sexuality education, digital governance, and adolescent healthcare. A radical reframing would include defining adolescent mental health as a constitutional duty under Articles 14, 15, and 21, bringing CSE within the MHCA framework, and mandating age- and identity-specific treatments in schools. According to this plan, suicide prevention must be anticipatory, systemic, and intersectional rather than post-factum crisis treatment.

V. Bhartiya Nyaya Sanhita 2023

Section 226 of the Bharatiya Nyaya Sanhita, 2023 (BNS) makes attempted suicide illegal. Suicidal behaviour is frequently motivated by horrific psychological pain, according to the punishment model.[55] This idea aligns with the MHCA, 2017, which assumes that every suicide attempt is caused by "severe stress" and mandates that the state provide treatment rather than penalise.[56] Despite these commendable developments, India's legal system for dealing with suicide is still incredibly weak and structurally undeveloped, particularly for youth, a

[53] Savita Malhotra, Mental Health Care Act 2017 at Five Years of Its Existence, 65 *Indian J. Psychiatry* 971 (2023).
[54] Abhisek Mishra & Abhiruchi Galhotra, Mental Healthcare Act 2017: Need to Wait and Watch, 8 *Int'l J. Applied & Basic Med. Rsch.* 67 (2018).
[55] Shira Barzilay & Alan Apter, Psychological Models of Suicide, 18 *Arch. Suicide Res.* 295 (2014).
[56] Preethi Suresh, *Impact of Mental Healthcare Act on Suicide Cases*, (Aug. 24, 2023).

generation that is increasingly more vulnerable to suicide due to stigma, internet exposure, and a lack of psychosocial support systems.[57]

Although Section 226 of the BNS removes criminal penalties for suicide attempts, it does not place any corresponding legal requirements on organisations, educational institutions, medical professionals, or websites to provide preventive measures.[58] When it comes to teenage mental health emergencies, it does not set up a system for early detection, reporting, and group intervention. Additionally, it does not impose a legal need on schools to implement proactive risk management measures like hiring qualified mental health specialists, implementing safe disclosure procedures, or handling instances of online abuse. In essence, the state retreats into a legal void regarding suicide prevention by withdrawing its punishing wing but failing to extend its protecting arm.

Abetment crimes of the BNS (Sections 106 to 111) follow the colonial Penal Code style and still demand a high evidentiary standard for conviction. The crimes are hardly effectively used, particularly in cases of diffuse or systemic causation like chronic school bullying, cyberbullying, coercive caregiving relations, or institutional neglect of queer teens. Also, the statute makes no distinction between suicides by adults and those by teenagers, and neither does the statute give aggravated abetment because of vulnerability on account of structural disparities of power.[59] Thus, teenagers subjected to psychological harm due to breaches of duty of care by schools, social networking communities, or even families are not merely deprived of protection but also of remedy.[60]

This is contrasted with many global jurisdictions where suicide law has been developed to place institutional responsibility on demand. In Argentina, Argentina's Law for Comprehensive Protection of Children and Adolescents requires mental health intervention and school protection initiatives for suicide prevention.[61] In Canada, there has been the enactment of trauma-informed youth mental health legislation that specifically identifies preventing suicide

[57]Ghanshyam Choudhary and Kamlesh Kumar Sahu. "Youth in Crisis: The Mental Health Impacts in an Evolving Social and Technological Environment." *The Palgrave Handbook of Global Social Problems*. Cham: Springer Nature Switzerland, 2026. 1-15.
[58] T. Kawoos & Y. Kawoos, Attempt to Suicide—The Way Forward, 7 *J. Emerging Tech. & Innovative Rsch.* 447 (2020).
[59]Shivani Kalingarayar, "Causation in Suicide: Clinical, Legal and Policy Interfaces." *Journal of Applied Therapeutics* 1.1 (2026): 20-34.
[60] Jared Berson, "Blame It on the Aaaaa-al-gorithm? Inapplicability of Design Defect Doctrine to Alleged Mental Health Harms of Social Media." *BCL Rev.* 66 (2025): 1885.
[61] Perla Kaliman, et al. "Protecting young minds: insights on pre-adolescents' mental health from a school-based study in Argentina." *Child Protection and Practice* (2025): 100227.

as an institutional collective responsibility.[62] These regimes understand that suicide, particularly youth suicide, is a structural risk and not a personal crisis.

India's present National Suicide Prevention Strategy (2022) does recognise the multi-faceted role of multisectoral coordination towards the prevention of suicide.[63] However, it has no statutory teeth and doesn't bind to obligatory laws such as the BNS or the MHCA. It neither establishes the reporting obligation nor provides power to institutions to follow up on risk factors among adolescents. Most significantly, the lack of any relationship between suicide law and CSE makes prevention non-functional for gender identity, sexual orientation, or cyberspace, sexually harmed youth. Without the impetus of legal requirements, the application continues to be voluntary and sporadic.[64]

In order to transition from symbolic reform to effective protection, India's legal system has to change focus from individualised decriminalisation to structural prevention and responsibility.[65] This requires a dedicated legal framework, such as a proposed National Adolescent Protection Act that incorporates provisions for public health, education, and internet safety. Such laws can mandate that platforms respond to digital abuse signs, promote youth-focused counselling services in schools, and enforce institutional policies on risk detection. Only then will India be able to successfully implement a rights-based suicide law that respects the constitutional guarantees of life, dignity, and nondiscrimination for all teenagers.

VI. Digital Harm and Adolescents' Psyche

One of the least controlled areas of psychological vulnerability is the link between adolescent and digital world.[66] Teenagers who are often in the process of forming their sexual, emotional, and social identities are exposed to digitally mediated harms on a daily basis as access to smartphones and online spaces increases.[67] These include widespread cyberbullying, sexualised trolling, non-consensual sharing of private photos, AI-generated deepfake

[62] Eunjung Lee et al., A Trauma-Informed Approach in Canadian Mental Health Policies: A Systematic Mapping Review, 125 *Health Pol'y* 899 (2021).
[63] Rishabh Shrivastava, *Explained: India's new National Suicide Prevention Strategy*, The Analysis (TA) (Dec. 26, 2022).
[64] Manisha Shastri, *India's national suicide prevention strategy: An opportunity & challenge*, (Feb. 16, 2023).
[65] Rachita Vora et al., *Suicide Prevention: Changing the Narrative* (1st ed. 2021).
[66] Elvira-Zorzo, M. N., and P. Bayona Gómez. "Identity Construction and Digital Vulnerability in Adolescents: Psychosocial Implications and Implications for Social Work. Youth, 5 (4), 119." 2025,
[67] Brunella Fiore, and Chiara Bruttomesso. "Social media, power, and control: Addressing digital gender-based violence among adolescents." *Media Education* 16.2 (2025): 19-34.

pornography, and sextortion.[68] The institutional and legal response in India is dreadfully inadequate given the scope and gravity of these damages, leaving young people to deal with the fallout from digital trauma mostly on their own.

This shortcoming is particularly noteworthy because there is a clear and established link between youth suicidality and online sexual exposure.[69] Social rejection, domestic violence, school expulsion, and internalised shame are frequently reported by victims of digital sexual abuse.[70] These damages are further exacerbated for youth who identify as gender nonconforming and queer by institutional collusion, social hostility, and a dearth of spaces that support their identities.[71] As a system failure, these multi-tiered vulnerabilities are never fixed. Instead, the state prefers to describe tragedies like suicide attempts or completed suicides as individual psychological failures rather than manifestations of institutional abandonment.[72]

A comprehensive answer to this escalating situation cannot be provided by India's current legal system. The Information Technology (Intermediary Guidelines and internet Media Ethics Code) Rules, 2021 do not specifically address teenage internet safety; instead, they focus primarily on platform liability and content moderation.[73] Social media companies are not required by law to implement victim support services, trauma-informed moderation, or age verification procedures.[74] Adolescents typically lack access to broad, time-consuming redressal options.[75] Teens are also left doubly vulnerable first to harm and second to silence because they

[68] Jessica Pater, et al. "A commentary on sexting, sextortion, and generative AI: Risks, deception, and digital vulnerability." *Family Relations* 74.3 (2025): 1109-1120.
[69] Sheri Madigan et al., The Prevalence of Unwanted Online Sexual Exposure and Solicitation Among Youth: A Meta-Analysis, 63 *J. Adolescent Health* 133 (2018).
[70] Kanika Fulcott, "An investigation into the disclosure practices of intimate-partner violence and image-based sexual abuse: an empirical examination of reporting routes, the impact of shame and stigma in IBSA and gender differences in IPV." (2025).
[71] Jordan Blair Woods, "LGBTQ Youth and the Trauma of Law." *Arizona Legal Studies Discussion Paper* 26-05 (2026): 17.
[72] Fotima U. Imomqulova, et al. "Sociological, legal, and psychological aspects of social protection for individuals vulnerable to suicide due to psychological pressure." *Qubahan Academic Journal* 5.3 (2025): 327-348.
[73] Ishan Gupta, and Shrutti D Chowdhury. "With Great Audience Comes Great Responsibility: Examining The Legal Frameworks And Regulations Governing Social Media Intermediary Platforms." *With Great Audience Comes Great Responsibility: Examining The Legal Frameworks And Regulations Governing Social Media Intermediary Platforms (September 12, 2025)* (2025).
[74] Jeffrey Demarco, Patricia Watson, and Sonya B. Norman. "Commercial content moderation: Trauma exposure on the digital frontline." *Journal of Traumatic Stress* (2026).
[75] Suhail Ahmad, "Alternative Dispute Resolution In Cases Of Online Harassment And Cyberbullying: Scope And Limitations."

are rarely taught about their online rights, the nature of consent in digital interactions, or options for seeking help.[76]

The age-verification system that Australia plans to implement in 2025 will revolutionise online governance.[77] It recognises children and teenagers as rights bearers who require nuanced protection and is based on developmentally appropriate internet access rather than total censorship.[78] Technological infrastructure is rerouted as preventive public health architecture under such a model, ensuring that platforms rather than teenagers are accountable for exposure to offensive content.[79] This transition of legal philosophy from blaming users to systemic responsibility contains important lessons for India's splintered regulatory environment.

A specifically disturbing lack in the Indian context is the exclusion of digital harm literacy from CSE.[80] Internationally, CSE contains modules on digital consent, boundaries, safe digital intimacy, image-based abuse, and cyber resilience. In India, however, CSE is neither compulsory nor uniform, and there isn't a formal pedagogical process to arm adolescents with the skills to identify, report, or challenge digital violations. The lack of online CSE puts young people in no position to cope with the psychological consequences of harassment and contributes to shaming loops, silences, and self-injury.[81] A further regulatory hook now exists that the proposed National Adolescent Protection Act should draw upon: the Digital Personal Data Protection Act, 2023, which classifies every person under eighteen as a "child" data principal, mandates verifiable parental consent before processing a minor's personal data, and bars behavioural tracking, monitoring, and targeted advertising directed at children. The DPDP Act, however, does not itself require platforms to build trauma-informed reporting pathways or age-verification systems capable of detecting grooming or image-based abuse, leaving exactly the gap the NAPA is designed to close.[82]

---

[76] Vivek Kumar Gupta, "The digital childhood dilemma: Reconciling children's rights, online safety and legal safeguards against exploitation in an era of cyber vulnerabilities." *Journal of Teachers and Teacher Education* 2.1 (2025): 01-11.
[77] Eric, Zander Arnao Rescorla and Alissa Cooper. "Age Assurance Online." (2026).
[78] Amanda Third, Sonia Livingstone & Gerison Lansdown, Recognizing Children's Rights in Relation to the Digital Environment: Challenges of Voice and Evidence, Principle and Practice, in *Research Handbook on Human Rights and Digital Technology* 325 (Edward Elgar Publ'g 2025).
[79] Yu Yao and Fei Yang. "Governing addictive design features in AI-driven platforms: Regulatory challenges and pathways for protecting adolescent digital wellbeing in China." *Youth* 5.4 (2025): 122.
[80] Deeksha Upadhyay, *Incorporate Digital Literacy into the Curriculum to Prevent Online Child Sexual Abuse*, (June 16, 2025).
[81] Stephen P. Lewis, et al. "The lived experience of self-injury stigma and its psychosocial impact: a thematic analysis." *BMC psychology* 13.1 (2025): 563.
[82] Syed Rizwan Haider Bukhari, "Online Child Exploitation and Digital Policing: Challenges, Emerging Trends, and Policy Responses." *Review of Crime, Peace and Society* 3.2 (2026): 59-76.

Thus, this article contends that digital trauma has to be accepted as a constitutional matter, rather than being viewed only as a behavioural issue. Dignity, equality, and the right to life under Articles 14, 15, and 21 of the Indian Constitution apply to digital spaces as well. As a result, the state has a positive duty to ensure digital security, especially for young people. This necessitates moving away from reactive, post-event responses and toward a multi-sector, preventive strategy centred on mental health, education, and the law.

The proposed National Adolescent Protection Act should include prevention of digital damage at the core of its legislative architecture, as this study advocates. This includes developing school-based psychological first-response systems, mandating age verification and trauma-sensitive content control from online platforms, and including digital literacy and online safety education into CSE curricula. India can only address the hidden catastrophe of teen digital hurt a issue that is as much a result of technology as it is of constitutional neglect and educational failure with such a unified, forward-thinking approach.

VII. Constitutional Framework

The Indian Constitution is a dynamic tool for social transformation rather than merely an epigraphic document or a passive set of rights. Articles 14, 15, and 21, which collectively guarantee the rights to equality, non-discrimination, and a dignified existence, are pillars of the vision. Even though these clauses have thus far established the framework for constitutional liberties, their promise has not yet been fulfilled in the day-to-day lives of Indian youths, particularly those who are struggling with challenges related to sexuality, gender identity, mental illness, or cyber trauma.

In recent years, Indian constitutional law has influenced how these rights are understood in intersectional and progressive ways. The Right to Privacy ruling upheld privacy as a basic right that includes informational integrity, bodily autonomy, and decision-making freedom.[83] In the Navtej Singh Johar case, Section 377 IPC was overturned, and Articles 14, 15, and 21 upheld sexual orientation as an essential component of identity.[84] In a similar vein, the Court expounded on the right to self-identify one's gender as a fundamental component of equality and dignity in the Third Gender Right case.[85] More recently, in Supriyo alias Supriya Chakraborty v. Union of India, a five-judge Constitution Bench declined to grant civil marriage

[83] A. M Hasan, "Right To Information: Balance Between State Security And Right To Privacy." (2026).
[84] Harshit Jain, Sexuality and Identity, 18 *Supremo Amicus* 407 (2020).
[85] Arushi Mishra, *Gender and Sexual Minorities' Right to Recognition: A article Victory? With a Focus on Nepal, Bangladesh, and India* (2023).

to same-sex couples but unanimously affirmed that queer people have the same constitutional guarantees of dignity, non-discrimination, and freedom from state and societal violence under Articles 14, 15, and 21. They also ordered the Union Government to form a powerful committee to investigate the civil rights of queer couples, confirming that legislative inertia rather than constitutional principles remains the main barrier to fuller recognition.[86] All of these decisions work together to create a constitutional framework that centres full citizenship around sexual and mental self-determination.

However, the State has not implemented such ideals through legislative or policy procedures that textually address teen realities in tandem with such utopian judgements. Comprehensive, required sexuality education is still lacking in schools. There are frequently insufficient or dispersed school-based mental health services.[87] Furthermore, risks unique to adolescents, such as cyberbullying, sextortion, and the dissemination of non-consensual images, are not recognised or addressed by online regulatory procedures. For the most vulnerable, the constitutional guarantees are meaningless due to this institutional void.

This article proposes the enactment of a National Adolescent Protection Act (NAPA), a general law that equates institutional obligations with adolescent rights, in order to bridge this gap. The legislation must be clearly based on Articles 14, 15, and 21 in order to call for enforceable commitments between non-state and state actors rather than to be a declaration of constitutional faithfulness. It should contain:

- Universal, age-and-stage-appropriate, and queer-affirming CSE.
- School-based mental health institutionalisation, e.g., counsellors, community psychologists and grievance redressal.
- Preventive architecture against digital harm, e.g., age-verification technology, trauma-informed redressal systems online, and child-specific data protection.
- Legally enforceable policies on ministries, boards of education, and internet platforms to act proactively, not punitively.

First and foremost, it should never be seen as a sectoral intervention but as a structural response to constitutional neglect. It should acknowledge that suicidality among young people,

[86] Supriyo alias Supriya Chakraborty & Anr. v. Union of India, 2023 INSC 920.
[87] Haocan Sun, et al. "Feasibility and impact of school-based online comprehensive sexuality education on vocational high school students: a cluster-randomized controlled trial." *The Journal of Sex Research* 63.6 (2026): 990-1003.

particularly among vulnerable groups, is not the exception of an individual but a breakdown of the system brought about by institutional silence, social stigma, and legislative indecision.

The way ahead is not legislative but constitutional. In enacting CSE and adolescent mental health as part of the State law, India would start to reconstitute adolescence no longer as a stage of risk to be regulated, but as a stage of rights to be respected, secured, and dignified.

VIII. Conclusion

India's policy towards teen suicide, symbolically reformed through legal decriminalisation, is institutionally fragile and substantively weak. Public policy marginalisation of gay and digitally visible kids, systemic lack of support in schools, and ongoing moral concern about sexuality are signs of deeper structural neglect than administrative negligence. These aren't just mishaps. They are reflective of a constitutional and educational infrastructure that fails to make adolescent dignity, autonomy, and security constitutional priorities.

As this article has argued, CSE can no longer be thought of as a pedagogical choice but rather as a part of a rights-based approach to adolescent protection. Being an area of overlap with suicide prevention, mental health, and online harm, it is situated at the heart of constitutional justice. Article 21, right to life and dignity, cannot be meaningfully achieved without providing youth with the knowledge, language, and institutional facilitation required to negotiate their boundaries, traumas, and identities. Suicide among queer and sexually exposed youth is not a psychological failure it is the product of institutional silence.

What is required, therefore, is the enactment of a National Adolescent Protection Act, a shared legislative framework that brings together the objectives of CSE, mental health services, and internet safety under constitutional provisions of equality (Article 14), non-discrimination (Article 15), and life with dignity (Article 21). In addition to requiring CSE in all schools, this legislation should cover school-based mental health services, provide grievance redressal procedures for sexual and cyberviolence, and specify accountability standards for both state and non-state organisations. With this shift, India's suicide prevention strategy shifts from a reactive paradigm to one that emphasises structural care and legal accountability.

It's time to enact laws pertaining to adolescent safety as a declaration of our shared constitutional duty that all youth, regardless of gender, identity, or situation, have a right to a supportive, acknowledging, and resilient environment. The goal is to promote life in all its forms rather than merely minimising death. Silence cannot be our policy; dignity must be our law.