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Healing Behind Bars: A Comprehensive Approach to Mental Health Reform in Indian Prisons

Annika Narang^a Barsha Das^b

^aNational Law University Odisha, India ^bNational Law University Odisha, India

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Despite their vulnerability, Indian prisons often fail to address the mental health needs of their inmate population. This paper explores the significant gap between the prevalence of mental illness among prisoners and the limited access to mental healthcare services available within the prison system. Factors contributing to this disparity include overcrowding, social isolation, and a lack of resources for trained professionals. The paper examines existing legislation and highlights the disconnect between legal frameworks and their implementation. International standards for treating prisoners, like the Nelson Mandela Rules, are also referenced to showcase the need for improvement. The paper concludes by proposing recommendations to bridge this gap, including staff training, trauma-informed treatment approaches, and creating a more positive and enriching prison environment. These reforms aim to improve the lives of prisoners, enhance public safety through reduced recidivism, and ultimately create a more just and humane system.

Keywords: *mental health needs, prisons, mental illness, positive prison environment, reform recommendations.*

INTRODUCTION

There is a severe existing issue of mental health in Indian prisons which includes an increased rate of depression, and substance dependence disorders. However, mental health care is still a

luxury given that patient crowding, social distancing, and the dearth of mental health practitioners continue to hinder the necessary medical attention. The Mental Health Act of 2017 as well as international standards such as the Nelson Mandela Rules envisages proper consideration of prisoners' mental health needs. There is a huge gap between the noble directives and the capacity to enforce the regulations on the ground. The poor mental health facilities in the prison further worsen the inmates' health, raise the rates of suicide, increase mental health problems, and hinder the inmates from having an easy time reintegrating into society. These challenges are worsened by overcrowding, leaving the schools to become a stressful place to be as the rates of mental illnesses increase in the community.

Thus, the paper reveals that a significant number of prisoners, because of a lack of information and access to specialists, are not provided with the required mental health assistance. The prison staff is commonly overstressed and many of them receive no training in the proper treatment of mental disorders; as a result, prisoners' psychological well-being is disregarded. This neglect not only impacts on the physical and mental health of the inmates but also the security level of the prison realm.

In response to the aforementioned challenges, the paper provides the following recommendations for everyone: Staff training, trauma-informed treatment practices, and a therapy prison model. The outcome of such changes could bring about a positive shift in prisoner's mental health, lower rates of re-incarceration, and serve toward a more humane correctional process. Thus, it is necessary to pay special attention to the mitigation of the mental health issue in Indian prisons as this entire factor will significantly affect inmate and correctional success. Systemic Changes must be made regarding the current legislation and its application because prisoners require adequate mental health care which they do not have at the present moment.

SIGNIFICANCE OF MENTAL HEALTH OF PRISONERS

Considering the data provided on the NIMHANS website, nearly 4 lakh people were lodged as prisoners in 2013.¹ Indian studies show the prevalence of mental illnesses in prisoners such as suicides, Posttraumatic Stress Disorder (PTSD), substance abuse, psychotic disorders, anxiety, sleep-related problems, and more. However, not much is done to address this because mental health is still not widely recognized as a severe problem. Sometimes the prisoner is the sole bread earner in the family and the stress and pressures about how the family will survive can increase their vulnerability, leading to a greater risk of committing suicide and becoming a survivor of mental illness.

Prisoners face numerous mental health challenges due to various factors. Social and emotional maladjustments, compounded by bullying and a hostile prison culture, lead to psychological disorders and diminished self-worth, with a hierarchy among inmates fostering further harassment and violence. The lack of social connections in prison causes severe anxiety, depression, and loneliness, akin to the health risks of smoking. At the same time, limited recreational activities due to insufficient funds exacerbate this isolation. Rehabilitative efforts are undermined by substandard living circumstances, a rise in the spread of infections, and a higher risk of violence and self-harm. Additionally, prison staff, often overburdened and fearful, offloads their stress onto prisoners, adversely affecting their mental well-being. Strict and restrictive prison regulations create an environment of anxiety and depression. Prisoners with histories of substance abuse face severe withdrawal symptoms without adequate mental health care, leading to significant psychological harm.

Society believes that a person is guilty because of the offense they have committed, however, they may be gravely afflicted with any kind of mental disease. Many of these convicts are unaware of or lack access to mental healthcare services, as there is a failure to promote the diagnosis and identify the need for treatment and rehabilitation. In addition to punishing the offender for their offense, the primary goals of rehabilitation and jail are to reform and convert

¹ 'Mental Health In Prisons' (NIMHANS, 10 September 2024) <<https://nimhans.ac.in/wp-content/uploads/2021/03/MENTAL-HEALTH-IN-PRISONS.pdf>> accessed 10 July 2024

the inmate into a person who can behave morally and harmoniously after they are released from custody.

PROBLEMS FACED BY PRISONERS

The statistics that have been obtained from the Institute for Criminal Policy Research and the National Crime Records Bureau (2015) indicate that India has a prisoner population of approximately 419, 623.² The prisons are overcrowded and hold a large number of inmates suffering from mental disorders and difficulties of adaption. These inmates can affect the delicate equilibrium of the prison environment and can worsen the relational climate. Research reveals that overcrowding extends stress, erodes psychological livability, and raises prison suicides. Scholars, who were the first to employ national U. S. prison data, showed that overcrowding has a higher correlation with suicide rates than other specific characteristics of an institution: it even influences minimum security facilities which are at the lowest risk for suicides but are extremely overcrowded. Due to overcrowding, conditions described by Toch (1985) as being similar to the warehouses inhibit prisoners' access to services and learning demands during their sentence, thus hampering their ability to adapt and regain control over their lives during incarceration, and increasing the risk of negative mental wellbeing.³

Most of the problems of prisoners are neglected. Even though they have committed a crime they are still a human being who goes through a lot of mental suffering during their sentenced tenure. However, it can be argued that a prisoner deserves punishment but in India, more than 65% of prisoners are under trial and have not been convicted.⁴

Incarceration is a high-stress environment that can exacerbate mental health problems, or in the case of good individuals, it can create psychological problems where there were none before. With symptoms similar to the caged animal syndrome, such as abandonment by family and friends, the lack of hope of a brighter tomorrow, and the creation of a world trapped in despair

² Harpreet Dhillon and Shibu Sasidharan, 'Prison Mental Health – An Indian Perspective' (2024) 8(1) *Annals of Indian Psychiatry* <http://dx.doi.org/10.4103/aip.aip_105_21> accessed 10 July 2024

³ Timothy G Edgemon and Jody Clay-Warner, 'Inmate Mental Health and the Pains of Imprisonment' (2019) 9(1) *Society and Mental Health* <<https://www.jstor.org/stable/48683846>> accessed 10 July 2024

⁴ Dhillon (n 2)

and uncertainty, this emotional turmoil is conducive to psychiatric problems, be it anxiety, depression, or worst-case scenario psychosis. According to a report by Sruti Baid, the suicide rate in prison is 1.1% compared to the general population, the worst statistic for the most vulnerable people. Anger, suspicion, and hostile demeanour exhibited by prisoners as soon as one set foot inside the prison compounded this perception as a result of observable signs of mental distress. However, because there is often a lack of medical and psychological histories of prisoners, it remains difficult to conclude whether demonstrated signs of mental illness are manifestations of adaptive reactions to imprisonment or are the foundation for mental illness.⁵

How people choose to evaluate and engage in their mental health is largely a private issue, but the system for dealing with mental health in the US is inadequate. The U.S. only has 1,962 medical staff for a total population of prisoners exceeding 478,600 giving a medical professional to doctor ratio of 2,186 prisoners to 1 doctor. This effectively leaves a sole medical professional responsible for the health care of more than 240 prisoners, making fulfilling the duties of that position nearly impossible. The number of research studies conducted on mental health in India has shown that it is relatively low compared with other countries, and the few studies existing are conducted using different methods, and therefore prevalence rate of disorders is dissimilar. Thus, significant factors that cause the development of mental disorders, the presence among prisoners, as well as the need for their effective management should be further researched.

A good number of prisoners are known to have mental health problems, and it becomes difficult for such prisoners to survive life inside the prison. The independent monitoring boards' participants in the survey closed their description of prison life as unkind to distressed people. These attitudes are consistent with the WHO's prison health care checklist that identifies purposelessness, social isolation, solitude, and lack of personal space are health risks⁶. More than one board observed that GMI inmates who have severe mental health disorders are usually placed in segregation units because they cannot handle normal prison conditions.

⁵ Seena Fazel et. Al., 'The mental health of prisoners: a review of prevalence, adverse outcomes and intervention' (2016) 3(9) *Lancet Psychiatry* <[https://doi.org/10.1016%2FS2215-0366\(16\)30142-0](https://doi.org/10.1016%2FS2215-0366(16)30142-0)> accessed 10 July 2024

⁶ Sudhinta Sinha, 'Adjustment and mental health problem in prisoners' (2010) 19(2) *Industrial Psychiatry Journal* <<https://doi.org/10.4103%2F0972-6748.90339>> accessed 10 July 2024

Some boards were presented with conduct which, in their assessment, should not have warranted a prison term. 'A particular board gave an example of an 80-year-old man who was demented; for most of the part of the day, he cannot control his actions and required someone to assist him to wash.' He got a five-year term for indecent exposure and this was expected having strip naked several times. One of the boards depicted a young man in his 20s who committed arson, a case considered vulnerable. After being arrested and put on trial, he was confined in detention for quite some time waiting for his judgment to be passed this state made him unfit to survive. He often had such a tendency towards self-infliction of harm, often yielding to peer pressure within the prisons and much-needed support from the prison officials.⁷

Counting the number of inmates who suffer from mental illness is like measuring community alcohol problems or mental health in general practice. Many prisoners have pre-existing mental health issues that contribute to their criminal behaviour. Addressing these needs could reduce recidivism by providing a humane environment with medical and mental health services. But most correctional facilities don't have the treatment facilities and resources, mental health services are only offered to those transferred to maximum security hospitals who are only 5% of the inmates who need mental health care. Definitions, study groups, and detection methods can vary greatly and results will be all over the place. There have been many studies trying to measure mental illness in prisons but they all have methodological differences and no control groups from outside the prison setting. A condition that is very common in prisoners is mental handicapness. A large number of prisoners were either once sociopaths or have converted into one. They also suffered from high anxiety attacks and anxiety disorders.⁸

CURRENT FACILITIES AVAILABLE IN COURTS

Many inmates in state prisons need mental health care, especially with the added stress of trial, imprisonment, and being away from family which can lead to severe mental and emotional issues. The National Advisory Commission on Criminal Justice Standards and Goals suggests

⁷ K Edgar and D Rickford, 'Neglecting the Mental Health of Prisoners' (2009) 5(3) International Journal of Prisoner Health <<https://doi.org/10.1080/17449200903115839>> accessed 10 July 2024

⁸ Richard Smith, 'The Mental Health of Prisoners. I--How Many Mentally Abnormal Prisoners?' (1984) 288(6413) British Medical Journal <<https://doi.org/10.1136%2Fbmj.288.6413.308>> accessed 10 July 2024

that emotionally disturbed inmates be supervised and treated by psychiatrists. We must keep treatment and security separate, despite the long history of control by correctional people.

Legislation should guarantee every inmate access to services—including mentally retarded offenders. Staff should be medical doctors, and psychologists, and support people with evaluation, diagnosis, counselling, habilitation, and consultation. In-service training, program evaluation, and planning ahead of time with correctional people are necessary so mental health staff can do that in the correctional environment.⁹

Prisoners' interest is better served by prison officers, including medical personnel, and superintendents they are easily able to observe the inmates and detect signs of mental disorders. Basic training on signs of mental illness within a prison population; non-medical personnel must be able to identify when an inmate requires referral to a mental health practitioner. To improve mental health in prison, it is recommended that risk assessment of prisoners be conducted, the use of buddy systems, availability of staff who can provide first aid, and ensuring correctional institutions organize educative sessions and sensitization. There are other forms of therapy like the Vipassana meditation and Sudarshan Kriya that can improve inmates' mental conditions. Other measures that are also relevant to the inmate rehabilitation process include fostering an environment that entails meaningful activities as well as exercising strict measures on substances.¹⁰

The Prisoners Statistics of India report (2019) by the National Crime Records Bureau (NCRB) shows various initiatives by the Ministry of Home Affairs, Government of India to improve prison infrastructure, cleanliness, and health.¹¹ All states and UTs are implementing these. Healthcare includes mental health. Rehabilitation and welfare schemes are education with a library, vocational training, yoga and meditation, spiritual and cultural activities, games, and recreation. Personal are wages, food, clothes, phone and crèche and nursery for children.

⁹ *Ibid*

¹⁰ Dhillon (n 2)

¹¹ Sanchita Kadam, 'NCRB's Prison Statistics Report 2019 paints a bleak picture' (*CJP*, 07 September 2020) <<https://cjp.org.in/ncrbs-prison-statistics-report-2019-paints-a-bleak-picture/#>> accessed 10 July 2024

HRC and SHRC have separate mechanisms to complain about cruelty, misbehaviour, and misconduct of rights. As per records, prisons are doing health checkups as per NHRC guidelines and medical programs and camps inside the prison. Hospital facilities are available for prisoners and no substance is allowed in prison. HIV/AIDS counselling and testing centre inside prison for prisoners. To overcome the psychological problem of long imprisonment, psychologists are posted in all Central Prisons, Special Prisons for Women, District Jails, and Borstal Schools in Tamil Nadu. Two counsellors are posted in each prison for mental health prisoners. However, as per PSI, the total number of mental health counsellors and psychologists is not mentioned except for the total medical staff which is 1962. That means a big gap in prison healthcare.

Historically, mental health has been managed by corrections, not mental health professionals who put security over treatment. Mental health services are seen by prisoners as coercive and to be avoided or manipulated. So, the PSI recommends state mental health agencies, not corrections departments, should control and provide mental health services in prisons. We need legislation to have all prisoners have mental health services regardless of condition, including the mentally retarded. Mental health services mean evaluation, diagnosis, counselling, rehabilitative services, and consultation. In-service training programs, program evaluations, and working with corrections are key so mental health staff can deliver those services in a correctional setting.¹²

To oversee these programs, the jail system hires social workers and welfare officials on a full-time basis. However, non-governmental organizations (NGOs) and other charitable organizations that frequently visit the prisons with appropriate authorization from senior government officials carry out the majority of welfare programs.¹³ Any severe or aggravating case of psychotic illness, like schizophrenia, is a crucial factor in post-conviction scenarios where courts should reevaluate the type of sentence meted out. A multidisciplinary team of certified professionals, comprising physicians, criminologists, and other specialists with relevant

¹² Monika Misra and Yamini Baba, 'Examining the Mental Health of Prison Inmates: A Perspective of a Psychologist' (2023) 12(2) *Mind and Society*

<<https://www.mindandsociety.in/index.php/MAS/article/view/682>> accessed 10 July 2024

¹³ S.T. Janetius and P Govindarajan, 'Mental Health Problems among Prisoners and a Peer-help Counselling Model for Suicide Prevention' (2017) 4(3) *International Journal of Indian Psychology*

<<http://dx.doi.org/10.25215/0403.086>> accessed 10 July 2024

experience, should assess such mental illnesses. The accused has the burden of proof since they are required to present the court with adequate proof of a significant mental disease along with specific symptoms. The court can appoint specialized panels to look into matters and produce in-depth reports based on assessments from experts in relevant instances. Finding out if the prisoner can understand the purpose and main idea of the sentence that has been imposed is the main aim of these assessments.

This judicial assessment, however, does not address the state's management of mental health concerns among inmates who are awaiting trial or who have already been found guilty, nor does it address mental disease issues during pre-conviction imprisonment. In light of the grave concerns raised by the coronavirus outbreak and the ensuing increase in jail overcrowding, the Chief Justice of India and two other judges on the Supreme Court ordered all states to form powerful committees. These committees are charged with classifying prisoners for whom, if conditions are met, they may be released on parole or temporary bond for a set amount of time. This initiative seeks to meet the pressing demand for inmate mental health care while reducing the risks associated with overcrowding in prisons¹⁴.

Regulations on important mental health issues for prisoners were developed by the Delhi Prison administration and AIIMS under the title 'Psychological First Aid'. They wrote a handbook for prisoners that addressed mental health issues and suicide prevention.

There are currently in place regulations, like as Rule 13.73 of the Model Prison Manual, 2016, which offer safety precautions in the event of a pandemic on jail property. It provides detailed guidelines on how to incorporate arrangements such as separate sheds where each prisoner can adhere to social distancing rules, segregate contaminated inmates in a room apart from other inmates, and handle patient clothing and contaminated prison cells appropriately¹⁵.

¹⁴ Zubair Ahmed Khan, 'Mental Health Issues Of Prisoners: Sociolegal Perspective' (2021) 12(3) Journal of Cardiovascular Disease Research

<<https://www.jcdonline.org/admin/Uploads/Files/624402e627ad76.50346312.pdf>> accessed 10 July 2024

¹⁵ *Ibid*

RELEVANT LAWS

Mental health and illness are popular topics to talk about or address, not only in modern society but inside the judiciary system as well. Prisoners are also hardly provided with a quality life in prison facilities and detention centres. Indian prisons are working under the Prisons Act 1894¹⁶ which gives the legal procedure for managing prisons. Many people believe that someone who is imprisoned will never be able to get back into society. The Indian government and judiciary have made major changes to address the mental health of inmates after realizing the upsetting effects of being confined to prison cells.

In the past, the Mental Health Act of 1978's Section 27¹⁷ was changed to permit the transfer of patients from psychiatric hospitals to prisons or assisted living facilities, highlighting the necessity of appropriate mental health care within the criminal justice system. The Mental Health Act of 2017, which came into force on May 29, 2018, was the result of the amendments that were made to the Mental Health Act of 1987. This revised law brought about several noteworthy adjustments to improve the framework for inmate mental health care.

Under Section 103, the government is required by law and morality to treat the mental health problems of convicts. Decriminalizing suicide attempts, enabling people with mental illness to make their own health decisions provided they have sufficient knowledge, and defending their rights to receive services and treatment from providers without facing prejudice are all part of this. To guarantee appropriate control and standardization throughout the industry, the 2017 Act also requires mental health facilities to register. Many healthcare facilities that strive to offer comprehensive mental health services have been established across India as a result of this policy. Electroconvulsive therapy (ECT) is limited by the Act; it can only be used in emergencies and is not permitted on children. The purpose of this strategy is to shield vulnerable people from potentially dangerous activities. In addition, the Act aims to address the stigma attached to mental illness and suggests ways to address these social problems, encouraging a more accepting and compassionate approach to mental health¹⁸.

¹⁶ Prisons Act 1894

¹⁷ Mental Health Act 1978, s 27

¹⁸ Misra (n 12)

The Supreme Court of India set recommendations to protect the rights of children living in jails with their detained mothers in the historic case of *R.D. Upadhyaya v State of Andhra Pradesh*.¹⁹ These recommendations state that these kids shouldn't be mistreated or classified as prisoners or criminals. The court stressed that for children of detained parents to grow up healthy, they must have access to necessities like food, clothing, clean utensils, sufficient sleeping quarters, and other conveniences. According to the standards, children in prison up to the age of six may remain with their mothers until they are placed with surrogate moms in jail and, if preferred, can subsequently be put with surrogate moms or in facilities run by the Social Welfare Department. These kids have the right to full medical treatment, including immunizations, as well as recreational and educational facilities. According to a Supreme Court judgment, Indian prisons are required to set up nurseries for inmates aged three to six and crèches for children under three. In addition, several state and union territory authorities have set aside money for these kids. Educational institutions must also provide benefits to children of detained parents, including fee waivers and infrastructural help. Notwithstanding these clauses, the lack of a systematic review process has limited the guidelines' applicability, impeding their efficacy and the uniform defense of these kids' rights in various geographical areas²⁰.

However, the public seems unaware of these provisions, and therefore, their potential effectiveness can only be assumed. However, social justice is not just a mere invention because social injustice, inequality, and harassment of mentally ill people are very much in existence in our societies, as decreed by the Constitution.

Prison inmates with mental illnesses: As per the National Crime Records Bureau (NCRB) Prisoners Statistics in India (PSI) for the year 2019, out of 4, 79,660 total prisoners across the nation, at least 7,394 prisoners have reported mental illness.²¹ The findings are that the new Nelson Mandela Rules of 2015 established a benchmark of guidelines for the provision of mental health care to prisoners, the principles of which state that prisoners with mental disorders are

¹⁹ *R.D. Upadhyaya v State of Andhra Pradesh* (1998) 5 SCC 696

²⁰ Arjyalopa Mishra et. al., 'Promotion of mental health and well-being in Indian prisons' (2020) 8(1) International Journal Of Community Medicine And Public Health <<https://doi.org/10.18203/2394-6040.ijcmph20205740>> accessed 11 July 2024

²¹ Misra (n 12)

equally entitled to proper healthcare services as the rest of the population. However, the correctional systems around the world have not well addressed this, and the patients relapse due to misunderstanding, poor infrastructure, and unfavourable prison settings that tremendously increase the prevalence of mental disorders. However, challenges persist in India even today with the legislative act mental health care act 2017, and judiciary directions there is consistent failure to provide appropriate mental health services for the prisoners as it is very much understood that prisoners are suffering from mental illness much more than common man on the road.²²

Significant court decisions such as NHRC and Charanjit Singh v State and Ors²³ have brought attention to the suffering of mentally ill prisoners and prompted the development of protocols for their treatment. These recommendations place a strong emphasis on leisure pursuits, therapy, and rehabilitation to stop mental health decline and encourage healing. Additionally, the government has put in place several programs targeted at providing rehabilitative services and bettering jail conditions. These consist of recreational activities, yoga and meditation, career training, and educational options.

The goal of the updated Prison Manual, which Union Home Minister Shri Rajnath Singh endorsed, is to harmonize the laws, rules, and guidelines controlling the management and administration of prisoners in India. This extensive handbook adds important clauses to enhance prisoner' well-being and guarantee the protection of their rights. Access to free legal services is one of the most important topics covered, by Article 39A of the Indian Constitution, which requires legal aid for the underprivileged and weaker segments of society. The updated handbook calls for the appointment of advocates before prisoner visits, the formation of committees for under-trial reviews, and the construction of legal aid clinics in each prison. Under trial convicts who have completed half or more of their maximum sentence are guaranteed, by special regulations, to receive appropriate legal service. In addition, the handbook includes improved provisions for female inmates and their offspring, guaranteeing a

²² Shivam Kumar, 'A Study of Right to Mental Health of Prisoners in India: Legal Intricacies and Concerns' (2023) 5(4) International Journal for Multidisciplinary Research <<https://www.ijfmr.com/papers/2023/4/4418.pdf>> accessed 10 July 2024

²³ *Atma Ram v Charanjit Singh* (2020) 3 SCALE 351

more compassionate setting. Additionally, it protects the rights of death row inmates by requiring legal representation throughout the entire process—even in cases when a mercy request is denied. Better administration and monitoring are made possible by the manual's emphasis on computerization and modernization of jail administration. By attending to the legal and humanitarian concerns of prisoners, these reforms aim to be more equitable and efficient.²⁴

Nonetheless, there is still a disparity in how these programs are implemented in various states and facilities. Furthermore, one of the biggest obstacles remains the absence of resources and skilled workers. In the end, there has been a growing understanding of the value of mental health services inside the prison system, as seen by the updates and revisions made to the Mental Health Act and the CrPC. These legislative frameworks seek to lower the stigma attached to mental health concerns, safeguard the rights of those who suffer from mental illness, and offer comprehensive care. The actual difficulty, though, will be in putting these policies into practice in a way that makes sure every prisoner gets the mental health treatment they require.

A SILENT STRUGGLE: MENTAL HEALTH IN PRISONS

The current mental health care facilities available in prisons are inadequate. They fail to meet the needs of this vulnerable section of society. Regardless of the few efforts and initiatives that have been taken, we still see the insufficiency of such facilities in prisons due to lack of privacy and confidentiality, limited role of counsellors, ethical concerns, and scarce resources.

Imagine trying to talk about your deepest worries and fears, knowing the walls are thin and confidentiality isn't guaranteed. That's the reality for many prisoners seeking mental health help. Incarceration can be a breeding ground for anxiety, depression, and even psychosis, yet access to proper care is often limited.

While one might envision counselling sessions taking place in sterile, isolated rooms, the reality is far less comforting. Privacy in a prison setting is a precious commodity, and the fear of judgment, both from fellow inmates and prison staff, can be a significant barrier. Opening up about deeply personal struggles becomes a daunting task, hindering the formation of a strong

²⁴ Mishra (n 20)

therapeutic relationship, the very foundation of successful therapy. This lack of trust and confidentiality creates a sense of vulnerability that undermines the healing potential.

Even when inmates muster the courage to confide in mental health professionals, the system itself can become an obstacle. Overcrowding and limited resources plague many prison facilities, making it difficult to implement comprehensive mental health programs tailored to the specific needs of the incarcerated population. Experts have proposed detailed guidelines for effective mental healthcare in prisons, but these often gather dust due to a lack of funding and infrastructure. This creates a frustrating disconnect between what is known to work and what is available.

Researching solutions to improve mental health care in prisons presents its own set of challenges. The prison environment raises ethical concerns around consent. The power imbalance between inmates and prison staff creates a potential for coercion, making it difficult to ensure truly informed participation in research studies. This lack of reliable data on the specific needs of the incarcerated population hinders the development of evidence-based practices that could revolutionize mental health services within the system.

Despite the bleak landscape, glimmers of hope emerge from promising initiatives. Programs like the New Delhi Correctional Model, which emphasizes education and activities to foster a sense of community, demonstrate the power of addressing the whole person. Non-governmental organizations (NGOs) like the Mariwala Health Initiative play a crucial role by providing grants, conducting community outreach programs, and supporting peer-support interventions. These efforts, however, often operate on a small scale and lack the widespread support needed for systemic change.²⁵

The COVID-19 pandemic further exposed the cracks in the current system. While general protocols were established to address the health concerns of the prison population, the specific needs of mentally ill inmates were largely overlooked. This highlights the ongoing neglect of a vulnerable group within a system already struggling to meet basic needs.

²⁵ Misra (n 12)

International organizations, including the United Nations and the World Health Organization, have called for reforms that prioritize better mental health care, reduced overcrowding, and uninterrupted access to essential services for prisoners. These recommendations mirror the principles outlined in the Nelson Mandela Rules, a set of international standards for the treatment of prisoners. Unfortunately, many prisons are simply ill-equipped due to a lack of resources and infrastructure.

The current state of mental health care in prisons is failing to meet the needs of its population. Without significant changes, the system will continue to prioritize punishment over rehabilitation, leaving prisoners silently grappling with their mental health struggles. Investing in the well-being of those behind bars is not just about compassion, it's about creating a safer, healthier society for all. A prisoner who receives proper mental health care has a better chance of rehabilitation and reintegration into society. This, in turn, fosters a safer environment for everyone, including the former inmate and their community.

The road to reform is long, but every step taken to improve mental healthcare in prisons is a step towards a more just and humane system.

RECOMMENDATIONS TO BRIDGE THE GAP

Prison reforms are desperately needed, but given the existing state of affairs – vulnerability, lack of resources, and lack of awareness—the road ahead for these reformative techniques is challenging. The primary three benefits of addressing mental health concerns among prisoners can be described as improving the lives of prisoners both during and after their incarceration, improving the working conditions for prison personnel, and reducing recidivism have a favourable effect on society as a whole. The following actions are examples of effective solutions:

Developing Uniform Provisions for Prison Authorities: The mental health of prisoners is significantly influenced by the prison staff's working conditions. Implementing safety measures, providing adequate training, and ensuring proper staffing levels are crucial. Prison staff should be trained to identify and address mental health issues, depressive and suicidal tendencies, and

bullying practices among inmates. This training will enable staff to provide better supervision and care, thus improving the overall prison environment.

Enforcing Trauma-Sensitive Treatment: Trauma-informed care focuses on recognizing past traumatic experiences and preventing re-traumatization. This approach requires recruiting mental health professionals, providing specialized training, and establishing treatment procedures to create a supportive prison environment. Identifying and addressing trauma can significantly improve prisoners' mental health and reduce the likelihood of future behavioural issues.

Positive and Enriching Prison Environment: Promoting recreational activities such as singing, stage plays, seminars, and sports can provide prisoners with a productive and engaging way to express emotions and improve their mental health. Introducing vocational training and educational programs can boost prisoners' self-esteem and prepare them for reintegration into society. The concept of open prisons, where security is minimal and prisoners engage in activities like agriculture, should be expanded to provide a more rehabilitative environment.

Improving Law Enforcement Efficiency and Simplifying Judicial Procedures: Overcrowding in prisons, primarily due to the high number of undertrial prisoners, can be mitigated through efficient court systems and police operations. Fast-track courts should expedite pending cases, and police authorities must ensure the timely production of witnesses and evidence. Technological advancements, such as virtual hearings, can reduce the need for prisoners to travel to court, saving time and resources. Additionally, promoting bail applications for petty or first-time offenders can help decrease prison populations. There is also a need for better coordination between police and prison authorities to manage prisoners' physical and mental health conditions effectively.

Suicide Prevention: The fight against suicide within correctional facilities rests on the shoulders of those who witness the daily struggles of incarcerated individuals. These dedicated staff members become vital lifelines by developing a keen eye for spotting changes. They watch for shifts in behaviour, how people interact (or withdraw), and any outward signs of distress. Through comprehensive training, they learn to recognize these crucial indicators and become

equipped to offer the right kind of support. This vigilance and training can make a world of difference, transforming moments of despair into opportunities for connection and hope.

Creating Awareness and Changing Public Perception” Attitudes of the general public towards prison reform often hinder efforts to improve conditions. It is essential to shift the focus from punitive measures to rehabilitation, emphasizing that prisoners deserve humane treatment and opportunities for mental health care. Raising awareness about the importance of mental health in reducing recidivism and promoting societal reintegration is crucial for garnering support for prison reforms.

Ultimately, improving the mental health of prisoners requires a comprehensive approach that includes judicial efficiency, better prison staff training, enhanced recreational activities, trauma-informed care, suicide prevention, and public awareness. These measures will ensure that prisoners are treated with dignity, reduce recidivism, and create a safer and more humane prison environment.

CONCLUSION

The problem of mental health in Indian prisons seems to be one of the pressing and extensive issues that need to be addressed. Mental illnesses are also a common phenomenon among prisoners; many of them are diagnosed with depression, anxiety disorders, PTSD, and substance abuse. The existing structure is incapable of offering the required support and care for maintaining and improving the prisoners' psychological state, heightening the frequency of self-mutilation and suicide.

In this regard, the following general reforms are necessary: In the first part, there must be a more effective and immediate intervention towards the working conditions and the training of the prison personnel. Providing the means through which these people can afford to identify such disorders and respond to them operationalizes prison improvement. It is also necessary to adopt treatment planning, which involves trauma-informed care because many prisoners have experienced trauma histories that lead to such disorders in the first place.

Thus, using recreational and vocational activities aimed at creating a positive prison climate may contribute to enhancing the mental conditions of inmates. They do not only allow inmates to channel their energy and feelings positively to improve the inmate outcomes but also assist them in undergoing a fresh start after they have been released from jail. Furthermore, overcrowded prisons can be decongested through enhanced judicial productivity especially, by launching fast-track courts and conducting hearings via television and other electronic means.

Such necessary changes require the development of public consciousness to start understanding the problem as the need for prison reform and the necessity of humane mental health care. Compassionate rehabilitation that does not focus on punishment is a way of helping prisoners regain their psychological well-being, thus, helping in the reduction of crime rates by minimizing the rate of repeat offending.

The effort that needs to be made and the amount of work that is still needed to reform mental health in Indian prisons is undoubtedly arduous. Thus, the conceivable advantages include better living conditions for prisoners, improvements in prison staff members' working conditions, as well as cultivating a safer and less brutal society; therefore, such reforms are not only reasonable but obligatory from a moral standpoint as well.