BEYOND PUNISHMENT: REIMAGINING MENTAL HEALTHCARE IN INDIA'S PRISONS

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ABSTRACT

India's prison system places minimal focus on rehabilitation, especially with regard to mental health, and is largely intended for punishment and containment. Many prisoners have untreated mental health issues that are exacerbated by systemic neglect, overcrowding, isolation, and a lack of medical attention. The present condition of mental healthcare in Indian prisons is examined in this study, along with its institutional and legal flaws and the detrimental effects it has on both prisoners and the larger criminal justice system. Based on government reports, case law, and international norms, the analysis emphasises how important reform is. It also promotes a change in viewpoint, moving away from punitive incarceration and towards a rights-based, rehabilitative model that puts mental health first, using descriptive and analytical techniques.

This paper aims to conduct an in-depth examination of the current state of mental healthcare in Indian prisons by analysing the systemic, legal, and institutional shortcomings that contribute to the neglect of prisoners' psychological well-being. It seeks to explore how the existing punitive and containment-focused prison model adversely affects individuals with mental health issues, and to evaluate the extent to which national policies, judicial precedents, and international human rights standards are being upheld. Through a combination of descriptive and analytical methods, the study further aims to advocate for the adoption of a rights-based, rehabilitative framework within the Indian correctional system—one that prioritises mental health as a critical component of criminal justice reform and promotes humane, dignified, and effective incarceration practices.

Keywords: Punitive incarceration, Mental health neglect, Systemic reform, Rights-based rehabilitation, Institutional flaws

INTRODUCTION

According to estimates by the Institute for Criminal Policy Research and the National Crime Records Bureau (2015), the prison population in India stands at approximately 419,623 individuals[1]. The rate of psychiatric disorders among inmates is notably higher compared to the general population. Several Indian studies have indicated that the prevalence of mental illnesses (excluding substance use disorders) among prisoners ranges between 21% and 33%.

Substance use disorders, on the other hand, have been found in 47.1% to 56.4% of the prison population. A study revealed that 83.5% of inmates suffered from some form of psychiatric illness, with depression being the most commonly reported at 46.5%.In a review of 12 studies, Rabiya and Raghavan[2] identified schizophrenia as the most prevalent psychiatric condition, followed by depression, adjustment disorders, suicidal tendencies, and self-harming behaviours. Among substance use disorders, the most frequently used substances were nicotine, alcohol, and cannabis. Compared to other countries, research on mental health in Indian prisons remains limited, and the variation in assessment tools across studies contributes to differences in reported prevalence rates. This highlights the urgent need to examine the underlying factors contributing to mental health issues in prisons and to develop comprehensive and effective intervention strategies.Studies estimate that nearly one in seven inmates suffers from a serious mental health issue[3]. Women in correctional facilities tend to exhibit more severe and complex mental health problems compared to men, often stemming from past experiences of violence and trauma.

Stigma and prejudice against those dealing with mental health challenges remain widespread, and such conditions are frequently misunderstood. Ensuring mental wellness and responding to psychological distress are among the most difficult challenges facing prison systems globally. Healthcare provisions within prisons differ across nations, but many institutions lack sufficient resources to adequately address the mental health needs of both inmates and staff.

INTERSECTION OF CRIMINAL JUSTICE, HUMAN RIGHTS AND CONSTITUTIONAL RIGHTS

[1] https://www.icpr.org.uk/
[2] https://journals.lww.com/ijsp/fulltext/2018/34030/prison_mental_health_in_india__review.2.aspx
[3]https://cdn.penalreform.org/wp-content/uploads/2018/05/PRI_Short_guide_to_mental_health_support_in_prisons_WEB.pdf

The relationship between mental health and criminal justice exposes a very troubling environment, particularly in the prison system. People with mental health disorders are overrepresented in jails worldwide, but especially in India. The same conditions of incarceration—overcrowding, isolation, neglect, and abuse—often make the psychological problems that many prisoners suffer from worse. At the stages of arrest, prosecution, and sentence, the criminal justice system frequently neglects to perform sufficient mental health examinations, which results in the incarceration of people who would need therapeutic or medical help instead of criminal action. Psychological discomfort is exacerbated by prolonged undertrial confinement, which is prevalent in Indian prisons.The National Crime Records Bureau (NCRB) has reported a significant number of custodial deaths[4] linked to mental illness, highlighting systemic neglect. The *Mental Healthcare Act, 2017*[5], though progressive in its mandates, has seen poor implementation within custodial institutions, despite Sections 103 and 104 specifically addressing mental health care in prisons.

From a human rights perspective, the treatment of mentally ill prisoners raises serious concerns under international law. The *Universal Declaration of Human Rights* (Article 5)[6] and the *International Covenant on Civil and Political Rights* (Article 7)[7] prohibit torture and cruel, inhuman, or degrading treatment. The denial of mental health care, especially when coupled with solitary confinement, can constitute such treatment. Women inmates, in particular, often suffer from complex trauma due to past abuse, and the lack of gender-sensitive mental health services amounts to a violation of their rights to health, dignity, and protection from discrimination. The 2019 report of the UN Special Rapporteur on torture[8] expressly criticized the solitary confinement of prisoners with psychosocial disabilities, terming it a form of torture. Organizations like Amnesty International have repeatedly emphasized that the global mental health crisis in prisons is not just a medical failure, but a human rights crisis as well.

Constitutionally, prisoners in India retain their fundamental rights, most importantly under Article 21—the right to life and personal liberty. This right, as interpreted by the Supreme Court, includes the right to live with dignity, which encompasses access to healthcare, including mental health care. Article 14 of the Constitution ensures equality before the law, a

[4] https://www.ncrb.gov.in/en
[5] https://www.indiacode.nic.in/bitstream/123456789/2249/1/A2017-10.pdf
[6] https://www.un.org/en/about-us/universal-declaration-of-human-rights
[7]https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights
[8] https://www.ohchr.org/en/special-procedures/sr-torture

provision often overlooked when mentally ill prisoners are subjected to neglect or discriminatory practices. Furthermore, the Directive Principles of State Policy, such as Articles 39(e) and 47[9], direct the state to ensure humane working and living conditions and to improve public health.

To address this multi-layered crisis, legal and policy reforms must work in tandem. The criminal justice system must institutionalize mental health evaluations at all procedural stages—from arrest to parole. Prisons must be equipped with trained mental health professionals, and the use of solitary confinement for mentally ill individuals should be categorically banned. From a human rights standpoint, the state must uphold its obligations under international treaties and create trauma-informed, gender-sensitive rehabilitation programs. Constitutionally, the judiciary must continue to interpret Article 21 in an expansive manner, holding the state accountable for systemic failures. Implementation of the *Mental Healthcare Act, 2017* must be prioritized, with mechanisms like Mental Health Review Boards monitoring custodial institutions.

MENTAL HEALTH IN PRISONS

A. INDIAN LEGAL FRAMEWORK

The Indian Constitution provides a strong foundation for the protection of mental health rights, particularly for those in custodial settings. **Article 21**[10], which guarantees the *right to life and personal liberty*, has been expansively interpreted by the Supreme Court to include the right to live with dignity, and by extension, the right to adequate medical and mental health care. In *Francis Coralie Mullin v. Administrator, Union Territory of Delhi* (1981)[11], the Court held that life under Article 21 does not mean mere animal existence but includes the right to live with human dignity. This principle becomes critical in the context of prisoners, who, though deprived of certain liberties, retain their fundamental rights, including the right to mental well-being. **Article 12** defines the "State" to include all instrumentalities of the government, including prison authorities. This means that any violation of prisoners' mental health rights by prison officials or the state can be directly challenged as a violation of fundamental rights. Additionally, **Article 39A**[12], a Directive Principle of State Policy, mandates that the state must

[9] https://www.mea.gov.in/images/pdf1/part4.pdf
[10] https://www.mea.gov.in/images/pdf1/part3.pdf
[11] 1981 AIR 746, 1981 SCR (2) 516
[12] https://doj.gov.in/access-to-justice-for-the-marginalized/

ensure *equal justice and provide free legal aid* to ensure that justice is not denied to anyone due to economic or other disabilities. This provision supports the right of mentally ill prisoners to access legal representation and mental health advocacy. Together, these constitutional articles impose a clear obligation on the State to uphold the mental health rights of prisoners, ensuring they are not subjected to inhuman or degrading treatment and are provided with opportunities for rehabilitation and reintegration.

The Prisons Act of 1894[13], a colonial-era law that was intended more for custodial control and discipline than for protecting the rights or welfare of prisoners, nevertheless governs prison management in India. As the article discusses, mental health provisions are still restricted to superficial medical supervision, and the law lacks a rehabilitative or rights-based orientation. Medical officials must evaluate inmates and report cases of unsound mind under Sections 24 and 25 of the Act; however, no standardized psychiatric diagnosis, follow-up, or therapy is required by law. The psychological conditions of prisoners frequently worsen as a result of this procedural gap, which leaves a void where mental illness is either unrecognized or untreated. India is yet to bring its prison laws in line with its ratification of international human rights conventions or the introduction of progressive laws such as the Mental Healthcare Act, 2017. Due to the disparity between outdated prison regulations and contemporary mental health legislation, inmates—particularly those suffering from mental illness—are at risk of institutional assault, abuse, and neglect. In the lack of an integrated legal framework, prisoners are not acknowledged as having rights to healthcare and dignity. As branches of the State, prison officials are legally and morally required to provide mental health services and humane conditions in accordance with constitutional rights. Thus, the ongoing reliance on the Prisons Act of 1894 highlights the pressing need for a thorough reform that harmonizes custodial regulations with human rights and constitutional principles.

In Re: Inhuman Conditions in 1382 Prisons[14]:

The Supreme Court held that prisoners, including undertrials, retain their fundamental rights under Article 21, including the right to live with dignity and access proper healthcare. The Court expressed serious concern over the lack of mental health services in Indian prisons and

[13] https://www.indiacode.nic.in/bitstream/123456789/20557/1/prisons_act_1894.pdf
[14] (2016) 3 SCC 7001

directed the State to improve infrastructure, provide psychiatric care, and ensure humane conditions in all jails.

B. INTERNATIONAL LEGAL STANDARDS

International legal norms are essential in determining how nations respond to the mental health requirements of inmates, guaranteeing that everyone is treated equally, fairly, and with respect. The United Nations Standard Minimum Rules for the Treatment of Prisoners (also called the Nelson Mandela Rules) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) are two important documents that serve as a guide for this strategy. The UNCRPD, or the United Nations Convention on the Rights of Persons with Disabilities, is an international human rights treaty that aims to protect and promote the rights and dignity of persons with disabilities (physical or mental). It was adopted by the UN General Assembly in December 2006 and came into force in May 2008[15]The **UNCRPD**, which India ratified in 2007, recognizes mental illness as a form of disability and obligates State parties to protect the rights of persons with psychosocial disabilities. It prohibits arbitrary or discriminatory detention on the basis of mental health conditions and mandates equal access to health care, including mental health services, within prisons. It also emphasizes autonomy, informed consent, and protection from inhuman or degrading treatment. In addition, minimum international standards for the treatment of prisoners are established by the Nelson Mandela Rules[16]. These regulations specifically mandate that prison officials offer medical care, including mental health care, on par with community-based facilities. Additionally, they forbid the use of solitary confinement in cases where it could exacerbate mental disease. In addition to providing a strong framework for evaluating and modifying prison mental health practices in accordance with international standards, these tools collectively demonstrate that mental health care in prisons is a human rights commitment rather than just a policy decision.

OPERATIONAL REALITIES

Prisons are meant to facilitate rehabilitation but have become disempowering spaces with a mental health crisis. The latest numbers are out. 9,180 prisoners with mental illness, 150 deaths by suicide, five prisoners with schizophrenia and epilepsy have died. While we know the

[15]https://depwd.gov.in/policy/uncrpd/#:~:text=The%20Convention%20was%20adopted%20by,laws%20with%20the%20Convention%20and

[16] https://www.un.org/en/events/mandeladay/mandela_rules.shtml

numbers, we do not know what is being considered as a mental illness and whether these numbers are limited to persons who are in the mental health ward, or does it also include those who are living in barracks but still on psychiatric medication. We also do not know when the onset of the illness was and what the different illnesses were or how long they have been in prison for[17]. The National Crime Records Bureau's (NCRB) Prison Statistics India Report is out for the year 2024[18]. Perhaps it needs repeating, yet again that there is a mental health crisis in prisons. We frequently hear that reform and rehabilitation are the goals of punishment, or at least one of them. However, when we examine the setting in which that punishment is administered, we discover circumstances that guarantee pessimism, despair, and helplessness rather than encouraging rehabilitation. In any event, the undertrial population accounts for more than 70% of the jail population, not the overcrowding of inmates.

The lack of qualified mental health specialists, poor infrastructure, and delayed medical intervention are some of the most urgent problems in the treatment of mentally ill inmates. The diagnosis and treatment of mental health issues are left to general medical personnel, who frequently lack psychiatric training, as the majority of Indian prisons lack full-time psychiatrists, psychologists, or social workers with the necessary training. Because of this, prisoners who suffer from conditions like schizophrenia, depression, or anxiety might not receive a proper diagnosis, a correct diagnosis, or treatment. The architecture of prisons is also woefully inadequate; many prisons lack counseling facilities, specialized mental health wards, or even the most basic seclusion for psychological testing. Mentally ill inmates are frequently isolated rather than rehabilitated in overcrowded facilities, which exacerbates their medical condition. Furthermore, the lack of regular mental health assessments, particularly after admission or transfer, postpones treatment and raises the risk of behavioral decline, suicide, and self-harm. In addition to violating the person's Article 21 right to health and dignity, medical delays or refusals jeopardize the security of other prisoners and prison personnel. In order to address this issue, immediate funding is needed for capacity-building, hiring qualified mental health specialists, and developing institutional procedures that guarantee the early detection, ongoing observation, and compassionate care of inmates suffering from mental diseases.

[17] https://www.project39a.com/writings/2022/9/20/https/wwwthehinducom/opinion/op-ed/what-numbers-dont-tell-us#:~:text=Prisons%20are%20meant%20to%20facilitate,over%2070%25%20of%20prison%20population.
[18]https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=2003162#:~:text=RK/ASH/AKS/RR,2022%20are%20given%20in%20Annexure.

CASE STUDY: BAREILLY CENTRAL JAIL -PSYCHIATRIC WARD SUICIDE (JULY 2025)

In July 2025, a 32-year-old convict serving a life sentence under the POCSO Act was found dead by suicide in the psychiatric ward of Bareilly Central Jail[19] Despite being housed in a high-surveillance section specifically for inmates with mental health conditions, and reportedly undergoing treatment, he managed to take his own life—found hanging from an iron angle piece using a towel.

His family alleges gross negligence and potential torture by jail staff. They questioned how such an incident occurred in a facility designated for psychiatric care, prompting them to initiate formal complaints. While jail officials launched an internal inquiry, the district administration ordered a magisterial probe, and the police sent the body for postmortem examination[20].

COMPARATIVE JURISPRUDENCE

Norway has 57 prisons with a total of 3,600 cells, 70% of which are high-security cells. The largest prison has 400 cells, while the smallest has only 15. The average Norwegian prison has 70 cells. One of the biggest differences between the incarceration systems of Norway and India is that Norway does not have large, centralized jails. Instead, Norway utilizes a system of small, community-based correctional facilities that focus on rehabilitation and reintegration into society.

There's a rehabilitative reason for having so many prisons in a relatively small country. The Norwegian government believes that incarcerated individuals should be geographically close to their homes, so they can maintain relationships with spouses, friends, and family.

Many Norwegian prisons allow prisoners to have visitors up to three times per week. They even allow conjugal visits with spouses. There is a strong emphasis placed on relationships so that incarcerated individuals have a strong support system after their release.[21]

[19]https://www.thequint.com/news/law/delhi-tihar-jail-breeding-ground-for-mental-health-crisis
[20]https://timesofindia.indiatimes.com/city/meerut/convict-kills-self-in-bareilly-jail-kin-allege-torture/articleshow/122770211.cms
[21] https://www.firststepalliance.org/post/norway-prison-system-lessons

WAY FORWARD

In order to safeguard and advance the rights of individuals with mental illness in India, the Mental Healthcare Act of 2017 established a progressive framework. The creation of Mental Health Review Boards (MHRBs)[22] is one of its most important institutional mechanisms. These quasi-judicial boards are intended to supervise the application of mental health care provisions, especially in environments such as prisons where people are most at risk. Given that mental illness among detained populations is sometimes invisible and that prolonged incarceration without proper psychiatric assistance is a risk, their function becomes vital.

MHRBs are supposed to keep an eye on and guarantee that mentally ill inmates are getting timely and appropriate treatment inside the prison setting. They have the authority to examine the necessity and legitimacy of forced admissions to mental health facilities, a procedure that is frequently opaque in correctional facilities. By protecting against abuse and neglect, MHRBs make sure that constitutional rights—especially the right to life and dignity guaranteed by Article 21—are respected even when a person is incarcerated.

Grievance redressal is one of MHRBs' other primary responsibilities. In situations where mental health services are refused, postponed, or determined to be insufficient, inmates, their families, or their attorneys may petition the Board. Additionally, MHRBs play a role in planning for continuity of care, ensuring that prisoners who are released or transferred are not left without access to mental health services.The creation of Mental Health Review Boards represents a significant step toward aligning India’s prison health system with **international human rights norms**, such as the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)** and the **Nelson Mandela Rules**. Their effective functioning is essential not only for the protection of mentally ill inmates but also for ensuring a rehabilitative, rights-based approach to incarceration in India.

To fill in the gaps in staffing, infrastructure, and policy execution, non-governmental organizations must be involved in prison mental health treatment. The absence of qualified psychologists and psychiatrists in many Indian prisons prevents mentally ill convicts from receiving the right diagnosis or treatment. NGOs address this gap by offering basic mental evaluations, counseling, and therapy, particularly in overcrowded and underfunded jails.

[22] https://mhca2017.com/index.php/act/chapter-xi-mental-health-review-boards

Organizations like **The Banyan**, **TISS-Prayas**, and **NIMHANS collaborations** have worked with prison departments to offer mental health services, conduct regular mental health camps, and provide training for prison staff. These NGOs not only assist in treatment but also work towards **de-stigmatizing mental illness**, ensuring that inmates are treated with dignity.

NGOs also provide policy reform lobbying, reintegration planning, and legal assistance. Their involvement encourages a more rights-based and rehabilitative jail environment and reinforces the application of regulations such as the Mental Healthcare Act, 2017. To be more successful, these partnerships must be formally supported and expanded between states.

CONCLUSION

The mental health problem in Indian prisons is an ongoing systemic problem that goes against the fundamental principles of justice and human decency; it is not a side issue. The lived experience of mentally ill prisoners is still characterized by overcrowding, a shortage of qualified staff, poor infrastructure, and treatment that is either delayed or denied, despite growing awareness of psychiatric problems among prisoners. These structural flaws prolong cycles of neglect and invisibility in addition to undermining the rehabilitation goal of incarceration.

Adopting a rights-based strategy that prioritizes mental health as a fundamental component of prison reform is necessary in order to solve this. This entails incorporating mental health into the larger conversation about human rights, making sure that constitutional safeguards—in particular, Article 21—are followed, and conforming to global norms like the UNCRPD and the Nelson Mandela Rules. In addition to being policy suggestions, the establishment of mental health boards, cooperation with non-governmental organizations, and judicial supervision are crucial measures for maintaining the rule of law.

Ultimately, protecting the mental well-being of prisoners is not only a **humane obligation**—it is a **constitutional imperative**. A justice system that fails to safeguard the minds of those in its custody cannot claim to be truly just.

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