

**A PROTECTION OF MENTAL HEALTH OF
PRISONERS AS CONSTITUTIONAL MANDATE: A CRITICAL ANALYSIS OF
EXISTING LAWS AND PRACTICES**

-Dr. Teena Sundarbanshi¹

Abstract

The Indian Constitution, with its overarching commitment to the holistic wellbeing of all citizens, implicitly extends its protective ambit to incarcerated individuals. While the physical rights of prisoners are relatively well-defined, the mental health landscape within Indian correctional facilities remains a nebulous and often neglected domain. This research paper critically examines the disparity between the constitutional mandate for mental wellbeing and the prevailing realities of prison administration. Drawing upon existing legal frameworks, National Human Rights Commission (NHRC) guidelines, and clinical insights from institutions like NIMHANS, this study investigates the systemic gaps that contribute to the compromised mental health of prisoners, often culminating in tragic instances of unnatural deaths. We analyze the efficacy of current legal provisions and implementation challenges, highlighting the urgent need for a more robust and responsive framework. Furthermore, this paper proposes actionable recommendations to strengthen the legal and administrative mechanisms designed to protect the mental wellbeing of prisoners, ensuring adherence to constitutional principles and fostering a more humane and just correctional system. This research aims to illuminate the silent suffering within prison walls and advocate for a paradigm shift that prioritizes the mental health of incarcerated individuals as a fundamental constitutional right.

Key Words: Constitution of India, Rights, Metal Health, Prisoners, Legal Statues.

Introduction

Human beings possess a multitude of assets, both tangible and intangible; however, health remains a paramount aspect that should not be overlooked. When we consider health, it can be divided into mental and physical well-being. Often, physical health is prioritized and treated as more important due to its visible and immediate nature, which can create obstacles for individuals in their daily lives. In contrast, mental health is frequently ignored by

¹ Assistant Professor of Law, National Law University, Nagpur, India

individuals personally, by their peer groups and others socially, and even by the law legally till certain extent.

In today's fast-paced world, mental health issues are rapidly escalating due to various factors such as isolated and fractured families, contemporary lifestyles, the constant influence of social media, and an increasing emphasis on materialistic pursuits. This evolving lifestyle significantly impacts individuals' mental well-being, as the relentless demands of modern life often leave people perpetually occupied. Consequently, opportunities for genuine socialization diminish, fostering isolation. The drive to accumulate wealth and material possessions further distances individuals from their fundamental nature as social beings, thereby increasing their susceptibility to mental health challenges.

Presently, reports indicate the significant prevalence of mental health issues in India. The National Mental Health Survey reveals that 10.6% of adults experience mental disorders, with urban areas exhibiting a higher prevalence (13.5%) compared to rural areas (6.9%). Notably, despite comprising 18% of the global population, India faces a substantial burden of mental health problems, estimated by the WHO at 2443 disability-adjusted life years (DALYs) per 10,000 population, with an age-adjusted suicide rate of 21.1 per 100,000 population. The economic repercussions of mental health conditions in India are also considerable, with estimated losses between 2012 and 2030 projected to reach USD 1.03 trillion.²

The recent shifts and the profound impact of mental health across social and economic spheres have compelled both society and the legal system to increasingly focus on this critical aspect. Consequently, mental health has become a prominent topic of discussion on personal, social, and legal levels. This growing awareness has led to the emergence of laws designed to protect and prioritize mental well-being.³ However, within the nation, specific groups face heightened vulnerability to mental health challenges due to their unique circumstances. Often marginalized and segregated from the wider society, these populations may not find adequate protection under laws intended for the general citizenry, since many times they have governed by specialise laws and rules which is specially enacted to deal with that domain, thus necessitating the creation of specialized, purpose-driven legal frameworks to address their particular needs. Prisoners stand out as one such group, facing a significant burden of mental health issues that tragically manifest in outcomes like unnatural deaths and a higher rate of re-

² Report Submitted by Ministry of Health Care and Family welfare “ADVANCING MENTAL HEALTHCAREININDIA” 02/11/2025, [Advancing Mental Healthcare in India | Ministry of Health and Family Welfare | GOI](#) (visited on 8th may 2025).

³ Mental Health Act 2017.

offending.⁴ The question of whether sufficient legal safeguards are in place to protect the mental health of prisoners remains a critical area for research and deliberation. Alarming, a report published in 2021 indicated that 80% of unnatural deaths within prisons were suicides, a stark statistic that strongly underscores the urgent need to address the mental health needs of incarcerated individuals.

Prisoners and Mental Health

A prisoner⁵ is an individual who has been lawfully detained in a correctional facility or Prison⁶ to serve a sentence imposed by the judiciary, in accordance with the laws of the land. While mental health challenges are prevalent across the general population, individuals who have committed crimes may have a higher likelihood of experiencing pre-existing mental illness before their incarceration.

As per the report of the National Crime Records Bureau 2021 The causes of criminal behaviour lie in the social processes and structures. People commit crimes due to the process of socialization that does not develop a strong sense of right or wrong, and ever-increasing desires act as a strong stimulus for taking to crime to fulfil these desires. The genesis of crime can be traced to the interplay of various social, economic, demographic, local, and institutional factors.⁷

And this social, economic, demographic, local, and institutional factors are poverty, mental or physical cruelty, mental cruelty, mistreatment by the peer groups or society, motive of revenge, unavailability of basic needs⁸.

Relationship of Causes of Crime: chances of Pre-existing Mental disorder and Mental health Vulnerability with Unhappy Mind

The relationship between mental illness and criminal behavior, while often discussed, demands a nuanced understanding that moves beyond simplistic correlations. While it is true

⁴“80% of unnatural death in prisoner are Suicides” 80% of 'Unnatural Deaths' Among Prisoners Are Suicides, Govt Needs to Pay Heed to Mental Health of Prisoners | News Click (visited on 5th May 2025)

⁵ (2) “criminal prisoner” means any prisoner duly committed to custody under the writ, warrant or order of any Court or authority exercising criminal jurisdiction, or by order of a Court-martial ; (3) “convicted criminal prisoner” means any criminal prisoner under sentence of a Court or Court-martial, and includes a person detained in prison under the provisions of Chapter VIII of the 1Code of Criminal Procedure, 1882 (10 of 1882), or under the 2Prisoners Act, 1871 (5 of 1871) ; (4) “civil prisoner” means any prisoner who is not a criminal prisoner ;

⁶ 1) “prison” means any jail or place used permanently or temporarily under the general or special orders of a State Government for the detention of prisoners, and includes all lands and buildings appurtenant thereto, but does not include— (a) any place for the confinement of prisoners who are exclusively in the custody of the police; (b) any place specially appointed by the State Government under section 541 of the 1Code of Criminal Procedure, 1882 (10 of 1882); or (c) any place which has been declared by the State Government, by general or special order, to be a subsidiary jail;

⁷ NCRB: Crime in India 2021-Vol. 1, Crime in India 2021: Volume-I.

⁸ NCRB: Crime in India 2021-Vol. 1, Crime in India 2021: Volume-I.

that incarcerated populations exhibit a higher prevalence of diagnosed mental health conditions compared to the general public, attributing criminality solely or primarily to mental illness is a dangerous oversimplification. Mental health is but one thread in a complex tapestry of potential contributing factors, and the vast majority of individuals living with mental health disorders are never involved in criminal activity.

Indeed, factors such as pervasive poverty, the debilitating effects of physical illness, the deep and lasting scars of mistreatment by family members, and the significant limitations imposed by a lack of education often emerge as more direct and substantial drivers of crime. Poverty, for instance, can create an environment of intense desperation, where the struggle to secure basic necessities like food and shelter generates immense stress and erodes mental well-being. This constant pressure can foster feelings of hopelessness and anger, potentially leading individuals to engage in illegal activities as a means of survival, driven not by inherent criminality but by dire necessity. The lack of resources associated with poverty also frequently restricts access to education, job training, and crucial mental health support, perpetuating a cycle of disadvantage that can increase the risk of criminal involvement. Similarly, the burden of chronic or severe physical illness can extend beyond physical suffering to significantly impact mental health, leading to conditions like depression and anxiety. When coupled with inadequate medical care and the financial strain of healthcare costs, the emotional toll can become overwhelming, potentially driving individuals to desperate measures, including criminal acts to obtain necessary treatment or funds. Furthermore, the insidious impact of mistreatment within the family, including abuse, neglect, or violence, can leave deep and enduring psychological scars. Such trauma can contribute to a range of mental health issues, such as PTSD and anxiety disorders, and disrupt healthy development, affecting social skills, emotional regulation, and the ability to form positive relationships. Individuals who have endured such adversity may be more vulnerable to engaging in risky or antisocial behaviors as a maladaptive way of coping with their pain or acting out learned patterns of aggression. Finally, the lack of education creates significant barriers to social and economic mobility. Limited educational attainment restricts employment opportunities, leading to financial instability and heightened stress. It can also impede the development of critical thinking and problem-solving skills, as well as the understanding of societal norms and laws. Individuals with limited education may find themselves with fewer legitimate pathways to achieve their goals, making them potentially more susceptible to involvement in criminal activity. Undeniably, the cumulative weight of these hardships – poverty, illness, familial mistreatment, and lack of education – often results in significant unhappiness and mental strain. The constant

struggle and lack of hope can erode mental resilience, increasing vulnerability to mental health challenges. In such circumstances, criminal behavior might represent a misguided attempt to escape dire circumstances, gain a sense of control, or express profound pain and frustration. Therefore, while specific symptoms of certain mental illnesses can, in some instances, contribute to behaviors that lead to them towards crime.

Overall, after analyzing the contributing factors to crime, such as socioeconomic hardship, physical illness, familial mistreatment, and lack of education, often create immense struggles for individuals navigating these challenging circumstances. This arduous journey can be marked by persistent unhappiness, as individuals grapple with daily stressors, limited opportunities, and the erosion of hope. The prolonged exposure to such adversity can significantly impact mental well-being, either exacerbate pre-existing mental health disorders or render individuals more vulnerable to developing mental illness. The weight of these burdens can erode resilience, making it increasingly difficult to cope in healthy ways and potentially increasing the likelihood of resorting to desperate measures, including criminal behavior, as a misguided response to overwhelming distress and a pervasive sense of unhappiness and if could connect threat properly so we can say that maximum times a prisoners are unhappy being which having the pre-existing mental disorder, or more prone to get the mental disorder.

Development of Mental Health Disorder after Incarceration

As previously discussed, individuals entering the prison system often carry the weight of unhappiness and may have committed crimes under the influence of various challenging factors. However, the experience of incarceration itself can profoundly exacerbate existing mental health issues and even trigger new ones in individuals who were relatively mentally stable prior to imprisonment. The stark reality of stringent isolation, the forced separation from society and supportive peer groups, the severe curtailment of personal liberty, and the dramatic shift in life circumstances all contribute to a highly stressful environment. Furthermore, being constantly surrounded by individuals with potentially hardened criminal mindsets can be psychologically taxing. As a result, even those with previously resilient minds may develop mental health disorders, such as severe depression, during their incarceration. This can tragically lead to increased rates of suicide attempts and completions within prison walls.⁹ Moreover, the trauma experienced during incarceration can create significant and lasting

⁹ "Suicide in Prison PREVENTION STRATEGY AND IMPLICATION FROM HUMAN RIGHTS AND LEGAL POINTS OF VIEW" National Human Rights Commission India.

hindrances for an individual's successful reintegration into society upon release, further compounding the challenges they already faced.

Causes of Development of Mental Health Disorder after incarceration

There are many causes which is responsible to develop the mental health issues after the incarceration which is as given below.

Isolation and curtail of liberty: As inherently social beings, humans thrive on connection and freedom. The stark reality of imprisonment, characterized by extreme isolation and the severe curtailment of liberty, forces individuals to adapt to profoundly unnatural conditions. This abrupt shift into an environment often marked by social isolation and the necessity of navigating unfamiliar and potentially challenging social dynamics can have a deep and lasting impact on a prisoner's well-being, frequently contributing to the development or exacerbation of significant mental health challenges.

Adjusting with different domain of people: Within the confines of prison, individuals are compelled to adapt to a diverse population of incarcerated people, each with their own norms and behaviours. This constant negotiation extends to every facet of daily life, from adhering to unfamiliar rules and routines to contending with a different diet and the inherent struggle for resources and safety. The sustained pressure of adjusting for survival in this environment frequently takes a toll on prisoners' mental well-being, often leading to the emergence of various mental health issues.

Glances of Trail and other bitter experiences during custody: Even the initial experience of arrest can be profoundly distressing, forcing an individual to navigate a cascade of difficult emotions. The process is often accompanied by significant stress, a sense of disrespect, and deep shame, frequently compounded by a host of other negative feelings. This intense emotional burden can lead to considerable suffering and contribute to the development of various mental health challenges for those who are incarcerated.

Capacity of Human body to adjust in negative environment: The human mind and body possess a remarkable capacity for adaptation, a crucial mechanism for survival in varied circumstances, be they positive or adverse. However, when confronted with the inherently negative and often hostile environment of a prison, this adaptive process can become a double-edged sword. In the struggle for self-preservation, individuals may find their minds attempting to adjust to and normalize these detrimental surroundings. This necessary, yet often subconscious, adaptation to a toxic setting can, paradoxically, lead to a significant deterioration in both their mental and physical health, as they internalize the negativity in an effort to endure.

Financial instability: Within the confines of prison, individuals often experience profound helplessness compounded by severe financial instability. Incarceration typically prevents prisoners from earning income or managing their finances, leaving them in a precarious economic situation.

Stress of Family life: Both male and female prisoners often bear the weight of family responsibilities and obligations. Their incarceration prevents them from fulfilling these duties, and the awareness of the hardships their families endure as a direct consequence can generate profound guilt and contribute to a range of mental health challenges.

Stress of Reintegration: A significant and persistent source of distress for incarcerated individuals is the stress of reintegration. The prospect of returning to normal life after the challenges and adaptations of prison can be daunting. Having been arrested, navigated numerous difficulties during their incarceration, and adjusted to the prison environment for survival, the thought of re-entering society, facing former acquaintances, and independently securing the necessities of life is perceived as a formidable and stressful task. This anxiety surrounding reintegration is a major contributor to mental health issues among formerly incarcerated individuals.

Role of Laws: Mental Health of Prisoners

While laws aim to safeguard the physical and mental well-being of every individual, the legal framework doesn't always have specific, robust criteria to identify mental health issues in individuals upon entering the prison system. This gap can hinder the early detection of prisoners with mental health conditions, potentially leading to negative consequences and a lack of timely intervention to prevent further deterioration of their mental health.

Existing laws on Prisoners and their entry

As previously mentioned, prisoners often come from challenging backgrounds and may have a higher likelihood of experiencing mental health issues. However, current laws governing prison entry procedures tend to focus more on physical health conditions and lack specific, comprehensive protocols for identifying and addressing mental health concerns upon intake. This disparity means that while physical ailments are often screened for, underlying mental health needs might be overlooked.

Procedure when Prisoners enter into Prison as per Prison Manual

According to the prison manual, the prison medical officer conducts examinations of incoming prisoners and meticulously records their findings in a prescribed proforma, as mandated by law. This detailed proforma encompasses a comprehensive assessment of the prisoner's physical health, including their past medical history and current physical state. The

form delves into various bodily systems, such as the nervous system, cardiovascular system, ears, nose, and throat (ENT), urinary system, and even dental health, ensuring a thorough documentation of their physical well-being.¹⁰

Lacuna from the Perspective of Mental Health as Per existing Prison Laws

Only checking by the medical officer

Having examined the Prison Manual, two key limitations become apparent. Firstly, the initial health assessments are conducted by medical officers, who, while qualified in general health, may lack the specialized expertise of a psychiatrist in identifying nuanced mental health conditions. Consequently, if a prisoner appears physically healthy based on the standard medical examination, their mental health status might be easily overlooked, even if underlying issues exist.

Focus of Physical Health

As previously noted, the existing proforma primarily focuses on identifying physical health concerns. Consequently, there isn't a corresponding proforma or standardized procedure dedicated to assessing the mental health of individuals entering prison. As a result, while a prisoner's physical condition is thoroughly examined, any pre-existing mental health issues may go unaddressed and undocumented during the initial intake process.

Lacuna in Practices

While the law mandates that prisoners exhibiting obvious signs of unsound mind are referred to a psychiatrist by prison authorities, this often only addresses severe and easily identifiable mental health conditions. More subtle or early stages of mental health issues, where individuals might be feeling unwell or are in the initial phases of a mental health concern, are often overlooked by both prison authorities and the prisoners themselves. This can be attributed to the perceived impact of imprisonment, leading to a normalization of distress. Consequently, by the time a prisoner's mental health deteriorates to a point where it becomes clearly identifiable, it may be too late for timely and effective intervention to protect their well-being.

Initiatives by the Apex court of India and other Concern Authorities

Mental health, unfortunately, remains a largely overlooked issue not just within the prison system but across society as a whole. The repercussions of neglecting mental well-being are far-reaching and significant. Recognizing the critical importance of this issue, the Supreme Court of India has actively sought to safeguard the mental health of prisoners through various

¹⁰ Rule 5.65 MPM 2016.

pronounce, in its efforts to protect prisoners' mental health, the Apex Court has addressed matters concerning the inclusion of mental health as a crucial criterion for prison admission, alongside other factors. Furthermore, the court has emphasized the necessity of establishing mental health facilities within the prison system itself to provide necessary care and support, aiming to address this gap.¹¹

Test of Severity

The Supreme Court, in a significant judgment, recognized that severe mental illness arising after conviction can serve as a valid mitigating factor when considering the commutation of a death sentence. In reaching this conclusion, the court established a crucial "test of severity," articulating that the mental illness must be of such a profound nature that the prisoner lacks the capacity to comprehend the reasons for their punishment and its intended purpose. Furthermore, the judgment underscored the necessity of a thorough and expert evaluation of the prisoner's mental state, emphasizing that such assessments should be conducted by a multidisciplinary team of qualified professionals to ensure an accurate and comprehensive understanding of the individual's condition.¹²

The Supreme Court of India has consistently underscored the critical importance of addressing the mental health of prisoners through a series of landmark judgments. These pronouncements highlight the fundamental right of prisoners to mental well-being, emphasizing that incarceration should not equate to a denial of necessary mental healthcare. Landmark cases like *Machal Lalung* established guidelines for the treatment and release of mentally ill undertrials, while *Accused X* recognized severe post-conviction mental illness as a crucial mitigating factor in sentencing. Furthermore, in *Shatrughan Chauhan*, the court explicitly prohibited the execution of prisoners with mental illness and mandated regular mental health evaluations for those on death row. The suo moto case of *Re-Inhuman Conditions in 1382 Prisons* further reinforced the need for adequate mental health support within correctional facilities. Collectively, these judgments signal a clear judicial intent to ensure that the mental health of prisoners is not overlooked and that they receive the care and consideration befitting their inherent human dignity.

Guidelines by apex court of India to protect Mental Health and Mental Health Act 2017

- **Mental Health Screening in Proforma:** The court directed the State to revise the protocol for medical examinations of arrestees, mandating a specific column in the health screening

¹¹ Machal Lalung, Criminal Writ Petition No. 296 of 2005 and Criminal Writ Petition No. 18 of 2006

¹² Accused X v State of Maharashtra (2019) 7 SCC 1, Shatrughan Chauhan v Union of India (2014) 3 SCC 1, Re-Inhuman Conditions in 1382 Prisons (2019) 2 SCC 435.

proforma to assess their mental well-being. This column should not be filled based solely on a formal question to the arrestee.

- **Independent Observation and Input:** The duty doctor is required to independently observe the arrestee and gather information about their mental state from their next friend or relative.
- **Application of Mental Healthcare Act, 2017:** If there are indications of mental illness, the provisions of the Mental Healthcare Act, 2017, are automatically attracted, and the statutory procedures must be followed.

Section 103 of the Mental Healthcare Act, 2017, places a clear and significant duty on State governments to address the mental health needs of prisoners. It mandates that every prison must either possess its own psychiatric ward or establish collaborative arrangements with an external mental health facility to ensure that prisoners suffering from mental illness receive appropriate treatment. Furthermore, it explicitly states that if a prisoner is identified as mentally ill, the prison in-charge is obligated to facilitate their examination and treatment within a mental health establishment. This section also underscores the State's responsibility to bear the financial burden of such examination and treatment for prisoners living below the poverty line, thereby promoting equitable access to care. Critically, it clarifies that while a transfer to an internal psychiatric ward is sufficient if available, any transfer to an external mental health establishment necessitates prior approval from the Mental Health Review Board, thus introducing a crucial oversight mechanism to protect the prisoner's rights and ensure proper procedure. This provision collectively aims to prevent the incarceration of mentally ill individuals without necessary care and to ensure their right to treatment, reflecting a progressive approach to carceral mental health.

Section 105 addresses a crucial procedural aspect when mental illness becomes a contentious point in judicial proceedings. It mandates that if evidence of mental illness is presented to a court but is disputed by an opposing party, the court **must** refer the issue to the relevant Mental Health Review Board for further investigation. The Board, in turn, is tasked with thoroughly examining the individual in question, either directly or through a panel of experts. Following this examination, the Board is obligated to provide its considered opinion on the person's mental health status back to the court. This mechanism ensures that disputes regarding mental illness in legal contexts are not decided by the court without expert input, thereby safeguarding the rights and proper treatment of individuals with mental illness while maintaining the integrity of the judicial processes.

Ascertaining Mental Condition: When a remand prisoner is suspected to be mentally ill,

their condition should be ascertained from family members or caregivers, as the prisoner themselves might not be able to provide accurate information.

Setting up Mental Health Establishments in Prisons: The court reiterated the obligation of State governments under Section 103 of the Mental Healthcare Act, 2017¹³, to establish mental health establishments in the medical wing of at least one prison in each State and Union Territory for prisoners with mental illness.

Other Authorities

There are other authorities which is trying to protect rights of prisoners and time to time try to give guidelines so that rights of prisoners can be protected accordingly.

National Human Rights Commission

The National Human Rights Commission (NHRC) has consistently emphasized the critical need to protect the mental health of prisoners in India, issuing various advisories and recommendations over the years. Recognizing that prisons are environments where mental distress can manifest or exacerbate pre-existing conditions, the NHRC advocates for comprehensive mental healthcare services. Key guidelines include mandated regular multidisciplinary screening and assessment of prisoners' mental health upon admission and throughout their incarceration. This involves ensuring the presence of qualified medical officers and mental health professionals, such as psychologists and psychiatrists, within prison facilities or through regular visits. The NHRC has also stressed the importance of training prison staff in mental health literacy, including psychological first aid, to identify and respond to signs of mental illness or suicidal tendencies among inmates. Furthermore, they advocate for a humane prison environment, promoting interaction with the outside world through family visits and communication, and engaging prisoners in constructive activities, including yoga and vocational training, to alleviate stress and support their well-being. A significant focus of the NHRC's recommendations has been on preventing suicides in prisons, urging authorities to remove objects that can be used for self-harm and to implement a "Gatekeeper Model" where selected inmates are trained to identify at-risk peers. Overall, the NHRC's guidelines aim to shift the approach from mere custodial care to a more holistic, rights-based correctional and rehabilitative framework for prisoners with mental illness.

NIMHANS

The National Institute of Mental Health and Neurosciences (NIMHANS) has provided crucial guidelines for addressing the mental health of prisoners, recognizing the unique challenges

¹³ Section 103 of the Mental Healthcare Act, 2017.

and heightened vulnerability within correctional facilities. A cornerstone of their approach is the "**Gatekeeper Model**," which involves training selected inmates to identify peers at risk of suicide or experiencing other mental health distress, and then connecting them with appropriate professional services. This peer-support mechanism is complemented by the "**Buddy System**," where trained prisoners offer basic psychosocial support to fellow inmates in need, fostering a sense of connection and mitigating feelings of isolation. NIMHANS emphasizes the importance of **regular mental health assessments** for prisoners, particularly for suicide risk, and mandates supervised medication. Furthermore, the guidelines advocate for strong linkages between correctional facilities and **community-based mental health programs** like the District Mental Health Programme to ensure continuity of care. Recognizing the importance of social connection, NIMHANS also recommends facilitating periodic telephone conversations and digital communication (like "e-Mulakat") between prisoners and their families. Beyond direct interventions, the guidelines implicitly highlight the need for a holistic approach, including training prison staff in mental health awareness, ensuring the availability of essential psychiatric medications and psychosocial interventions, and developing protocols for managing crises. These comprehensive recommendations aim to transform prisons from mere custodial centres into environments that prioritize the mental well-being and rehabilitation of inmates.

Conclusion

While mental health remains a significant concern for the judiciary, law enforcement, and other authorities, the assertion that its protection is difficult "in absence of specific law" needs nuance. India has enacted the **Mental Healthcare Act, 2017 (MHCA 2017)**, which is a comprehensive legal framework specifically designed to provide for mental healthcare services and protect the rights of persons with mental illness. This Act, along with guidelines from bodies like NIMHANS and the NHRC, lays down clear duties and obligations for various stakeholders, including prison authorities, to ensure the mental well-being of individuals, particularly vulnerable groups like prisoners. Therefore, the challenge often lies not in the absence of law, but in the effective implementation, resource allocation, and consistent adherence to the established legal and ethical mandates.

Suggestions

- **Mandatory Universal Screening and Early Intervention:** Implement a robust and standardized mental health screening process for *all* inmates upon admission and at regular intervals thereafter. This should be conducted by trained professionals to identify needs early and facilitate immediate intervention.

- **Adequate Staffing of Mental Health Professionals:** Ensure a sufficient number of qualified psychiatrists, psychologists, social workers, and counselors are employed within the prison system. This includes both in-reach services and dedicated staff for psychiatric wards.
- **Comprehensive Training for Prison Staff:** Provide mandatory and ongoing training for all correctional officers and prison staff on mental health literacy, de-escalation techniques, identifying signs of mental distress and suicidal ideation, and the appropriate protocols for referral and crisis management.
- **Establishment and Proper Functioning of Psychiatric Wards/Units:** Fulfill the mandate of Section 103 of the MHCA 2017 by establishing well-equipped psychiatric wards or dedicated mental health units within at least one prison in each State/UT, ensuring they are adequately staffed and resourced.
- **Strengthened Linkages with External Mental Healthcare Facilities:** Develop formal, functional, and efficient referral pathways and partnerships with external public mental health establishments (like district hospitals and mental healthcare institutions) for more intensive or specialized treatment when required.
- **Implementation of Peer Support Models (Gatekeeper & Buddy Systems):** Actively promote and sustain the NIMHANS-recommended "Gatekeeper" and "Buddy" systems. Train selected inmates to identify and support peers at risk, fostering a supportive community within the prison environment.
- **Facilitate Family Contact and Social Reintegration:** Recognize the therapeutic value of social connection. Actively facilitate regular and accessible contact between prisoners and their families (e.g., through e-Mulakat, phone calls, visits) and develop programs focused on social and vocational reintegration for post-release well-being.
- **Diversion and De-incarceration for Minor Offenses:** Explore and implement mechanisms for diverting individuals with severe mental illness who commit minor offenses away from the criminal justice system and towards community-based mental health treatment, rather than incarceration.
- **Regular Audits and Oversight by Mental Health Review Boards:** Empower and ensure the proactive role of Mental Health Review Boards in regularly inspecting prison mental healthcare facilities, reviewing cases of prisoners with mental illness, and providing independent oversight and recommendations.
- **Allocate Dedicated Budget and Resources:** Ensure adequate financial allocation from State and Central governments specifically for prison mental healthcare

infrastructure, staffing, training, medication, and programs, recognizing it as a critical component of human rights and public health.
