

Psychological Well-Being of Jail Inmates in India: Challenges and Pathways to Reformation

Dr. Shrruti Sahrawat

Associate Professor, Department of Psychology, Indraprastha College, University of Delhi

“Crime is the outcome of a diseased mind and jail must have an environment of hospital for treatment and care.” - Mahatma Gandhi, India of My Dreams (1947)

ABSTRACT:

The psychological well-being of inmates in correctional institutions in India is indeed very significant, though hardly attended to, when viewed within the prism of the prison system. The conditions of the prison such as over-crowding, long loitering pre-trial, very little focus on the mental side of the health issue and isolation, only add to the troubles of the already distressed incarcerated individual. This article looks into individual psychologies of collaborating several odysseys determining the hinge of a prima facie strong case that exists for adequate mental health provisions, and the possible rehabilitation and reintegrative aspects of such issues. The aforementioned issues are dealt in a manner where the authors call for collective reforms, better mental health care, and changes to the way society views incarceration, in favor of a more humane and health-centred approach to justice.

KEYWORDS: Psychological well-being, jail inmates, mental health, overcrowding, pre-trial detention, rehabilitation, India, social isolation, prison reform.

INTRODUCTION

Prisons are often viewed as institutions focused on retribution, but in India, the concept largely emphasizes rehabilitation. However, within the confines of these facilities lies a different reality of degradation that significantly impacts the psychological and emotional well-being of inmates. In India, numerous systemic and environmental challenges within prisons exacerbate the declining mental health of prisoners.

Overcrowding in cells, insufficient mental healthcare resources within prison systems, and excessive delays in case processing create conditions that contribute to the decline of inmates' mental health. Studies from across the globe have consistently shown that mental health disorders are three times more prevalent in prisons than in the general population.¹

A 2002 systematic review in *The Lancet* of 62 studies across 12 countries found high rates of mental health issues among 22,790 prisoners. Among men, 3.7% had psychotic disorders, 10% had major depression, and 65% had a personality disorder, including 47% with antisocial personality disorder. For women, 4.0% had psychotic illnesses, 12% had major depression, and 42% had a personality disorder. Prisoners showed

¹ HM Inspectorate of Prisons. The mental health of prisoners. A thematic review of the care and support of prisoners with mental health needs HM Inspectorate of Prisons October. 2007 Last accessed on 2015 Jan 23 Available from: https://webarchive.nationalarchives.gov.uk/ukgwa/20130128112038/http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/thematic-reports-and-research-publications/mental_health-rps.pdf

significantly higher rates of psychosis, depression, and antisocial personality disorder compared to the general population.²

Between 2011 and 2014, 3906 prison suicides occurred in 24 high-income countries, with 93% of these being male inmates. The highest suicide rates were found in Nordic countries, while regions like Australasia and North America had lower rates. Interestingly, higher incarceration rates were linked to lower suicide rates, suggesting that overcrowding and poor conditions may worsen mental health issues in prisons. This underscores the need for improved mental health care and better prison conditions.³ Psychiatric disorders were found to be more prevalent among inmates from lower-middle-class backgrounds compared to those from upper-middle-class backgrounds.⁴

Challenges to the Psychological Well-being of Jail Inmates

A person's behavior and psychological well-being are significantly influenced by their external environment. When examining the conditions within prisons, it becomes evident that detainees often endure harsh and challenging circumstances that impact their mental and emotional health. In the United States, the National Commission on Correctional Health Care has reported that, on any given day, approximately 2% to 4% of inmates in state prisons are estimated to be living with schizophrenia or another psychotic disorder. A similar percentage of inmates are believed to experience manic episodes. Furthermore, between 13% to 18% of prisoners are thought to have experienced a major depressive episode at some point in their lives.⁵

Similarly, in India, a study conducted in the state of Haryana over 18 months involving 400 convicted inmates found that 18.5% experienced depression, 8% had anxiety, and another 8% suffered from stress. These rates were significantly higher than those observed in the general population.

Overcrowding and Limited Space:

One of the most pressing issues in Indian jails is overcrowding, with the inmate population often surpassing the prison's authorized capacity by several times. The lack of personal space and privacy becomes a significant mental health challenge, as inmates are typically forced to share cells, resulting in constant tension, anxiety, and aggression. The absence of solitude or personal reflection worsens feelings of frustration and helplessness, further intensifying the already harsh prison environment. In India, Many states are struggling with severe overcrowding in their prisons, with Uttarakhand facing the most extreme situation at 183.3%. Other states with high overcrowding rates include Uttar Pradesh (179.9%), Meghalaya (167.2%), Madhya Pradesh (164.4%), Maharashtra (161.4%), Sikkim (148.8%), and Chhattisgarh (144.6%). Among the Union Territories, Delhi has the highest overcrowding rate, at 184.5%.⁶

² Seena Fazel, John Danesh, Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. The Lancet, Volume 359, Issue 9306, 545 – 550 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(02\)07740-1/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)07740-1/abstract)

³ Seena Fazel, Taanvi Ramesh, Keith Hawton, Suicide in prisons: an international study of prevalence and contributory factors. The Lancet Psychiatry, Volume 4, Issue 12, 946 - 952

⁴ Dutta, S., Saha, S. K., & Chatterjee, S. (2014). A Study on Mental Health Morbidities with Socio-Demographic Correlates If Any, Among the Inmates at Bankura Prisons, West Bengal. Scholars Journal of Applied Medical Sciences (SJAMS). 2(2D):882-885 <https://journals.indexcopernicus.com/api/file/viewByFileId/363600.pdf>

⁵ Veysey BM, Bichler-Robertson G (2002), Prevalence estimates of psychiatric disorders in correctional settings, in The Health Status of Soon-to-Be-Released Inmates: A Report to Congress, Vol 2. Chicago, IL, National Commission on Correctional Health Care.

⁶ Prison Statistics India 2022 (NCRB) <https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/psiyearchive2022/1701613297PSI2022ason01122023.pdf>

In Another Study, the mental health of prisoners in five countries—Bangladesh, India, Indonesia, Nepal, and Sri Lanka—was assessed. Findings showed significant overcrowding (131.4%-215.6%) and a high prevalence of psychiatric disorders (40%-100%), with minimal mental health services and limited suicide data. Bangladesh had the highest psychiatric morbidity (66.4%-100%) and lacked a mental health system.⁷ A large proportion of Indian prisoners are not convicts, but undertrials. The number of undertrial prisoners in India, accounting for 75.8% of the total prison population, increased by 1.7% from 427,165 in 2021 to 434,302 by December 31, 2022. A total of 11,448 undertrial prisoners, making up 2.6% of the entire undertrial population, were held for over five years.⁸ Long spells of pre-trial detention, often running into years, create an environment of insecurity and stress among prisoners. There is no sense of closure or a predictable timeframe for release—prisoners can't plan and the anxiety this produces causes mental health problems such as depression and anxiety-related disorders. Feelings of helplessness flare up. Undertrial prisoners experience elevated anxiety levels and significant depression. Those from central jails in North Karnataka suffer from more severe depression compared to undertrials from other regions of the state.⁹ Prisoners are at high risk of anxiety disorders due to social isolation, poor living conditions (overcrowding, lack of hygiene, inadequate food), exposure to violence and abuse, lack of mental health care, and stigma from society due to their criminal status.¹⁰

Barriers to Mental Health Services:

Despite the obvious demand for psychological treatment, access to mental health care within Indian prisons is scarce. Prisons are generally under-resourced, and mental health professionals are in short supply. Where available, mental health services are often overwhelmed by the sheer number of prisoners requiring treatment. In addition, a stigma around psychiatric illness persists within prisons, meaning that inmates are reluctant to seek help for fear of being labelled as 'insane' or 'mad'. Consequently, many mentally ill individuals go undiagnosed and untreated, exacerbating their overall distress.

The Bangalore Prison Mental Health Study found that almost 80% of the prison population is affected by mental illness or substance use disorder. When excluding substance abuse, 27.6% of prisoners still exhibit diagnosable mental health conditions.¹¹

High Level Stress and Anxiety

Survivors of torture often experience long-term psychological issues, typically categorized as trauma, an-

⁷ Arafat SMY, Kar SK, Abhayanayake C, Sharma P, Marthoenis M. Prison mental health in South-East Asia: A narrative review. *Brain Behav.* 2024 Aug;14(8): e70004. doi: [10.1002/brb3.70004](https://doi.org/10.1002/brb3.70004) PMID: 39183502; PMCID: PMC11345491.

⁸ Prison Statistics India 2022 (NCRB) <https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/psiyarwise2022/1701613297PSI2022ason01122023.pdf>

⁹ Prasad PS, Nagarajamurthy BN. A study of anxiety and depression among under-trial prisoners in central jails in Karnataka. *Asian Journal of Development Matters*, 2011;5:143–147.

<https://www.indianjournals.com/ijor.aspx?target=ijor:ajdm&volume=5&issue=3&article=022>

¹⁰ Math. S, Murthy. P, Parthasarathy.R, Kumar.C, Madhusudhan. S. (Ed.). (2011). *Mental Health and Substance Use Problems in Prisons: The Bangalore Prison Mental Health Study, Local lessons for National Action*

https://www.researchgate.net/publication/259602374_Suresh_Bada_Math_Pratima_Murthy_Rajani_Parthasarathy_C_Naveen_Kumar_S_Madhusudhan_Mental_Health_and_Substance_Use_Problems_in_Prisons_The_Bangalore_Prison_Mental_Health_Study_Local_Lessons_for_National

¹¹ *supra* 09/ *ibid*

xiety, depression, and, less commonly, psychotic disorders. In addition to these mental health challenges, physical health problems, including pain, are common and may involve serious conditions like tuberculosis or HIV, often exacerbated by poor nutrition and significant stress that weakens the immune system.¹²

A study found that 1.7% of inmates were HIV-positive. Only a few prisoners received treatment for drug use, HIV, or co-infections with sexually transmitted infections. Drug offenders were admitted to de-addiction centers for detoxification. After detoxification, they were placed in therapeutic communities, where inmates participated in counseling, education, meditation, family therapy, anger and grief workshops, and recreational activities.¹³

In 300 districts across 21 states of India, a study conducted between July and December 2013 across 157 prisons found that tuberculosis (TB) diagnostic services were available in only 18% of the prisons, while treatment was available in 54%. Half of the prisons screened inmates upon entry, and 60% conducted periodic screenings. Among the inmates who were screened, 19% exhibited TB symptoms, and 8% were diagnosed using smear microscopy.¹⁴

A total of 117 prisoners from the Hadoti region of Rajasthan were surveyed, revealing that 6.7% had psychotic disorders, including 3.4% with schizophrenia and 2.5% with bipolar affective disorder. Neurotic disorders were found in 26.3% of prisoners, with 16.1% suffering from depressive disorders and 8.5% from anxiety disorders (6% with generalized anxiety disorder and 2.5% with obsessive-compulsive disorder). Somatoform disorder was present in 1.7% of inmates. Moreover, 58.8% had a prior history of drug abuse or dependence before incarceration.¹⁵

A cross-sectional study conducted at Jhumka Regional Prison in eastern Nepal from September 2014 to August 2015 interviewed 434 randomly selected inmates. The study found that 35.3% of inmates reported experiencing depression. Additionally, 2.3% had suicidal thoughts, and 0.9% had attempted suicide while incarcerated.¹⁶

In a six-week study of 230 male prisoners assessed at Central Jail Hospital (CJH), New Delhi, it was found that six weeks of Sudarshan Kriya practice improved anxiety, depression, well-being, and general health, with significant changes compared to control participants. Self-control and vitality scores showed no significant difference.¹⁷

Social Isolation and Lack of Support:

Incarceration now not best isolates individuals bodily but also socially. Many inmates revel in a profound

¹² Williams, C. (2013). The psychological impact of torture. *British Journal of Pain*, 7(2), 101. <https://doi.org/10.1177/2049463713483596>

¹³ Dolan, Kate; Larney, Sarah. HIV in Indian prisons: Risk behaviour, prevalence, prevention & treatment. *The Indian Journal of Medical Research* 132(6):p 696-700, December 2010.

¹⁴ Prasad BM, Thapa B, Chadha SS, Das A, Babu ER, Mohanty S, Pandurangan S, Tonsing J. Status of Tuberculosis services in Indian Prisons. *Int J Infect Dis*. 2017 Mar;56:117-121. doi: [10.1016/j.ijid.2017.01.035](https://doi.org/10.1016/j.ijid.2017.01.035) Epub 2017 Feb 4. PMID: 28179148.

¹⁵ Kumar, Vinod; Daria, Usha1. Psychiatric morbidity in prisoners. *Indian Journal of Psychiatry* 55(4):p 366-370, Oct-Dec 2013. | DOI: 10.4103/0019-5545.120562

¹⁶ Shrestha, G., Yadav, D.K., Sapkota, N. *et al.* Depression among inmates in a regional prison of eastern Nepal: a cross-sectional study. *BMC Psychiatry* 17, 348 (2017). <https://doi.org/10.1186/s12888-017-1514-9>

¹⁷ Sureka P, Govil S, Dash D, Dash C, Kumar M, Singhal V. Effect of Sudarshan Kriya on male prisoners with non psychotic psychiatric disorders: a randomized control trial. *Asian J Psychiatr*. 2014 Dec;12:43-9. doi: [10.1016/j.ajp.2014.06.010](https://doi.org/10.1016/j.ajp.2014.06.010) Epub 2014 Jun 20. PMID: 25440560.

feel of loneliness and alienation as they are reduce off from own family, buddies, and their communities. This social void, mixed with the absence of meaningful social connections within the jail, contributes considerably to emotions of melancholy and depression. Social isolation is specifically unfavourable, because it gets rid of a key supply of emotional assist in the course of a period of intense vulnerability. Torture can lead to enduring psychological effects, including posttraumatic stress disorder, anxiety, depression, and persistent pain.¹⁸

CONCLUSION

The prison walls in India, like in many parts of the world, do not merely confine the body—they often entrap the mind and spirit. Behind these walls are individuals—fathers, mothers, sons, daughters—many of whom entered the system already carrying the weight of poverty, trauma, mental illness, addiction, and abandonment. The experience of incarceration, marked by overcrowding, isolation, and systemic neglect, only deepens this burden, stripping inmates of their remaining resilience and further fraying their mental health.

It is clear from the data and the narratives presented in this article that the psychological well-being of inmates in India is not a peripheral issue—it is central to any meaningful discussion on prison reform, justice, and societal healing. When nearly one in five inmates struggles with depression, when access to basic psychiatric care is minimal, and when a person can spend years awaiting trial in uncertainty, the system is not only failing the individual—it is failing the society that hopes for reformation and reintegration.

A prison cannot—and should not—be a place where mental illness festers in the shadows. Instead, it must become a space where broken lives are given a chance to heal. This requires more than structural change; it demands a shift in societal perspective. We must see inmates not merely as criminals, but as human beings deserving of dignity, care, and the opportunity to change. A punitive approach that ignores psychological well-being only ensures that cycles of violence, addiction, and crime continue beyond prison gates.

India's prison system stands at a crossroads. On one side lies the status quo: underfunded facilities, overwhelmed staff, untreated trauma, and silent suffering. On the other lies the possibility of transformation—a system that invests in mental health, embraces evidence-based rehabilitation, reduces the trauma of pre-trial detention, and fosters meaningful human connection through family engagement, therapy, and education.

To choose the latter is to reaffirm a belief in human potential and in a justice system that does more than punish—it heals. Reforming prisons to prioritize mental well-being is not an act of leniency; it is an act of vision. It is the foundation of a safer, more compassionate society where second chances are not denied, and dignity is not forgotten, even behind bars.

¹⁸ Williams, C. (2013). The psychological impact of torture. *British Journal of Pain*, 7(2), 101. <https://doi.org/10.1177/2049463713483596>