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Global Mental Health Policies: Comparing India's NHRC Prison Mental Health Framework with Psychological Support Systems in UK Prisons

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Abstract

Mental health has emerged as a critical concern within prison systems worldwide, with incarcerated individuals experiencing significantly higher rates of psychological disorders than the general population. This secondary research paper compares India's National Human Rights Commission (NHRC) prison mental health framework with the psychological support systems implemented in United Kingdom prisons. Drawing on peer-reviewed literature, legislation, judicial decisions, and reports published by the NHRC, National Crime Records Bureau (NCRB), National Health Service (NHS), World Health Organization (WHO), and United Nations (UN), the study examines the legal, institutional, and human rights dimensions of prison mental healthcare. The findings reveal that India has established a progressive rights-based framework through constitutional protections, the Mental Healthcare Act, 2017, and NHRC recommendations. However, persistent implementation challenges, including overcrowding, prolonged undertrial detention, shortages of mental health professionals, and inadequate prison infrastructure, continue to undermine effective service delivery. In contrast, the United Kingdom has developed a more integrated prison mental healthcare system through NHS-led services and rehabilitation-oriented correctional practices, although issues such as self-harm, staffing shortages, and delayed psychiatric transfers remain. The study concludes that prison mental healthcare is a constitutional and human rights obligation and recommends strengthening rehabilitation, institutional accountability, and community-based mental health services to promote more humane and effective correctional systems.

Keywords: Prison Mental Health, Human Rights, NHRC, Therapeutic Jurisprudence, Prison Reform, India, United Kingdom

1. Introduction

1.1 Background Context

Mental health has increasingly become a central concern within criminal justice systems worldwide, particularly in relation to prison populations. Across jurisdictions, correctional institutions are housing a disproportionately high number of individuals with mental illnesses, many of whom entered prison with pre-existing psychiatric conditions while others develop psychological disorders during incarceration (World Health Organization [WHO], 2022). International research consistently demonstrates that prisons are not only places of confinement but also environments that can significantly exacerbate existing mental health conditions due to overcrowding, violence, prolonged uncertainty, social isolation, and limited access to healthcare (United Nations Office on Drugs and Crime [UNODC] & WHO, 2009).

According to the **World Health Organization (2022)**, the prevalence of mental disorders among incarcerated individuals is substantially higher than in the general population. Depression, anxiety disorders, post-traumatic stress disorder (PTSD), substance use disorders, psychosis, and personality disorders are reported at significantly elevated rates within correctional facilities (Fazel & Seewald, 2012). Studies further indicate that prisoners are at an increased risk of self-harm and suicide, particularly during the initial period of imprisonment and among individuals held in solitary confinement or without adequate psychological support (Fazel et al., 2016). These findings have shifted global discussions from viewing prison mental healthcare as merely a medical concern to recognising it as a matter of human rights and legal responsibility.

The rapid growth of prison populations has intensified these challenges. The **World Prison Brief** estimates that more than **11 million people** are currently incarcerated worldwide, with many prison systems operating beyond their official capacity (Institute for Crime & Justice Policy Research [ICPR], 2024). Overcrowding has been identified as one of the most significant structural barriers to delivering effective healthcare within prisons. Congested living conditions increase stress, reduce privacy, contribute to the spread of communicable diseases, and limit access to psychological services, thereby creating environments that are detrimental to mental well-being (UNODC & WHO, 2009).

Prison environments themselves often function as catalysts for psychological deterioration. The deprivation of liberty, separation from family, uncertainty regarding legal proceedings, institutional routines, and exposure to violence can contribute to emotional distress even among individuals with no prior history of mental illness (Haney, 2018). Prisoners may experience chronic anxiety, depression, sleep disorders, hopelessness, and institutionalisation, while those with existing psychiatric conditions frequently encounter worsening symptoms due to inadequate treatment and delayed clinical intervention (WHO, 2022). Research has also demonstrated that prolonged solitary confinement may produce severe psychological consequences, including hallucinations, cognitive impairment, emotional instability, and increased suicide risk, leading international human rights bodies to question its compatibility with fundamental human rights protections (United Nations General Assembly, 2015).

Mental healthcare within prisons has therefore become closely linked to international human rights law. The **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)** affirm that prisoners retain the right to healthcare equivalent to that available within the wider community and that prison administrations must ensure timely access to qualified healthcare professionals without discrimination (United Nations General Assembly, 2015). Similarly, the **International Covenant on Civil and Political Rights (ICCPR)** and the **Convention on the Rights of Persons with Disabilities (CRPD)** establish obligations upon States to protect the dignity, health, and fundamental rights of individuals deprived of liberty (United Nations, 1966; United Nations, 2006). Consequently, prison mental healthcare is increasingly understood not merely as a welfare measure but as an essential legal obligation arising from international human rights standards.

The relationship between mental illness and incarceration is particularly significant because prisons have increasingly become de facto institutions for managing individuals with severe mental health conditions. Following the deinstitutionalisation of psychiatric hospitals in many countries, insufficient investment in community-based mental healthcare has contributed to the criminalisation of mental illness, whereby individuals experiencing psychiatric disorders enter the criminal justice system rather than receiving appropriate medical care (Lamb & Weinberger, 2005). This phenomenon has prompted scholars to

describe prisons as "the new psychiatric institutions," highlighting systemic failures within both healthcare and criminal justice systems (Prins, 2014).

Against this global backdrop, India and the United Kingdom present two contrasting yet informative approaches to prison mental healthcare. India has established a progressive normative framework through constitutional protections, the **Mental Healthcare Act, 2017**, the **Model Prison Manual, 2016**, and numerous recommendations issued by the **National Human Rights Commission (NHRC)** regarding prisoners with mental illness (National Human Rights Commission [NHRC], 2023). These legal and policy instruments recognise the State's responsibility to protect the dignity and mental health of incarcerated individuals. However, persistent challenges, including prison overcrowding, shortages of mental health professionals, delayed psychiatric assessments, and inconsistent implementation across states, continue to limit the practical effectiveness of these safeguards (National Crime Records Bureau [NCRB], 2023).

By contrast, the United Kingdom has adopted a more integrated institutional approach by incorporating prison healthcare into the **National Health Service (NHS)**. Mental health assessments at prison reception, multidisciplinary care teams, therapeutic interventions, suicide prevention frameworks, and continuity of care following release reflect a more healthcare-oriented correctional model (NHS England, 2023). Nevertheless, independent reviews by **HM Inspectorate of Prisons** and the **Prison and Probation Ombudsman** continue to identify concerns relating to rising levels of self-harm, delays in transferring severely ill prisoners to secure psychiatric hospitals, staff shortages, and the psychological effects of prolonged segregation (HM Inspectorate of Prisons, 2024; Prison and Probation Ombudsman, 2023). These challenges demonstrate that even comparatively well-developed prison healthcare systems face significant obstacles in balancing security objectives with therapeutic care.

The comparison between India and the United Kingdom therefore provides an important opportunity to examine how differing legal frameworks, institutional arrangements, and policy priorities influence the protection of prisoners' mental health. Such a comparative analysis contributes not only to understanding prison healthcare systems but also to broader debates concerning human rights, access to justice, and the evolving role of the State in safeguarding the dignity of individuals deprived of their liberty.

1.2 Research Problem

Despite increasing international recognition that access to mental healthcare is a fundamental human right, substantial disparities persist between legal commitments and practical implementation within prison systems. Many countries have adopted laws, policies, and international obligations recognising the right of incarcerated individuals to receive healthcare equivalent to that available in the general community. However, prison mental health services frequently remain under-resourced, inconsistently implemented, and heavily influenced by institutional priorities that emphasise security over rehabilitation (WHO, 2022; UNODC & WHO, 2009).

In India, this implementation gap is particularly evident. Although the Constitution of India, the Mental Healthcare Act, 2017, judicial precedents, and NHRC recommendations establish a strong rights-based framework, correctional institutions continue to experience severe overcrowding, prolonged undertrial detention, shortages of psychiatrists and clinical psychologists, and limited coordination between prison administration and public healthcare systems (NCRB, 2023; NHRC, 2023). Individuals with mental illnesses may remain incarcerated for extended periods without timely diagnosis, treatment, or appropriate psychiatric referral, raising significant constitutional and human rights concerns.

Conversely, the United Kingdom demonstrates a comparatively advanced institutional model through NHS-integrated prison healthcare and established psychological support services. Nevertheless, recurring reports of increasing self-harm, delayed transfers to secure mental health facilities, staff shortages, and systemic failures indicate that institutional capacity alone does not eliminate challenges relating to prison mental healthcare (HM Inspectorate of Prisons, 2024; Prison and Probation Ombudsman, 2023).

This research therefore addresses the central problem of whether existing prison mental health policies adequately protect the rights, dignity, and psychological well-being of incarcerated individuals. Through a comparative analysis of India's NHRC Prison Mental Health Framework and the psychological support systems operating within UK prisons, the study seeks to evaluate the extent to which legal principles are translated into effective institutional practice and to identify lessons that may strengthen prison mental healthcare through a human rights-based approach.

1.3 Research Questions

The growing recognition of mental healthcare as a fundamental human right has prompted increasing scrutiny of prison systems across the world. Although both India and the United Kingdom have established legal and policy frameworks intended to safeguard the psychological well-being of incarcerated individuals, substantial differences remain in the design, implementation, and effectiveness of their prison mental healthcare systems. India has developed a relatively strong normative framework through constitutional protections, the Mental Healthcare Act, 2017, judicial interventions, and recommendations issued by the National Human Rights Commission (NHRC). However, persistent concerns regarding overcrowding, shortages of mental health professionals, delayed psychiatric intervention, and weak institutional enforcement raise questions about the practical effectiveness of these safeguards (National Crime Records Bureau [NCRB], 2023; National Human Rights Commission [NHRC], 2023). In contrast, the United Kingdom has integrated prison healthcare into the National Health Service (NHS), creating a comparatively more structured system of psychological assessment, counselling, psychiatric referral, and rehabilitative care. Nevertheless, independent inspections continue to report rising levels of self-harm, delayed transfers to secure psychiatric facilities, staff shortages, and institutional failures that undermine prisoner welfare (HM Inspectorate of Prisons, 2024; Prison and Probation Ombudsman, 2023).

Against this background, the present study seeks to examine prison mental healthcare through a comparative legal and human rights perspective. The research is guided by several interrelated questions concerning the effectiveness of India’s NHRC Prison Mental Health Framework, the integration of psychological support services within UK prisons, and the extent to which both systems comply with international human rights standards such as the Mandela Rules, the International Covenant on Civil and Political Rights, and the Convention on the Rights of Persons with Disabilities (United Nations, 1966, 2006, 2015). The study further investigates whether elements of the UK’s rehabilitative and healthcare-oriented prison model could be adapted within the Indian context and whether incarceration itself contributes to the deterioration of mental health. By addressing these questions, the research aims to evaluate not only the existence of legal protections but also the degree to which they are translated into effective institutional practice capable of protecting the dignity, health, and rights of prisoners.

1.4 Research Objectives

The primary objective of this research is to critically examine the relationship between prison mental healthcare, legal protection, and human rights through a comparative analysis of India’s NHRC Prison Mental Health Framework and the psychological support systems operating within prisons in the United Kingdom. The study adopts an interdisciplinary approach that combines perspectives from law,

psychology, criminology, and public policy in order to evaluate both the strengths and limitations of each jurisdiction's approach to addressing mental illness among incarcerated populations.

A central aim of the study is to analyse the prevalence and significance of mental health challenges within prison populations and to understand why correctional mental healthcare has emerged as a major concern within contemporary criminal justice systems. The research seeks to examine the legal and institutional framework governing prison mental healthcare in India, including constitutional protections under Article 21, the Mental Healthcare Act, 2017, the Model Prison Manual, 2016, and the recommendations issued by the National Human Rights Commission. In parallel, the study aims to evaluate the psychological support systems implemented within UK prisons, with particular emphasis on NHS-integrated healthcare services, reception screening, counselling, psychiatric referral mechanisms, therapeutic interventions, suicide prevention strategies, and rehabilitative programmes.

Another important objective is to conduct a systematic comparison of the prison mental healthcare systems of India and the United Kingdom by examining their legal protections, institutional arrangements, implementation mechanisms, and compliance with international human rights standards. Through this comparison, the research seeks to identify major implementation challenges affecting prison mental healthcare, including overcrowding, shortages of psychiatrists and psychologists, delayed access to treatment, inadequate infrastructure, institutional stigma, and barriers to rehabilitation. The study also aims to critically assess prison mental healthcare from a human rights perspective by evaluating whether existing legal safeguards adequately protect the dignity, equality, health, and fundamental rights of incarcerated individuals as recognised under domestic constitutions and international law.

Ultimately, the research seeks to contribute to broader debates on prison reform, therapeutic justice, and the role of the State in safeguarding mental health within custodial settings. By identifying comparative best practices and structural shortcomings, the study aims to develop evidence-based recommendations that could strengthen prison mental healthcare systems, promote rehabilitation, and ensure greater compliance with constitutional and international human rights obligations. The underlying premise of the research is that access to appropriate psychological care should not be treated as a discretionary welfare measure but as an essential component of a humane, rights-based, and rehabilitative criminal justice system.

2. Literature Review

2.1 Theoretical Foundations

Understanding prison mental healthcare requires an interdisciplinary framework that integrates legal theory, criminology, psychology, and human rights. The relationship between incarceration and mental health extends beyond the provision of psychiatric services and encompasses broader questions concerning the purpose of punishment, the exercise of state power, and the legal obligations owed to individuals deprived of their liberty. Three theoretical perspectives are particularly relevant to this study: Michel Foucault's theory of carceral systems, the concept of Therapeutic Jurisprudence, and the Human Rights-Based Approach. Together, these frameworks provide a foundation for analysing how prison mental healthcare is conceptualised, implemented, and evaluated in India and the United Kingdom.

Michel Foucault and Carceral Systems

One of the most influential theoretical perspectives on prisons is provided by the French philosopher and historian Michel Foucault in his seminal work Discipline and Punish (Foucault, 1977). Foucault argued that modern prisons should not merely be understood as institutions designed to punish criminal behaviour

but as mechanisms through which states exercise discipline, surveillance, and social control. According to his analysis, punishment gradually shifted from public displays of physical violence to institutional systems of continuous observation and behavioural regulation. Within this framework, prisons function as disciplinary institutions that seek to shape individual behaviour through surveillance, routine, and institutional authority rather than through physical coercion alone.

Central to Foucault's theory is the concept of the **Panopticon**, originally proposed by Jeremy Bentham as a prison design in which inmates remain under the constant possibility of observation without knowing when they are being watched. Foucault (1977) used the Panopticon as a metaphor for modern systems of governance, arguing that the perception of constant surveillance encourages individuals to regulate their own behaviour. In prison settings, this disciplinary structure influences not only physical movement but also emotional expression, interpersonal relationships, and psychological well-being.

Foucault also examined the relationship between psychiatry and criminal justice, suggesting that psychiatric knowledge has historically been used as an instrument of social regulation. Rather than viewing mental illness solely as a medical condition, he argued that psychiatric institutions and correctional systems often classify and manage individuals according to socially constructed norms of acceptable behaviour (Foucault, 1965). Consequently, psychiatric assessments within prisons may simultaneously serve therapeutic and disciplinary purposes, raising important ethical questions regarding autonomy, consent, and institutional power.

Although some scholars argue that Foucault's work underestimates the genuine therapeutic role of modern mental healthcare, his analysis remains highly relevant to contemporary prison systems. It encourages researchers to examine whether psychological services are primarily designed to promote rehabilitation and well-being or whether they also function as mechanisms for maintaining institutional order and security. This distinction is particularly significant when comparing India's rights-based prison reforms with the United Kingdom's more integrated psychological support systems.

Therapeutic Jurisprudence

While Foucault emphasises the disciplinary nature of legal institutions, the theory of **Therapeutic Jurisprudence** offers an alternative perspective by examining how legal systems can positively influence psychological well-being. First developed by David Wexler and Bruce Winick during the late 1980s, Therapeutic Jurisprudence views the law as a social force capable of producing either therapeutic or anti-therapeutic consequences depending on how legal rules, judicial procedures, and institutional practices are designed and implemented (Wexler & Winick, 1996).

The central principle of Therapeutic Jurisprudence is that legal processes should seek not only to ensure justice but also to minimise psychological harm while respecting due process and individual rights. This approach does not advocate replacing legal principles with medical objectives; rather, it encourages policymakers, judges, correctional authorities, and mental health professionals to consider the psychological effects of legal decision-making. Consequently, prison policies should support rehabilitation, mental healthcare, and reintegration instead of relying exclusively on punitive measures.

Within correctional settings, Therapeutic Jurisprudence has influenced several developments, including specialised mental health courts, diversion programmes for offenders with mental illnesses, trauma-informed correctional practices, and rehabilitation-focused sentencing (Wexler, 2015). These initiatives recognise that untreated mental illness may contribute to repeated contact with the criminal justice system and that appropriate psychological intervention can reduce recidivism while improving long-term public safety.

The theory also highlights the importance of procedural fairness. Prisoners who are treated with dignity, provided with opportunities to participate in decisions affecting their healthcare, and granted timely access to psychological services are more likely to engage positively with rehabilitation programmes and institutional rules (Tyler, 2006). Conversely, prolonged uncertainty, delayed psychiatric treatment, and neglect of mental health needs may produce anti-therapeutic outcomes that worsen psychological distress and undermine the objectives of correctional rehabilitation.

The principles of Therapeutic Jurisprudence are particularly relevant to this research because they provide a framework for evaluating whether prison mental healthcare systems genuinely promote recovery and rehabilitation or merely fulfil minimum legal obligations. They also assist in assessing whether India's NHRC Prison Mental Health Framework and the United Kingdom's NHS-integrated prison healthcare system reflect therapeutic values in both policy and practice.

Human Rights-Based Approach

A third theoretical perspective underpinning this study is the **Human Rights-Based Approach (HRBA)**, which views access to mental healthcare as a fundamental legal entitlement rather than a discretionary welfare service. Under international human rights law, individuals do not lose their inherent dignity or fundamental rights upon imprisonment. Although incarceration necessarily restricts personal liberty, prisoners continue to retain the right to life, health, equality, and protection from torture and cruel, inhuman, or degrading treatment (United Nations, 1966; United Nations, 2006).

The Human Rights-Based Approach is grounded in several international legal instruments, including the Universal Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of Persons with Disabilities (CRPD), and the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) (United Nations General Assembly, 2015). Collectively, these instruments establish that prisoners must receive healthcare equivalent to that available within the wider community and that States bear an affirmative obligation to protect the physical and mental well-being of those deprived of liberty.

Within prison mental healthcare, the Human Rights-Based Approach places particular emphasis on dignity, non-discrimination, accountability, participation, and access to justice (World Health Organization, 2022). It recognises that mentally ill prisoners often represent one of the most vulnerable populations within correctional institutions due to the combined effects of social stigma, institutional isolation, and limited access to specialised healthcare. Accordingly, prison administrations are expected to implement policies that prevent unnecessary psychological suffering, ensure timely psychiatric intervention, and provide effective mechanisms for independent oversight and accountability.

This framework is especially relevant when comparing India and the United Kingdom. While both jurisdictions recognise prisoners' rights through domestic legislation and international commitments, significant differences exist in the implementation of these obligations. The Human Rights-Based Approach therefore provides a valuable analytical lens for assessing whether legal protections are effectively translated into institutional practice and whether prison systems prioritise dignity, rehabilitation, and equitable access to mental healthcare. Ultimately, it reinforces the principle that mental healthcare in prisons is not merely a policy preference but an essential component of lawful, humane, and rights-based correctional governance.

2.2 Prison Mental Health Globally

Mental health within correctional institutions has become a major concern for governments, healthcare

professionals, and international human rights organisations. Research consistently demonstrates that the prevalence of mental disorders among incarcerated populations is substantially higher than in the general population (World Health Organization [WHO], 2022). Common conditions include depression, anxiety disorders, psychotic illnesses, post-traumatic stress disorder (PTSD), personality disorders, and substance use disorders, many of which remain undiagnosed or inadequately treated during imprisonment (Fazel & Seewald, 2012). These findings have shifted global discussions from viewing prison mental healthcare solely as a clinical issue to recognising it as a matter of public health, criminal justice, and human rights.

One prominent explanation for the high prevalence of mental illness in prisons is the **criminalisation of mental illness**. Following the deinstitutionalisation of psychiatric hospitals in several countries during the late twentieth century, many governments reduced the capacity of institutional mental healthcare without making equivalent investments in community-based services (Lamb & Weinberger, 2005). As a result, individuals with untreated mental illnesses increasingly entered the criminal justice system rather than receiving appropriate medical care. Scholars have therefore argued that prisons have, in many respects, become substitutes for psychiatric institutions, accommodating vulnerable individuals whose primary needs are therapeutic rather than punitive (Prins, 2014).

Another recurring theme in the literature concerns the psychological impact of imprisonment itself. Prison environments are frequently characterised by uncertainty, restricted autonomy, institutional routines, separation from family, exposure to violence, and social isolation. These conditions may worsen existing psychiatric disorders or contribute to the development of new psychological problems among previously healthy individuals (Haney, 2018). Numerous studies have associated prolonged incarceration with increased levels of depression, hopelessness, emotional dysregulation, and institutionalisation, demonstrating that imprisonment itself may constitute a significant risk factor for declining mental health.

The literature also identifies **solitary confinement** as one of the most harmful correctional practices affecting psychological well-being. Extended periods of isolation have been linked to anxiety, hallucinations, cognitive impairment, self-harm, and elevated suicide risk (United Nations General Assembly, 2015). Recognising these adverse consequences, the United Nations Mandela Rules define prolonged solitary confinement exceeding fifteen consecutive days as a practice that should be prohibited except under exceptional circumstances due to its potentially cruel, inhuman, or degrading effects.

Prison suicide represents another critical global concern. According to the WHO (2022), suicide rates within prisons remain consistently higher than those observed in the general population. Factors such as pre-existing mental illness, substance dependence, social isolation, uncertainty regarding legal proceedings, and inadequate access to mental healthcare contribute significantly to suicidal behaviour among incarcerated individuals (Fazel et al., 2017). Consequently, many countries have introduced structured suicide prevention programmes involving mental health screening, continuous monitoring, multidisciplinary intervention, and crisis support.

Recent literature increasingly advocates **trauma-informed correctional care**, recognising that many incarcerated individuals have experienced childhood abuse, domestic violence, poverty, discrimination, or other forms of psychological trauma before imprisonment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Trauma-informed approaches encourage correctional institutions to understand behavioural difficulties within the context of previous trauma while emphasising rehabilitation, therapeutic engagement, and psychological recovery rather than punishment alone.

2.3 Existing Studies on India

Research examining prison mental healthcare in India consistently identifies substantial disparities betwe-

en legal protections and practical implementation. Although constitutional jurisprudence and statutory reforms recognise prisoners' rights to health and dignity, correctional institutions continue to experience structural challenges that significantly affect the delivery of mental healthcare (National Human Rights Commission [NHRC], 2023).

One of the most frequently discussed issues within Indian scholarship is the high proportion of **undertrial prisoners**. According to the **Prison Statistics India** reports published by the National Crime Records Bureau (NCRB, 2023), undertrials constitute a majority of India's prison population. Lengthy judicial delays often result in individuals remaining incarcerated for prolonged periods before conviction, contributing to chronic uncertainty, psychological distress, and deteriorating mental health. Researchers argue that delayed access to justice itself functions as a significant psychological stressor, particularly for economically disadvantaged individuals unable to secure timely legal representation.

The literature also highlights the limited availability of specialised mental healthcare professionals within Indian prisons. Several studies report shortages of psychiatrists, clinical psychologists, psychiatric social workers, and trained correctional staff capable of identifying and managing serious mental illnesses (Mohan et al., 2018). Consequently, many prisoners with psychiatric disorders remain undiagnosed or receive delayed treatment, despite the enactment of the **Mental Healthcare Act, 2017**, which recognises access to mental healthcare as a legal right.

Scholars further emphasise the important role played by judicial activism in advancing prisoners' rights. Landmark decisions such as Sunil Batra v. Delhi Administration and Sheela Barse v. State of Maharashtra expanded constitutional protections under Article 21 by affirming that prisoners retain their fundamental rights, including protection from inhuman treatment and access to healthcare. These judicial interventions have significantly influenced prison reform discourse by reinforcing the constitutional obligation to safeguard prisoners' dignity.

The NHRC has similarly contributed to the development of prison mental health policy through prison inspections, advisories, and recommendations concerning psychiatric screening, suicide prevention, mental health awareness, and improved coordination between prisons and healthcare institutions (NHRC, 2023). Nevertheless, the literature consistently concludes that implementation remains inconsistent across states due to overcrowding, inadequate infrastructure, financial constraints, and administrative limitations.

2.4 Existing Studies on the United Kingdom

Compared with India, the literature generally characterises the United Kingdom as having a more institutionally integrated prison mental healthcare system. Since responsibility for prison healthcare was transferred to the **National Health Service (NHS)**, prisoners have gained greater access to healthcare services that more closely resemble those available within the wider community (NHS England, 2023). This integration reflects the principle of equivalence of care, which holds that individuals deprived of liberty should receive healthcare standards comparable to those available outside prison.

Studies describe comprehensive mental health screening during prison reception, multidisciplinary healthcare teams, psychological counselling services, psychiatric referrals, substance misuse programmes, and structured rehabilitation initiatives as important strengths of the UK system (Brooker et al., 2018). Therapeutic communities and psychologically informed planned environments (PIPEs) have also been developed for prisoners presenting with complex psychological needs, particularly those with personality disorders and histories of trauma.

The literature further highlights extensive efforts to reduce self-harm and suicide within UK prisons. Risk assessment frameworks, multidisciplinary case management, and specialised intervention programmes are

designed to identify vulnerable prisoners and provide continuous psychological support (HM Inspectorate of Prisons, 2024). However, despite these institutional developments, significant challenges remain.

Reports published by the **Prison and Probation Ombudsman** and **HM Inspectorate of Prisons** continue to identify increasing levels of self-harm, overcrowding, shortages of healthcare professionals, delayed transfers to secure psychiatric hospitals, and excessive use of segregation among vulnerable prisoners (HM Inspectorate of Prisons, 2024; Prison and Probation Ombudsman, 2023). Consequently, researchers argue that although the UK's institutional framework is comparatively more developed than many other jurisdictions, ongoing resource pressures continue to limit its effectiveness in fully meeting prisoners' mental healthcare needs.

2.5 Gap in the Literature

The existing literature provides substantial insight into prison mental healthcare within both India and the United Kingdom. However, several important gaps remain. First, relatively few studies undertake a **systematic comparative analysis** of the prison mental health systems of the two countries. Most research focuses exclusively on a single jurisdiction, limiting opportunities to identify transferable policy lessons and comparative institutional strengths.

Second, much of the literature adopts either a public health or psychological perspective, while comparatively limited attention has been devoted to analysing prison mental healthcare through an integrated **legal and human rights framework**. Although international instruments such as the Mandela Rules, the International Covenant on Civil and Political Rights, and the Convention on the Rights of Persons with Disabilities are frequently cited, relatively few studies evaluate the extent to which domestic prison systems effectively implement these obligations in practice.

Finally, existing scholarship tends to emphasise the content of prison policies rather than their implementation. While India's constitutional protections, the Mental Healthcare Act, 2017, NHRC recommendations, and the United Kingdom's NHS-integrated prison healthcare model are well documented, comparatively less research examines the persistent gap between legislative commitments and institutional realities. This distinction is particularly significant because effective prison mental healthcare depends not only upon progressive legal frameworks but also upon adequate infrastructure, trained professionals, financial investment, administrative accountability, and continuous monitoring.

Accordingly, the present study seeks to address these gaps by undertaking a comparative review of India's NHRC Prison Mental Health Framework and the psychological support systems operating within UK prisons. By integrating legal analysis, psychological research, and international human rights standards, the study contributes to a broader understanding of how prison mental healthcare can move beyond policy formulation towards effective implementation and rights-based correctional reform.

3. Conceptual and Legal Framework

3.1 Defining Mental Health in Prison Contexts

Mental health is increasingly recognised as a fundamental component of overall health and well-being, particularly within correctional settings where individuals are exposed to unique psychological and environmental stressors. The **World Health Organization (WHO)** defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community" (World Health Organization [WHO], 2022). This definition emphasises that mental health extends beyond the absence of mental illness and includes emotional resilience, cognitive functioning, social well-being, and the ability to adapt to challenging circumstances.

Within prison contexts, however, maintaining positive mental health is considerably more difficult due to the restrictive and often stressful nature of incarceration. Correctional facilities are characterised by limited autonomy, institutional routines, separation from family, uncertainty regarding legal proceedings, overcrowding, and exposure to violence or intimidation. These conditions may significantly affect prisoners' psychological well-being irrespective of whether they have a pre-existing psychiatric diagnosis (Haney, 2018). Consequently, prison mental health encompasses both the prevention and treatment of mental illness as well as the promotion of psychological well-being throughout the period of incarceration.

A distinction must be drawn between **psychological distress** and **clinical mental disorders**, as the two concepts are frequently conflated within prison research. Psychological distress refers to emotional responses such as anxiety, sadness, fear, loneliness, frustration, or hopelessness that arise from stressful life events or adverse environmental conditions (WHO, 2022). While distress may impair an individual's daily functioning, it does not necessarily constitute a diagnosable psychiatric illness. By contrast, clinical mental disorders, including major depressive disorder, schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), and severe anxiety disorders, are medically recognised conditions that require professional assessment and evidence-based treatment (American Psychiatric Association [APA], 2022).

The prison environment itself may contribute to the emergence or worsening of psychiatric disorders. Researchers increasingly describe **prison-induced psychiatric disorders** as mental health conditions that either develop or significantly deteriorate because of prolonged incarceration and institutional conditions (Haney, 2018). Factors such as prolonged isolation, uncertainty regarding trial outcomes, separation from support networks, inadequate healthcare, custodial violence, and prolonged detention have been associated with depression, anxiety, sleep disturbances, cognitive impairment, and suicidal ideation (Fazel & Seewald, 2012). Individuals entering prison with pre-existing mental illnesses frequently experience symptom exacerbation due to delayed diagnosis, interrupted treatment, or insufficient psychiatric care. These findings reinforce the importance of viewing prison mental healthcare not merely as a medical service but as an essential component of humane correctional administration and legal protection.

3.2 International Human Rights Framework

The protection of prisoners' mental health is firmly grounded in international human rights law, which recognises that deprivation of liberty does not extinguish an individual's inherent dignity or entitlement to healthcare. Although imprisonment lawfully restricts freedom of movement, States remain responsible for protecting the life, health, and well-being of persons in custody. Accordingly, international legal instruments establish minimum standards governing prison conditions, healthcare provision, and the treatment of prisoners with mental illnesses.

Among the most influential international standards are the **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)**, adopted by the United Nations General Assembly in 2015. The Mandela Rules require that prisoners receive healthcare equivalent to that available within the wider community and emphasise that healthcare services should operate independently of prison administration wherever possible (United Nations General Assembly, 2015). The Rules further require timely mental health assessments, access to qualified healthcare professionals, continuity of treatment, and protection against practices that may cause severe psychological harm, including prolonged solitary confinement. Rule 109 specifically encourages the transfer of prisoners with severe mental illness to appropriate specialised healthcare facilities where necessary, reflecting the principle that correctional institutions should not substitute for psychiatric hospitals.

The **International Covenant on Civil and Political Rights (ICCPR)** also provides an important legal

foundation for prison mental healthcare. Article 10 of the Covenant states that "all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person" (United Nations, 1966). This provision extends beyond protection from physical abuse and requires States to ensure conditions of detention that preserve psychological well-being and respect human dignity. Failure to provide adequate mental healthcare may therefore constitute a violation of internationally recognised human rights obligations.

Similarly, the **Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)** prohibits practices that intentionally inflict severe physical or psychological suffering (United Nations, 1984). International human rights bodies increasingly recognise that prolonged solitary confinement, deliberate denial of psychiatric treatment, or detention in conditions that significantly worsen mental illness may amount to cruel, inhuman, or degrading treatment. Consequently, prison authorities have both a legal and ethical obligation to prevent avoidable psychological harm and to provide appropriate therapeutic interventions.

The **Convention on the Rights of Persons with Disabilities (CRPD)** further strengthens the protection of prisoners experiencing mental illnesses by recognising psychosocial disabilities within the broader framework of disability rights (United Nations, 2006). The Convention requires States to eliminate discrimination, promote equality before the law, ensure accessibility to healthcare services, and respect the autonomy and dignity of persons with disabilities, including those deprived of their liberty. Importantly, the CRPD emphasises that mental illness should never justify the denial of fundamental rights or unequal treatment within correctional institutions.

Collectively, these international instruments establish three core principles that underpin prison mental healthcare: the **right to dignity**, the **right to healthcare**, and the **prohibition of torture and cruel, inhuman, or degrading treatment**. Together, they provide the normative framework through which national prison policies and correctional practices should be evaluated. In the context of this research, these principles serve as the benchmark against which India's NHRC Prison Mental Health Framework and the psychological support systems operating within UK prisons are critically assessed.

3.3 Indian Legal Framework

The legal framework governing prison mental healthcare in India is founded upon constitutional guarantees, statutory legislation, judicial interpretation, and administrative guidelines that collectively recognise the State's obligation to protect the rights and dignity of incarcerated individuals. Although prisons are administered by individual states under the Seventh Schedule of the Constitution, the legal principles governing prisoners' rights are derived primarily from the Constitution of India, the **Mental Healthcare Act, 2017**, the **Prisons Act, 1894**, the **Model Prison Manual, 2016**, and landmark judgments of the Supreme Court. Together, these legal instruments establish that prisoners retain their fundamental rights despite the lawful restriction of personal liberty.

The constitutional basis for prison mental healthcare is found in **Article 21**, which guarantees that no person shall be deprived of life or personal liberty except according to the procedure established by law. Over several decades, the Supreme Court has interpreted the right to life broadly to include the right to live with dignity, access healthcare, and be protected from cruel, inhuman, or degrading treatment (Constitution of India, 1950). This expansive interpretation extends to prisoners, affirming that incarceration does not extinguish fundamental human rights. Consequently, prison authorities bear a constitutional duty to provide humane living conditions and adequate medical and psychological care.

Judicial activism has significantly strengthened prisoners' rights jurisprudence in India. In Sunil Batra v.

Delhi Administration (1978; 1980), the Supreme Court held that prisoners continue to enjoy all fundamental rights except those necessarily restricted by incarceration. The Court condemned custodial brutality and emphasised that prison administration must respect human dignity and constitutional values. Similarly, in Sheela Barse v. State of Maharashtra (1983) and subsequent decisions, the Supreme Court recognised the vulnerability of prisoners and stressed the importance of legal aid, medical care, and judicial oversight in protecting their rights. These judgments established that the treatment of prisoners is subject to constitutional scrutiny and that neglect of physical or mental health may constitute a violation of Article 21.

The **Mental Healthcare Act, 2017** represents one of India's most progressive legislative reforms in the field of mental health. The Act adopts a rights-based approach by recognising access to affordable and quality mental healthcare as a legal entitlement and requiring treatment that respects the dignity, autonomy, and informed consent of persons with mental illness (Government of India, 2017). Although the Act applies broadly to all persons, its provisions are particularly relevant for prisoners, who remain dependent upon the State for access to healthcare. The Act also promotes non-discrimination and encourages treatment within the least restrictive environment, principles that are highly relevant when considering mentally ill undertrials and prisoners requiring specialised psychiatric care.

While the **Prisons Act, 1894** continues to regulate many aspects of prison administration, it reflects a colonial philosophy primarily concerned with discipline, security, and custodial control rather than rehabilitation or mental healthcare. Recognising these limitations, the **Model Prison Manual, 2016**, issued by the Ministry of Home Affairs, introduced more contemporary standards by recommending psychological counselling, psychiatric assessment, suicide prevention strategies, rehabilitation programmes, and improved coordination between prisons and public healthcare institutions (Ministry of Home Affairs, 2016). Although the Manual is advisory rather than legally binding, it provides an important policy framework for modernising prison administration in accordance with constitutional principles and international human rights standards.

3.4 UK Legal Framework

The United Kingdom has developed a comparatively integrated legal and institutional framework for prison mental healthcare by incorporating healthcare services within the **National Health Service (NHS)**. Since responsibility for prison healthcare was transferred from the prison service to the NHS, healthcare provision has increasingly been guided by the principle of **equivalence of care**, which requires that prisoners receive healthcare standards comparable to those available within the wider community (NHS England, 2023). This integration reflects the recognition that healthcare is a public service rather than a custodial privilege and has contributed to greater continuity of treatment before, during, and after imprisonment.

A central component of the UK's legal framework is the **Mental Health Act 1983**, as amended by the Mental Health Act 2007. The Act establishes procedures for the assessment, treatment, and transfer of individuals experiencing severe mental illness, including prisoners who require specialist psychiatric care. Where appropriate, prisoners may be transferred from correctional institutions to secure psychiatric hospitals to receive treatment better suited to their clinical needs. This legal mechanism reflects the principle that prisons should not function as substitutes for mental health hospitals and that individuals requiring intensive psychiatric intervention should receive care in appropriate healthcare settings.

Prison healthcare is further regulated through the **Prison Rules 1999**, which require prison governors to ensure that prisoners have access to necessary healthcare services, including mental healthcare. In practice,

mental health assessments are conducted during prison reception to identify prisoners at risk of self-harm, suicide, substance dependence, or serious psychiatric illness (HM Prison and Probation Service, 2023). Multidisciplinary teams comprising psychiatrists, psychologists, nurses, social workers, and counsellors provide ongoing assessment and treatment, while referral pathways exist for more complex clinical cases. The **Equality Act 2010** also plays an important role by prohibiting discrimination against individuals with disabilities, including many mental health conditions that qualify as disabilities under the Act. Public authorities, including prison administrations, are required to make reasonable adjustments to ensure that prisoners with mental illnesses have equitable access to healthcare, rehabilitation programmes, and institutional services. This legislation reinforces the broader commitment to equality and non-discrimination within correctional settings.

The human rights dimension of prison mental healthcare in the United Kingdom is strongly influenced by the **European Convention on Human Rights (ECHR)**, incorporated into domestic law through the **Human Rights Act 1998**. Of particular significance is **Article 3**, which prohibits torture and inhuman or degrading treatment or punishment. The European Court of Human Rights has consistently held that failure to provide adequate medical or psychiatric care to prisoners may constitute a violation of Article 3 where such neglect results in unnecessary suffering or serious deterioration of health (European Court of Human Rights, 2023). Consequently, prison authorities are under a positive legal obligation to protect prisoners' physical and psychological well-being. Together, the NHS healthcare model, statutory legislation, equality protections, and human rights obligations establish a comprehensive legal framework that emphasises rehabilitation, dignity, and access to mental healthcare, while also providing an important comparative benchmark for evaluating prison mental healthcare reforms in India.

4. India's NHRC Framework and Prison Mental Health

4.1 Evolution of the National Human Rights Commission's Role

The protection of prisoners' rights in India has increasingly evolved from a narrow focus on prison administration to a broader human rights-based approach, with the **National Human Rights Commission (NHRC)** playing a central role in shaping prison reform. Established under the **Protection of Human Rights Act, 1993**, the NHRC is mandated to protect and promote human rights, investigate violations by public authorities, conduct prison inspections, and recommend measures to improve custodial conditions (Protection of Human Rights Act, 1993). Over the past three decades, the Commission has consistently recognised that prisoners, despite being deprived of their liberty, continue to enjoy fundamental rights guaranteed under the Constitution of India, particularly the right to life and dignity under Article 21.

One of the NHRC's most significant contributions has been its systematic inspection of prisons across different states. These inspections have repeatedly highlighted persistent concerns including overcrowding, inadequate healthcare infrastructure, poor sanitation, shortages of trained medical personnel, and insufficient psychiatric services (National Human Rights Commission [NHRC], 2023). Rather than viewing these deficiencies solely as administrative challenges, the Commission has framed them as human rights issues, arguing that the State has a positive obligation to ensure humane conditions of detention and adequate healthcare for all prisoners. This approach aligns closely with international standards such as the **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)**, which require prisoners to receive healthcare equivalent to that available in the wider community (United Nations General Assembly, 2015).

Recognising the growing prevalence of mental illness among incarcerated populations, the NHRC has

increasingly focused on prison mental healthcare as an essential component of custodial reform. Through advisories, consultation papers, prison inspection reports, and recommendations to state governments, the Commission has emphasised the need for early identification of mental illness, regular psychiatric evaluation, specialised treatment facilities, and greater coordination between prison authorities and public healthcare institutions (NHRC, 2023). The Commission has also highlighted that untreated mental illness not only violates prisoners' constitutional rights but also undermines rehabilitation, increases the risk of self-harm and suicide, and places additional pressure on already overcrowded correctional institutions.

A particularly significant area of NHRC intervention concerns prisoners with severe mental illnesses who remain incarcerated despite requiring specialised psychiatric care. The Commission has repeatedly urged state governments to establish effective referral mechanisms between prisons and psychiatric hospitals, strengthen prison healthcare infrastructure, and ensure that mentally ill prisoners receive treatment in accordance with the **Mental Healthcare Act, 2017** and internationally accepted human rights standards (Government of India, 2017). Through these initiatives, the NHRC has contributed to shifting prison reform discourse from a purely security-oriented model towards one that increasingly recognises dignity, healthcare, and rehabilitation as integral components of correctional administration.

4.2 Mentally Ill Undertrials

Among the most complex issues within India's prison system is the situation of **mentally ill undertrial prisoners**, whose legal status places them at the intersection of criminal justice, mental healthcare, and human rights. According to the **Prison Statistics India** reports, undertrial prisoners constitute more than three-fourths of India's total prison population, reflecting significant judicial delays and prolonged pre-trial detention (National Crime Records Bureau [NCRB], 2023). For individuals experiencing mental illness, these delays frequently result in extended periods of incarceration without conviction, often in environments that aggravate existing psychological conditions.

One of the principal legal concerns relates to the **fitness of an accused person to stand trial**. Indian criminal procedure recognises that individuals who are incapable of understanding court proceedings or instructing legal counsel due to mental illness require special procedural safeguards. Nevertheless, scholars and human rights organisations have observed that psychiatric evaluations are often delayed because of shortages of qualified psychiatrists, inadequate forensic mental health infrastructure, and limited coordination between courts, prisons, and mental healthcare institutions (National Legal Services Authority, 2023; NHRC, 2023). As a result, prisoners with severe mental illnesses may remain in custody for extended periods before their competency to stand trial is properly assessed.

The prolonged detention of mentally ill undertrials raises serious constitutional and ethical concerns. Individuals who have not been convicted of any offence may spend years in prison awaiting trial, during which uncertainty, institutional isolation, and inadequate access to psychiatric treatment contribute to worsening mental health (NCRB, 2023). In many cases, the prison environment itself becomes a source of psychological deterioration, transforming temporary detention into long-term institutionalisation. Researchers have argued that prisons often become de facto psychiatric institutions for vulnerable individuals who would be more appropriately treated within specialised mental healthcare facilities (Prins, 2014).

The problem is further compounded by social and economic factors. Many mentally ill prisoners come from economically disadvantaged backgrounds and lack effective legal representation or family support. Families may abandon individuals suffering from severe psychiatric disorders because of financial hardship, social stigma, or fear associated with mental illness, leaving prisoners without external

assistance during judicial proceedings (National Human Rights Commission, 2023). Consequently, prolonged detention frequently reflects not only deficiencies within the criminal justice system but also broader inequalities in access to healthcare, legal aid, and social welfare.

The NHRC has repeatedly expressed concern regarding these systemic failures and has recommended regular identification of mentally ill undertrials, expedited psychiatric assessments, periodic judicial review of prolonged detention, and greater collaboration between correctional institutions and mental health establishments (NHRC, 2023). These recommendations recognise that mentally ill undertrials constitute one of the most vulnerable groups within the prison population and that protecting their rights requires coordinated legal, medical, and administrative interventions rather than continued reliance on custodial confinement alone.

4.3 NHRC Recommendations

Recognising the persistent inadequacies in prison mental healthcare, the National Human Rights Commission (NHRC) has issued a series of recommendations aimed at strengthening the protection of prisoners with mental illnesses. These recommendations have emerged from prison inspections, consultations with legal and mental health experts, and reviews of custodial deaths and human rights complaints. Rather than treating mental healthcare as a secondary aspect of prison administration, the NHRC has consistently emphasised that access to appropriate psychiatric care is an essential component of the constitutional guarantee of life and personal dignity under Article 21 of the Constitution of India (National Human Rights Commission [NHRC], 2023).

One of the Commission's primary recommendations is the introduction of **mandatory psychiatric and psychological screening** at the time of prison admission. Early assessment enables prison authorities to identify prisoners experiencing severe mental illness, suicidal tendencies, substance dependence, or psychological distress before their conditions worsen during incarceration (NHRC, 2023). The Commission has further recommended periodic mental health assessments throughout imprisonment, recognising that psychological conditions may develop or deteriorate because of prolonged detention, overcrowding, or exposure to custodial violence.

The NHRC has also advocated the appointment of **qualified psychiatrists, clinical psychologists, psychiatric social workers, and trained counsellors** within correctional institutions. Several prison inspection reports have observed that many prisons either lack specialised mental health professionals altogether or rely on infrequent visits by government psychiatrists, resulting in delayed diagnosis and inadequate treatment (NHRC, 2023). To address this gap, the Commission recommends strengthening collaboration between prison administrations and public healthcare institutions while ensuring continuous access to specialised psychiatric services.

Another important recommendation concerns the establishment of **formal linkages between prisons and psychiatric hospitals**. The Commission has repeatedly emphasised that prisoners requiring intensive psychiatric treatment should be referred promptly to specialised mental healthcare facilities rather than remaining within correctional institutions incapable of providing appropriate care. Such referral mechanisms are consistent with the **Mental Healthcare Act, 2017**, which recognises access to mental healthcare as a legal right, and with the **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)**, which require prisoners with severe mental illnesses to receive treatment in appropriate medical settings (Government of India, 2017; United Nations General Assembly, 2015).

In addition, the NHRC has recommended **quarterly judicial monitoring** of mentally ill undertrial prisoners to prevent prolonged detention without adequate psychiatric evaluation or legal review. Regular reporting enables courts to monitor treatment, assess fitness to stand trial, and ensure that vulnerable prisoners are not forgotten within the criminal justice system (NHRC, 2023). Complementing these legal safeguards, the Commission has emphasised the importance of **mental health literacy training** for prison officials, correctional staff, and police personnel so that symptoms of mental illness can be recognised promptly and managed with sensitivity rather than punishment.

The Commission has also attached considerable importance to **suicide prevention** within prisons. It recommends systematic risk assessments, crisis intervention mechanisms, confidential counselling services, improved observation of high-risk prisoners, and stronger coordination between prison authorities and healthcare professionals. Collectively, these recommendations reflect an evolving rights-based approach that views mental healthcare not merely as a medical responsibility but as an indispensable element of humane prison administration.

4.4 Critical Evaluation of the Indian System

Although India's legal and policy framework governing prison mental healthcare has become progressively more rights-oriented, its implementation remains constrained by significant structural and socio-legal challenges. Successive **Prison Statistics India** reports reveal that many correctional institutions continue to operate well beyond their sanctioned capacity, with overcrowding placing immense pressure on healthcare services, living conditions, and prison administration (National Crime Records Bureau [NCRB], 2023). Overcrowded prisons reduce opportunities for confidential psychiatric consultations, increase psychological stress, and limit the ability of prison authorities to identify and monitor individuals requiring specialised mental healthcare.

A further challenge is the severe shortage of qualified mental health professionals. Many prisons lack permanent psychiatrists, psychologists, psychiatric nurses, and social workers, while existing medical officers often have limited specialised training in forensic mental healthcare (Mohan et al., 2018). Consequently, psychiatric disorders frequently remain undiagnosed or untreated, despite statutory guarantees contained in the **Mental Healthcare Act, 2017** and repeated recommendations issued by the NHRC. These deficiencies demonstrate that progressive legislation alone cannot guarantee effective protection unless accompanied by adequate financial resources, institutional capacity, and trained personnel.

The continued reliance on aspects of India's **colonial prison administration model**, rooted in the **Prison Act of 1894**, also presents important limitations. Historically, prison governance has prioritised discipline, surveillance, and security over rehabilitation and therapeutic care. Although the **Model Prison Manual, 2016** encourages correctional reform and prisoner welfare, implementation varies considerably across states because prisons remain a State subject under the Constitution. As a result, access to mental healthcare often depends upon regional administrative capacity rather than uniform national standards (Ministry of Home Affairs, 2016).

The literature also identifies several socio-legal barriers that disproportionately affect prisoners with mental illnesses. Poverty frequently limits access to competent legal representation, while prolonged judicial delays contribute to lengthy undertrial detention and heightened psychological distress (NCRB, 2023). Social stigma surrounding mental illness discourages timely diagnosis and treatment both before and during incarceration, and in some cases families abandon individuals experiencing severe psychiatric disorders, leaving them without social support or assistance during legal proceedings (NHRC, 2023).

Reports of custodial violence, inadequate grievance mechanisms, and insufficient independent oversight further undermine the protection of vulnerable prisoners' rights.

Taken together, these findings suggest that India possesses a **strong normative rights framework but a comparatively weak enforcement architecture**. Constitutional protections under Article 21, judicial activism, the Mental Healthcare Act, 2017, the Model Prison Manual, and the NHRC's recommendations collectively establish robust legal standards for safeguarding prisoners' mental health. However, persistent implementation deficits, including overcrowding, inadequate infrastructure, shortages of mental health professionals, delayed psychiatric intervention, and inconsistent institutional accountability, continue to prevent these legal guarantees from being fully realised in practice. Bridging this gap between rights and implementation remains one of the most significant challenges confronting prison reform in India and forms the basis for comparison with the more institutionalised psychological support systems operating within the United Kingdom.

5. Psychological Support Systems in UK Prisons

5.1 Historical Shift Toward Rehabilitation

The philosophy of imprisonment in the United Kingdom has undergone a significant transformation over the past century, evolving from a predominantly punitive model of incarceration towards one that increasingly emphasises rehabilitation, reintegration, and the protection of prisoners' health and well-being. Historically, prisons were designed primarily to punish offenders through strict discipline, deterrence, and deprivation of liberty. Mental illness was often misunderstood, and prisoners experiencing psychological disorders received limited medical attention, with behavioural difficulties frequently addressed through disciplinary measures rather than therapeutic intervention (Jewkes, Bennett, & Crewe, 2016).

The latter half of the twentieth century marked a gradual shift in correctional philosophy as policymakers increasingly recognised that rehabilitation was essential for reducing recidivism and improving public safety. Growing evidence demonstrating the high prevalence of mental illness among prison populations prompted reforms aimed at integrating healthcare within correctional institutions. International human rights standards, particularly the **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)**, reinforced the principle that prisoners should receive healthcare equivalent to that available in the wider community (United Nations General Assembly, 2015). These developments encouraged prison administrations to adopt a more therapeutic approach in which psychological care became an integral component of rehabilitation rather than an optional welfare service.

A landmark reform occurred when responsibility for prison healthcare in England was transferred from the Prison Service to the **National Health Service (NHS)**. This transition reflected the principle of **equivalence of care**, ensuring that prisoners retained access to healthcare services comparable to those available outside prison (NHS England, 2023). The integration of healthcare into the NHS strengthened professional accountability, improved continuity of treatment, and reinforced the view that prisoners remain entitled to healthcare despite the loss of personal liberty. Consequently, rehabilitation within UK prisons increasingly incorporates mental health treatment, substance misuse support, education, vocational training, and structured reintegration planning.

5.2 NHS-linked Prison Mental Healthcare

The integration of prison healthcare into the NHS has fundamentally reshaped the delivery of mental health services within UK correctional institutions. Under the NHS model, prisons operate

multidisciplinary healthcare teams comprising psychiatrists, psychologists, mental health nurses, social workers, counsellors, and substance misuse specialists who work collaboratively to identify and manage prisoners experiencing psychological difficulties (NHS England, 2023). This multidisciplinary approach recognises that mental illness frequently coexists with addiction, trauma, learning disabilities, and social disadvantage, requiring coordinated clinical intervention rather than isolated treatment.

Mental health assessment begins at the point of prison reception, where newly admitted prisoners undergo comprehensive health screening to identify pre-existing psychiatric disorders, substance dependence, cognitive impairments, previous self-harm, or suicidal behaviour (HM Prison and Probation Service, 2023). Individuals assessed as being at heightened risk receive immediate referral for specialist mental health evaluation and, where necessary, ongoing clinical monitoring throughout their imprisonment.

Psychological support extends beyond diagnosis to include individual counselling, psychiatric consultations, medication management, and referral pathways for prisoners requiring inpatient psychiatric treatment. Where severe mental illness cannot be adequately managed within prison, the **Mental Health Act 1983** permits transfer to secure psychiatric hospitals to ensure access to appropriate specialist care (Department of Health & Social Care, 2022). In addition, prisons implement structured suicide prevention procedures through multidisciplinary risk management systems designed to identify vulnerable individuals and provide continuous psychological support (HM Inspectorate of Prisons, 2024). These measures reflect the broader objective of protecting prisoners' mental health while reducing preventable deaths in custody.

Therapeutic communities also form an important component of NHS-linked prison healthcare. These specialised environments encourage prisoners to participate actively in psychological treatment through group therapy, peer support, behavioural reflection, and collaborative decision-making. Research indicates that therapeutic communities can improve emotional regulation, interpersonal skills, and long-term rehabilitation outcomes, particularly for individuals with personality disorders and complex psychological needs (Royal College of Psychiatrists, 2019).

5.3 Psychological Interventions

Psychological interventions within UK prisons increasingly adopt evidence-based therapeutic approaches that address the diverse mental health needs of incarcerated individuals while supporting rehabilitation and reducing reoffending. One of the most widely implemented interventions is **Cognitive Behavioural Therapy (CBT)**, which focuses on identifying maladaptive patterns of thinking and behaviour that contribute to criminal conduct, emotional distress, and poor decision-making. CBT programmes help prisoners develop healthier coping strategies, improve emotional regulation, strengthen problem-solving abilities, and reduce the likelihood of future offending (National Institute for Health and Care Excellence [NICE], 2022). The effectiveness of CBT has been widely recognised in correctional psychology, particularly for individuals experiencing depression, anxiety disorders, substance dependence, and anger management difficulties.

Alongside CBT, UK prisons have increasingly adopted **trauma-informed care**, acknowledging that many prisoners have experienced adverse childhood experiences, domestic violence, abuse, homelessness, or chronic social disadvantage before entering the criminal justice system (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Trauma-informed practice seeks to minimise re-traumatisation by promoting safe therapeutic environments, fostering trust between staff and prisoners, and recognising the influence of past trauma on present behaviour.

Mental healthcare is further complemented by specialist **substance misuse treatment programmes**, recognising the close relationship between addiction and mental illness. Integrated treatment models combine psychological counselling, clinical support, relapse prevention, and rehabilitation planning to address both substance dependence and co-occurring psychiatric disorders (NHS England, 2023). Crisis intervention services provide immediate assistance to prisoners experiencing acute psychological distress, suicidal ideation, or psychiatric emergencies, while individual rehabilitation plans coordinate ongoing mental healthcare with education, vocational training, and post-release community support. Together, these interventions demonstrate the United Kingdom's commitment to embedding psychological care within broader correctional rehabilitation, reflecting an increasingly holistic approach to prison mental healthcare.

5.4 Institutional Challenges

Despite the United Kingdom's comparatively advanced prison mental healthcare system, significant institutional challenges continue to limit its effectiveness. Independent oversight bodies, including **HM Inspectorate of Prisons**, the **Prison and Probation Ombudsman (PPO)**, and the **Care Quality Commission (CQC)**, have consistently reported that increasing prison populations, resource constraints, and operational pressures have affected the quality and accessibility of psychological services (HM Inspectorate of Prisons, 2024; Prison and Probation Ombudsman, 2023). These findings illustrate that the existence of a comprehensive legal and healthcare framework does not automatically ensure effective implementation in practice.

One of the most persistent challenges is **prison overcrowding**. Although the United Kingdom generally has better prison infrastructure than many developing countries, several correctional institutions continue to operate close to or beyond their intended capacity (HM Inspectorate of Prisons, 2024). Overcrowding places additional pressure on healthcare teams, reduces opportunities for confidential therapeutic consultations, limits participation in rehabilitation programmes, and increases stress among both prisoners and correctional staff. Research has shown that overcrowded environments contribute to anxiety, interpersonal conflict, aggression, and deteriorating psychological well-being, thereby increasing demand for mental healthcare services (World Health Organization [WHO], 2022).

The shortage of qualified healthcare professionals represents another significant concern. Reports indicate that many prisons experience vacancies among psychiatrists, psychologists, mental health nurses, and counsellors, resulting in longer waiting times for assessment and treatment (NHS England, 2023). Staffing shortages also affect continuity of care, particularly for prisoners requiring long-term psychological support or specialised interventions for severe mental illness. Consequently, some individuals experience delays in receiving appropriate treatment despite being identified as clinically vulnerable.

The United Kingdom has also experienced increasing rates of **self-harm** within prisons. According to HM Inspectorate of Prisons (2024), incidents of self-harm remain at historically high levels in several establishments, particularly among women, young adults, and prisoners with complex mental health needs. Although prisons employ structured suicide prevention frameworks such as the **Assessment, Care in Custody and Teamwork (ACCT)** process, oversight reports continue to identify inconsistencies in implementation, communication, and follow-up care (HM Prison and Probation Service, 2023). These findings suggest that risk identification alone is insufficient without adequate staffing, timely clinical intervention, and sustained multidisciplinary support.

Another frequently cited challenge concerns **delayed transfers** of prisoners requiring specialist psychiatric treatment. Under the **Mental Health Act 1983**, prisoners with severe mental illnesses may be

transferred to secure psychiatric hospitals. However, shortages of available hospital beds, administrative delays, and increasing demand often prolong the transfer process, leaving clinically vulnerable prisoners within environments that may aggravate their conditions (Prison and Probation Ombudsman, 2023). Similarly, the continued use of segregation or isolation for prisoners displaying behavioural difficulties has attracted criticism from human rights organisations, particularly where such individuals have underlying mental illnesses. Although segregation may occasionally be necessary to maintain institutional safety, prolonged isolation has been associated with anxiety, depression, cognitive impairment, and increased suicide risk (United Nations General Assembly, 2015). These challenges demonstrate that balancing institutional security with therapeutic care remains a complex issue within contemporary prison administration.

5.5 Therapeutic Prison Models

In response to these challenges, the United Kingdom has increasingly invested in **therapeutic prison models** that place psychological rehabilitation at the centre of correctional practice. Rather than viewing imprisonment solely as a mechanism for punishment, these models recognise that improving prisoners' mental health contributes to rehabilitation, institutional safety, and successful reintegration into society. They reflect the growing acceptance that correctional institutions should address the underlying psychological and social factors associated with offending behaviour.

One important innovation is the development of **Psychologically Informed Planned Environments (PIPEs)**. PIPEs are specialised prison units designed to support prisoners with complex emotional and personality-related difficulties by creating environments that promote consistent therapeutic relationships, emotional regulation, and positive behavioural change (Ministry of Justice & NHS England, 2017). Unlike conventional prison wings, PIPEs integrate psychological principles into everyday prison life, encouraging collaboration between correctional officers, psychologists, healthcare professionals, and prisoners. Research suggests that these environments can improve emotional stability, strengthen interpersonal skills, and facilitate engagement with rehabilitation programmes.

The United Kingdom has also established **rehabilitation-focused prisons** that prioritise education, vocational training, mental healthcare, substance misuse treatment, and structured preparation for release. These institutions seek to reduce reoffending by addressing criminogenic needs alongside psychological well-being, recognising that successful rehabilitation requires both behavioural change and access to appropriate mental healthcare (Ministry of Justice, 2022). Multidisciplinary teams work collaboratively to develop personalised rehabilitation plans that integrate psychological treatment with educational and employment opportunities.

Specialised **mental health wings** within certain prisons provide additional support for prisoners experiencing severe psychiatric disorders who do not require immediate transfer to secure hospitals but nevertheless need enhanced clinical supervision. These units facilitate closer monitoring, regular psychiatric review, medication management, crisis intervention, and coordinated treatment planning while maintaining links with NHS mental health services (NHS England, 2023). Such facilities also reduce reliance on segregation by providing clinically appropriate alternatives for prisoners whose behavioural difficulties are primarily linked to mental illness.

Despite these positive developments, therapeutic prison models continue to face challenges associated with limited resources, staff shortages, and increasing prison populations. Nevertheless, the United Kingdom's emphasis on psychologically informed correctional practice represents an important shift from purely punitive incarceration towards a rehabilitation-oriented model that recognises mental healthcare as

an essential element of effective prison governance. These institutional innovations provide valuable comparative insights for jurisdictions such as India, where prison reform increasingly seeks to integrate constitutional rights, human dignity, and evidence-based mental healthcare into correctional policy.

6. Comparative Analysis – India and the United Kingdom

Table 6.1 presents a comparative overview of key dimensions of prison mental healthcare in India and the United Kingdom. While both countries formally recognise prisoners' rights to healthcare and dignity, they differ considerably in the extent to which these principles have been translated into institutional practice.

Comparative Theme	India	United Kingdom
Rehabilitation Focus	Traditionally custodial with growing emphasis on correctional reforms	Rehabilitation integrated with psychological treatment, education, and reintegration planning
Mental Health Professionals	Severe shortage of psychiatrists, psychologists, and psychiatric social workers	Multidisciplinary NHS teams including psychiatrists, psychologists, nurses, and counsellors
Undertrial Crisis	High proportion of undertrial prisoners leading to prolonged detention	Majority of prisoners are convicted offenders; undertrial detention comparatively less significant
Policy Orientation	Rights-based recommendations through the NHRC, judiciary, and legislative reforms	Institutionalised psychological care integrated into prison administration through the NHS
Diversion Mechanisms	Limited diversion of mentally ill offenders to specialised healthcare facilities	Established legal mechanisms for transfer to secure psychiatric hospitals under the Mental Health Act
Legal Protection	Strong constitutional safeguards under Article 21 and the Mental Healthcare Act, 2017	Comprehensive statutory framework including the Mental Health Act 1983, Equality Act 2010, Human Rights Act 1998, and NHS healthcare provision
Implementation	Inconsistent implementation across states; limited monitoring and infrastructure	Comparatively stronger implementation, although affected by resource constraints and prison overcrowding
Prison Infrastructure	Chronic overcrowding and underfunding; inadequate mental healthcare facilities	Better funded healthcare infrastructure but increasingly strained by rising prison populations

6.1 Punitive vs Therapeutic Models

A fundamental distinction between the prison systems of India and the United Kingdom lies in their underlying correctional philosophies. India's prison administration continues to reflect a predominantly **punitive model**, historically shaped by the **Prisons Act, 1894**, which was enacted during the colonial period. The primary objectives of this legislation were discipline, surveillance, and maintenance of institutional security rather than rehabilitation or psychological well-being (Ministry of Home Affairs, 2016). Although subsequent reforms, including the **Model Prison Manual, 2016**, the **Mental Healthcare Act, 2017**, and recommendations issued by the **National Human Rights Commission (NHRC)**, have introduced a stronger rights-based perspective, implementation remains inconsistent across states (National Human Rights Commission [NHRC], 2023).

The United Kingdom, by contrast, has progressively shifted towards a **therapeutic model of corrections** that recognises rehabilitation as an essential objective of imprisonment. The integration of prison healthcare into the **National Health Service (NHS)** reflects the principle that prisoners remain entitled to healthcare equivalent to that available within the wider community (NHS England, 2023). Mental health assessments, counselling, psychological therapies, substance misuse treatment, and structured rehabilitation programmes are incorporated into routine prison management. Therapeutic communities and **Psychologically Informed Planned Environments (PIPEs)** further demonstrate an institutional commitment to addressing the psychological causes of offending rather than focusing exclusively on punishment (Ministry of Justice & NHS England, 2017).

Despite these differences, neither system can be described as entirely rehabilitative. Indian prisons increasingly recognise the importance of mental healthcare but remain constrained by overcrowding, limited financial resources, and shortages of trained professionals. Conversely, UK prisons continue to experience rising levels of self-harm, staff shortages, and delayed psychiatric transfers, indicating that therapeutic principles often encounter practical limitations during implementation (HM Inspectorate of Prisons, 2024). Nevertheless, the United Kingdom has moved considerably further in institutionalising psychological care as an integral component of correctional policy.

6.2 Human Rights Compliance

From a human rights perspective, both India and the United Kingdom are legally bound by international standards requiring the humane treatment of prisoners, including the **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)**, the **International Covenant on Civil and Political Rights (ICCPR)**, and the **Convention on the Rights of Persons with Disabilities (CRPD)**. These instruments affirm that deprivation of liberty does not extinguish the right to dignity, healthcare, or protection from cruel, inhuman, or degrading treatment (United Nations General Assembly, 2015; United Nations, 1966; United Nations, 2006).

India possesses a robust constitutional foundation for protecting prisoners' rights. **Article 21** of the Constitution guarantees the right to life and personal liberty, which the Supreme Court has interpreted to include the right to live with dignity and receive appropriate medical care. Landmark decisions such as Sunil Batra v. Delhi Administration and Sheela Barse v. State of Maharashtra reinforced that prisoners retain fundamental rights and that custodial neglect may constitute a constitutional violation. Furthermore, the **Mental Healthcare Act, 2017** establishes a statutory right to access mental healthcare without discrimination (Government of India, 2017). However, the principal challenge lies in implementation. Persistent overcrowding, prolonged undertrial detention, inadequate psychiatric infrastructure, and uneven

compliance across states frequently undermine these legal guarantees, creating a significant gap between constitutional commitments and institutional realities (NCRB, 2023; NHRC, 2023).

The United Kingdom similarly provides extensive legal protection through the **Human Rights Act 1998**, the **Mental Health Act 1983**, the **Equality Act 2010**, and NHS-led prison healthcare services. The incorporation of the **European Convention on Human Rights (ECHR)** into domestic law enables prisoners to invoke **Article 3**, which prohibits torture and inhuman or degrading treatment. Courts have recognised that failure to provide adequate psychiatric care or unnecessary delays in treatment may amount to violations of Article 3 where prisoners experience avoidable suffering (European Court of Human Rights, 2023). Nevertheless, oversight bodies such as **HM Inspectorate of Prisons** and the **Prison and Probation Ombudsman** continue to document deficiencies relating to overcrowding, delayed hospital transfers, and increasing self-harm rates, demonstrating that compliance with human rights obligations requires continuous institutional oversight and investment (HM Inspectorate of Prisons, 2024; Prison and Probation Ombudsman, 2023).

Overall, the comparison reveals that while India has developed a strong normative human rights framework and the United Kingdom has established comparatively stronger operational mechanisms, both jurisdictions continue to face implementation challenges. The difference lies not in the recognition of prisoners' rights, but in the degree to which those rights are translated into effective mental healthcare within correctional institutions.

6.3 Mental Health as a Public Health Issue versus a Security Issue

A significant distinction between the prison systems of India and the United Kingdom lies in how mental illness among prisoners is conceptualised. In India, prison administration has traditionally approached mental illness through the lens of **institutional security and custodial management** rather than public health. Prison authorities often prioritise maintaining order, preventing escapes, and ensuring discipline, with psychological care receiving comparatively limited institutional attention. Consequently, prisoners displaying symptoms of mental illness are frequently managed through segregation, increased surveillance, or transfer to overcrowded medical wards instead of receiving comprehensive psychological assessment and therapeutic intervention (National Human Rights Commission [NHRC], 2023). This security-oriented approach reflects broader structural constraints, including shortages of psychiatrists, limited forensic mental healthcare infrastructure, and inadequate integration between prisons and public health systems.

The enactment of the **Mental Healthcare Act, 2017** and successive recommendations issued by the NHRC represent important attempts to reframe mental illness as a healthcare issue rather than merely a custodial concern. These reforms recognise access to mental healthcare as a legal right and encourage regular psychiatric assessment, treatment, and rehabilitation (Government of India, 2017). Nevertheless, implementation remains uneven because many correctional institutions continue to lack the financial resources, specialist personnel, and institutional capacity necessary to deliver comprehensive mental healthcare.

By contrast, the United Kingdom increasingly treats prison mental healthcare as part of the broader **public health system**. Following the transfer of prison healthcare responsibilities to the **National Health Service (NHS)**, prisoners became integrated into mainstream healthcare delivery based on the principle of equivalence of care (NHS England, 2023). Mental health assessment at prison reception, multidisciplinary treatment teams, structured psychological therapies, suicide prevention programmes, and continuity of care following release illustrate this public health approach. Rather than viewing mental illness solely as

a security threat, UK correctional policy increasingly recognises psychological well-being as essential for rehabilitation, reducing recidivism, and protecting human rights. However, resource constraints and increasing prison populations continue to challenge the effective implementation of these objectives (HM Inspectorate of Prisons, 2024).

6.4 Prison as an Institution of Care or Social Exclusion

The comparison between India and the United Kingdom also raises an important theoretical question: should prisons function primarily as institutions of punishment or as institutions capable of providing care and rehabilitation? Contemporary criminological research increasingly argues that prisons should support rehabilitation by addressing the psychological, medical, educational, and social needs of offenders rather than merely imposing punishment (Jewkes, Bennett, & Crewe, 2016). However, practical realities demonstrate that prisons frequently remain environments of social exclusion, particularly for individuals experiencing mental illness.

In India, prisons often become places where individuals with untreated psychiatric disorders remain confined because of deficiencies elsewhere in the healthcare and justice systems. Long periods of undertrial detention, delayed psychiatric evaluation, limited access to legal aid, overcrowding, and social stigma surrounding mental illness contribute to the continued marginalisation of vulnerable prisoners (National Crime Records Bureau [NCRB], 2023). In many instances, prisons effectively function as substitute psychiatric institutions despite lacking the specialist resources necessary to provide appropriate treatment. Consequently, incarceration may reinforce social exclusion rather than facilitate rehabilitation and reintegration.

The United Kingdom has made greater progress in developing prisons as institutions capable of delivering therapeutic interventions through NHS-integrated healthcare, counselling services, therapeutic communities, and rehabilitation programmes. Nevertheless, oversight bodies continue to report rising self-harm, increasing psychological distress, delayed hospital transfers, and the harmful effects of isolation practices in certain institutions (Prison and Probation Ombudsman, 2023; HM Inspectorate of Prisons, 2024). These findings indicate that even well-developed correctional systems struggle to reconcile institutional security with comprehensive therapeutic care. Therefore, prisons in both jurisdictions continue to occupy an uneasy position between institutions of rehabilitation and mechanisms of social exclusion.

6.5 Colonial Legacies in Indian Prison Administration

Understanding contemporary prison mental healthcare in India requires consideration of the country's colonial administrative legacy. Much of India's prison system continues to operate within the framework established by the **Prisons Act, 1894**, legislation enacted during British colonial rule primarily to maintain political control, discipline, and institutional order rather than prisoner welfare. The colonial prison model viewed prisoners principally as subjects requiring surveillance and punishment, with limited recognition of rehabilitation or healthcare needs (Ministry of Home Affairs, 2016).

Although constitutional jurisprudence, judicial activism, the **Mental Healthcare Act, 2017**, the **Model Prison Manual, 2016**, and NHRC recommendations have introduced significant reforms, many institutional structures continue to reflect this historical orientation. Prison overcrowding, inadequate infrastructure, limited psychological services, and administrative emphasis on custodial security remain characteristic features of many Indian correctional institutions (NHRC, 2023). Scholars have therefore argued that legal reform alone cannot transform prison administration unless accompanied by broader

institutional and cultural change that prioritises rehabilitation, healthcare, and human dignity over punitive control.

In contrast, the United Kingdom has gradually modernised its prison administration through healthcare integration, statutory oversight, and rehabilitation-focused correctional policies. While UK prisons continue to face operational challenges, their institutional evolution demonstrates a greater willingness to incorporate psychological science, public health principles, and human rights standards into prison governance. This divergence illustrates how historical institutional development continues to shape contemporary prison policy in both countries.

Overall, the comparative analysis demonstrates that India and the United Kingdom share a common legal commitment to protecting prisoners' mental health, yet differ substantially in institutional implementation. India possesses a robust constitutional and human rights framework supported by judicial activism and NHRC recommendations, but persistent structural deficiencies hinder effective enforcement. The United Kingdom has developed stronger operational mechanisms through NHS-integrated prison healthcare and rehabilitation-oriented correctional practices, although increasing demand and resource pressures continue to expose significant weaknesses. The comparison suggests that meaningful prison reform requires not only progressive legal standards but also sustained institutional investment, multidisciplinary healthcare, effective oversight, and a shift towards therapeutic justice grounded in human dignity and rehabilitation.

7. Critical Discussion

7.1 Does Prison Worsen Mental Illness?

One of the most significant debates within criminology, psychology, and human rights scholarship concerns whether imprisonment itself contributes to the deterioration of mental health. While prisons are intended to ensure public safety, administer justice, and facilitate rehabilitation, an expanding body of research suggests that incarceration often exacerbates existing psychiatric disorders and may even precipitate new mental health conditions among previously healthy individuals (Haney, 2018; Fazel & Seewald, 2012). This raises important questions regarding the compatibility of contemporary prison environments with psychological well-being.

A major contributing factor is **institutionalization**, a psychological process through which individuals become increasingly dependent upon the rigid routines and controlled environment of prison life. Daily activities such as movement, communication, work, and recreation are regulated by institutional rules, leaving prisoners with limited personal autonomy. Over time, prolonged dependence on institutional structures may reduce decision-making capacity, self-confidence, and social functioning, making reintegration into society more difficult after release (Haney, 2018). Prisoners with pre-existing mental illnesses are particularly vulnerable because institutional dependence may reinforce symptoms of depression, anxiety, and emotional withdrawal.

Another important factor is **social isolation**, which has consistently been identified as one of the most psychologically harmful aspects of imprisonment. Separation from family members, disruption of social relationships, and restrictions on meaningful interpersonal interaction frequently contribute to loneliness, hopelessness, and emotional distress. The effects become considerably more severe when prisoners are placed in segregation or solitary confinement. Research has demonstrated that prolonged isolation is associated with anxiety, hallucinations, cognitive impairment, self-harm, depression, and increased suicide risk (United Nations General Assembly, 2015). Recognising these consequences, the Mandela Rules prohibit prolonged solitary confinement except under exceptional circumstances and emphasise that such

practices may amount to cruel, inhuman, or degrading treatment.

Exposure to **violence and intimidation** further contributes to declining mental health within correctional institutions. Prisoners may experience physical assault, bullying, coercion, or threats from fellow inmates or, in some cases, custodial staff. Even where direct violence is absent, the constant perception of risk can produce chronic stress, hypervigilance, and symptoms resembling post-traumatic stress disorder (PTSD) (World Health Organization [WHO], 2022). These conditions undermine psychological recovery and increase the demand for specialised mental healthcare.

For undertrial prisoners, particularly in India, prolonged **uncertainty** regarding legal proceedings constitutes an additional psychological burden. Individuals awaiting trial often spend months or years in custody without knowing when their cases will be resolved. This uncertainty is associated with persistent anxiety, helplessness, emotional exhaustion, and suicidal ideation (National Crime Records Bureau [NCRB], 2023). Collectively, these factors indicate that prison environments frequently intensify psychological vulnerability rather than facilitate recovery, especially where access to adequate mental healthcare remains limited.

7.2 Criminalization of Mental Illness

The overrepresentation of individuals with mental illnesses within prisons has led many scholars to argue that modern criminal justice systems increasingly **criminalise mental illness** rather than provide appropriate healthcare. This phenomenon is closely linked to shortcomings in community-based mental health services. In many countries, deinstitutionalisation during the late twentieth century resulted in the closure or downsizing of psychiatric hospitals without corresponding investment in accessible community mental healthcare (Lamb & Weinberger, 2005). Consequently, individuals with untreated mental illnesses often experience homelessness, unemployment, substance misuse, and repeated interactions with law enforcement, increasing their likelihood of entering the criminal justice system.

This challenge is particularly evident in India, where mental healthcare infrastructure remains unevenly distributed and access to psychiatric services is often limited, particularly in rural and economically disadvantaged regions. Delayed diagnosis, inadequate treatment facilities, social stigma, and financial barriers frequently prevent individuals from receiving timely mental healthcare before contact with the criminal justice system (Government of India, 2017). Once incarcerated, these individuals may continue to experience inadequate psychiatric support because prisons themselves face shortages of qualified mental health professionals and specialised treatment facilities.

Although the United Kingdom has developed stronger community mental healthcare and diversion mechanisms, similar concerns persist. Prison inspection reports continue to identify individuals whose complex psychiatric conditions would be more appropriately managed within secure healthcare settings rather than correctional institutions (HM Inspectorate of Prisons, 2024). Consequently, scholars increasingly describe prisons as **substitute psychiatric institutions**, accommodating vulnerable individuals whose primary needs are therapeutic rather than punitive (Prins, 2014). This trend reflects systemic shortcomings extending beyond prison administration and highlights the need for stronger community mental health services capable of preventing unnecessary criminalisation.

7.3 Human Rights Violations

The inadequate provision of prison mental healthcare raises serious human rights concerns because prisoners retain their inherent dignity and fundamental rights despite lawful deprivation of liberty. International instruments, including the **United Nations Mandela Rules**, the **International Covenant on Civil and Political Rights (ICCPR)**, the **Convention Against Torture (CAT)**, and the **Convention on**

the Rights of Persons with Disabilities (CRPD), establish that States must ensure humane conditions of detention and provide appropriate healthcare to persons deprived of their liberty (United Nations, 1966; United Nations General Assembly, 2015).

One of the most significant concerns involves **violations of human dignity**. Conditions such as overcrowding, inadequate sanitation, prolonged isolation, insufficient healthcare, and custodial neglect undermine prisoners' psychological well-being and conflict with constitutional and international human rights standards. In India, Article 21 of the Constitution guarantees the right to life with dignity, while judicial decisions including Sunil Batra v. Delhi Administration and Sheela Barse v. State of Maharashtra affirm that prisoners continue to enjoy fundamental rights during incarceration. Nevertheless, overcrowding and limited psychiatric infrastructure frequently prevent these constitutional guarantees from being fully realised (National Human Rights Commission [NHRC], 2023).

Prolonged detention, particularly among mentally ill undertrial prisoners, presents another significant human rights concern. Extended incarceration without conviction often results from judicial delays, delayed psychiatric assessments, or inadequate legal representation. Such detention not only undermines the presumption of innocence but also contributes to severe psychological distress, institutionalisation, and social exclusion (NCRB, 2023).

Equally concerning is the **denial or delayed provision of healthcare**. Failure to provide timely psychiatric assessment, counselling, medication, or specialist referral may worsen existing mental illnesses and expose prisoners to avoidable suffering. The European Court of Human Rights has held that inadequate medical care within prisons may violate Article 3 of the European Convention on Human Rights where it results in inhuman or degrading treatment (European Court of Human Rights, 2023). These principles reinforce the understanding that prison mental healthcare is not merely an administrative responsibility but a legally enforceable human rights obligation.

7.4 Ethical and Jurisprudential Questions

The relationship between incarceration and mental healthcare raises several complex ethical and jurisprudential questions that challenge traditional assumptions regarding punishment and criminal responsibility. One important question concerns whether **incarceration can ever be genuinely therapeutic**. While some correctional institutions provide counselling, psychiatric treatment, and rehabilitation programmes, imprisonment remains an inherently coercive environment characterised by restricted autonomy, surveillance, and institutional control. These conditions may conflict with the trust, confidentiality, and voluntary participation that underpin effective psychological treatment. Consequently, many scholars argue that although therapeutic interventions can reduce harm within prisons, incarceration itself is rarely conducive to long-term psychological recovery (Haney, 2018).

A second issue concerns whether **mentally ill offenders should be diverted from prisons altogether**. Therapeutic jurisprudence suggests that individuals whose offending behaviour is closely linked to severe mental illness may benefit more from treatment within secure psychiatric hospitals or community-based forensic mental health programmes than from conventional imprisonment (Wexler & Winick, 1996). Diversion mechanisms recognise that effective treatment may simultaneously protect individual rights, improve public safety, and reduce recidivism. While the United Kingdom has established legal procedures permitting transfer to secure psychiatric hospitals under the **Mental Health Act 1983**, similar diversion mechanisms remain comparatively underdeveloped in India, where many mentally ill offenders continue to be managed within overcrowded correctional institutions.

Finally, an important jurisprudential question concerns whether prison is fundamentally compatible with **psychiatric recovery**. Recovery-oriented mental healthcare emphasises autonomy, supportive relationships, social participation, and community reintegration. These principles are difficult to achieve within institutional environments characterised by restricted freedom and limited personal choice. Nevertheless, prisons cannot ignore their responsibility to provide mental healthcare because they exercise complete control over the lives of incarcerated individuals. Accordingly, correctional systems must strive to minimise psychological harm by strengthening healthcare services, expanding diversion programmes, reducing unnecessary detention, and embedding rehabilitation within prison governance.

Overall, the evidence suggests that protecting the mental health of prisoners requires more than improving prison healthcare alone. It demands broader reforms across criminal justice, public health, and social welfare systems to ensure that individuals experiencing mental illness receive timely treatment, meaningful legal protection, and opportunities for rehabilitation rather than unnecessary incarceration.

8. Recommendations and Reform Proposals

The comparative analysis undertaken in this study demonstrates that although India and the United Kingdom have made significant progress in recognising prison mental healthcare as a legal and human rights obligation, both jurisdictions continue to face substantial implementation challenges. Effective reform requires strengthening institutional capacity, integrating healthcare within correctional administration, and adopting evidence-based practices that prioritise rehabilitation alongside public safety. The following recommendations are proposed based on the findings of the literature review, comparative legal analysis, and international human rights standards.

8.1 India-Specific Recommendations

One of the most immediate reforms required within the Indian prison system is the introduction of **mandatory psychiatric and psychological screening at the time of prison admission**. Every individual entering prison should undergo a comprehensive mental health assessment conducted by trained healthcare professionals to identify pre-existing psychiatric disorders, substance dependence, suicide risk, intellectual disabilities, and trauma-related conditions. Early identification would facilitate timely treatment, reduce psychiatric emergencies, and prevent deterioration during incarceration. Regular follow-up assessments should also be incorporated throughout imprisonment because mental health conditions may emerge or worsen due to custodial stress, prolonged detention, or institutional violence (National Human Rights Commission [NHRC], 2023).

India should also establish **dedicated prison mental health units** within major correctional institutions. These specialised units should include psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers, and trained counsellors working collaboratively with prison administrators. Such multidisciplinary teams would improve diagnosis, crisis intervention, medication management, rehabilitation planning, and suicide prevention while reducing dependence on overcrowded prison hospitals or delayed referrals to external psychiatric facilities. The Model Prison Manual (2016) already recognises the importance of specialised healthcare services, but implementation requires sustained financial investment and coordinated action by state governments (Ministry of Home Affairs, 2016).

Another important reform involves the creation of **mental health diversion courts** or specialised judicial mechanisms for individuals whose offending behaviour is substantially influenced by severe mental illness. Rather than directing such individuals into conventional correctional institutions, diversion programmes would enable courts to refer eligible offenders to psychiatric hospitals, secure treatment

facilities, or community-based mental health services where appropriate. Therapeutic jurisprudence suggests that diversion can improve clinical outcomes while simultaneously reducing recidivism and protecting public safety (Wexler & Winick, 1996). Such mechanisms would also reduce pressure on overcrowded prisons and ensure that incarceration is reserved for cases where it is genuinely necessary.

Given the unequal distribution of psychiatric professionals across India, **tele-psychiatry** offers considerable potential to improve access to specialist mental healthcare within prisons. Secure digital consultation platforms can connect correctional institutions located in remote or underserved regions with psychiatrists and psychologists based in tertiary hospitals or academic medical centres. The National Tele Mental Health Programme demonstrates the growing feasibility of technology-assisted psychiatric services and could be expanded to include correctional institutions (Government of India, 2022). Tele-psychiatry should complement rather than replace in-person clinical services and should operate alongside appropriate safeguards for confidentiality and informed consent.

The recruitment of **specialised prison psychologists** represents another priority. Many correctional institutions continue to rely primarily on general medical officers who may lack specialised training in forensic psychology or correctional mental healthcare. Dedicated psychologists can provide individual counselling, behavioural assessment, crisis intervention, rehabilitation planning, and therapeutic programmes tailored to the needs of prisoners experiencing mental illness. Continuous professional development should also be provided for prison staff to improve understanding of mental illness, reduce stigma, and promote trauma-informed custodial practices.

Strengthening **judicial monitoring** is equally important. Courts should conduct periodic reviews of mentally ill undertrial prisoners to ensure timely psychiatric assessment, evaluate fitness to stand trial, monitor prolonged detention, and facilitate transfer to appropriate treatment facilities where necessary. Greater coordination among the judiciary, prison administration, legal aid authorities, and mental healthcare institutions would reduce unnecessary delays and reinforce constitutional protections guaranteed under Article 21.

Finally, prison reform should extend beyond incarceration through the development of **community reintegration programmes**. Prisoners receiving psychiatric treatment should be linked with community mental health services before release to ensure continuity of care, reduce relapse, facilitate employment, and promote social reintegration. Collaboration among prisons, healthcare providers, non-governmental organisations, and local welfare agencies would help reduce recidivism while supporting long-term recovery.

8.2 Recommendations for the United Kingdom

Although the United Kingdom has established a comparatively advanced prison mental healthcare system through NHS integration, several reforms remain necessary to address persistent operational challenges. One priority is ensuring **faster psychiatric transfers** for prisoners requiring treatment within secure mental health hospitals. Delays caused by shortages of specialist beds and administrative procedures may prolong unnecessary suffering and increase the risk of self-harm (Prison and Probation Ombudsman, 2023). Improving coordination between NHS mental health services and prison authorities would facilitate more timely access to specialist care.

The continued reliance on **isolation-based management** for prisoners experiencing behavioural or psychological crises should also be reduced wherever clinically appropriate. While segregation may occasionally be necessary to maintain institutional safety, evidence demonstrates that prolonged isolation can significantly worsen psychiatric symptoms and increase suicide risk (United Nations General

Assembly, 2015). Greater use of therapeutic alternatives, enhanced clinical supervision, and psychologically informed interventions would better balance institutional security with mental health protection.

Addressing **staff shortages** remains essential for sustaining high-quality prison mental healthcare. Increased recruitment of psychiatrists, psychologists, mental health nurses, occupational therapists, and counsellors would reduce waiting times for assessment and treatment while improving continuity of care. Continued investment in staff training on trauma-informed practice, suicide prevention, and crisis intervention would further strengthen rehabilitation outcomes.

The United Kingdom should also continue expanding **therapeutic prison models**, including Therapeutic Communities and **Psychologically Informed Planned Environments (PIPEs)**. These approaches have demonstrated positive outcomes in improving emotional regulation, interpersonal functioning, and rehabilitation among prisoners with complex psychological needs (Ministry of Justice & NHS England, 2017). Expanding such programmes across a wider range of correctional institutions could enhance rehabilitation while reducing future offending.

8.3 Global Recommendations

At the international level, prison mental healthcare should be recognised as an essential component of both **public health policy** and **human rights protection**. Greater involvement of the **United Nations**, the **World Health Organization (WHO)**, and regional human rights bodies could strengthen monitoring of prison mental healthcare through periodic inspections, reporting mechanisms, and technical guidance based on the **United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)**.

The development of **international prison mental health benchmarks** would also facilitate more consistent evaluation of correctional systems across jurisdictions. Standardised indicators relating to psychiatric staffing, suicide prevention, access to treatment, prison overcrowding, continuity of care, and rehabilitation outcomes would improve accountability while encouraging evidence-based policy development.

Finally, governments should continue promoting **rights-based correctional systems** grounded in dignity, equality, rehabilitation, and access to healthcare. Prison mental healthcare should no longer be viewed as a discretionary welfare measure but as a constitutional, legal, and ethical obligation owed to every person deprived of liberty. Integrating public health principles with human rights standards offers the most sustainable pathway towards correctional systems that protect society while respecting the inherent dignity and psychological well-being of all individuals.

Conclusion

This study examined prison mental healthcare through a comparative analysis of **India's National Human Rights Commission (NHRC) prison mental health framework** and the **psychological support systems operating within prisons in the United Kingdom**. By analysing constitutional provisions, statutory laws, judicial decisions, international human rights instruments, and contemporary correctional policies, the research demonstrates that mental healthcare in prisons is no longer merely an administrative concern but a constitutional, legal, public health, and human rights obligation. Across both jurisdictions, growing recognition of the psychological vulnerabilities of incarcerated individuals has shifted prison reform discussions beyond security and punishment towards rehabilitation, dignity, and therapeutic care.

The findings indicate that India has developed a progressive **normative legal framework** for protecting the mental health of prisoners. Constitutional guarantees under **Article 21**, the **Mental Healthcare Act, 2017**, the **Model Prison Manual, 2016**, and repeated interventions by the **National Human Rights Commission** collectively establish that prisoners retain the right to dignity, healthcare, and humane treatment despite lawful deprivation of liberty. Judicial decisions such as Sunil Batra v. Delhi Administration and Sheela Barse v. State of Maharashtra have further reinforced that prison authorities remain accountable for safeguarding the physical and psychological well-being of incarcerated persons. However, the research also demonstrates that India's principal challenge lies not in policy formulation but in **implementation**. Chronic prison overcrowding, prolonged undertrial detention, shortages of psychiatrists and psychologists, inadequate infrastructure, social stigma surrounding mental illness, and uneven implementation across states continue to prevent constitutional and statutory protections from being fully realised. Consequently, there remains a substantial gap between India's progressive legal commitments and the lived experiences of many prisoners.

In contrast, the United Kingdom has established a comparatively stronger institutional framework by integrating prison healthcare into the **National Health Service (NHS)** and adopting a multidisciplinary approach to correctional mental healthcare. Routine psychological assessments, counselling services, psychiatric referrals, cognitive behavioural therapy, trauma-informed care, therapeutic communities, and structured rehabilitation programmes reflect a correctional philosophy that increasingly views mental healthcare as an integral component of rehabilitation. The incorporation of the **European Convention on Human Rights** through the **Human Rights Act 1998**, together with protections under the **Mental Health Act 1983** and the **Equality Act 2010**, provides an additional legal foundation for safeguarding prisoners' rights. Nevertheless, the study also finds that UK prisons remain far from ideal. Persistent challenges, including overcrowding, staff shortages, increasing self-harm, delayed psychiatric transfers, and the continued use of segregation in certain circumstances, demonstrate that even well-developed correctional systems face significant operational constraints. Thus, stronger institutional capacity does not eliminate the need for continued reform and investment.

The comparative analysis further illustrates that both countries are gradually moving away from purely punitive models of incarceration, although at different stages of institutional development. India continues to rely substantially on a custodial model influenced by colonial prison administration, whereas the United Kingdom has made greater progress towards embedding therapeutic principles within correctional governance. However, neither jurisdiction has fully resolved the tension between maintaining institutional security and promoting psychological recovery. This suggests that effective prison reform requires not only legal recognition of prisoners' rights but also sustained investment in healthcare infrastructure, multidisciplinary staffing, judicial oversight, community-based mental healthcare, and evidence-based rehabilitation programmes.

The study also highlights the broader relationship between mental health and criminal justice. Many individuals enter prison with untreated psychiatric disorders, histories of trauma, substance dependence, or social disadvantage, raising important concerns regarding the criminalisation of mental illness and the limited availability of community-based treatment services. Correctional institutions should not function as substitute psychiatric hospitals. Instead, greater emphasis should be placed on early intervention, diversion mechanisms, forensic mental health services, and continuity of care following release. Such reforms would better protect human rights while reducing recidivism and improving public safety.

Ultimately, this research concludes that **mental healthcare within prisons is a constitutional necessity, a public health responsibility, and an internationally recognised human rights obligation**. India's NHRC has established progressive normative standards that provide a strong legal foundation for reform, but meaningful improvements depend upon effective implementation, institutional accountability, and sustained investment. The United Kingdom demonstrates the benefits of integrating healthcare within correctional administration, yet its experience also illustrates that therapeutic prison systems require continuous evaluation and resource support. Future prison systems should therefore move beyond traditional models centred primarily on punishment and deterrence towards approaches grounded in **rehabilitation, human dignity, therapeutic justice, and evidence-based mental healthcare**. Such a transformation would not only improve the well-being of incarcerated individuals but would also strengthen the legitimacy, fairness, and effectiveness of criminal justice systems in an increasingly rights-conscious world.

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