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Beyond Incarceration: A Constitutional Examination of Mental Healthcare and the Rights of Mentally Ill Prisoners in India

Ms. Chinmayee Das[1], Mr. Yogendra Singh[2]

[1]Assistant Professor, SoA National Institute of Law, Siksha 'O' Anusandhan University
[2]Assistant Professor, Birla School of Law, Birla Global University

Abstract

All people have a basic human right to receive best mental health care available and be treated with humanity and respect. The Constitution of India under part III guarantees to every citizen equal rights without any discrimination. Thus there shall not be any kind of discrimination on the grounds of mental illness. All people with mental illness have the same rights to medical and social care as others. The Mental Health Care Act, 2017 states that the inmates with unsound state of mind are in immediate need of mental health care services and denial of same is the violation of their fundamental right. The prisoners are not aware of their rights and even most of the under trial prisoners remain in custody because of unawareness of their right under the Indian Penal Code (IPC) which provides defense against criminal proceedings to such accused under its Section 84 that says "Nothing is an offence which is done by a person who, at the time of doing it, by the reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to law." The author is trying to study the constitutional rights of the mentally ill inmates and the related issues.

Introduction

A prison is a properly organised site for lawbreakers who have broken the law and are kept for safe custody while on trial or being punished. The word prison does not mean "sudden force" or "to confine," but rather an old age discovered. Initially, it served as a holding facility for wrongdoers awaiting trial and ultimate punishment. The Indian Penal Code author "Lord Macaulay" wrote "imprisonment is the punishment to which we can chiefly trust".

If we move back to our preceding Indian history, Manu smriti it states that king should decide the prison, where mostly all of the immoral and culprits are kept. In the writings of Fa-Hein how badly were prisoners dealt in the past is polished. The Prisons Act, 1894 on which prisons are managed and operated. The Act has not witnessed any important change over such a long period of time. In 1919-20 first-time reformation and rehabilitation were identified as the prison administrator. In 1951, the government of India also called up "Dr. W.C. Reckless, to undertake study on jail's administration and suggest policy reform".

The Prisoners Act, 1990 is a duty of the government to withdraw the retarded prisoner under any order of the honourable court, a place where he could receive a proper care treatment.

The Transfer of Prisoners Act, 1950 was passed to tackle the problem of overcrowding in the prison and

sending them from one country to another for training and get rid of from overcrowding which is a blackout of the prison.

The Model Prison Manual was exhibited to the Indian government in 1960 for getting it into existence. In 1972, it also brought a report acknowledging the lack of nation-wide policies. It also recommended regarding the treatment of the prisoners.

The Mulla Committee was unveiled in "1980" under the chairman "Justice A.N. Mulla". This committee reviewed the laws, rules and regulations and protecting the overall society. They submitted their report in 1983.

The Krishna Iyer Committee was formed in "1987" when the authority equipped "Justice Krishna Iyer" Committee to investigate the conditions of women prisoners. They specialise in tackling women and children.

Prisoners in India and Mental Health

Due to them spending most of their sentence behind bars, prisoners are socially isolated. They are separated from their community, family, friends and are put into an alien environment, which brings feelings of loneliness, despair, and hopelessness. Moreover, the low standards of maintenance in Indian prisons have resulted in prisoners having to live in severely unsanitary conditions, with abysmal infrastructure, for not only mental health care, but also for basic physical ailments[1]. A prolonged adaptation to such conditions and such frustrations and depravations of life leads to various psychological disorders in prisoners. Confinement of prisoners leads to disorders like Post Traumatic Stress Disorder and other related issues like decreased self-confidence and self-esteem. Due to these reasons, it has been observed that inmates tend to suffer from mental illnesses three times more than civilians.[2]

The World Health Organisation defines 'health' as a "*complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity*"[3]. Though there have been several infrastructural reforms in Indian prisons, a lot remains to be done in looking after the well-being of the prison inmates' mental health. The rudimentary level of care provided to prisoners' mental health has led to Indian prisons becoming dumping grounds for prisoners who suffer from mental ailments. The prevailing conditions in Indian prisons, like the unhygienic conditions of prison cells, inedible food, and lack of administrative control over the treatment meted towards prisoners and even amongst inmates themselves, creates a severe impact on their mental condition[4]. Many are also beaten and raped by their fellows in prisons.[5]

Furthermore, there is a lack of fresh air and water in prisons, and they are heavily overcrowded. This constant lack of privacy and meaningful activity further leads to prisoners' mental conditions. Their situation further deteriorates because they have to face a lot of social stigmas and are victims of

[1] Suresh Bada Math, et al., Minds Imprisoned: Mental Health Care in Prisons (2011).
[2] Id.
[3] The World Health Organisation, Constitution of the WHO, available at https://www.who.int/about/who-we-are/constitution (Last visited on January 11th, 2021).
[4] Dr Sanjay Kumar Saha, et al., 'A Study on Mental Health Morbidities with Socio-Demographic Correlates If Any, Among the Inmates at Bankura Prisons, West Bengal', 2D Sch. J. App. Med. Sci (2014).
[5] Id.

marginalization due to them being criminals.[6] They also have to bear the consequences of inadequate awareness amongst jail authorities about mental health and treatment. Instead of receiving treatment in order to alleviate their mental condition, prisoners are kept in isolation with little or no attention being paid to their mental health issues[7].

Many of the prisoners who are kept in jails are charged with committing petty offences. A lot of them suffer from substance addiction like addiction to alcohol, cigarettes, drugs, and other intoxicating substances. So, even though such inmates should have been sent to rehabilitation centres to help them overcome their addiction issues and the accompanying mental health problems, they are locked in prison cells, where loneliness and social isolation aggravate their existing problems.[8]

The Bangalore Prison Mental Health Study

The National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, conducted a study in collaboration with the Government of Karnataka and the Karnataka State Legal Services Authority on prison inmates kept at the Central Jail, Bangalore. The study shows how dangerous it is to leave inmates' mental ailments go unnoticed and how many more reforms are required. Firstly, the Central Jail's capacity was 2100, but the study was conducted upon 5200 prisoners, which clearly shows the prevalence of prison overcrowding.[9]

Secondly, it was observed that those prisoners who were suffering from any form of addiction to an intoxicating substance had increased the consumption of the same after their entry into the prison.[10] Thirdly, the study also revealed that many prisoners were suffering from mental health ailments like depression and loneliness. A certain number of prisoners even had suicidal tendencies, and the prevalent conditions present in the prisons had driven quite a number of them to try and take their lives.[11]

Some of the statistics gathered from the report regarding the above claims are that 79.6% of the Central Jail prisoners were reported to be suffering from depression or substance abuse.[12] The undertrial prisoners who resided in the Central Jail, who used to smoke an average of 9 cigarettes a day, were found to have increased their cigarette consumption to 34. Convicted prisoners were also found to have increased smoking from 11 cigarettes a day to 45 cigarettes a day.[13] Around 51.5% of the prisoners were addicted to alcohol, and out of these group of prisoners, 86% were found to be suffering from alcohol consumption disorder, which is caused due to harmful patterns of alcohol consumption.[14] When a test for drug identification was conducted upon around 720 prisoners, it was found that about 1/3rd of the prisoners tested positive for one or more than one drug. Most of these inmates tested positive for substances like cannabis, cocaine, opioids, amphetamines, barbiturates, and benzodiazepines. It was also

[6] Suresh Bada Math, et al., Minds Imprisoned: Mental Health Care in Prisons (2011).
[7] Id.
[8] Id.
[9] Suresh Bada Math, et al., Mental Health and Substance Use Problems in Prisons. The Bangalore Prison Mental Health Study: Local Lessons for National Action (2011).
[10] Id.
[11] Id.
[12] Id.
[13] Id.
[14] Id.

found that inmates who had been staying in the prison for a certain time period had increased their consumption of drugs by 2.5% compared to the new entrants' consumption of drugs.[15]
This shows how a prolonged stay in such a correctional facility, without the needed medical attention, can cause so much damage to the lives of the inmates. Unfortunately, 71% of the inmates also declared that they would not be able to give up their addiction to intoxicating substances without external help.[16]
In another survey conducted on the prisoners in the District Jail of Dhanbad, Jharkhand, it was revealed that the prisoners were experiencing depression, loneliness, anxiety, and inability to live life or face life's challenges. They were also facing issues with emotional and social adjustment. All these developments had an adverse impact on their mental health.[17]

Analysis of the Constitutional, Legislative, administrative and Judicial Framework & attitude dealing with Right to Mental Health of prisoners

Human Rights protection is an essential inevitability for the potential expansion of individual personality, which contributes in the progress of the nation as a whole and it is the responsibility of non-other than the state to maintain the structure of social order by creation and execution of laws without which a better ordered civilized social life would not be doable.[18] Now as far as far as right to mental health is concerned first we have to look at its parent Right from which it has originated i.e. "Right to health". Although it was not expressly mentioned as a fundamental right under part 3 of Indian constitution and neither the right to mental health but various different directive principles of state policy in part 4 of constitution such as Article 39 clause (e) to (f), article 41, article 42, and article 47 etc together provided for a constitutional framework for Right to health and ultimately that included the mental health perspective as well for all human beings included incarcerated persons by virtue of international obligations of the covenants and conventions which India has signed and ratified. Yet this framework had no tooth or binding mechanisms as these directive principles are not enforceable in the courts of law.[19] But as health care for all including prisoners who are the most disadvantaged and stigmatized section of the society is the basic need and cases of the medical negligence are coming to the fore front, there was the urgent need to expand the jurisprudence of health rights in India and there the Judiciary our Supreme Court came into the picture as it successfully interpreted health right as an integral part of "Right to Life" under Article 21 of the Indian constitution which is considered as the mini constitution in itself.[20]

[15] Id.
[16] Id.
[17] Sudhinta Sinha, Adjustment and mental health problem in prisoners, Industrial psychiatry journal (2010)
[18] Amartish Kaur, " Protection of Human Rights in India: A Review" Jamia Law Journal Vol 2, 23, (2017)
[19] Minerva Mills Ltd. v. Union of India, AIR 1980 SC 1789; Olga Tellis v. Bombay Municipal Corporation, AIR 1986 SC 180.
[20] "No person shall be deprived of his life or personal liberty except according to procedure established by law" See Durga Das Basu, "Indian Constitutional Law" (Kamal Law House, Kolkata, 2011) at p. 262.

In Parmanand Katara v. Union of India,[21] The Supreme Court has taken into account a very serious issue that exists in the medico-legal sphere, such as accident instances where doctors typically refuse to provide emergency medical assistance to the sufferer until legal formalities are finished. Therefore, it is his responsibility to provide medical care in order to preserve life.

Now if we look into the history of legislative and administrative steps that the Indian authorities and legislature has taken in regard to ensuring the effective mental health care delivery for the normal citizens including prisoners we find that the work in this direction begin in 1912 with the passing of Indian Lunacy Act which had a far reaching consequence and impacted the whole system of mental health administration in India.[22] However it was highlighted after independence that the Lunacy Act of 1912 had lived its usefulness and therefore a new draft of the mental health act was prepared in 1949 by the Indian Psychiatric society which later became the mental health Act of 1987 that came into effect in all states and UT's in 1993 hence it replaced the act of 1912.[23] Later, on December 29th, 1990, State Mental Health Rules were drafted to go into effect in a state on the date the Mental Health Act, 1987, went into effect there. Each state was required under the State of Mental Health Rules to establish a State Mental Health Authority to issue licenses for the establishment of mental health care centers and to enforce minimum standards of treatment for the mentally ill.[24] It used psychiatric hospital in place of nursing home asylum, mentally ill person in place of lunatic and mentally ill prisoner in place of criminal lunatic and provided for custody of mentally ill persons along with legal aid to poor mentally ill criminals at state expenses. but still as society changes with the change in time and as the law is dynamic it has to adapt itself according to the changing needs of the individuals subjects otherwise it will become futile overtime and hence as a result of which review of the this mental health legislation became pivotal because at the international level the ratification of the convention on the rights of persons with disabilities in October 2007 by India, and non-addressing of the human rights issues and mental health care delivery by the act of 1987 led to the enactment of new Indian mental healthcare act of 2017 by Indian parliament that aimed to provide for mental health care services for everyone including prisoners and further ensuring the right to life with utmost dignity for everyone.[25]

Another important legislation in this regard is the Rights of the persons with disabilities act 2016 which increased the kinds of disabilities from 7 to 21 and included mental illness and mental disorder as a kind of disability.

Besides this our criminal code including Indian penal code 1860, code of criminal Procedure 1973 and evidence act 1872 also provides for protective provisions in regard to those suffering with mental illness.

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[21] AIR 1989 SC 2039, See Vincent vs Union of India [(1987) 2 SCC 165, Bandhua Mukti Morcha vs Union of India (AIR 1984 SC 802), Paschim Banga Khet Mazdoor Samiti Vs State of West Bengal (AIR 1996 SC 426).

[22] Somasundaram, "The Indian Lunacy Act, 1912, the Historic Background", Indian J Psychiatry1987 Jan; 29(1), pp. 3-14.

[23] Dr. Prateek Restage, "Mental Health Act, 1987 - An Analysis" JIAFM, 2005; 27 (3): 176-179

[24] B.S Chavan, Nitin Gupta, et. al. (eds.), Community Mental Health in India 35 (2012).

[25] B. S. Web Team, "Mental Healthcare Bill Passed in Parliament: All You Need to Know" , available at: http://www.business-standard.com/article/current-affairs/mental-healthcare-bill-passed-in-parliament-all-you-need-to-know117032800401_1.html (Visited on May 21, 2023). B. S. Web Team, "Mental Healthcare Bill Passed in Parliament: All You Need to Know" , available at: http://www.business-standard.com/article/current-affairs/mental-healthcare-bill-passed-in-parliament-all-you-need-to-know117032800401_1.html (Visited on May 21, 2023).

Further the new Model prison Manual of 2016 prepared by Bureau of Police Research and Development (BPRD) that replaced the earlier prison Manual of 2003 that requires the states to adhere to it by adopting it into their own prison manuals as there had been some ground breaking changes in circumstances have been witnessed due to the availability of new technology since 2003. It includes a total of 32 chapters dealing with plethora of issues such as medical care, education of prisoners, after care and rehabilitation of prisoners.

Now looking at the judicial attitude towards upholding and ensuring the Rights of the mentally ill prisoners in India it is very evident that in fact it is our judicial system who by virtue of their judgments and decisions has given directions, and guidelines in enforcing the right to mental health of prisoners and has acted as the flag bearer of making sure that effective mental health services must be provided to every prisoner be it an under trial or convict and laws such as the mental healthcare act 2017 should be implemented properly. In Ramamurthy v. State of Karnataka AIR 1997 SC 1739, the Supreme Court of India strongly emphasized the need to bring uniformity in laws and regulations governing the prison system in India.

Regarding the 1382 Indian prisons that have inhumane conditions The letter petition was submitted to address the state of prison reforms in India and to request directives; as a result of the directives from the court, the Ministry of Home Affairs developed the New Model Prison Manual, 2016 Home Affairs.[26]

In the case of Accused X vs State of Maharashtra (2019) while delivering the judgment, Justice N.V. Ramana stated that prisons could be challenging environments. A prisoner's mental health may be affected by congestion, violence, isolation, and lack of familial affection. The three-judge panel ruled that mental illness could be a mitigating factor in death penalty commutation cases after conviction. Additionally, the court ordered state governments to construct a robust mental health infrastructure in prisons.[27] Hence all this provides for a kind of a legal framework that currently exists in our country in regard to Right to Mental Health especially in regard to vulnerable prison population coming under the branch of Right to health embedded under article 21 of constitution.

The Legal Framework

The first legislation that comes under discussion is the Mental Healthcare Act of 2017[28]. The Mental Healthcare Act is an exhaustive piece of legislation that contains several important provisions that deal with prisoners' mental health. Section 31(2)[29] of the Mental Healthcare Act provides for compulsory training of medical officers in prisons, in primary and emergency mental healthcare. Furthermore, Section 103(6)[30] of the Mental Healthcare Act mandates that every State Government has to establish a Mental Health Establishment in the medical wing of at least one prison in the state.

It must be appreciated that the Legislature has taken cognizance of the issue of the mental health of prisoners, but the ground realities portray a completely different picture.[31] It shows the extreme gap that exists between the legislations and their implementation by the authorities. One such instance that shows

[26] AIR 2016 SC 700
[27] AIR 2019 SC 241
[28] The Mental Healthcare Act, 2017
[29] The Mental Healthcare Act, 2017, s. 31(2).
[30] The Mental Healthcare Act, 2017, s. 103(6).
[31] Upneet Lalli, Attitude to prison reforms: An empirical survey, Indian Journal of Criminology (2018-19).

the lack of complete implementation is the status of resident psychiatrists in Mumbai's Yerawada Jail. According to Section 103(6) of the Mental Healthcare Act, State Governments should facilitate the establishment of Mental Healthcare Establishments in the medical wing of at least one State prison. While such an establishment does exist in the Yerawada Jail in Mumbai, but there is a lack of resident doctors in the establishment. According to Dr. Sandeep Mahamuni, a visiting psychiatrist at the Yerawada Jail, several jail prisoners have been diagnosed with mental ailments such as depression, anxiety, and schizophrenia. Some prisoners have suicidal tendencies and tend to cause harm to themselves. However, due to the lack of residential doctors in the mental health wing of the jail, immediate attention cannot be provided to such prisoners, and they are admitted into hospitals in Pune, where they receive their medical treatment.[32]

Some State prisons also have policies regarding mental health that are grossly inadequate to deal with a situation, if the same arises. For example, the Chhattisgarh Jail Department's "Prisoner welfare and rehabilitation policy" consists of only one mental health provision.[33] India has not been able to adapt to the progressive rehabilitation methods that are used in American and European prison systems, in which attention is given to peer support and training, and in which the mentally unfit prisoners are segregated from the mentally stable prisoners, in order to narrow down the scope of treatment that is to be imparted[34].

The subsequent legislation to be examined is the Criminal Procedure Code (CrPC)[35], that contains certain provisions dealing with the treatment of the accused dealing with mental health issues. Sections 328[36] and 329[37] of the CrPC provide for the accused to be provided with bail if he/she is found to be a lunatic during the time of the inquiry or during the trial. Also, in case the aforementioned circumstance occurs, Section 330[38] and Section 331[39] of the CrPC give the judge the power to order for the detention of the accused in safe custody and continue the trial only when the accused has regained his normal mental state. Many other provisions in the Code also deal with procedures that deal with the accused's appearance in the court/Magistrate and how a person who is not mentally stable should be released when possible.

Loopholes in the Law and the Way Forward

Despite these provisions, there still remain loopholes in the law, which can create several issues for prisoners. The provisions dealing with granting a bail to the accused when the latter is not of in sound

[32] Outlook India, Mental Health sufferers in Maharashtra's Jails, September 24, 2018, available at https://magazine.outlookindia.com/story/mental-health-suffers-in-maharashtras-jails/300608 (Last visited on 14th September, 2020).
[33] Jail Department Chhattisgarh, Prisoners welfare and rehabilitation policy, available at http://jail.cg.gov.in/rehabpol.htm#point2 (Last visited on 14th September, 2020).
[34] The Proof of Guilt Blog, Mental Health of Indian Prisoners: An analysis of Key Provisions, Guidelines and Judicial Decisions, November 18, 2019, available at https://theproofofguilt.blogspot.com/2019/11/guest-post-mental-health-of-indian.html (Last visited on 23rd January, 2021).
[35] The Code of Criminal Procedure, 1973.
[36] The Code of Criminal Procedure, 1973, s. 328.
[37] The Code of Criminal Procedure, 1973, s. 329.
[38] The Code of Criminal Procedure, 1973, s. 330.
[39] The Code of Criminal Procedure, 1973, s. 331.

mental state, leave the discretion of deciding the same with the judges. The language that has been used in such provisions is – "*opinion of the Magistrate or the Court*", "*sufficient security*", and "*opinion of the Magistrate*"[40]. The usage of such terms can create problems for the accused who undergoes the trial since any decision taken by the judge can have severe and long-lasting consequences for the accused. These consequences can prove to be too severe and devastating if the accused has a mental ailment that the judge could have misjudged[41]. The decision of the Magistrate should be justified only when "*there is a sufficient cause to believe it and not when there is subjective satisfaction alone*."[42] In the case of *Amit Kumar Dey v. The State of Tripura*[43], even though the medical experts who had examined the accused had confirmed that the accused was not of sound mental state, the Additional Sessions Judge had refused to grant bail to him. Thankfully, this case was appealed to the High Court, which decided that the decision that was taken by the trial judge should have based on sound evidence, and this gave the accused a chance to have a free and fair trial.

Another provision of the CrPC that is problematic is Section 54[44] of the CrPC. This provision makes the medical examination of the arrested person by a medical officer compulsory. The officer, while examining the arrested person, is only required to make a report about the physical injuries sustained by the latter, but there is nothing in the provision which mandates the medical officer to prepare a report regarding the mental state of the arrested person. A report regarding the same could give better insight into the reason of the arrested individual behind committing the crime. It could also help the police deal with the accused in a better manner if they know about his/her mental condition since the treatment that an arrested individual receives in a police station can have an extremely severe impact on their mental health.

It has also been found that people who suffer from mental illnesses have faced exclusion when lawyers represent them in courts. This creates a further problem for the accused to get access to justice. The NALSA has taken cognizance of this matter[45] and hopefully will arrive at a solution that improves the system of free legal aid and access to justice in our country.

Despite the shortcomings in our legislations, there have been positive steps that have been taken to ensure the welfare of the inmates. The doctors in the All India Institute of Medical Sciences (AIIMS), Delhi, and the Delhi Prison Administration have drafted the first guidelines on mental health issues faced by prisoners in Jail. These guidelines are known as 'Psychological First Aid'. These guidelines have primarily been drafted by Dr. Nand Kumar, a psychiatry professor at AIIMS.[46]

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[40] The Code of Criminal Procedure, 1973, s. 330(2).

[41] The Proof of Guilt Blog, Mental Health of Indian Prisoners: An analysis of Key Provisions, Guidelines and Judicial Decisions, November 18, 2019, available at https://theproofofguilt.blogspot.com/2019/11/guest-post-mental-health-of-indian.html (Last visited on 23rd January, 2021).

[42] Dr. Partap Singh & Anr. v. Director of Enforcement Foreign Exchange Regulation & Ors.1985 AIR 989.

[43] Amit Kumar Dey v. The State of Tripura, (2014) 2 TLR 581.

[44] The Code of Criminal Procedure, 1973, s. 54.

[45] NALSA (Legal Services to the Mentally Ill and Mentally Disabled Persons) Scheme, 2015.

[46] India Today, New Guidelines to tackle mental health of inmates, April 16, 2019, available at https://www.indiatoday.in/mail-today/story/doctors-draft-first-guidelines-on-mental-health-issues-for-inmates-in-jail-1502754-2019-04-16 (Last visited on 14th September, 2020).

Conclusion

There is no question on this particular fact that the fortification of the rights of mentally ailing prisoners who are considered as the most inferior, downtrodden and stigmatized section of our society is extremely pivotal in the human rights discourse in a self-governing country like India where the rule of law and equality before law is the driving force of the government. hence it is a kind of sin qua non for the establishment of a proper welfare oriented democratic order in the state where not only the abled but disabled & inferior incarcerated persons also receive the basic necessities of life including health care services which includes mental health amenities as well.

However the current contemporary situation of the Indian prisons as per the reports of NCRB and project 39 A along with other vital institutions as we have discussed above reflects a slightly negative picture of the current mental health services prevailing in our prisons which needs adequate reforms because some how our current prison infrastructure is not sufficient to meet up the standards set up in various international instruments and domestic legislation and in addition to that it is also evident that most of the laws were either framed during the colonial period or their origin can be traced to the period, British influence is clearly visible.[47] 23 According to the International Journal of mental health systems The IMHA addresses 96/175 (55.4%) of the examined WHO-RB standards. Taking into consideration other pertinent Indian legislation, 118/175 (68.0%) of the standards are mentioned in Indian law. Important areas of low concordance include the rights of families and competence and guardianship, non-protesting patients and involuntary community treatment, and there are no proper guidelines for the level of training or category of professionals required to diagnose mental illness.[48] Prisons can either be incubators for aggressive ideologies or it can become the institutions for positive rehabilitative reforms.[49] Therefore the approach of the prison officials should be like that of the physicians in the hospitals so the prisoners then would be able to consider detention officials as their friends and can also share their mental illness issues and problems of depressions and disorders with them.

Apart from that addressing the mental health issues in prisons is not only important for humanizing the worth and life of prisoners suffering with psychological disorders but it is equally important for the prison employees as well who face difficulties in demanding working environments for all levels of staff hence a prison Being open to and advocating for the mental health needs of inmates makes a prison more likely to be a place that boosts staff morale and mental health, and this should be one of the main goals of good prison administration. Further the community in addition to the government and administration can also a prime role in improving the mental services inside prisons and here the role of the non-governmental organizations becomes very important that can engage mental health professionals and other important stakeholders in unifying the efforts of the government by educating and changing community attitudes towards mental ill prisoners and thus advocating for the human rights of the people with mental illness.[50]

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[47] Chowdhary Laxmi Narayana and Deep ShikhaIin, "Indian legal System and Mental Health", Indian Journal of Psychiatry (2013); 55:177-81.

[48] World Health Organization. WHO resource book on mental health, human rights and legislation. Geneva: World Health Organization; (2005).

[49] Shane Bryan, Radicalization and de-radicalization in prison – What should we do with violent extremist offenders? London: Penal Reform International (2014).

[50] Hanigan B. Mental health care in the community: An analysis of contemporary public attitudes towards, and public representations of, mental illness. J Mental Health 1999;8:431-40