Vol. 3, Issue 1, August 2026 Subject-Law ISSN 3049-3099 (Print)
ISSN 3108-0561 (Online)

Peer Reviewed

VIPS JOURNAL OF LAW & DEVELOPMENT

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MENTAL HEALTH OF PRISONERS IN INDIA: A SOCIO-LEGAL STUDY WITH REFERENCE TO THE STATE OF PUNJAB

Dr. Vinod Kumar*
Dr. Poonamdeep Kaur**

VIPS Journal of Law & Development
Subject - Law
August 2026, Vol. 3, Issue 1, 65-82
ISSN 3049-3099 (Print)
ISSN 3108-0561 (Online)
©Vivekananda Institute of Professional Studies-TC (VIPS-TC)
https://vips.edu/vslls/Publications/VJLD

ABSTRACT

Mental health issues among prisoners globally are a growing concern compared to the general population. The hostile environment within the prison exposes the inmates to various mental health issues, such as Post-Traumatic Stress Disorder, depression, drug or alcohol addiction, psychosis, anxiety, and trouble sleeping. The increasing number of suicides in prisons shows how much stress inmates face, often with deadly results. Suicide is a leading cause of death in jails and prisons worldwide. Thousands of prisoners die in custody each year worldwide. The 2024 National Crime Records Bureau (NCRB) report indicates that mental health issues among prisoners in India remain a significant concern. The report shows that the total number of inmates affected by mental illness increased from 7524 in 2020 to 8145 in 2024. The 2024 state-wise data on prison suicides reveals that Punjab ranks second after Uttar Pradesh. As per IndiaSpend online newsletter, Punjab has no psychiatrists against the sanctioned strength of four, indicating a shortage of mental health professionals and inadequate mental health infrastructure in the state, indicating sheer violation of the constitutional guarantee of Right to life, judicially interpreted to include adequate medical attention, access to a doctor, medicines, and proper treatment for illnesses within the prisons.

Keywords: *Mental Health, Prison, Prisoners, Punjab, Depression*

* Assistant Professor, Guru Nanak Dev University, Amritsar, Punjab, India. Email ID: vinod.law@gndu.ac.in

** Assistant Professor, Guru Nanak Dev University, Regional Campus, Jalandhar, Punjab, India. Email ID: poonamdeep.lawjal@gndu.ac.in

1. PROLOGUE

A prison is called by various names, such as jail, penitentiary, detention centre, correctional facility, remand centre, or colloquially "hoosegow" or "slammer"[1]. Derived from the French word '*prisoun*', it is an institution where offenders are confined by the state and deprived of freedom for committing crimes in society. Being the correctional institutions of the state, prisons play a central role in the criminal justice system.[2] It is a place not only for those who have been actually convicted of crime by the courts but also for the undertrials suspected of committing the crime and awaiting trial[3]. Half of a person's mind is shaken when he learns that a criminal case has been registered against him. Starting from the pre-investigation stage till the conclusion of the trial and pronunciation of the sentence, an accused undergoes a lot of mental stress. Even a person of good, sound health with a strong mind may feel jolted by the very name of the prison or police. The mental health of a person may start to suffer even before coming to prison and may worsen during this lock-up period. The environment inside the prison can aggravate the mental health of that person. Incarceration inherently poses numerous psychological challenges, with the prison environment, prolonged confinement, and the stress of awaiting trial exacerbating mental health struggles. Studies and reports indicate that mental health problems are very common among prisoners. These issues include PTSD, depression, drug or alcohol addiction, psychosis, anxiety, and trouble sleeping. The increasing number of suicides in prisons shows the inflated stress levels of the prisoners, often met with deadly results.[4]

On 15th February 2023, the WHO released its second "Status Report on Prison Health in WHO European Region" in Portuguese. According to the report, 36 countries under the WHO regime performed well in their prison health systems, particularly during COVID-19. However, there were two underwater areas that still needed attention: overcrowding and addressing mental health issues among the prisoners. As per the report, 32.8 per cent of the prison population in these 36 countries were affected by different mental disorders. The number is likely to be far higher as many of the countries did not provide the data on mental health,

1 Model Prison and Correctional Services Act, 2023, §2 (23).

2 Rabindra K. Mohanty & Satyajit Mohanty, *Textbook of Criminology, Penology and Victimology* 367 (Himalaya Publishing House, 2012).

3 *Id.*

4 Atina N. Ndindeng, *Mental Health and Well-Being in Prisons and Places of Detention* 21(3), 21 INT'L J. PRISON HEALTH 363 (2024).

and some of them even underreported the estimates on mental health. The most common cause of death in prison was suicide. The report pointed out that providing separate health systems for prisoners requires a significant financial investment by the state, but it is unfortunately treated as a separate financial burden on the state's exchequer[5]. In 2015, the United Nations General Assembly adopted the extended Rules, also known as the Nelson Mandela Rules, which expanded on its earlier Rules, the Standard Minimum Rules for the Treatment of Prisoners, drafted in 1955. The Mandela rules emphasise the state's duty to provide for prisoners' health. The health care staff should adhere to the same ethical standards when treating the prisoner as when treating general community patients. The rules mandate the care of prisoners suffering from severe mental health issues by the prison staff through prison health care services[6]. But despite all these mandates, the prison system continues to suffer from acute staff shortages. As per the WHO, an average of only 1.4 psychiatrists is available against 1000 prisoners, when one-third of the prison population suffers from severe mental problems[7].

In India, the 2024 National Crime Records Bureau (NCRB) report shows that mental health problems among prisoners are also a significant issue. The report reveals that the total number of inmates affected by mental illness has risen from 7524 in 2020 to 8145 inmates in 2024, out of which 3337 (40.97%) were convicts, 4744 (58.24%) were undertrials, 59 (0.72%) were detunes and 5 (0.06%) were others [8]. The Mental Healthcare Act, 2017, marks a significant legislative step in recognising the mental health needs of not only individuals but also those incarcerated. The Act casts a duty on the state to provide mental health services to all individuals suffering from mental illness without any discrimination[9]. One of the striking features of the Act is that it no longer criminalises suicides, which was previously a punishable offence under Section 309 of the Indian Penal Code[10]. The act also provides that any inmate

5 World Health Organisation, Status Report on Prison Health in the WHO European Region, https://www.who.int/europe/publications/i/item/9789289058654 (last visited Jan. 19, 2026).

6 Andrew Gilmour, *The Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty*, United Nations, https://www.un.org/en/un-chronicle/nelson-mandela-rules-protecting-rights-persons-deprived-liberty (Last visited Nov. 19, 2025).

7 *World Health Organisation, Health in Prisons European Database,* World Health Organisation, https://www.who.int/data/region/europe/health-in-prisons-european-database (Last visited Jan.2, 2026).

8 Ministry Of Home Affairs, National Crime Records Bureau, Prison Statistics India (2024), https://www.ncrb.gov.in/prison-statistics-india-year-wise.html? (Last visited Jan. 14, 2026).

9 The Mental Healthcare Act, No.10 of 2017, § 18.

10 *Id.* § 115.

suffering from mental illness should be transferred to the psychiatric ward within the prison's medical facility. If proper mental healthcare isn't available in prison, inmates must be sent to a mental health hospital for treatment. The law also requires each state and union territory to establish at least one special mental health unit within a prison hospital. Prisoners with mental illness should only get care in these approved facilities[11].

Even though the Mental Health Act, 2017, establishes a rights-based approach for those suffering from mental health issues, low funding, poor coordination among the prison and health care providers and ineffective institutional mechanisms cause weak implementation of the Act. Consequently, the legislative promises remain inadequately fulfilled in practice.

II. Role of Judiciary in Ensuring the Mental Health of the Prisoners

The Supreme Court of India is regarded as the guardian of Fundamental Rights. It has consistently endeavoured to interpret the rights of prisoners in the light of constitutional provisions and, where necessary, has issued appropriate directions and orders to protect those rights. Article 21 of the Constitution is the repository of prisoners' rights in India. Right to Life is one of the basic human rights. It is guaranteed to every person within India's territory against the state's actions. A prisoner, be he a convict, an under-trial, or a detenu, does not cease to be a human being. Even while in jail, he continues to enjoy all his Fundamental Rights, including the Right to Life guaranteed by the Constitution. In *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*[12] The Supreme Court declared sub-clause (ii) of clause 3 (b) of the Delhi Administration order dated 23rd August 1975, issued under the COFEPOSA Act, unconstitutional. The impugned order restricted the detainees' meetings with their family members to one per month. The apex court stated that though prisoners cannot be granted the right to move freely or to socialise at their own will, any prison regulation restricting the detainees from having interviews with their family members and friends would not be just and reasonable. Such a regulation would be struck down as arbitrary and unreasonable, and as violative of articles 14 and 21 of the Indian Constitution. The court ruled that the separation of inmates from their families and friends not only violates inmates' fundamental rights but also causes

11 *Id.* § 103.

12 Francis Coralie Mullin v. Administrator, Union Territory of Delhi (1981) 1 SCC 608.

severe emotional and mental distress.

In *State of Andhra Pradesh v. Challa Ramkrishna Reddy & Ors*[13], the Supreme Court held that on being convicted of a crime, none of the three types of prisoners, namely, convicted, under-trial, and civil prisoners, lose their fundamental right**s;** they still retain the residue of constitutional rights.

Prolonged delays in the disposal of mercy petitions underscore the severe psychological suffering endured by prisoners on death row, particularly due to extended periods of solitary confinement resulting in immense mental anxieties, anguish and deterioration of mental health. In *Shatrughan Chauhan & Anr. v. Union of India & Ors*[14], the Supreme Court acknowledged the uncertainty of awaiting the outcome of the trial, its execution, besides isolated death row cells, which cause extreme mental anguish leading to "death row phenomenon". The court held that death-row prisoners should be provided with regular mental health checkups, and where necessary, proper medical care should be given to those found mentally unfit.

The terrible condition of Indian prisons is also discussed by the Supreme Court in the *Re Inhuman Conditions in 1382 Prisons case*[15], the Court expressly linked solitary confinement, limitations on family visits and denial of contact with family to serious mental health breakdowns such as Post-Traumatic Stress Disorder, Depression and anxiety. The judgment required reforms on the part of states in terms of better housing facilities in prison, oversight of solitary confinement by the judiciary and access to mental health services through professionals by the inmates. The Supreme Court ordered the constitution of the Supreme Court Committee on Prison Reforms, under the chairmanship of Justice Amitava Rao, to report on various concerns regarding prisoners in jail. It directed the committee to report on the medical facilities available in prisons and correctional homes and recommend measures for preventing unnatural deaths inside the prisons[16].

Collectively, notwithstanding prisoners' incarceration status, the judiciary is playing an important role in expanding the interpretation of Articles 14 and 21 of the Indian Constitution to include prisoners' rights. It has been reiterated time and again that incarceration does not deprive prisoners of their human status. The prisoners cannot be denied basic human rights to live with human dignity, maintain family relations,

13 State of Andhra Pradesh v. Challa Ramkrishna Reddy & Ors. AIR 2000 SCC 2083.

14 Shatrughan Chauhan & Anr. v. Union of India & Ors AIR 2014 SC (Criminal) 641.

15 Re inhuman Conditions in 1382 Prisons Write Petition (Civil) No. 406 of 2013.

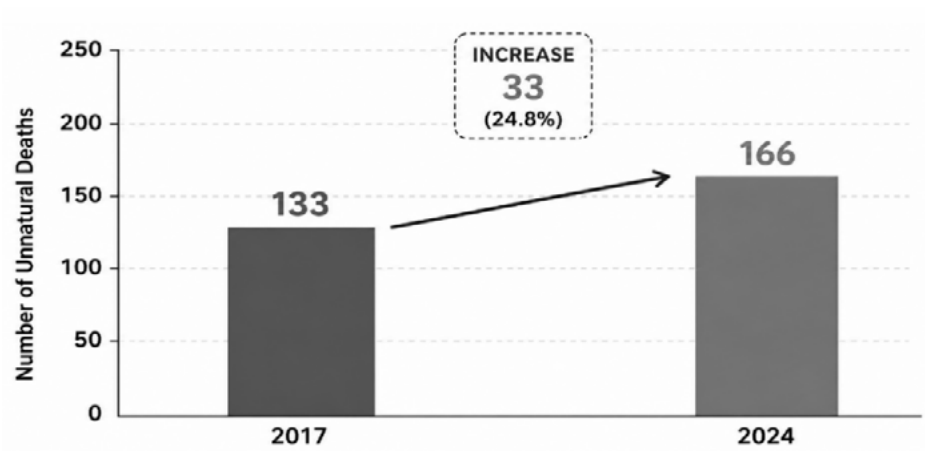
16 Id. at p.9.

receive health care, etc. Through its judicial pronouncements, the judiciary has maintained that states are under a constitutional obligation to ensure that prisoners continue to endure constitutional protection even behind bars.

III. Role of National Human Rights Commission

The National Human Rights Commission is a statutory body established under the Protection of Human Rights Act, 1993, with the mandate to safeguard the human rights of prisoners against arbitrary state action. The National Human Rights Commission (NHRC) initiated efforts in the year 2014 aimed at reducing the loss of life and preventing self-harm among prisoners by issuing an advisory on how to mitigate suicidal tendencies among the prisoners. A total of 133 unnatural deaths were reported in the prisons of India in the year 2017, which rose to 166 in the year 2024, indicating an increase of 24.8 per cent from 2017 to 2024.[17]

Chart -1 Rise in number of unnatural deaths in prisons



Source- Prison Statistics India, 2024

In the wake of rising suicides in prisons, the commission reissued the guidelines and advisory in 2023 for their effective implementation. The commission found that among unnatural deaths, about 80 per cent of deaths of prisoners were attributable to suicide, highlighting the urgent necessity for preventive intervention within

17 National Crime Records Bureau, Ministry of Home Affairs, Prison Statistics India (2019); National Crime Records Bureau, Ministry of Home Affairs, Prison Statistics India (2024).

correctional centres[18]. Some of the NHRC's key recommendations for mentally challenged prisoners include, Central and District jails should have facilities for preliminary mental health treatment, no mentally ill person who is not accused of a crime should be detained in or sent to prison. Such individuals should be referred to the nearest psychiatric centre for observation. If an undertrial or convict develops a mental illness while in prison, the State is responsible for providing adequate medical care. Moreover, when a convict admitted to a mental hospital for psychiatric treatment completes their sentence, their status in prison and hospital records should be updated to that of a free person, and they should continue receiving treatment as such.

For undertrials whose trials are suspended due to mental illness, progress reports should be sent to the relevant District and Session Judges, as well as Magistrates, every three months, trial courts must request periodic progress reports for undertrials diagnosed with mental illness. If a trial is suspended for more than 50% of the possible sentence (up to a maximum of three years) due to mental illness, the matter should be reported to the Registrar of the Punjab & Haryana High Court for the Chief Justice's review and appropriate action. A copy of this report should also be sent to the NHRC. Such reports should be submitted every six months. Lastly, the State Government must enhance its legal aid services. Given the history of mentally ill individuals not being produced in court for years, preventive legal aid is essential to prevent legal abuse and the unjust incarceration of mentally ill persons in prisons.

The proactive role played by the National Human Rights Commission reflects an important institutional commitment to addressing mental health issues among prisoners by ensuring greater accountability in prison administration.

IV. Factors Contributing to Mental Health Issues Among the Prisoners

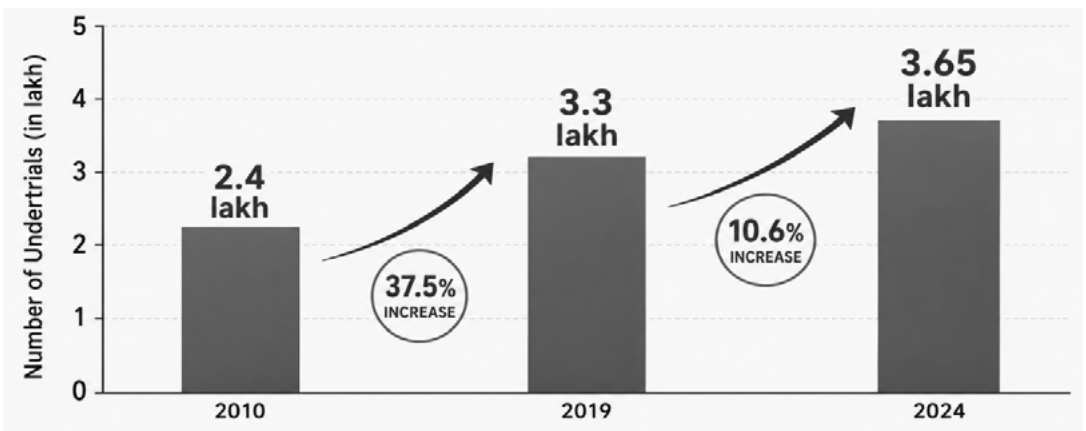
Prisoners often face serious mental health problems due to many interconnected reasons. Many already struggle with mental health before entering prison, and the tough life of prison worsens their state of mind. Some of the key issues contributing to the worsening state of mental health among the prisoners are discussed below:

18 National Human Rights Commission, D.No. R-14/6/2022-PRPP (RU-4) (June 19, 2023).

Overcrowded Prisons

Overcrowding remains a persistent problem in Indian Prisons. More than half of prisons in the States and Union Territories are overcrowded, operating beyond 100 per cent capacity of the sanctioned strength, as per the 2024 National Crime Records Bureau[19]. According to the Prison Statistics India Report, the sanctioned capacity of 1333 Indian jails is 4.53 lakh inmates, contrary to which 5.11 lakh inmates are languishing in these jails. Delhi has the highest prison occupancy rate at 194.6 percent as compared to other Indian states[20]. Another factor contributing to the overcrowded prison atmosphere in India is the undertrial population, which made up 69.05 per cent of the total prison population in 2019, totalling 330487 undertrial prisoners, and increased to 73 per cent, or 365,899 prisoners, in 2024, demonstrating the ongoing dominance of undertrial prisoners in Indian jails, which is approximately 2.4 times the average global undertrial population reported by UNODC[21].

Chart -2 Increase of undertrials in prisons



Source- National Crime Records Bureau, 2024

19 Ministry Of Home Affairs, National Crime Records Bureau, Prison Statistics India 2024 1-2 (2025).

20 *Id.*

21 United Nations Office On Drug And Crime (Unodc), Latest Prison Data Released: Five Key Findings (2025), https://www.unodc.org/unodc/en/news/2025/July/latest-prison-data-released_-five-key-findings (Last visited Feb.15, 2026).

Social Isolation and Lack of Family Support

The trauma of being separated from the family and children breaks the prisoners internally, leading to weak emotional well-being and difficult family integration post-release[22]. Family support plays a crucial role in maintaining the mental health of incarcerated prisoners. Prolonged isolation and restrictive visiting policies act as a catalyst in deteriorating inmates' health. The restrictive atmosphere of the prison, lack of social interaction, and limited networks encourage the tendency to be lonely and disconnected among the prisoners, exacerbating various forms of mental illness among the prisoners[23].

History of Substance Abuse and Addiction

Intimates within correctional centres may face substance-related challenges either prior to, during or after release from prison. Anxiety, schizophrenia, depression and other psychological disorders are some of the problems that an inmate may be vulnerable to in prisons as compared to other custodial institutions. The symptoms often aggravate in cases of inmates exposed to substance abuse, leading to recidivism and premature death after release. Research indicates that worldwide, 10-48 per cent of male prisoners and 30-60 per cent of female prisoners have substance use disorders at the time of entry into prison. Whereas, about 18-30 per cent of male and 10-24 per cent of female inmates have alcohol dependency[24]. A study on prisoners in Poland revealed that in cases where mental health issues were already present in prisoners before incarceration, the multidimensional deprivation not only aggravates the mental health but also adds some new problems[25].

Past Trauma

Exposure to some form of past trauma leads to posttraumatic stress disorder (PTSD) among some of the prisoners. This may be due to several reasons, such as past sexual abuse, childhood abuse, natural or manmade calamity, etc. A prisoner with PTSD

22 Dr. Mohammad Tahir and Mr.Farhan Zuberi, *Psychosocial challenges of Inmates: A Literature Review on District Jail, Aligarh*, 2 World J. Arts, Educ. & Literature 4 (2025).

23 N. Machado, L. Abreo, E. Petkari & Mariana Pinto da Costa, *The Relationship of Social Contacts with Prisoners' Mental Health: A Systematic Review,* 234 Public Health 199 (2024).

24 Sruti Bansal and Prachi Motiyani, *rethinking on the interplay of substance abuse and mental health in Indian prisons: a critical analysis,* 5 Discover Mental Health 76 (2025).

25 Anna Pekala-Wojciechowska *et al., Mental and Physical Health Problems as Conditions of Ex-Prisoner Re-Entry,* Int'l J. Envtl. Res. & Pub. Health 18 (14) 2021.

symptoms carries the risk of recidivism[26].

Lack of Proper Mental Health Care Facilities

Considering India's vast population, the mental health services remain severely inadequate. Approximately 75 to 93 per cent of the Indian population lacks proper access to mental health services. There is a significant implementation and promotion gap in mental health services in India[27]. If this is the situation for the general population, what is the plight of those behind bars? A study conducted by the National Mental Health Survey of India reveals that the country has only about 9000 psychiatrists, which translates to merely 0.75 psychiatrists per 100,000 population, whereas the recommended ratio should be 3 psychiatrists per 1000000 population[28]. The scenario is even more disturbing in the case of the inmate population. The sanctioned strength of psychologists across India's 1,319 prisons and 5.5 lakh inmates is 68; in 2021, there were 33 psychologists per 16,789 inmates. As per the current scenario, for 1333 jails across India with a population of 5.7 lakh inmates, only 25 psychologists are available to cater for the overcrowded prison population[29].

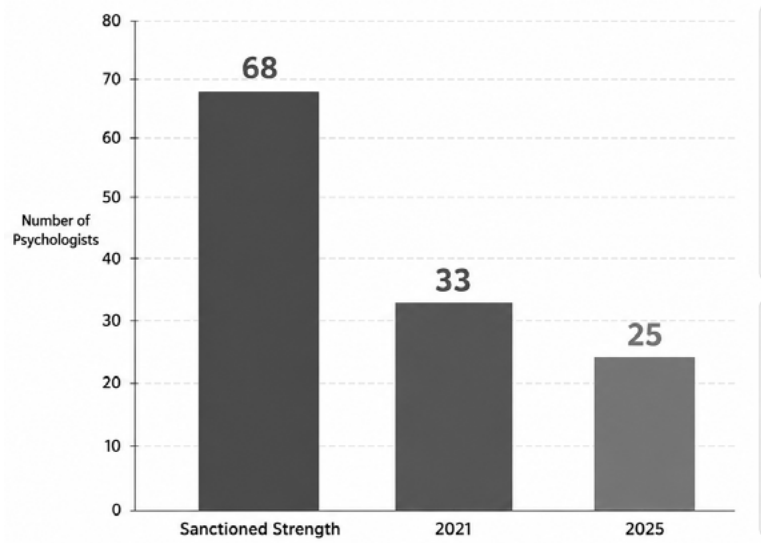
26 Sharyn Adams, Jaclyn Houston-Kolnik & Jessica Reichert, *Trauma-Informed and Evidence-Based Practices and Programs to Address Trauma in Correctional Settings,* ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY (July 25, 2017), https://icjia.illinois.gov/researchhub/articles/trauma-informed-and-evidence-based-practices-and-programs-to-address-trauma-in-correctional-settings (last visited on 15 March, 2026).

27 Harpreet Singh Dhillon & Shibu Sasidharan, *Prison Mental Health-An Indian Perspective,* 8 ANNALS INDIAN PSYCHIATRY 80 (2024).

28 K. Garg, C.N. Kumar & P.S.Chandra, *Number of Psychiatrists in India: Baby Steps Forward, but a long way to Go,* 61 INDIAN J. PSYCHIATRY 104 (2019).

29 Bindu Shajan Perappadam, *Indian Jails Plagued by Overcrowding, Lack of Medical, Mental Health Professionals: Report*, THE HINDU (Apr. 18, 2025), https://www.thehindu.com/news/national/indian-jails-plagued-by-overcrowding-lack-of-medical-mental-health-professionals-report/article (last visited Mar. 2, 2026).

Chart 3- Strength of Psychologists



Source- India Justice Report, 2022 and The Hindu

Delay in the disposal of the mercy petition relating to death

The delay in disposing of the mercy petitions of the prisoners sentenced to death severely impacts the mental health of the prisoners. The legal uncertainties exacerbate the psychological pressures of the inmates, leading to at least one mental illness. A study conducted under project 39-A of the Delhi University shows that out of 82 prisoners who have been awarded a death sentence, 62.2 per cent of the prisoners suffered from some kind of mental ailment[30].

V. Punjab Prison Scenario

The Justice Amitava Committee on Prison Reform highlighted in its 2022 report that between 2017 and 2021, the predominant cause of deaths within prison was 'suicide' among the prisoners[31]. The number of suicides in the prisons indicated the fractured state of mental health behind bars. In 2019, Punjab reported the second-highest number of prison suicides in India, after Uttar Pradesh, with 13 unnatural

30 Project 39A, National Law University, Delhi, Deathworthy: A Mental Health Perspective Of The Death Penalty 91 (2021).

31 https://www.thehindu.com/news/national/supreme-court-panel-recommends-several-prison-reforms/article61635639 (Last visited Mar.2, 2026).

deaths[32]. The number is nearly the same in 2024, with 12[33]. The committee proposed the establishment of collapsible barracks to prevent or minimise the occurrence of such events in prisons. Substance abuse remains a major challenge, significantly contributing to poor mental health among the prisoners in Punjab. About 42 per cent of prisoners in Punjab Jails are drug addicts[34]. Drug dependency is frequently associated with psychiatric disorders, thereby complicating the rehabilitation efforts.

In India, the subjects 'Prisons' and 'the persons detained therein' fall under Entry 4 of the state list; hence, the state is responsible for administering and managing prisons. In particular, the State of Punjab operates 26 prisons, comprising 09 Central Jails, 06 District Jails, 04 Special Jails, 05 Sub-Jails, and a Borstal Jail and an Open Jail.

It is the responsibility of the prison department to ensure that all convicted individuals are productively engaged, providing them with a means to earn a living while helping them develop skills to improve their job prospects after their release. Furthermore, the prison administration plays a crucial role in supporting correction, which includes reform, rehabilitation, and reintegration into society.

VI. Initiatives of the Punjab Government to Address Mental Health Issues Among Prisoners

Past Initiatives

*Launch of mental health program by Punjab's Health Minister***:** On November 9, 2023, Punjab's Health Minister Balbir Singh launched a mental health program for inmates during a conference in Chandigarh. The program offered mental health check-ups, counselling, and specialist referrals in four jails (Gurdaspur, Patiala, Ludhiana, and Amritsar) and planned to expand statewide later. The program was launched in response to Punjab's high prison suicide rates, which were mainly due to severe mental health issues. The purpose of the program was the effective implementation of the Mental Health Care Act of 2017.

32 Ministry Of Home Affairs, National Crime Records Bureau, Prison Statistics India Report 169-170 (2020).

33 Ministry Of Home Affairs, National Crime Records Bureau, Prison Statistics India Report 187-188 (2024).

34 National Human Rights Commission, *NHRC Notice to the Punjab Government over the Reported 42% of Prisoners in Punjab Jails Being Drug Addicts,* NHRC (Oct. 27, 2023), https://nhrc.nic.in/media/press-release/nhrc-notice-to-the-punjab-government-over-the-reported-42-prisoners-in-punjab-jails-being-drug (last visited Mar. 3, 2026).

Collaboration between World Health Partners and the Punjab Government: In 2021, the World Health Organisation partner, in collaboration with the government of Punjab, initiated a pilot project in the jails of Amritsar and Ludhiana to provide mental health services to prisoners in these correctional centres. The project aimed to identify the obstacles to the effective implementation of mental health interventions and to develop solutions to overcome them. A total of 6700 prisoners were to be screened for mild and severe symptoms of mental health. The prisoners showing mild mental symptoms were to be referred to professional counsellors, and those with severe symptoms were to be treated in professional institutions for the appropriate treatment. Voluntarily, the Punjab State AIDS Control Society had also taken the initiative to carry the project further by providing counsellors for Opioid Substitution Therapy/HIV patients in these jails and engaging them with the counsellors of WHO to gain first-hand experience for delivering the cases of mental health during the pilot project.[35]

Intervention by the Punjab State Human Rights Commission: The Punjab State Human Rights Commission is actively involved in ensuring the well-being and rights of prisoners. In 2019, the Punjab State Human Rights Commission (PSHRC) took suo-moto notice of the report of National Crime Bureau data published in the Tribune dated 24 October titled, "Most Suicides in Punjab Jails: NCRB", and sought from the state's Prisons Department an explanation of the reason for the highest number of unnatural deaths in the prisons across Punjab. The commission directed the Punjab Government and the Inspector General of the Prisons to prepare a report on the reasons behind the increasing number of deaths[36].

Judicial Intervention by the Punjab and Haryana High Court: The Punjab and Haryana High Court has fully endorsed the recommendations made by the National Human Rights Commission (NHRC) concerning mentally challenged prisoners in the state of Punjab. The decision to implement the recommendations of NHRC across the state was made during the hearing of a case involving Jai Singh, a mentally challenged individual who died in prison after spending nearly 30 years as an undertrial[37].

35 World Health Partners, *Addressing Mental Health Issues among Prison Inmates*, WHP NEWSLETTER (Dec 3, 2023), https://www.worldhealthpartners.org/newsletter/WHP%20Newsletter%20Dec23.pdf#:~:text=Available%20studies%20and%20reports%20show,disorder%2C%20depression%2C%20substance%20use%20 (last visited Feb. 21, 2026).

36 Tribune News Service, *Explain 'Suicides' in State Jails: PSHRC*, THE TRIBUNE (Nov. 1, 2019), https://www.tribuneindia.com/news/archive/punjab/explain-suicides-in-state-jails-pshrc (last visited Feb. 21, 2026).

37 National Human Rights Commission, *NHRC's recommendations on mentally challenged prisoners*

Current Initiatives

Reception Centres for New Inmates: Following several deaths by suicide at Hoshiarpur Jail, Punjab's prison officials decided to open special 'reception centres' for the prisoners in all jails to assess their behaviour patterns before shifting them to the prison cells. At the reception centres, the inmates will be counselled by psychiatrists and psychologists and kept under observation for 2 weeks. Prisoners suffering from mental health conditions will be lodged in earmarked wards to ensure appropriate care and supervision[38].

To help prisoners stay connected with their families, calling kiosks have been installed in all Punjab jails. Inmates are allowed to make 15-minute daily calls to pre-approved numbers at nominal rates, ensuring regular communication with their relatives. In addition, Special wards are allocated to the prisoners suffering from contagious diseases like TB, leprosy, or mental health problems to ensure proper care and stop the diseases from spreading. Regular activities like yoga, meditation, Art of Living sessions, magic shows, cultural programs, and sports events are held to help inmates stay mentally and physically healthy. In order to enhance emotional well-being and develop a sense of belonging, families of prisoners are encouraged to visit the prisons and support them emotionally[39].

In September 2022, the Punjab Jail Department started the 'Galwakdi' program for inmates and undertrials in the state to help prisoners rehabilitate and improve their mental and social well-being. Under this program, eligible inmates and undertrials can meet their loved ones in person for an hour, four times a year, in a special room inside the jail. To qualify, they must have a record of good behaviour and meet the jail manual's criteria. Family members can also share a meal with them during these visits. However, high-risk prisoners, such as gangsters or those involved in serious crimes, are not included in this program. The Galwakdi program is available in 23 jails across Punjab. Families can book these visits online through the Punjab Prisons Department's website, or inmates can coordinate with jail authorities. This initiative

accepted by Punjab & Haryana High Court, NHRC (Sep. 14, 2006), https://nhrc.nic.in/media/press-release/nhrc-s-recommendations-on-mentally-challenged-prisoners-accepted-by-punjab-haryana-high-court (last visited Feb. 25, 2026).

38 *Punjab jail department: New inmates to first stay in reception centres*, The Hindustan Times (June 26, 2022), https://www.hindustantimes.com/punjab/punjab-jail-department-new-inmates-to-first-stay-in-reception-centres (last visited Feb 26, 2026).

39 https://prisons.punjab.gov.in (Last visited Feb. 12, 2026).

aims to strengthen emotional bonds and support prisoner rehabilitation.[40]

VII. RECOMMENDATIONS

In the present study, the prevalence of depression, anxiety and stress in jail inmates came out to be much higher in comparison to the general population. As these inmates, after they are released, will again become part of society, their rehabilitation and mental well-being should be taken care of, so the following recommendations are made:

Comprehensive Evaluation and Documentation: Every prisoner should be fully checked when they enter, including their general health, mental health, and any drug use. Drug testing should be required, and those who need help should be sent for evaluation and treatment.

Improving Prison Conditions: Address issues such as overcrowding, hygiene, access to clean water, food quality, and adequate recreational facilities, especially for women prisoners.

Enhancing Mental Health Care: Implement prompt identification and sensitive handling of mental health issues, with protocols for crisis intervention, behavioural emergencies, and suicidal tendencies. Make sure prisoners get medicines, counselling, and rehabilitation. Support them after release with education, family involvement, job guidance, and treatment follow-ups. Provide shelter and social help for those without families.

Stress Management for Prisoners: Help prisoners cope with prison stress through counselling, staff sensitisation, peer support, and improved living conditions.

Addressing Substance Use: Check for drug use when prisoners enter, quickly refer them for treatment, do regular screenings, strictly ban drugs, and provide medicines and counselling to help with detox and long-term recovery.

Strengthening Human and Financial Resources: Ensure adequate staffing, including doctors (1 per 500 prisoners), specialists (psychiatrists, physicians, etc.), nurses (2 per 500 prisoners), and counsellors (4 per 500 prisoners). Establish a 20-bed facility per 500 prisoners. Consider creating a prison health corps to systematically address

40 Kanwar Inder Singh, *Galwakdi' program for inmates & undertrials inaugurated by Jail Minister Harjot Singh Bains*, ROYAL PATIALA (Sept. 15, 2022), htpp://www.royalpatiala.in/galwakdi-Program-for-inmates-undertrails-inaugrated-by-jail—minister-harjot-singh-bains/ (last visited Feb. 27, 2026).

health needs.

Staff Training and Development: Make prison staff's work conditions better, boost their morale, and improve communication. Train prison staff, judges, lawyers, and police in human rights and mental health, with help from Legal Services Authorities and Human Rights Commissions.

Addressing Other Health Issues: Tackle both acute and chronic health problems, including skin infections, cardiac and respiratory disorders, tuberculosis, HIV, STIs, hypertension, diabetes, and stress-related conditions. Encourage prisoners to seek help for these issues and link prison health with the public health system.

Meeting Legal and Vocational Needs: Address prisoners' legal and vocational requirements and improve family interactions through collaborations with educational and social work institutions.

Maintaining Proper Documentation: Use computerised databases for regular health surveillance, maintaining pre- and post-discharge records carefully.

Ensuring Continuity of Care: Offer education, health checks, treatment, rehabilitation, and regular monitoring to keep prisons free from disease and poor health.

Systemic Reforms: It includes aligning prison standards with UN guidelines, establishing a prison working group to monitor and improve healthcare from a rights-based perspective, promoting alternatives to imprisonment to reduce prison populations, ensuring an active Board of Visitors, training judiciary, lawyers, and police systematically, allocating resources to improve financial and human resources in prisons and streamlining trial procedures to reduce delays and mental anguish.

Collaborative Efforts: Create a conducive prison environment for correction and rehabilitation through joint efforts by prison departments, legal services authorities, human rights commissions, governments, NGOs, and civil society.

National Institute of Correctional Services: Establish a dedicated institute to oversee health-related prevention, intervention, and research in correctional settings.

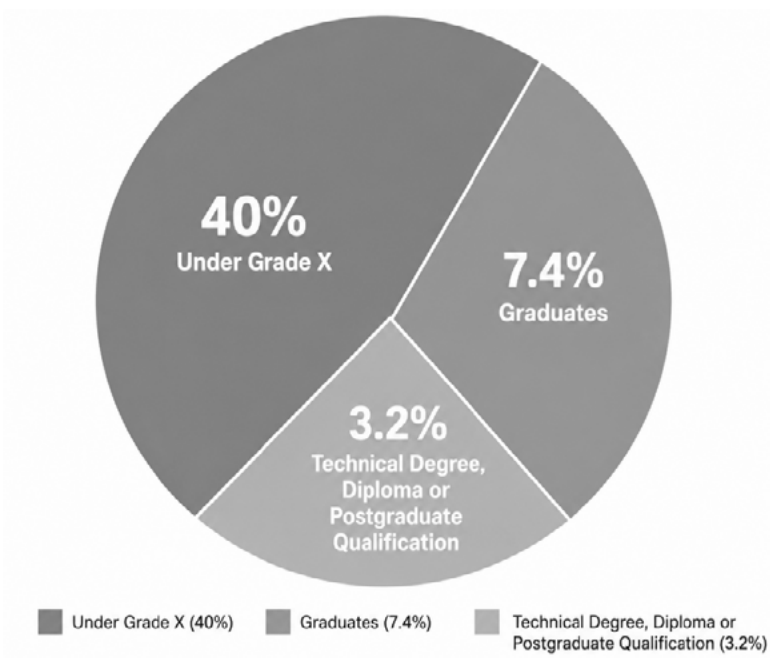
Appointment of Medical Officers: A doctor should be appointed in the jail to provide proper healthcare for inmates. Counselling sessions should be held inside the jail, and psychologists should visit regularly to offer mental health support.

Yoga, Meditation, and Recreational Activities: Jails should have activities like yoga,

meditation, and recreational camps, with help from the Ayush department, to improve inmates' physical and mental health.

Educational Programs for Inmates: Prisoners should be provided with complete education support. Online learning programmes are among the best platforms for completing their education and earning degrees in the subjects they are interested in. The majority of the undertrials are either illiterate or their education level is below Class 10. Thus, providing skill education can help them earn a livelihood and divert their minds from crime.

Chart -5 Education level of undertrials



Source- NCRB Report, 2024

a) *Family Visits:* Letting inmates meet their family and children often can work wonders in reducing mental stress. The feeling of belonging will not only help in adjusting them with the family post-release but will also work in reducing the risk of recidivism[41].

41 J. S. Malik, Paritev Singh, Meenu Beniwal, Tarun Kumar, *Prevalence of depression, anxiety and stress among jail inmates*, 6 Int'l J. Cmty. Med. & Pub. Health 1306, 1306-1309 (2019).

VIII. Conclusion

Mental health issues among the prisoners constitute a significant global phenomenon, posing serious challenges to correctional systems. India is globally behind in the effective implementation of mental health awareness programmes and treatment, not only for the general public but also for the prisoners in jail. The Supreme Court of India has played a progressive role in interpreting mental health rights of the poisoners to be an integral component of the right to life and human dignity under Article 21 of the Constitution. Although the apex court has expanded the rights of prisoners to mental health and issued detailed guidelines for the states to observe humane conditions for detention and mental health care for prisoners, the implementation remains inadequate due to the lackadaisical attitudes of the state authorities.

The data concerning mental health service providers reveals a shocking state of affairs. India has only 0.05 psychiatrists per 1000 prisoners, and in particular, Punjab has no psychiatrists against the sanctioned strength of four. The growing number of suicides among the prisoners and the never-ending substance abuse problem call for an urgent mental health action plan. Although programs like Galwakdi and the proposed Punjab Prisons and Correctional Services Bill, 2026, provide a promising framework for reform, institutional support from all three organs of the state is the need of the hour for a rights-based, reformative approach.



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AU Block (Outer Ring Road), Pitampura, Delhi-110034
Nearest Metro Station – Pitampura (2 KM) & Haiderpur (0.5 KM)
Website : www.vips.edu, www.dsb.edu.in
Tel.: +91 11 27343401 / 02 / 03, Fax : +91 11 27343404
E-mail : vslls.clrd@vips.edu