

Examining the Mental Health of Prison Inmates: A Perspective of a Psychologist

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Mental health is a common concern for people seeking well-being in their lives. Healthcare providers and policymakers worldwide have focused on analyzing and working on issues related to mental health among varied age groups. However, people who are in detention or the inmate population, like prisoners, are one of the least studied populations in terms of understanding the prevalence of mental illnesses among the cohort. The detrimental impact of confinement within the prisons can be threatening and mentally exhausting for the inmates, as most of them are unaware of their rights and the justice system. The present paper examines mental health issues among prison inmates in India and reviews the related literature. The paper also discusses the fact file of available services, laws, and healthcare policies for prisoners in India. Further, the issues are discussed with a focus on highlighting the models and interventions that can be utilized and applied to enhance the mental healthcare system for the inmate population in the country.

Keywords: Mental health, prisoners, inmates, well-being, healthcare system, law and policy

Introduction

‘The degree of civilization in a society can be judged by entering the prisons’.

~Fyodor Dostoevsky

In the documentary ‘Tihar Indian Jail’ (Johansson & Peyrot, n.d.), a foreign-based young man convicted for drug smuggling expresses his feelings about being caged inside and waiting for imprisonment time to pass, says “It’s not so bad as I thought, but then you hear also that you are not able to have any communication outside,...you start doing quite a bit about others cases...you’re already three years waiting for my trial and there are other people who are already waiting five years then”.

“In prison, you always get a dream, if you get a dream, they are always inside some walls, ... so it’s very hard for the dreams to go away from these walls...once you enter as a prisoner somehow these

walls, they create a barrier along your brain and they block all your dream ways” another 10 years convicted prisoner, expresses his feelings about this cage in the same documentary.

Such voices are common to all the people who are banished from society, and what psychologically they suffer, is unimaginable to us.

In the discourse on mental health, one is aware of the hidden and neglected people, the abandoned, people living in slums, the sex workers, the transgender community, the prisoners, and other vulnerable communities. The mental health status and the psychological world are in oblivion because they were never seen as important for the individual once banished from society and the community. One fails to recognize and examine the inner world of such marginalized communities because they are not treated fairly and may be alienated from their families, groups, and society, which consequently impairs their lives. Thus, the need arises to explore and investigate the situation of such vulnerable and marginalized groups to understand their mental health.

In the present paper, an attempt has been made to delve into the prevailing outlook on mental health inside prisons in India. However, due to the lack of empirical

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research in this area on the Indian population, several aspects of gender, age group, and psychologically vulnerable people concerning mental health are not included. As the world is being transformed, the input of research and scientific theory development has led to some drastic changes within society over time. People are in the process of becoming aware of the issues and importance of mental health. But we need to focus on the application of research, theories, and practices to all the people living within and outside Indian society. Mental illness is a common and natural condition similar to physical illness and it is imperative to look after mental well-being and overall health.

Prisoners with mental illness: The Policy Perspectives

Mental health and illness are seldom-discussed subjects not only within society but even in the judiciary system. The incarcerated have been deprived of a quality life inside the prisons. The prisons in India are governed under the Prisons Act of 1894, which provides

the legislative basis for the management of the prison system; however, there seems to be a lack of awareness among the general population to understand such provisions. Even though the Constitution treats everyone with equality and justice, we cannot overlook the reality of injustice, inequality, and harassment against mentally ill people. According to the National Crime Records Bureau (NCRB), *The Prisoners Statistics in India* (PSI) report for the year 2019 states that the total number of prisoners suffering from mental illnesses across India is 7394 out of a total of 4,78,600 prisoners across the country, as shown in Table 1. However, they have neither included the type of mental illness amongst the prisoners nor mentioned the gender, age, etc. of prisoners with mental illness, which is again a lack of informative statistics. The types of mental illness according to gender and age would have shown the actual status of the mental health situation of prisoners in Indian society.

Table 1
The types of prisoners suffering from mental illness across India, 2019

Category	Convicts	Undertrials	Detenues	Others	Total
State	3693	3408	18	26	7145
UT	55	194	0	0	249
Grand Total	3748	3602	18	26	7394

Source. Prisoners Statistics in India (NCRB) 2019 report.

The Prisoners Statistics of India report of the NCRB (PSI, 2019) has discussed various schemes of the Ministry of Home Affairs, Government of India, for the improvement of prison infrastructure and hygiene conditions, including health practices, and such other aspects. The schemes are being adopted by various states and UTs in India. The government implements measures for healthcare improvements, including mental health as well as assistance facilities. The different rehabilitation and welfare schemes in PSI include educational programs with library facilities, vocational training, yoga and meditation programs, activities like spiritual and cultural, games and recreational activities, etc.; personal facilities like wages, food and clothing; telephone; and creche and nursery facilities for children of prisoners. The NHRC

(National Human Rights Commission) and SHRC (State Human Rights Commission) have set up special grievance facilities for any complaints regarding cruelty, misbehaviour, misconduct over lawful rights, etc. According to the records, the prisons have special screening for health in accordance with the guidelines issued by the NHRC, and various medical programs and camps are arranged inside the prisons. To cater to the health needs of the prisoners, special hospital amenities have been provided. For healthcare, substance use and abuse are banned inside prisons. Special integrated counseling and testing centers are provided for HIV/AIDS-infected prisoners. Longer imprisonment often leads to many psychological problems, due to which psychologists have been appointed in all Central Prisons, Special Prisons for

Women, District Jails, and Borstal Schools (a type of youth detention center) in the state of Tamil Nadu. Additionally, two counselors are also employed in each prison to ensure better care for disturbed prisoners. However, the total number of mental health counselors and psychologists is missing from the data, except for the total medical staff, which is reflected as 1962. Unfortunately, the focus on mental health programs is the least developed and is not available in all state prisons.

The Well-being of the Prisoners: Legal Perspective

An incarcerated person is often seen as someone who will never return to a normal life. Keeping in mind the distressing consequences of being caged and confined inside the cells, the Government and Judiciary system have made amendments concerning the mental health of prisoners. Section 27 of the Mental Health Act of 1978 was amended to restrain or remove a person from a Psychiatric hospital to and from a psychiatric nursing home or jail. Section 328 in the Code of Criminal Procedures (CrPC) states that if a person is found to be of an unstable mind and incompetent in making a defense, the magistrate shall order the person to be monitored by the Medical Officer as directed by the State Government and shall examine such officer as an eyewitness to produce the reports.

The revisions to the Mental Health Act of 1987 were the Mental Health Act of 2017, which came into force on May 29, 2018, and was passed in 2017. Under Section 103, the government is morally and legally bound to address the mental health issues of prisoners. It includes significant changes like decriminalization of suicide attempts; empowering people suffering from mental illness to let them make their own decisions regarding health if they have the proper knowledge; safeguarding the rights of people with mental illness and access to healthcare and services without any discrimination from the Government; includes provisions for registration of various mental health institutions for the proper regulation of this sector, which eventually led to the establishment of many healthcare institutions across the country; restrictions to the usage of Electroconvulsive Therapy (ECT), to be used only in case of emergencies, but cannot be used on Minors; and, it also looks at tackling the stigma related to mental illness, and ways to resolve them (Mental Health Act, 2017). According to Gowda et al., WHO and the International Association for Suicide Prevention

suggested prison-specific suicide prevention programs and practices, but such measures are rarely followed in Indian prisons.

Mental Illness and Prison Life: Detention Forever?

The social stigma always possesses the person, even after being released from prison. There are many psychosocial causes behind the person's inability to overcome bad experiences, like the social stigma of being a sinner, social exclusion and isolation, family and personal relationship dissolutions, unemployment, humiliation, harassment, etc. In cases where the prisoner is the only earning source, the stress and pressures about how the family will survive can increase their vulnerability, leading to a greater risk of committing suicide and becoming a survivor of mental illness. The prisoners are oftentimes seen possessing personality traits like lower levels of self-control, high levels of aggressiveness, cognitive distortion, tending to be self-governing and irresponsible, etc. (Sinha, 2016). There is a high risk and prevalence of psychological illness and major mental disorders among inmates because of the social stigma that all mentally ill people are potential perpetrators of any crime. People who are experiencing any severe mental illness are susceptible to committing crimes inadvertently. Society assumes the person is guilty based on the offense committed, unaware of the fact that the person could be seriously suffering from any form of mental illness. There is a failure to promote the diagnosis and acknowledge the need for treatment and rehabilitation for such prisoners; many are unaware of or do not have access to Mental Healthcare Services (Mishra et al., 2020). The main purpose of rehabilitation and prison is not only to punish the person for a crime, but it also has a reformatory and transformative role so that the individual learns to practice moral and harmonious behavior after release.

The social and physical environment of the prison can be a more damaging experience, primarily for severely ill people who were not diagnosed with mental illness on time. The outrageous behavior of prison inmates and prison personnel can be traumatic to deal with since there's no way to overlook or leave the site. Some prisoners do accept the fact that prison life is a penalty for their immoral actions and not deprivation inside prisons (Janetius, 2017). Lack of information concerning the mental illness of the person often leads to maltreatment and torture because an unnatural behavior might be assessed as childlike or meaningless

by the staff and inmates. Due to harsh experiences of confinement and crisis, the inmates might also struggle socially and emotionally, which can impact their overall health. According to a study conducted on male prisoners in the state of Jharkhand, it was found that they had social and emotional maladjustment, which was associated with a negative impact on their mental health (Sinha, 2010). Indeed, people might know that the person has a mental illness, but there are possibilities that staff might treat them harshly, taunt them, make fun of them, and hurt them. Especially minors, women, juveniles, etc. are more susceptible to suffering from sexual and physical harassment inside the prison, which often goes unreported (Kasera, 2020).

Prevalence of psychological morbidity among prisoners

Psychological disorders and psychiatric morbidity are the least studied and investigated in Indian prisons. The main reason for not stating the prisoner's mental health is also because the prisoners are treated as criminals and punished. Investigating the prisoner's psychological world is complicated for both the researcher and the prisoner due to the lack of cooperation between the staff and the prisoners. However, a few notable studies done on Indian prisoners to identify psychiatric morbidity illustrate that the prevalence of psychiatric disorders is found to be higher in prisoners than in the general Indian population (Goyal et al., 2011). Anxiety disorders like phobias and stress-related disorders were found to be prevalent in Indian prisoners who were convicted (Malik, 2019). The prevalence rate for psychiatric disorders among prisoners in Kota Central Jail (Rajasthan) was found to be 33%, the highest being neurotic disorder, which was 26% of prisoners, including schizophrenia and bipolar affective disorders (Kumar and Daria, 2013). The study also reports that many severely sick prisoners are not provided proper care, and often the treatment is delayed. In the prison in the Hadoti district in the state of Rajasthan, many people with mental health issues have lower levels of psychiatric treatment available to them, and the standards of treatment are very poor (Kumar and Daria, 2013). A cross-sectional study conducted among male inmates of the central jail in the state of Odisha supports the finding that one-fourth of the prisoners were suffering from moderate to severe forms of depression, which was predicted by factors like high educational qualifications, false

accusations, and a lack of social support (Tripathy et al., 2022).

The preexisting mental ailments become more critical with lengthy imprisonment and the level of confinement for the prisoners. The external environment is one of the reasons for a person's behavioral and overall psychological improvement. And if we look at the conditions of the prison, one might see the extreme conditions in which detainees survive. The prison environment can be a determinant for amplifying stress and psychological illness in prisoners (Mansoor et al., 2015). Apart from this, there is a lack of sanitation facilities among prisoners due to overcrowding and many prisoners' unhygienic living habits. Overcrowding is not reported in all prisons because of longer case trials and setbacks in courtroom judgments and proceedings (Janetius, 2017). The total number of suicides committed by inmate prisoners during the year 2019 was 116, of which hanging (108) was the most commonly attempted type of suicide (PSI, 2019, pp. 197–222). Only one psychological disorder was mentioned in the death rate, which was schizophrenia with epilepsy; the total number of prisoners who died of psychotic disorders like schizophrenia with epilepsy was 19. According to the 2014 report by the NHRC, the prison environment and the crisis among inmates are major causes of self-destructive behavior inside the prison. Although empirical research on prisoners' mental health is lacking in India, a review article supported this finding and found that psychiatric illnesses and disorders are prevalent among the inmate population (Rabiya & Raghavan, 2018). Hence, there is a need to study such factors as prisoner profiling to better understand their behaviour, which will further help in developing effective interventional programs and mental health regulations targeting the prison population.

The mental healthcare services available to the prisoners

A counselor's or psychologist's role as a treatment provider is not accurately fulfilled in prisons, as complete privacy and confidentiality are never supported between the therapist and the client. In such situations, it is challenging to provide the prisoner with moral and social support. The role of counselors and psychologists is limited inside prisons because of safety and other ethical issues. Since the prisoners are cut off from the outside world, they are anxious about their future and the impact on their family and personal lives.

They become hopeless and despairing, and they frequently experience severe psychotic and depressive disorders inside the prison. Advanced guidelines as given by Vadlamani (2019) explain the care strategy, the role of the psychiatric team, release planning, and rehabilitation incorporated under the clinical implications for healthcare professionals in any hospital in India. Additionally, it should be noted that it is a challenging task for researchers, analysts, and practitioners to study the inmate population because of issues related to conducting research. Bhatia & Aggarwal (2021) conclude that a researcher finds it difficult to develop the research due to issues like consent to participate, confidentiality matters, risks, ethical considerations, benefits, biases, etc. as the inmates experience negative behaviour from people.

The reform at the Tihar Jail complex in New Delhi in 1993 is a noteworthy contribution to the transformation of prison inmates. The model used was the 'New Delhi Correctional Model', which emphasized improving and evolving the prison as a community with the help of participative management (Bedi, 1998). A concerted approach to the overall development of the prisoners was carried out that incorporated imparting education, play activities for children of prison inmates, and vipassana meditation, to name just a few. Additionally, initiatives like digital platforms can play a crucial role in providing access to mental health facilities for incarcerated and other marginalized communities. With proper facilitation and support from the regulatory bodies, mental rehabilitation through digital platforms can be explored as a valuable source for inmates to provide services and relieve their mental issues (Zivanai & Mahlangu, 2022).

Non-governmental organizations are well known for their work in sensitizing people and society about such serious issues as health and well-being. For instance, MHI (Mariwala Health Initiative, n.d.), an NGO based in India, has taken steps to pay attention to the mental healthcare issues of marginalized groups across the nation. The steps taken by MHI are: 1. Providing grants and a collective community-based working strategy for ease of access to mental healthcare services; 2. Partnering through intervention programs and advocating for rules and regulations; 3. Community outreach for marginalized groups to attenuate the issues and concerns; 4. Investing in the communities by training and networking.

A qualitative study by Janetius in 2017 revealed that

although prisoners' lives are worse in cells, some programs and facilities encourage their welfare. The well-being programs handled by the NGOs provide prisoners with counseling, occupational therapy, and moral support. They are rewarded for good behaviour and achievement, especially during the celebration of important national days for their performance and assistance (Janetius, 2017). In this study, a therapeutic model called the "Evidence-Based Suicide Prevention Peer-Help Counseling Model" was introduced to reduce suicide incidents and other mental health problems among prisoners. The practical benefits of the model are social support among inmates, self-acceptance and actualization, which increase the healing process, and the ability to relieve loneliness by adjusting to life. The model seeks to help not only the prisoners but the staff and other working personnel as well. Similarly, an amalgamation of neurology, surgery, and psychiatry interventions was developed as a consultation program, which is a form of the doctor-patient model, and was found to be a successful intervention among mentally ill prisoners who were suffering from a psychological illness (Agarwal et al., 2019).

Therefore, there is an urgent need for preventive and diagnostic measures that can provide the inmates with the right services, as the prison should serve a rehabilitative purpose and not lead to further loss, harm, or failure.

COVID-19 Pandemic: Prisoners' Life in Jail

NHRC devised a protocol and advisory for prison departments across India to ensure preparedness, prevention, and control measures for minimizing the risk to the lives of prisoners. In addition, there is an increased burden on the under-resourced prison system, which is already facing a crisis of finances and human resources. And as mentioned in the reports, according to the advisory by the Supreme Court of India, the demand to operate all the measures and guidelines regarding prisons was sent to all the states, but no special advisory for mentally ill prisoners was mentioned. The prisoners released on interim bail were based on categories of crime committed, case trials or convictions, etc., and especially in the age group of 60–65 years old or above. None of the states mentioned the orders regarding prisoners with mental illnesses. Similarly, many major guidelines concerning the mental health of police personnel are also mentioned, like well-being programs that includes, yoga, deep breathing

practices, and nutritional counseling to support overall physical and mental health, the in-house team of mental health professionals, like psychiatrists and psychologists for police departments on a district-level working for various psychosocial factors, etc. Surprisingly, there is no report specifically mentioning such programs for prisoners with mental illness. It clearly shows that despite being aware of the severity and effects of mental illness among prisoners, no advisories address the vulnerability of psychological problems among prisoners. Not ignoring the fact that the custodians, including the staff, also have to experience worse situations and suffer from different psychosocial problems. The focus of government policies in India is heavily based on the general population, which could create mental health crises in prisons. Thus, it must be focused on every person, irrespective of their variations as due to the advisory of the court system for only “urgent hearings”, the case pendency has also increased.

A joint statement presented by international agencies like the United Nations Office on Drugs and Crimes, the World Health Organization, UNAIDS, and the United Nations Human Rights Office of the High Commissioner (OHCHR) during the COVID-19 outbreak in the year 2020, requested and advised about the appropriate public health measures for the vulnerable population, like prisoners who are deprived of liberty. To reduce the spread and severity of the diseases and illnesses inside the prisons and detention centers, they highlighted the need to establish an up-to-date coordinating system. The advisory comments are as follows: 1. Reducing overcrowding, which ruins hygienic conditions, especially in developing countries, older people suffering from serious health conditions, including women and children, are released for safety. 2. Ensuring health, safety, and human dignity: rendering clean living and working conditions with access to healthcare amenities free of charge 3. Access to continued health services: prisoners are more predisposed to substance abuse, HIV/AIDS, Tuberculosis infection, etc. and should continue their treatment without any breaks in between the treatment phases. 4. Respect human rights: adherence to the value of the rights of prisoners, including corresponding protection, rights to judicial representation, etc. 5. Adhere to United Nations rules and guidance: any interventions in the prison should comply with the United Nations Standard Minimum Rules for the

Treatment of Prisoners (the Nelson Mandela Rules for the prison management in 21st century). All prisons and detention centers are part of the WHO COVID-19 plans and guidelines.

Discussion and Conclusion

The research studies exhibit a basic portrait of mental health and the services and facilities provided by the government, pointing out areas of investigation and problematic factors that need further focus. However, a clear view has not been revealed due to the lack of research directed, especially toward the psychological construct of prison life. In all the data displayed, none of the NHRC, PSI, or NCRB have a distinct model or description of describing factors like history and types of mental illnesses, demographic data of prisoners suffering from mental illness, and number and types of staff under mental healthcare services for prisoners. Good statistical data are scarce on the part of the Central and State government agencies. The mental health vision of the staff inside prison is yet another unexplored and least investigated factor in India. The burden on the staff and the caretakers can be very stressful and problematic, especially when any staff member themselves is a person with a mental illness or behavioural problems. The role of reformation should be disseminated to all prisoners, including staff training in psychological ways of handling the prison and oneself.

There is a necessity for psychosocial support, as not only medical or clinical help will be reformatory for society to change such beliefs regarding mentally ill prisoners but also through various awareness programs for mental illnesses and teaching them the value of early diagnosis and timely treatment. Duffy and Kelly (2019) suggest the effectiveness of India’s Mental Healthcare Act of 2017 in improving the lives of people suffering from mental ailments. As the social environment plays a helpful role in providing comfort, families, friends, relatives, and society are required to accept the person and not tag them with a ‘criminal’ designation for life. According to Janetius (2017), the Peer-help Counseling Model can be employed as a therapeutic approach in all prisons to empower prisoners as individuals and orient them toward the future. Yoon et al. (2017) suggest cognitive therapies and mindfulness-based interventions as effective measures for treating prisoners suffering from anxiety and depression. Indian yoga practices are widely used interventions incorporated by many practitioners to

improve mental health. Yoga Prana Vidya, an ancient form of meditation, was found to be an effective measure to improve psychological well-being among under-trial prisoners if implemented appropriately (Nanduri and Ram, 2020). Appropriate empirical studies focusing on problem diagnosis, intervention, and

treatment strategies are strongly required to understand the psychological well-being of inmates across the country. Various types of therapeutic interventions, programs, and activities, as discussed, can be implemented to enhance the quality of life for the inmates; however, more evidence is needed for solving mental health issues. Prisons should not be dumping grounds for mental and psychological illnesses.

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