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Prisoners' Mental Health and Human Rights Legal Frameworks Challenges

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ABSTRACT

Over 10 million people are incarcerated worldwide. Mental health illnesses are much more common among inmates than the general population, which makes rehabilitation and reintegration more difficult. This study highlights the institutionalized disregard for mental health care in prisons by examining the crucial nexus between human rights and mental health in correctional facilities. Prisoners encounter challenges such as overcrowding, a lack of resources, and poor staff training despite national and international frameworks that require humane treatment and access to mental health care, such as the UN's Nelson Mandela Rules and India's Mental Healthcare Act of 2017. These circumstances increase the possibility of abuse, self-harm, and recidivism. This study highlights legal protections under Article 21 of the Indian Constitution and international human rights law as it examines the prevalence of mental health concerns in Indian and worldwide jail situations. Furthermore, it examines the difficulties mentally ill inmates encounter upon re-entering society, examining initiatives such as Critical Time Intervention and Thresholds' Prison Aftercare Program, which seek to lower recidivism rates by providing community-based assistance. Early mental health screenings, employee education, specialised care, and comprehensive reentry programs catered to various prisoner populations are among the suggestions being made. By prioritizing prisoner's human rights will improve rehabilitation, and build safer society by putting mental health foremost of the inmates.

KEYWORDS

Mental health, Prisoners, Imprisonment, Healthcare, Human rights.

1. INTRODUCTION

Over 10 million people are serving time around the world, and the prevalence of all studied mental disorders is higher among the prisoners than in the rest of the population. Prisons aim to punish criminal conduct protect society, and rehabilitate individuals to prevent repeated offences^{1,2}. Mental health is an essential component of our well-being, yet mental health issues have been publicly neglected in our country. The fact that major mental illnesses are not addressed promptly and that there is a significant treatment gap even for these conditions is far worse. People in underprivileged circumstances are known to have high rates of mental illness and limited access to care. High rates of mental discomfort and illness are found in prisons and other custodial facilities³. However, there is mounting evidence that imprisonment can harm mental health and increase vulnerabilities. Mental health is often disregarded in jails, despite its importance for overall well-being⁴. The rights and dignity of prisoners are seriously violated by the underdiagnosis and undertreatment of mental health illnesses in prisons. They are more vulnerable to abuse, violence, self-harm, suicide, and death⁵. Prisoners often lack access to adequate mental health care, putting them among the most underserved groups with neglected healthcare facilities. Although the goal of prisons is to assist criminals in reintegrating into society, however, research indicates that imprisonment commonly degrades mental health, reintegration challenging and contributing to an increase in crime due to neglected assistance in their medical needs when it is highly recommended to receive. Prisoners are two to four times more likely to suffer from ailments like anxiety, depression, PTSD, depression, and psychosis etc⁶. Pre-existing untreated medical issues, past trauma and abuse, and the demanding prison

¹ *Mental Illness and the Provision of Mental Health Services in Prisons* | British Medical Bulletin | Oxford Academic, <https://academic.oup.com/bmb/article-abstract/127/1/101/5073305?redirectedFrom=fulltext> (last visited Mar. 8, 2025).

² Seena Fazel et al., *The Mental Health of Prisoners: A Review of Prevalence, Adverse Outcomes and Interventions*, 3 LANCET PSYCHIATRY 871 (2016).

³ *Mind-Imprisoned_Mental-Health-Care-in-Prisons*.

⁴ Olga Cunha et al., *The Impact of Imprisonment on Individuals' Mental Health and Society Reintegration: Study Protocol*, 11 BMC PSYCHOL 215 (2023).

⁵ Olga Cunha et al., *The Impact of Imprisonment on Individuals' Mental Health and Society Reintegration: Study Protocol*, 11 BMC PSYCHOL 215 (2023).

⁶ Olga Cunha et al., *The Impact of Imprisonment on Individuals' Mental Health and Society Reintegration: Study Protocol*, 11 BMC PSYCHOL 215 (2023).

environment which is marked by violence, isolation, and overcrowding, substance use disorders are the main contributors to mental disorders⁷. The fundamental ideas that might direct individuals tasked with delivering mental health care in prisons are the main topic of this review.

2. MENTAL HEALTH AS A CRITICAL COMPONENT OF HUMAN RIGHTS

Mental health is an important aspect of human rights since it directly affects a person's ability to enjoy a life of dignity, freedom, and equality. International as well as national frameworks and moral precepts that highlight each person's intrinsic value and well-being serve as the foundation for the recognition of mental health as a human right. International human rights law (e.g., Article 12 of the International Covenant on Economic, Social and Cultural Rights), Mental Healthcare Act, 2017, National Mental Health Policy (2014), Indian Constitution, the Right to Health is derived from Article 21 (Right to Life), includes access to timely, acceptable, and affordable health care, including mental health to every individual without any kind of discrimination⁸.

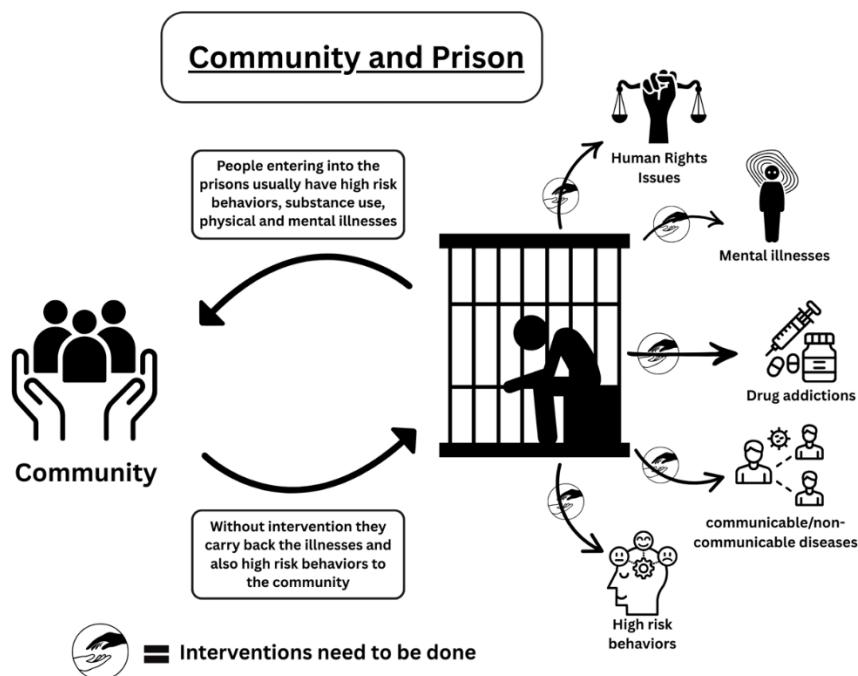


Figure 1. Challenges with the prisoner's during imprisonment

⁷ Committee on Causes and Consequences of High Rates of Incarceration et al., *Impact of Incarceration on Health*, in **HEALTH AND INCARCERATION: A WORKSHOP SUMMARY** (2013), <https://www.ncbi.nlm.nih.gov/books/NBK201966/>.

⁸ *Mental Health: Promoting and Protecting Human Rights*, <https://www.who.int/news-room/questions-and-answers/item/mental-health-promoting-and-protecting-human-rights> (last visited Mar. 8, 2025).

3. PREVALENCE OF MENTAL HEALTH ISSUES OF PRISONERS IN INDIAN AND INTERNATIONAL PERSPECTIVE

The mental health of the Indian jail population is a major concern, and addressing this issue requires the cooperation of both Indian law and international frameworks, particularly those set up by the United Nations (UN). The Supreme Court has interpreted Article 21 of the Indian Constitution, which provides the right to life and personal liberty, to include the right to live with dignity. Prisoners also have this right, which guarantees that their physical and mental health is preserved and they are not subjected to cruel or degrading treatment⁹. *Maneka Gandhi v. Union of India* (1978), a pivotal case, established that prisoners have the right to life, which includes the protection of their dignity and mental well-being¹⁰. The Prisons Act of 1894 and the Mental Health Care Act of 2017 are two other laws that regulate prison operations in India and guarantee prisoners get humane care, even though they do not directly address mental health issues^{11,12}. Nonetheless, it focusses directly on mental health, ensuring that everyone, even prisoners, has access to mental health care and therapy. This law expressly requires that people with mental illnesses, including those imprisoned receive treatment in appropriate mental health facilities. Furthermore, the Supreme Court of India underlined the importance of appropriate mental health evaluations, treatment, and rehabilitation programs inside prisons in the 2015 case on the Rehabilitation of Prisoners and Mental Health^{13,14}. The Court also directed that prison officials be trained to recognise mental health issues and avoid using solitary confinement, which could impair a prisoner's mental health. Furthermore, India is also obliged by the International Covenant on Civil and Political Rights (ICCPR), which emphasises the necessity of humane treatment of prisoners, particularly the protection of their mental health. In this regard, the Special Rapporteur on Torture and the

⁹ *Id.*

¹⁰ Mariya Paliwala, *Maneka Gandhi v. Union of India*, 1978 AIR 597 1978 SCR (2) 621 197, iPLEADERS (Feb. 21, 2024), <https://blog.ipleaders.in/maneka-gandhi-v-union-of-india/>.

¹¹ *Under the Visionary Leadership of Prime Minister Shri Narendra Modi and Decisive guidance of Union Home Minister Shri Amit Shah, a Decision Was Taken to Review and Revise Colonial-Era Outdated Prison Act in Tune with Contemporary Modern-Day Needs and Correctional Ideology*, <https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1923682> (last visited Mar. 8, 2025).

¹² Mental health, *supra* note 8.

¹³ Isabel A. Yoon, Karen Slade & Seena Fazel, *Outcomes of Psychological Therapies for Prisoners With Mental Health Problems: A Systematic Review and Meta-Analysis*, 85 J CONSULT CLIN PSYCHOL 783 (2017).

¹⁴ Maji Hailemariam et al., *Mental Health Interventions for Individuals with Serious Mental Illness in the Criminal Legal System: A Systematic Review*, 24 BMC PSYCHIATRY 199 (2024).

UN Subcommittee on Prevention of Torture keep an eye on how inmates are treated globally, making sure that issues related to mental health are appropriately addressed. These international frameworks make it very evident that member nations including India must protect prisoner's mental health. However, despite these legal frameworks such as overcrowding in jails, inadequate mental health resources, absence of proper counseling, and low staff understanding of mental health issues remain significant obstacles which are major hurdles to safeguarding the mental health of Indian prisoners^{15,16}.

The protection of prisoners' mental health is a critical aspect of human rights under international law and UN frameworks. Key instruments like the Universal Declaration of Human Rights 1948, the International Covenant on Civil and Political Rights 1966, the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT, 1984), and the Nelson Mandela Rules 2015 emphasize humane treatment, access to mental health care, and the prohibition of practices like solitary confinement that harm mental well-being. The UN supports these standards through mechanisms like the Human Rights Council (HRC), and WHO, while addressing challenges such as overcrowding, inadequate mental health services, and discrimination^{17,18,19}. Effective implementation requires states to align prison conditions with international standards, provide training for staff, and ensure regular monitoring to safeguard prisoner's mental health.

4. PRISONERS WITH MENTAL ILLNESS AND THEIR REENTRY INTO SOCIETY: CHALLENGES, INITIATIVES, AND BEST PRACTICES

Prisoners trying to reintegrate into society face a wide range of extremely difficult obstacles upon societal readmission. For

¹⁵ *Protect Prisoners' Mental Health to Increase Chances of 'Social Reintegration' after Release: Delhi HC*, THE INDIAN EXPRESS (Aug. 10, 2023), <https://indianexpress.com/article/cities/delhi/delhi-high-court-prisoner-mental-health-8885396/>.

¹⁶ *A Detailed Study on Solitary Confinement*, <https://timesofindia.indiatimes.com/readersblog/world-of-law/a-detailed-study-on-solitary-confinement-46558/> (last visited Mar. 8, 2025).

¹⁷ Paul Bebbington et al., *Assessing Needs for Psychiatric Treatment in Prisoners: 1. Prevalence of Disorder*, 52 SOC PSYCHIATRY PSYCHIATR EPIDEMIOL 221 (2017).

¹⁸ *International Covenant on Civil and Political Rights* | OHCHR, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights> (last visited Mar. 8, 2025).

¹⁹ United Nations, *Universal Declaration of Human Rights*, UNITED NATIONS, <https://www.un.org/en/about-us/universal-declaration-of-human-rights> (last visited Mar. 8, 2025).

several reasons, this process is much more intimidating for prisoners who are mentally ill. Reentry process for inmates with mental illness. Three sample reentry programs (Forensic Assertive Community Treatment, Critical Time Intervention, and Threshold's Prison Aftercare Program) that were developed for inmates with mental illness are discussed along with research testifying to the effectiveness of these programs. Finally, components that would comprise an ideal prison reentry program for mentally ill inmates are outlined, which include a three-phase structure and a focus on preparing both inmates and communities for the reentry process²⁰.

The idea of successfully re-entering society following a lengthy incarceration is a very challenging process with numerous challenges is widely accepted. These challenges include finding cheap housing, obtaining decent employment, obtaining proper health care, and effectively reintegrating into the family and community. For prisoners with mental illness, the reintegration process is considerably more difficult than it is for prisoners in general. These prisoners encounter all the challenges, but frequently to a larger extent. Statistics showing that mentally ill releasees have a much higher chance of recidivating than their mentally well peers reflect this fact²¹.

i. Re-entry program in the society

A program called critical time intervention (CTI) was first created to help homeless individuals transition from shelters to independent living by offering resources and enhancing their mental and practical stability²². Based on the same ideas, it was recently reorganised to serve the inmate population. Through the development of problem-solving skills, motivational coaching, and advocacy with community agencies, this nine-month, three-stage intervention aims to improve engagement with treatment and community supports while strategically creating individualised connections in the community²³. There is a strong emphasis on the importance of social and community support in reentry, even though this program offers many of the typical transitional programs, like vocational training.

²⁰ Esther Galletta et al., *Societal Reentry of Prison Inmates With Mental Illness: Obstacles, Programs, and Best Practices*, 27 J CORRECT HEALTH CARE 58 (2021).

²¹ Jacques Baillargeon et al., *Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door*, 166 AM J PSYCHIATRY 103 (2009).

²² Jeffrey Draine et al., *Role of Social Disadvantage in Crime, Joblessness, and Homelessness Among Persons With Serious Mental Illness*, 53 PS 565 (2002).

²³ Jeffrey Draine et al., *Role of Social Disadvantage in Crime, Joblessness, and Homelessness among Persons with Serious Mental Illness*, 53 PSYCHIATR SERV 565 (2002).

Reducing recidivism among prisoners with serious mental illness is the goal of Thresholds' Prison Aftercare Program (PAP), which is an adaption of the Jail Linkage Project. The program, which is based on the assertive community treatment (ACT) paradigm, monitors post release adjustment and facilitates links to community resources while offering rigorous, specialized treatment. The provision of a 24/7 emergency contact for participants, low caseloads for personnel to guarantee individualised care, and medication education and management are essential elements. Reoffending is less likely and long-term mental health stability is promoted by the program's emphasis on improving treatment compliance and assisting prisoners as they transition from prison to the community. This program is accessed by prison inmates via a referral system. As part of the intake process, a staff member visits the prisoner once the program receives the referral and does a comprehensive screening. Psychiatric history, arrest history, and violence risk are among the particular and in-depth factors used in this screening to evaluate the inmate's needs. According to the risk-need-responsivity paradigm, inmates with the worst records and the least likelihood of posing a threat to the public are given preference when it comes to program enrolment²⁴.

Re-entry programs often have a long way to go before they can be effective for mentally ill offenders, even though several programs have been developed and put into place that specifically address their requirements after release. Re-entry programs must be significantly restructured and modified to include specialised services and treatments that address the needs of mentally ill inmates, given the additional stressors and challenges that inmates with mental health issues encounter during the transitional process. Three stages should be part of the reintegration process: (1) prerelease evaluation, planning, and treatment; (2) community-based care continuity; and (3) progressive discharge and relapse prevention²⁵.

ii. Drug abuse treatment

Addiction and substance misuse make it more difficult for prisoners to re-enter society, therefore treatment programs must pay close attention to preventing relapses. Psychoeducation regarding the long-term impacts of drug and

²⁴ Arthur J Lurigio, Angie Rollins & John Fallon, *The Effects of Serious Mental Illness on Offender Reentry*.

²⁵ *From Prison Safety to Public Safety: Innovations in Offender Reentry* | Office of Justice Programs, <https://www.ojp.gov/ncjrs/virtual-library/abstracts/prison-safety-public-safety-innovations-offender-reentry> (last visited Mar. 9, 2025).

alcohol use on relationships and health should be the main focus of the program's initial phase. It should also discuss how tolerance changes following abstinence, stressing that relapsing and going back to a previous dose can result in an unintentional overdose because of a reduced tolerance while incarcerated²⁶.

iii. Suicidal tendency prevention program

Suicide prevention and assessment play a significant role in prison reintegration programs for people with mental illness is emphasised in this well-organised argument. You can think about outlining therapies or evidence-based instruments for assessing suicide risk that could be included in the program. Additionally, you might make a stronger case for moving people to noninstitutional care by highlighting community-based mental health resources or support networks that promote effective reintegration²⁷.

iv. Communities for planning the re-entry program

Prisoner's reintegration mainly depends on their readiness and feeling confidence to be accepted by the society. To enable a seamless transition process, it is equally crucial to prepare the communities that will receive them. Complete cooperation between the criminal justice system and community service providers may be the most important factor in ensuring that program participants have the best possible experience.

4. RECOMMENDATIONS AND REFORM STRATEGIES FOR IMPROVING MENTAL HEALTH

1. The first step in evaluating the mental health situation in a prison population is to ask prisoners what their needs are and how they may be satisfied.
2. The goal is to develop an understanding of open prisons as a peno-correctional institution and their superiority over more traditional forms of incarceration in ensuring both the societal goal of penal sentencing and the human rights goal of successful reintegration of prisoners upon release.
3. Staff in prisons should get mental health awareness training that addresses the requirements of individuals with personality disorders.
4. Maintaining communication between a prisoner and their family can assist both the prisoner's mental health and

²⁶ Nicholas Guenzel & Dennis McCharge, *Addiction Relapse Prevention*, in STATPEARLS (2025), <http://www.ncbi.nlm.nih.gov/books/NBK551500/>.

²⁷ Eileen P. Ryan & Maria A. Oquendo, *Suicide Risk Assessment and Prevention: Challenges and Opportunities*, 18 FOCUS (AM PSYCHIATR PUBL) 88 (2020).

their successful reintegration to society after freedom from jail.

5. Prisoners should be checked for mental health issues upon entering the facility. There ought to be additional chances to determine needs.
6. Prisoners with severe or acute mental health symptoms may benefit from therapy in a psychiatric ward, either in prison or at a hospital.
7. Various prisoner groups such as women, old age inmates, children and youth, inmates from minority ethnic or cultural groups, and international criminals may require various approaches to meeting their mental health requirements.
8. Clinical and mental health recovery are two different things. It is far more about helping victims overcome social impairments and improve their quality of life through social recovery.
9. Utilised the experiences and obstacles faced by ex-offenders during their detention because they are quite familiar with the prison environment.

5. CONCLUSION

Prisoner's mental health is a serious human rights and public health concern that must be addressed properly as they are also a part of society. The prevalence of mental health illnesses is much higher among those who are incarcerated because of things like trauma, substance misuse, pre-existing conditions, and the challenging prison environment. Effective mental health care in prisons is hampered by systemic issues like overcrowding, a lack of funding, and stigma, even in the face of national and international legislative frameworks that emphasize humane treatment and access to healthcare. Comprehensive reforms, including as early screening, sufficient mental health therapies, staff education, and post-release reintegration support, are necessary to address these issues. Societies can improve rehabilitation outcomes, lower rates of recidivism, and protect prisoners' basic human rights for humane treatment, dignity, and health by giving mental health in correctional facilities the highest priority. Ensuring that prisoners receive proper psychological care benefits not only them as well as entire society.