

Addressing Mental Health Challenges within the Indian Prison System and under BNSS

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Abstract

The prison system in India is a crucial part of criminal justice, but it is plagued with structural issues such as overcrowding, underfunding, and neglect of prisoner welfare. Among these, mental health challenges remain one of the least addressed concerns. Prisoners, many of whom come from vulnerable backgrounds, are often exposed to trauma, violence, isolation, and long trial delays, all of which worsen psychological distress. The result is high rates of depression, anxiety, self-harm, and even suicide within correctional facilities.

This research explores the magnitude of the mental health crisis in Indian prisons and evaluates whether existing legal frameworks provide adequate protection. The Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 introduces reforms like speedy trial and enhanced victim rights for mental health care in prisons. On the other hand, the Mental Healthcare Act, 2017 recognizes the right of every citizen, including prisoners, to mental health services, yet its implementation within jails is inconsistent. Constitutional safeguards, particularly Article 21 guaranteeing the right to life and dignity, extend to prisoners, but prison conditions often fall short of these constitutional ideals.

Case studies from Byculla Jail, Yerwada Central Prison, and Thane Central Jail highlight the seriousness of the issue. Overcrowding, inadequate psychiatric staff, and lack of structured rehabilitation programs are common problems. Courts have on several occasions intervened to protect prisoner rights, but systemic reform is still lacking.

The study concludes that prison reforms must integrate mental health care as a central component of prisoner welfare. Recommendations include mandatory mental health screening at the time of admission, the establishment of psychiatric wards in central jails, training of prison staff in mental health sensitivity, and effective implementation of the Mental Healthcare Act within correctional facilities. Ensuring mental health care is not only a matter of welfare but also a step towards true justice and rehabilitation.

Introduction

Background of the Indian Prison System

The Indian prison system has its origins in the colonial period. The structure and functioning of prisons in India were largely shaped by the British Government, which viewed imprisonment mainly as a means of punishment and deterrence, rather than rehabilitation and reform.

Colonial Legacy

- The earliest systematic attempt to study Indian prisons was through the Prison Discipline Committee (1836), which recommended rigorous punishment, strict discipline, and the isolation of prisoners.
- Finally, the Indian Prisons Act, 1894 was enacted, which still governs most prison administration even today.¹ This Act primarily emphasized discipline, security, and punitive segregation, but made little mention of welfare, mental health, or rehabilitation.

Post-Independence Scenario

- After independence in 1947, prisons became a subject under the State List (List II) of the Seventh Schedule of the Constitution. This means that prison management and administration are the responsibility of the individual states, not the central government.
- While the Constitution of India guarantees fundamental rights to all citizens, including prisoners, the prison environment remained harsh and outdated.²

Current Situation

- According to NCRB's Prison Statistics India 2022, there are 1,319 prisons in India, with a total capacity of about 4,25,000 prisoners, but the actual number of inmates exceeds 5,54,000.³
- The majority of prisoners (around 77%) are undertrials, meaning they have not yet been convicted. This reflects serious delays in the criminal justice system.
- Basic facilities such as healthcare, sanitation, and rehabilitation programs are insufficient. Mental health support is almost absent, with only a handful of prisons having trained psychiatrists or counselors.

¹ The Prisons Act, 1894.

² India Const. art. 21.

³ National Crime Records Bureau (NCRB), *Prison Statistics India* (2022) [hereinafter NCRB (2022)].

Exacerbate existing mental health conditions or trigger new one

Prison environments often have a profound impact on the psychological well-being of inmates. Harsh conditions such as overcrowding, lack of privacy, violence, inadequate medical facilities, and prolonged isolation can significantly aggravate pre-existing mental health disorders, making symptoms more severe and harder to manage. At the same time, these stressors can also precipitate the onset of new psychological illnesses in individuals with no prior history of mental illness. For example, depression, anxiety, or post-traumatic stress disorder may arise directly from the trauma of incarceration. Thus, imprisonment can both worsen existing conditions and act as a catalyst for developing new ones.

Importance of Mental Health in Prisons

Mental health is a fundamental aspect of human well-being, and its importance becomes even more critical in the prison environment. Prisons are not only centers of punishment but also places where individuals undergo extreme stress, isolation

High Vulnerability of Prison Population

- Studies show that prisoners have significantly higher rates of mental illness compared to the general population.
- According to the World Health Organization (WHO, 2021), nearly 40% of inmates worldwide suffer from some form of mental health disorder.⁴
- In India, NCRB (2022) reports highlight rising suicides and self-harm incidents in prisons, often linked to untreated mental illness.

Role in Rehabilitation and Reintegration

- The ultimate goal of imprisonment is not just punishment, but also rehabilitation and reintegration into society.
- Mental health care helps prisoners develop coping skills, emotional stability, and the ability to engage in vocational or educational programs.
- Without proper treatment, prisoners may re-offend after release, continuing the cycle of crime. Research in countries like the UK and Norway shows that prisoners who receive mental health support are less likely to return to crime.

⁴ World Health Organization, *Mental Health in Prisons: A Global Report* (2021).

Special Consideration for Vulnerable Groups

- **Women Prisoners:** Often suffer from trauma, depression, and anxiety due to separation from children and past abuse.
- **Juveniles:** Mental health support can prevent future criminal behavior and promote reform.
- **Undertrials:** Long periods of uncertainty contribute to anxiety, depression, and hopelessness.

Challenges in addressing the critical issue.

While the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, aims to modernize the criminal justice system, there are several challenges in addressing this critical issue. A major concern is infrastructure, as many prisons and courts continue to be overcrowded, underfunded, and illequipped to support reforms. The shortage of trained staff, including police, medical officers, and mental health professionals, further limits the effectiveness of new provisions. Another challenge is unequal access to technology. Although BNSS promotes digital records and video conferencing, many rural and underdeveloped regions lack proper facilities to implement these changes. Additionally, delays in trials may persist because of heavy caseloads and limited manpower in the judiciary. The reform also demands strong coordination among institutions such as police, forensic labs, and courts, which is difficult to achieve in practice. Most importantly, the law may face resistance to change due to traditional practices and lack of awareness among stakeholders.

Aiming to modernize criminal procedure.

The Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, has been introduced with the broader goal of modernizing criminal procedure in India. The earlier Criminal Procedure Code (CrPC), 1973, though effective for its time, had become outdated in addressing present-day challenges. Modernization under BNSS includes several important aspects. First, it promotes the use of technology by allowing electronic communication of summons, video conferencing for recording evidence, and digital case records. This reduces delays and increases transparency. Second, it encourages the use of forensic science in investigations to make trials more evidence-based and reliable. Third, it strengthens victim rights, giving them a more active role in the justice process, which aligns with global human rights standards. Finally, the BNSS emphasizes speedy trials to reduce pendency of cases and prolonged detention of undertrials. In this way, modernization is not only about using new tools but also about making the justice system more efficient, accessible, and fair for all stakeholders.

Improving conditions for all involved.

One of the key goals of the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, is to improve conditions for all stakeholders in the criminal justice system. For the accused, it seeks to ensure fair trials, reduce unnecessary delays, and protect against prolonged undertrial detention. For victims, the law gives greater recognition to their rights, including access to information, participation in proceedings, and better protection during the trial process. For the police and investigating agencies, BNSS provides clearer procedures and the use of technology, which can reduce workload and enhance accountability. For the judiciary, modernization efforts like digital records, forensic support, and faster trial mechanisms are expected to ease the heavy case burden. Importantly, for society at large, improving efficiency, transparency, and fairness in justice delivery builds greater trust in the system. Thus, the BNSS attempts to create a balanced framework that addresses the needs of every participant and improves overall conditions in the administration of justice.

RELEVANCE OF BNSS

The Bharatiya Nagarik Suraksha Sanhita, 2023, was enacted to replace the Code of Criminal Procedure, 1973.⁵ It introduces citizen-centric reforms with emphasis on fair trial, speedy justice, and modernization of criminal procedures. However, mental health has not received adequate explicit attention within its provisions.

RESEARCH QUESTION

1. What are the primary mental health challenges faced by Indian prisons?
2. How does the BNSS framework address or fail to address mental health concerns?
3. What reforms can be suggested to improve prison mental health care in India?

OBJECTIVE OF THE STUDY

1. To understand the prevalence and impact of mental health issues in prisons.
This objective aims to examine how widespread mental health disorders are among prisoners and how these conditions affect their daily lives, behavior, and chances of rehabilitation. It also considers the role of factors like overcrowding, isolation, and long trial delays in worsening mental health.
2. To evaluate BNSS provisions in relation to prisoner rights and mental health.
The study seeks to critically analyze the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, to see whether its provisions adequately safeguard the mental health rights of

⁵ Bharatiya Nagarik Suraksha Sanhita, 2023.

prisoners. This includes assessing whether BNSS aligns with constitutional guarantees under Article 21 and international human rights standards.

3. To recommend reforms that integrate mental health safeguards into prison administration. This objective focuses on suggesting practical and legal reforms that ensure prisons function not just as places of confinement but as spaces for rehabilitation. The aim is to propose policies, programs, and structural changes that prioritize mental health care and align prison administration with a reformatory justice approach

The magnitude of the problem

High prevalence of mental illness

Studies suggest that more than 30% of prisoners globally suffer from some form of mental illness. In India, the National Mental Health Survey (2015-16) indicated that prevalence of common mental disorders in prisons is twice that of the general population.⁶

Suicide rates among inmates

According to NCRB data, suicide accounts for nearly 6% of prison deaths annually. The isolation, stigma, and lack of psychological care in prisons contribute heavily to this alarming statistic.

Overcrowding and Its Impact

- India has 1,319 prisons with an official capacity of about 4.25 lakh inmates, but the actual prison population exceeds 5.54 lakh inmates, leading to 118% occupancy.
- Some states have far worse figures:
 - Uttar Pradesh → 180% occupancy.
 - Delhi's Tihar Jail → 150% occupancy.
 - Maharashtra's Byculla Women's Jail houses double its official capacity.
- Overcrowding leads to stress, violence, lack of privacy, spread of communicable diseases, and worsening of mental health issues

Inadequate infrastructure

Most Indian prisons lack designated psychiatric wards or mental health care units. Even basic counseling services are absent in many states, leaving inmates vulnerable.⁷

⁶ National Mental Health Survey (2015-16), *Mental Health in Indian Prisons*, The Lancet (2017).

⁷ Madhumita Sen, *Inadequate Care: A Critical Analysis of Indian Prison Infrastructure* (Law Review, 2024)

Gender-Specific Issues

- Women prisoners face unique mental health challenges, including trauma from domestic violence, sexual abuse, and separation from children.
- Pregnant women and mothers with infants in prison require special psychological support, but very few prisons in India provide such facilities.
- Juvenile inmates are highly vulnerable to developing post-traumatic stress disorder (PTSD) and behavioral disorders if they do not receive timely intervention.

Stigma and Neglect

- In prison culture, mental illness is often dismissed as “madness” and stigmatized.
- Prison staff are rarely trained to recognize mental health symptoms, and inmates are afraid to seek help due to fear of discrimination or punishment.
- Instead of treatment, mentally ill prisoners are often placed in solitary confinement, which worsens their condition.

BNSS aims to replace CrPC with more modern citizen focused procedure

In the legal context, the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, is designed to replace the existing Criminal Procedure Code (CrPC), 1973, with a more modern framework that prioritizes the rights and needs of citizens. The CrPC, though foundational, has become outdated in addressing contemporary challenges such as prolonged trials, undertrial detention, and inadequate protection of victims. The BNSS emphasizes a citizen-focused approach, aiming to ensure speedy and transparent trials, better access to justice, and stronger procedural safeguards for both the accused and victims. By incorporating technology, forensic evidence, and clear procedural guidelines, the BNSS seeks to create a justice system that is efficient, accountable, and responsive to the needs of all stakeholders.

Challenges in prison mental health

• Chronic Overcrowding

Overcrowding remains the single largest structural barrier to mental health care in prisons. It denies privacy, reduces availability of care, and escalates tension among inmates.

• Inadequate Infrastructure

Very few prisons have dedicated mental health professionals. Even where doctors are available, the ratio of psychiatrist to prisoner is extremely poor, often exceeding 1:3000.

• Shortage of trained professionals

India faces a nationwide shortage of mental health professionals. The WHO recommends at least 1 psychiatrist per 10,000 population, but India has barely 1 per 1,00,000. This shortage is magnified within prisons.

• Prevailing stigma

Mental illness carries deep-rooted stigma in Indian society, and this prejudice is even more severe in prisons. Inmates fear being labeled as 'mad' or 'weak,' which prevents them from seeking care.

• Worsening of conditions

The prison environment—marked by violence, lack of autonomy, and isolation—exacerbates existing mental health conditions. Many inmates develop depression, anxiety, or PTSD during incarceration.

Legal framework

Evolution from CrPC to BNSS

- The BNSS replaces the old Code of Criminal Procedure (CrPC), 1973, aiming to modernize criminal procedure.
- Key reforms include:
 - Speedy trial provisions, with timelines for investigation and trial.
 - Greater reliance on forensic evidence to improve accuracy of justice.
 - Victim-centric provisions, such as mandatory updates to victims about case progress.
- However, BNSS has very limited focus on prisoner mental health. It does not mandate mental health screening, counseling, or psychiatric facilities within prisons. This gap highlights the need to harmonize BNSS with the Mental Healthcare Act (2017) for better protection of prisoner rights.

BNSS and Prisoner Rights

While BNSS emphasizes speedy trial and fair procedure, it lacks explicit safeguards for mentally ill prisoners. There is scope to integrate provisions from the Mental Healthcare Act, 2017.

Mental Healthcare Act, 2017

- Recognizes mental healthcare as a legal right for all citizens, including prisoners.
- Key provisions:
 - Every person has the right to access mental health care and services.
 - Prohibits cruel, inhuman, and degrading treatment of persons with mental illness.
 - Ensures that persons with mental illness are not discriminated against, including in custodial institutions like prisons.
- Despite its strong provisions, implementation within prisons is weak due to lack of infrastructure, staff, and awareness among authorities.

International Standards

The UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) require mental health care to be equivalent to that in the community. India, as a UN member, is obligated to adhere to these guidelines.

Constitutional Safeguards

- Article 21: The right to life and personal liberty has been interpreted by the Supreme Court to include the right to health and dignity. Denial of mental health treatment violates Article 21.⁸
- Article 39A: Provides for free legal aid to ensure that justice is not denied due to economic or social disadvantages. For prisoners with mental illness, legal aid is crucial to ensure fair trial and representation.

Judicial Precedents

- *Sunil Batra v. Delhi Administration* (1978) → The Supreme Court held that solitary confinement and torture violate Article 21. The judgment expanded the interpretation of prisoner rights.
- *Charles Sobhraj v. Superintendent, Central Jail* (1978) → Recognized that prisoners are entitled to basic human dignity and access to health services.
- *Sheela Barse v. State of Maharashtra* (1983) → The Court emphasized humane treatment of women prisoners, including their psychological well-being.

These judgments highlight the judiciary's progressive role in expanding prisoners' rights, though gaps remain in implementation.

Comparative Analysis of Indian Prisons

A closer examination of specific Indian prisons reveals how mental health issues manifest differently in various contexts. By studying Byculla Jail (Mumbai), Yerwada Central Prison (Pune), and Thane Central Jail (Thane), we can understand the scale of the problem and identify gaps in the system.

1. Byculla Jail (Mumbai, Maharashtra)

- Overview: Byculla is the only women's prison in Maharashtra, housing around 250–300 inmates.⁹
- Mental Health Issues:
 - Many inmates suffer from depression, trauma, and anxiety, particularly women with histories of abuse.
 - Reports highlight overcrowding, poor nutrition, and lack of medical staff, worsening mental conditions.
 - The 2017 death of Manjula Shetye, a female prisoner, triggered protests and exposed the inhumane conditions inside Byculla.
- Challenges:

⁸ *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*, (1996) 4 SCC 37.

⁹ Maharashtra Prisons Department, *Annual Report* (2022-23).

- Inadequate psychiatric services despite a high number of vulnerable women prisoners.
- Social stigma attached to women with criminal records intensifies psychological stress.
- Relevance to BNSS: Byculla highlights the need for gender-sensitive mental health provisions in prisons

2. Yerwada Central Prison (Pune, Maharashtra)

- Overview: One of the largest prisons in South Asia, Yerwada houses more than 5,000 prisoners, both convicts and undertrials.
- Mental Health Issues:
 - Severe overcrowding creates stress, violence, and conflicts among prisoners.
 - Many inmates are undertrials facing long delays in justice, leading to hopelessness and depression.
 - Cases of suicide attempts and violent behavior are reported frequently.
- Rehabilitation Efforts:
 - Yerwada has introduced some innovative initiatives like open prisons, vocational training, and educational programs.¹⁰
 - Occasional collaborations with NGOs provide counseling, but these efforts are sporadic and inadequate.
- Challenges:
 - Limited psychiatric professionals for such a large population.
 - Overburdened infrastructure makes individualized treatment impossible.
- Relevance to BNSS: Highlights urgent need for speedy trials (a BNSS promise) and regular psychological screening.

3. Thane Central Jail (Thane, Maharashtra)

- Overview: One of the busiest prisons in Maharashtra, holding nearly double its sanctioned capacity.¹¹
- Mental Health Issues:
 - Drug abuse and withdrawal symptoms among inmates contribute to high levels of aggression.
 - Reports show frequent incidents of self-harm and violent clashes.
 - Lack of proper mental health staff results in untreated conditions.
- Challenges:
 - Severe shortage of counselors and psychiatrists.
 - Prison staff often lack training to identify or handle inmates with mental illness.
- Relevance to BNSS: Reflects the gap between legal guarantees and actual prison practice, particularly in ensuring prisoner dignity under Article 21.

¹⁰ 'Yerwada Central Prison: Rehabilitation Initiatives', *Times of India*, 15 May 2023.

¹¹ NCRB (2022) (n 3) 25.

Prison	Capacity	Population (approx..)	Mental Health Issue	Mental health staff	Efforts	Major gaps
Byculla	800	250-300 (women)	Trauma, depression, abuse- related disorders	1 psychiatrist, 2 counselors	Some NGO counselling	Lack of gender sensitive psychiatric care
Thane	1100	2000+ (overcrowded)	Drug- related disorder, selfharm, aggression	1 visiting psychiatrists	Occasional medical checkups	No structured psychiatric system.
Yerwada	2400	5000+ (mixed)	Depression, suicide attempts, overcrowding stress	2 psychiatrist, 5 counselors	Vocational and NGO programs	Overcrowding, very few psychiatrists

Conclusion

The analysis of Indian prisons shows that mental health challenges are not isolated problems but symptoms of a larger structural crisis in prison administration. Overcrowding, lack of trained professionals, and the absence of a mental health-oriented approach make prisons places of suffering rather than rehabilitation. The cases of Byculla, Yerwada, and Thane jails demonstrate how untreated mental illness leads to unrest, violence, and denial of basic dignity to inmates.

Although the BNSS (2023) has introduced several progressive reforms, it falls short in addressing the mental health needs of prisoners. Speedy trial provisions may reduce some stress among undertrials, but without specific guidelines on psychological assessment and care, the reforms remain incomplete. Similarly, while the Mental Healthcare Act, 2017 grants prisoners the same rights to treatment as other citizens, its weak enforcement in prisons results in a wide gap between law and reality.

The judiciary, through landmark cases like *Sunil Batra* and *Sheela Barse*, has recognized the fundamental rights of prisoners to humane treatment. However, judicial intervention alone cannot create lasting change without administrative commitment and policy reforms. The need

of the hour is to shift the perception of prisons from punitive institutions to corrective and rehabilitative spaces where mental health is seen as a priority.¹²

The way forward must include systematic reforms such as: mandatory psychological screening at entry, regular counseling sessions, establishment of psychiatric wards in major prisons, and mental health training for prison staff. Moreover, the stigma associated with mental illness must be reduced through awareness programs within prisons.

the right to mental health is inseparable from the right to life and dignity under Article 21 of the Constitution. If India is to uphold its constitutional values and ensure meaningful justice, prison reforms must place mental health at the center of correctional policy. Only then can prisons truly serve their purpose as spaces of reform and rehabilitation.

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¹² Justice V. R. Krishna Iyer, *Prisoners Are Persons*, 1 SCC J-1 (1980)

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