



Managing Mental Health Issues in Prisoners: NIMHANS Guidelines

Why in News

Acting **on the request of the Ministry of Home Affairs, NIMHANS, an Institute of National Importance**, issued a **set of guidelines on the management of mental health issues** of the prisoners and prison staff.

Key Points

▪ NIMHANS Guidelines:

◦ Gatekeeper Model for Identification of Mental Illness:

- In this model, **selected inmates, trained to identify prisoners at risk of suicide**, would refer them to treatment or supportive services.
- It is a step to **prevent suicides triggered by mental health issues** in prisons across the country.
- There is prevalence of **mental illness and substance use disorder** in about **80% of the prison population**.

◦ For Mental Health Treatment:

- **Prisoners with mental disorders** had to be **regularly assessed** for severity of suicidal risk and also put on regular and supervised medication.
- To address the **prisoner's mental health needs**, the **correctional facility should have links to** community-based initiatives like the **District Mental Health Programme**.

◦ Buddy System for Social Intervention:

- It is a type of social support through trained prisoners called **“buddies” or “listeners”**.
- It was found to have a good impact on the **well-being of suicidal prisoners**. Periodic telephone conversations with friends and family would also foster support.

- **e-Mulakat** is an **online platform enabling relatives/friends/ advocates of prisoners to book prior appointments** for interviewing prisoners through the National Prisons Information Portal.

▪ Need:

- Indian prisons face **three long-standing structural constraints**: Overcrowding, Understaffing and underfunding and violent clashes.
- The **Prison Statistics India 2016**, published by the **National Crime Records Bureau (NCRB)** in 2019 highlights the plight of prisoners in India.

- **Under-trial Population**: India's under-trial population remains among the highest in the world. At the end of 2016, there were 4,33,033 people in prison, of whom

68% were undertrials.

- The high proportion of undertrials in the overall prison population **may be the result of unnecessary arrests and ineffective legal aid** during remand hearings.
- [Covid-19](#) also led to suspension of trials and delay in court hearings.
- **People Held Under Preventive Detention:** There is a rise in the number of people held under administrative (or 'prevention') detention laws in Jammu and Kashmir.
 - A 300% increase, with 431 detainees in 2016, compared to 90 in 2015.
 - Administrative, or 'preventive', detention is used by authorities to detain persons without charge or trial and circumvent regular criminal justice procedures.
- **Unawareness about Section 436A of C.R.P.C.:** There is a gap between the number of prisoners eligible to be released and actually released, under Section 436A of the Code of Criminal Procedure.
 - **Section 436A of C.R.P.C** allows undertrials **to be released on a personal bond if they have undergone half of the maximum term** of imprisonment they would have faced if convicted.
- **Unnatural Deaths in Prison:** The number of "unnatural" deaths in prisons has doubled between 2015 and 2016, from 115 to 231.
 - The rate of suicide among prisoners also increased by 28%, from 77 suicides in 2015 to 102 in 2016.
 - The [National Human Rights Commission \(NHRC\)](#) in 2014 had stated that on average, a person is one-and-a-half times more likely to commit suicide in prison than outside. This is a possible indicator of the magnitude of mental health concerns within Indian prisons.
- **Lack of Mental Health Professionals:** There was only one mental health professional for every 21,650 prisoners in 2016, with only six States and one Union Territory having psychologists /psychiatrists.
 - Also, the NCRB had said that about 6,013 individuals with mental illness were in jail in 2016.
 - As per the Prison Act, 1894 and Prisoner Act, 1900, there should be a welfare officer and a law officer in each jail but recruitment of these officers is still pending. This state explains the low political and budgetary priority which prisons have received during the preceding century.

Way Forward

- **Preventing suicide in prison or police lock-ups** is not primarily a **medical matter** but needs **cooperation and coordination from various agencies**.
- There is a necessity for all policing staff to take suicidal behavior as a serious but preventable disorder in a custodial setting as in any other circumstances.
- **Screening the individuals before putting them behind bars, identifying the important risk factors** such as drug and alcohol abuse or mental illness and seeking appropriate medical aid in this regard may reduce the number of such incidents in substantial ways.
- Similarly, the **prison or police lock-up environment** itself may increase suicide risk. Therefore, gradual change in environment may help the individual to adapt with the condition and learn to cope with the problems.

[Source: TH](#)

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