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Prisoners' Right to Health in India: A Study in Light of the Mental Healthcare Act, 2017

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ABSTRACT

The right to health, protected by Article 21 of the Indian Constitution, also applies to people in prison. Even when someone is incarcerated, they still hold fundamental rights. Since the State has full control over prisoners, it is responsible for their physical and mental health. This paper examines how the right to health is upheld for prisoners in India, particularly regarding mental healthcare under the Mental Healthcare Act, 2017.

The paper explores how the Constitution, the courts, and statutory law make healthcare a basic right for prisoners. It also describes the difficult conditions in Indian prisons, such as overcrowding, poor medical facilities, an insufficient number of mental health professionals, and the persistent stigma surrounding mental illness. These problems create a significant gap between what the law promises and what actually happens.

By reviewing national reports and international standards, the paper identifies major problems in prison healthcare, including poor service delivery and the limited use of the Mental Healthcare Act, 2017, often because of structural and administrative issues. The findings show that broad reforms are needed, such as building stronger institutions, ensuring accountability, expanding mental health services, and raising awareness among prison staff and inmates. The study concludes that prison healthcare should reflect the constitutional values of dignity, equality, and humane treatment.

Keywords: *Prisoners' Rights, Right to Health, Mental Healthcare, Article 21, Prison Reforms, Human Rights, Custodial Justice, India.*

I. INTRODUCTION

The right to health is a basic human right, essential for protecting human dignity and leading a meaningful life. In India, this right is supported by Article 21 of the Constitution, which guarantees the right to life and personal liberty. Courts have interpreted Article 21 to include the right to live with dignity, access medical care, and enjoy humane living conditions.[1] Even

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[1] INDIA CONST. art. 21; Consumer Educ. & Research Ctr. v. Union of India, (1995) 3 S.C.C. 42, 49–50 (India).

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though prisoners lose some personal liberty, they retain their fundamental rights. Because they depend on the State for their well-being, public authorities bear a greater responsibility to provide proper healthcare in prisons.

Because the State has full control over prisoners, it is responsible for protecting their physical and mental health. However, prison conditions in India often fall short of these constitutional standards. Problems such as overcrowding, poor sanitation, lack of hygiene, and insufficient medical facilities harm inmates' health and dignity.[2] Other issues, such as inadequate staffing, too few trained healthcare workers, and weak infrastructure, also make it difficult to provide good medical care.

Mental health problems in prisons are serious and require urgent attention. Being in prison often means being cut off from society, facing uncertain legal outcomes, being separated from family, and sometimes experiencing violence. These factors can worsen existing mental health issues or cause new ones. Studies and official reports show that many inmates suffer from conditions such as depression, anxiety, post-traumatic stress disorder, and substance dependence. Still, mental healthcare is often overlooked in prisons, with little access to psychiatric care, counselling, or rehabilitation.

Recognising mental health as a critical component of overall well-being, the Mental Healthcare Act, 2017 was enacted to create a rights-based approach to mental healthcare. The Act gives everyone the right to affordable, high-quality mental health services free from discrimination and requires the State to establish appropriate facilities.[3] It also marks progress by decriminalising suicide attempts and focusing on dignity, autonomy, and informed consent in treatment. However, structural limitations, limited awareness among prison authorities, and insufficient coordination between healthcare and correctional systems continue to impede effective enforcement. As a result, a substantial gap persists between the legal recognition of prisoners' right to mental healthcare and its practical realisation.

This study examines closely how well prisoners' right to health, especially mental healthcare, is protected and put into practice in India. It reviews current laws, examines real-life conditions, and highlights the challenges to proper enforcement. By doing so, the paper contributes to the discussion on custodial justice and underscores the urgent need for reforms to ensure that constitutional rights translate into real improvements for prisoners.

[2] NAT'L CRIME RECORDS BUREAU, PRISON STATISTICS INDIA 2022, at 15–18 (2023).
[3] Mental Healthcare Act, 2017, No. 10 of 2017, §§ 18, 21 (India).

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II. LITERATURE REVIEW

Scholars have paid close attention to prisoners' right to health, especially in the fields of human rights and constitutional law. Still, important gaps remain in the research, particularly concerning mental healthcare in prisons.

Early studies on Indian constitutional law, such as M.P. Jain's work, show that Article 21 has been interpreted to encompass socio-economic rights, including the right to health.[4] Jain points out that judicial activism has helped extend these protections to marginalised groups, including prisoners. Upendra Baxi also examines how the judiciary protects human rights and notes that the Indian legal system now places greater value on dignity and humane treatment for people in custody.[5]

Research on criminology and penology, including K. Chandrasekharan Pillai's work, examines how prisons are run in India and identifies problems affecting prisoners' welfare.[6] These studies focus on issues such as overcrowding, poor sanitation, and lack of medical care, all of which harm prisoners' health. However, most of this research describes the problems without analysing them from a constitutional or rights-based perspective.

Institutional reports have helped reveal the real conditions of prison health in India. The National Human Rights Commission often points to poor healthcare infrastructure, insufficient medical staff, and a lack of mental health services in prisons.[7] The National Crime Records Bureau (NCRB) also publishes data showing serious problems such as overcrowding and limited medical care.[8] While these reports demonstrate the need for major reforms, they usually do not explore the underlying constitutional responsibilities in depth.

The Mental Healthcare Act, 2017 has prompted new research on mental health rights in India. Scholars praise the Act for its rights-based approach and its alignment with international standards.[9] Still, there is little research on how the Act is implemented in prisons, even though mental health problems are common there.

Internationally, the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) and the International Covenant on Economic, Social and Cultural

[4] M.P. JAIN, INDIAN CONSTITUTIONAL LAW 1250–55 (8th ed. 2018).
[5] UPENDRA BAXI, THE CRISIS OF THE INDIAN LEGAL SYSTEM 98–102 (1982).
[6] K. CHANDRASEKHARAN PILLAI, CRIMINOLOGY AND PENOLOGY 210–15 (2012).
[7] NAT'L HUMAN RIGHTS COMM'N, *supra* note 2.
[8] NAT'L CRIME RECORDS BUREAU, *supra* note 2, at 32–35.
[9] Mental Healthcare Act, *supra* note 3, Statement of Objects and Reasons.

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Rights (ICESCR) set standards for prisoners' right to health.[10] Scholars argue that states must provide healthcare in prisons that is equivalent to what is available to the general public. However, there are insufficient studies comparing how these standards are applied in India.

In summary, current research helps us understand prisoners' rights and prison conditions, but it does not fully integrate constitutional governance, mental healthcare, and prison reforms into a single framework. This study aims to fill that gap by closely examining prisoners' right to health, particularly how mental healthcare laws are implemented in India.

III. RESEARCH GAP

A thorough review of the literature reveals three main gaps:

Lack of integrated constitutional analysis. Most studies examine prison conditions or mental health separately. They rarely consider prisoners' right to health as part of constitutional governance and Article 21 jurisprudence.

Neglect of mental healthcare in custodial contexts. Although the Mental Healthcare Act, 2017 is important, there is insufficient research on how it is actually implemented in prisons, especially with respect to systemic and institutional barriers.

Gap between normative framework and ground reality. Most current research examines either legal frameworks or real-world findings. It rarely brings these perspectives together to critically examine why implementation fails, or to address questions of accountability and governance.

IV. CONCEPTUAL FRAMEWORK

The right to health is a key part of international human rights law and is clearly stated in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which recognises 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.'[11] This right covers not only medical care but also basic needs such as adequate nutrition, clean living conditions, and access to mental health services. The Committee on Economic, Social and Cultural Rights explains that the right to health requires healthcare services to be available, accessible, acceptable, and of good quality (the AAAQ framework).[12]

[10] International Covenant on Economic, Social and Cultural Rights art. 12, Dec. 16, 1966, 993 U.N.T.S. 3 [*hereinafter ICESCR*]; G.A. Res. 70/175, United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) (Dec. 17, 2015) [*hereinafter Nelson Mandela Rules*].
[11] ICESCR, *supra* note 10, art. 12(1).
[12] U.N. Comm. on Econ., Soc. & Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), ¶¶ 12–13, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000).

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In the context of prisons, the right to health is shaped by the concept of residual rights, which holds that prisoners retain all basic rights except those that must be limited due to their detention.[13] Even though their freedom is restricted, prisoners still have the right to dignity, humane treatment, and healthcare. Since the State has full control over prisoners, it has a duty to look after their well-being, which sets a higher standard of care in prisons.

Mental health is a vital part of the right to health. The World Health Organisation defines health as complete physical, mental, and social well-being and states that mental health is more than the absence of illness; it is essential for a productive and dignified life.[14] In prisons, mental health is especially important because the environment is stressful and restrictive. Overcrowding, isolation, uncertainty about legal outcomes, and separation from family often cause psychological distress and can worsen existing mental health problems. International standards, such as the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), clearly state that countries must provide appropriate healthcare to prisoners, including psychiatric care.[15] These rules provide that prisoners should receive the same healthcare as the general community and should have access to mental health treatment without discrimination.

In summary, the idea of prisoners' right to healthcare is grounded in international human rights law, constitutional values, and evolving standards of custodial justice. Providing healthcare in prisons is therefore not optional or an act of charity; it is a legal and moral duty rooted in human dignity and equality.

V. LEGAL FRAMEWORK IN INDIA

A. Constitutional Provisions

Article 21 of the Indian Constitution protects the right to life and personal liberty. Courts have interpreted this to include the right to live with dignity, access to healthcare, and humane living conditions.[16] The Supreme Court has expanded the meaning of Article 21, confirming that health and medical care are essential parts of the right to life. This means the State must actively protect and promote people's health, especially for those in its care.

Constitutional protection is especially important for prisoners because they depend entirely on the State while in custody. The State's responsibility extends beyond confining inmates; it must

[13] Sunil Batra v. Delhi Administration, (1978) 4 S.C.C. 494, 518–19 (India).
[14] Constitution of the World Health Organisation, July 22, 1946, 14 U.N.T.S. 185.
[15] Nelson Mandela Rules, *supra* note 10, rr. 24–27.
[16] INDIA CONST. art. 21; Consumer Educ. & Research Ctr. v. Union of India, *supra* note 1, at 49–50.

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also look after their physical and mental health. Failing to provide proper healthcare in prisons can violate fundamental rights under Article 21.

In *Sunil Batra v. Delhi Administration*, the Supreme Court emphasised that prisoners retain their fundamental rights and are entitled to humane treatment while in custody.[17] The Court held that the State is prohibited from subjecting prisoners to cruel, inhuman, or degrading treatment and must ensure conditions consistent with human dignity.

In *Parmanand Katara v. Union of India*, the Court recognised the preservation of human life as paramount and affirmed that every person, including a prisoner, possesses the right to receive timely medical assistance.[18] The obligation to provide immediate medical care was established as a constitutional duty binding on both public and private medical practitioners.

When addressing problems in prison conditions, the Supreme Court has repeatedly held that prisoners have the right to healthcare, including access to medical care, sanitation, and protection from disease.[19] The Court's decisions show that the State must not only avoid causing harm but also take active steps to provide good healthcare in prisons.

Article 21 is thus the constitutional basis for prisoners' right to health in India. It makes clear that losing one's freedom does not mean losing one's dignity or basic human rights.

B. Judicial Pronouncements

The Indian judiciary has been central in upholding prisoners' right to health by interpreting Article 21 broadly. Through important judgments, the Supreme Court has made clear that incarceration does not take away fundamental rights and that the State must always ensure humane conditions for those in detention.

In *Sunil Batra v. Delhi Administration*, the Supreme Court held that prisoners retain all fundamental rights except those limited by law.[20] The Court strongly opposed custodial torture and stressed that prison authorities must provide conditions that respect human dignity. It also held that the treatment of prisoners must meet constitutional standards, laying the basis for a rights-based approach to prison management.

In *Parmanand Katara v. Union of India*, the Court held that the right to emergency medical care is a key part of Article 21.[21] The Court stated that saving human life is of utmost importance and that every doctor, whether in a government or private hospital, must provide immediate

[17] Sunil Batra, *supra* note 13.
[18] Parmanand Katara v. Union of India, (1989) 4 S.C.C. 286, 289 (India).
[19] In re Inhuman Conditions in 1382 Prisons, (2016) 3 S.C.C. 700, 734–36 (India).
[20] Sunil Batra, *supra* note 13.
[21] Parmanand Katara, *supra* note 18.

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medical assistance. This rule also applies to prisoners, reinforcing the State's duty to provide timely and proper healthcare in prisons.

In later cases, the Supreme Court continued to focus on problems with prison conditions. In *In Re: Inhuman Conditions in 1382 Prisons*, the Court pointed out issues such as overcrowding, poor medical care, and inadequate sanitation, and directed authorities to make changes that comply with the Constitution.[22] The Court stressed that prisoners have a right to basic necessities, including adequate healthcare, and that failing to provide them violates fundamental rights.

Together, these decisions show how the judiciary actively works to close the gap between legal promises and real-life situations. They make clear that prisoners' right to health is enforceable and that the State must take both preventive and corrective steps to meet its obligations.

C. Statutory Framework

The laws that govern prison healthcare in India mostly date back to colonial times, with some updates from newer policies and mental health legislation.

The principal law governing the operation of prisons is still the Prisons Act, 1894.[23] While it covers matters such as sanitation, medical checks, and the treatment of prisoners, it is largely outdated and does not address contemporary issues, especially mental health. Because of its narrow and antiquated approach, major changes are needed to meet modern human rights standards.

To meet changing needs, the Government of India introduced the Model Prison Manual, 2016, which provides detailed guidelines for managing prisons.[24] The Manual highlights the need for healthcare services, such as regular medical check-ups, qualified medical staff, and mental health services in prisons. It also supports rehabilitation, including counselling and psychological help, signalling a move towards a more humane, reform-focused prison system.

A major step forward was the Mental Healthcare Act, 2017, which takes a rights-based approach to mental health.[25] The Act gives everyone the right to mental healthcare and requires the State to ensure that these services are available, accessible, and of good quality. It clearly prohibits inhuman and degrading treatment and focuses on dignity, autonomy, and fairness.

[22] In re Inhuman Conditions in 1382 Prisons, *supra* note 19.
[23] The Prisons Act, 1894, No. 9 of 1894, §§ 24–37 (India).
[24] MINISTRY OF HOME AFFAIRS, MODEL PRISON MANUAL 2016, ch. VII, at 120–145 (India).
[25] Mental Healthcare Act, *supra* note 3.

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The Act is especially important for prisoners, a vulnerable group with greater mental health needs. It requires mental health services in all government institutions and provides that authorities must give proper care to people with mental illness, including those in custody. Even with its forward-thinking approach, the Act has not been fully implemented in prisons due to problems with infrastructure, management, and funding.

Thus, even though the law is slowly moving towards a rights-based approach, significant gaps remain between what the law intends and how it is actually enforced, especially in the areas of healthcare and prisons.

VI. MENTAL HEALTHCARE ACT, 2017 AND PRISONERS

The Mental Healthcare Act, 2017 brought major changes to India's mental health system by focusing on individual rights. It gives everyone the right to affordable, high-quality, and fair mental healthcare, making it a legal entitlement rather than merely a welfare benefit.[26] The Act also makes clear that the State must provide good mental health services in all settings, including prisons.

One important feature of the Act is that it no longer treats suicide attempts as a crime under Section 115. Instead, it presumes that people who attempt to take their own lives are under severe stress and need help rather than punishment.[27] This is especially important in prisons, where inmates often face isolation, overcrowding, and mental distress, making them more vulnerable to self-harm. By focusing on care rather than punishment, the Act aligns with international human rights standards.

The Act also grants people with mental illness several rights, such as the right to live with dignity, protection from cruel or degrading treatment, and the right to informed consent and privacy.[28] It requires mental health services across all government institutions and stipulates that qualified professionals must be appointed. For prisoners, this means the State must ensure access to psychiatric evaluation, counselling, treatment, and rehabilitation in prisons.

Even though the Act is progressive, implementing it in prisons is difficult. Most Indian prisons lack adequate facilities such as mental health units or counselling rooms. There are also too few trained psychiatrists, psychologists, or social workers, which makes it hard to provide good

[26] Mental Healthcare Act, *supra* note 3, § 18.
[27] *Id.* § 115.
[28] *Id.* §§ 20–22.

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care.[29] Many prison staff are not fully aware of the rights and duties set out by the Act, so they often do not follow it.

Poor coordination between prison departments and public health systems makes it difficult to implement the Act. Insufficient funding and weak monitoring also contribute to the problems. As a result, even though the Mental Healthcare Act, 2017 establishes a strong legal framework, it is not fully implemented in prisons.

In short, the Act reflects a forward-thinking approach, but a significant gap remains between what it promises and what actually happens. This highlights the need for major reforms so that prisoners can genuinely exercise their right to mental healthcare.

VII. CURRENT STATUS OF PRISON HEALTH IN INDIA

Prison healthcare in India continues to fall short of what the Constitution promises. Overcrowding is a major problem, with many prisons holding far more inmates than they were designed for.[30] This strains facilities, facilitates the spread of disease, increases stress, and worsens living conditions. It also makes it harder for prison staff to provide proper medical care, especially for inmates with special health needs.

Another serious issue is the shortage of medical staff in prisons. Many facilities lack full-time doctors, psychiatrists, or sufficiently qualified nurses, leading to illnesses often being diagnosed late and treated inadequately.[31] Mental healthcare is especially lacking, since only a few prisons can provide psychiatric care, counselling, or rehabilitation. Without enough trained mental health professionals, it is difficult to meet legal requirements such as those in the Mental Healthcare Act, 2017.

Recent studies and official reports show that many inmates suffer from mental health problems such as depression, anxiety, substance dependence, and post-traumatic stress disorder.[32] However, because there is no regular screening, ongoing stigma, and insufficient resources, many cases are missed and untreated. This neglect violates prisoners' rights and increases the risk of self-harm, violence, and long-term psychological damage.

Poor sanitation and hygiene also worsen health problems in prisons. Many inmates lack sufficient clean drinking water, proper toilets, or good waste management, which helps spread diseases such as tuberculosis, skin infections, and gastrointestinal illnesses. These problems are

[29] NAT'L CRIME RECORDS BUREAU, *supra* note 2, at 150–55.
[30] NAT'L CRIME RECORDS BUREAU, *supra* note 2, at 32–35.
[31] *Id.* at 150–55.
[32] NAT'L HUMAN RIGHTS COMM'N, *supra* note 2.

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especially hard on vulnerable groups, such as undertrial prisoners, women, and people with existing health conditions.

In short, prison health in India is under serious pressure. Problems with infrastructure, insufficient resources, and poor management all make it difficult to protect prisoners' right to health. Addressing these issues will require urgent, thorough reforms to meet constitutional and international human rights standards.

VIII. BARRIERS TO EFFECTIVE IMPLEMENTATION

India has a progressive legal framework, but prisoners' right to health is still obstructed by major structural and systemic problems. These issues make it difficult to implement legal mandates and keep the gap wide between what the law promises and what actually happens.

One main challenge is the lack of proper institutions. Prisons often have poor infrastructure, insufficient specialised medical facilities, and weak coordination with public health systems. Most do not have mental health units or counselling centres, making it hard to provide full care, especially for inmates with psychological disorders.[33] Without an integrated healthcare system in prisons, it is even harder to deliver effective services.

Overcrowding remains a major problem in Indian prisons and is closely tied to weak institutions. Too many inmates place extra pressure on limited healthcare resources, make it harder to obtain medical attention, and increase the risk of disease and mental stress.[34] Overcrowding also makes it difficult to identify and monitor inmates with special health needs, which harms both prevention and treatment.

Another major barrier is that both prison staff and inmates often lack awareness of legal rights and available healthcare. Many prison officials are not trained to identify mental health issues or respond appropriately. Prisoners, too, often do not know their rights under laws such as the Mental Healthcare Act, 2017, which makes it harder for them to obtain help or seek justice.

Budgetary constraints worsen these challenges because prison healthcare is often not a priority in government spending. With limited funds, it is difficult to hire qualified medical staff, procure medicines, or improve facilities. As a result, even good policies often fail to be implemented because there is insufficient funding.

Social stigma surrounding mental health also constitutes a significant impediment to effective implementation. Mental illness is frequently met with prejudice and misunderstanding, resulting

[33] MINISTRY OF HOME AFFAIRS, *supra* note 24, ch. VII, at 120–145.
[34] NAT'L CRIME RECORDS BUREAU, *supra* note 2, at 32–35.

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in neglect, discrimination, and underreporting within prison environments. This stigma discourages inmates from seeking assistance and deters authorities from prioritising mental healthcare.

Together, these problems create a wide gap between what the law promises and what actually happens. Even though healthcare is a basic right for prisoners, weak institutions, lack of awareness, and insufficient resources make it difficult to achieve. Solving these issues will require legal changes, better coordination, more funding, and greater awareness among all those involved.

IX. ROLE OF JUDICIARY AND INSTITUTIONS

The Indian judiciary has taken an active role in supporting prisoners' rights, especially in relation to healthcare and humane treatment. Through public interest litigation and a broad interpretation of Article 21, courts have regularly addressed problems in prison administration. Their decisions have recognised health as a basic right for prisoners and have required the State to ensure its protection.

The Supreme Court has made important decisions to improve prison conditions, reduce overcrowding, and ensure prisoners' access to medical care. In *In Re: Inhuman Conditions in 1382 Prisons*, the Court reviewed prison conditions in detail and urged States to implement reforms, such as improving healthcare and establishing oversight systems.[35] These actions have helped draw attention to prisoners' problems and pushed government officials to respond.

Besides the courts, bodies such as the National Human Rights Commission also help monitor prison conditions. The Commission inspects prisons, investigates complaints of human rights violations, and proposes ways to improve prison management.[36] It often points to problems such as overcrowding, poor medical care, and a lack of mental health support in prisons.

Despite these efforts, the effectiveness of judicial and institutional interventions is frequently constrained by weak enforcement mechanisms. Recommendations from bodies such as the National Human Rights Commission are primarily advisory and lack binding authority. Similarly, judicial directives, although authoritative, are not always implemented effectively due to administrative inertia, insufficient accountability, and resource limitations.

[35] In re Inhuman Conditions in 1382 Prisons, *supra* note 19.
[36] NAT'L HUMAN RIGHTS COMM'N, ANNUAL REPORT 2022–23, at 85–90 (2023).

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Moreover, because there is no strong, independent system to monitor prisons, States do not always comply consistently. This produces disparities in prison healthcare and makes it difficult to apply legal protections equally across the country.

In short, while courts and institutions have helped recognise and support prisoners' right to health, their impact remains limited by enforcement challenges. To close the gap between law and real change, it is important to improve accountability, ensure that court orders are enforced, and give oversight bodies greater power.

X. RECOMMENDATIONS

A significant gap remains between what the law promises and what actually happens in prisons. To ensure that prisoners genuinely enjoy the right to health, urgent reforms are needed. The recommendations below focus on addressing problems in the system, the law, and institutions.

A. Strengthening Enforcement of Existing Laws

India has strong laws, such as the Mental Healthcare Act, 2017, and constitutional protections, but these are not always enforced effectively. There should be clear mechanisms to hold people accountable and ensure that rules are followed. Regular audits, compliance reports, and penalties for non-compliance are needed to close the gap between what the law says and what happens in practice.[37]

B. Improvement of Healthcare Infrastructure

Prison healthcare facilities need major improvements to meet both basic and specialised medical needs. Important steps include establishing well-equipped medical units in all prisons, creating dedicated mental health wards, and ensuring the availability of essential medicines and diagnostic facilities. Any improvements to prison facilities should adhere to the standards set out in the Model Prison Manual, 2016.[38]

C. Appointment of Trained Mental Health Professionals

Prisons need to appoint qualified psychiatrists, psychologists, and social workers to make these changes work. Regular mental health checks, ongoing monitoring, and follow-up care should be required. These steps help identify and treat mental illness early, which lowers the risk of self-harm and long-term mental health problems.[39]

[37] In re Inhuman Conditions in 1382 Prisons, *supra* note 18.
[38] MINISTRY OF HOME AFFAIRS, *supra* note 23, ch. VII, at 120–145.
[39] NAT'L HUMAN RIGHTS COMM'N, *supra* note 2, at 30–35.

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D. Introduction of Counselling and Rehabilitation Programmes

Prisons should focus on helping inmates recover and improve by adding mental health programmes such as psychological counselling and therapy, stress-management workshops, yoga and meditation sessions, and substance-abuse treatment programmes. These programmes help prisoners improve their mental well-being and make it easier for them to reintegrate into society, thereby supporting the broader goals of the criminal justice system.

E. Establishment of Independent Monitoring Bodies

Independent oversight needs to be strengthened to ensure transparency and accountability. Bodies such as the National Human Rights Commission and state boards should have greater authority to enforce rules and conduct regular inspections.[40] Setting up independent prison oversight committees comprising legal experts, doctors, and civil society members can also help improve monitoring and ensure that human rights standards are met.

F. Capacity Building and Awareness

Prison staff should receive training on mental health issues and their legal duties. At the same time, inmates need to know their healthcare rights so that they can seek help when needed.

G. Integration with the Public Health System

Prison healthcare should be connected to the public healthcare system. Collaboration with government hospitals and mental health centres will give prisoners better access to specialised treatment and help them continue receiving care after release.

In summary, these recommendations underscore the necessity of a holistic, rights-based approach that integrates legal enforcement, institutional strengthening, and social awareness. Effective implementation of these measures would significantly improve prison healthcare systems and ensure that the constitutional promise of dignity and well-being extends to all prisoners.

XI. CONTRIBUTIONS OF THE PRESENT STUDY

This study helps fill both conceptual and practical gaps in current legal research. It uses an integrated, interdisciplinary approach to examine prisoners' right to health within the broader framework of constitutional governance in India.

First, the study brings together ideas from constitutional law, human rights, and prison administration within a single framework. Unlike earlier research that examines these areas

[40] NAT'L HUMAN RIGHTS COMM'N, *supra* note 36, at 85–90.

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separately, this study situates prisoners' health rights within the evolving understanding of Article 21 and the constitutional promise of dignity.

Second, the study closely examines how the Mental Healthcare Act, 2017 is implemented in prisons. By analysing how institutions operate and the challenges they face, the research goes beyond theory to assess how well the law works in practice.

Third, the research links constitutional governance to current enforcement practices. It shows how problems such as poor administration, lack of accountability, and limited resources make it difficult to uphold constitutional rights, and it exposes weaknesses in the system.

Finally, the study contributes to policy discussions by proposing practical, rights-based reforms grounded in both legal theory and real-world findings. These suggestions aim to strengthen institutions, increase accountability, and ensure that prisoners receive the healthcare and dignity promised by the Constitution.

In summary, this paper fills an important gap in current research and advances the conversation on custodial justice and constitutional governance in contemporary India.

XII. Conclusion

Prisoners have a fundamental right to health, which flows from the guarantee of life and dignity in Article 21 of the Indian Constitution. Court decisions and laws such as the Mental Healthcare Act, 2017 show that prisoners are entitled to humane treatment and proper healthcare, including mental health support.

This study shows that a significant gap remains between what the law promises and what actually happens in prisons. Problems such as overcrowding, poor facilities, insufficient trained staff, and low awareness make it difficult to protect prisoners' health rights. Mental healthcare is especially overlooked, even though inmates are more likely to face psychological issues.

The findings show that the problem lies not just with the law, but also with how institutions and administrators act. The laws are largely strong and rights-focused, but they work only if they are enforced, if agencies coordinate, and if sufficient resources are provided. Courts and oversight bodies have helped improve prisoners' rights, but their efforts are limited without strong systems to ensure compliance.

To solve these problems, a broad and coordinated approach is needed. Legal reforms should go hand in hand with stronger institutions, better facilities, and more trained mental health workers. It is also important to raise awareness and understanding among prison staff and the public in order to combat the stigma surrounding mental illness and to encourage humane treatment.

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Protecting prisoners' right to health is not merely a matter of following the law; it also reflects the State's commitment to values such as dignity and social justice. When prisons support inmates' health and well-being, the result is a fairer, more humane, and more rehabilitative justice system.

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