

Indian Journal of Health, Sexuality & Culture

Volume (7), Issue (Special), June 2021 ISSN 2581-575X https://www.iisb.org./



Conceptual Essay

COVID-19 and prisoners in India: Most neglected population and their mental health needs

Husain Himani¹, Apurvakumar Pandya²

¹Program Associate, ²Psychologist and Economic Evaluation Specialist, Indian Institute of Public Health, Gandhinagar, Gujarat, India

Date of Submission:

30 March 2021

Date of Acceptance:

30 May 2021

Keywords: Prisoners, Mental Health, COVID-19, India, Human rights

Introduction

"It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones". -- Nelson Mandela

Corresponding author: Husain Himani

Email: hhimani@iiphg.org

How to cite article: Himani, H., Pandya, A. (2021). COVID-19 and prisoners in India: Most neglected population and their mental health needs. Indian Journal of Health, Sexuality and Culture, 7(Special), 40-49.

DOI: 10.5281/zenodo.5146419

This article is distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Abstract

The corona virus disease 2019 (COVID-19) pandemic impacted the world substantially. It heightened mental health problems but compromised the delivery of mental health care services in general, risking the deterioration of mental health in already vulnerable individuals. Prisoners are one of the vulnerable groups with diverse mental health needs. Limited and variable COVID-19 testing, concerns about mental health, and COVID-19 outbreak in prisons have raised concerns. This essay presents a synthesis of relevant literature highlighting the COVID-19 situation in prisons, its impact on prisoners' mental health, and recent mental health initiatives. While recognizing additional difficulties at prisons, we can learn from the evidence and best practices. We propose a multi pronged approach to optimize the support to the staff and prisoners to protect them from COVID-19 and maintain their mental health and offer equitable health care services during the COVID-19 pandemic and beyond.

The coronavirus disease 2019 (COVID-19) pandemic presents substantial demands to public health care systems globally. It heightened mental health problems and compromised the delivery of mental health care services, risking the already vulnerable individuals (Kothari et al., 2020). Certainly, the pandemic has not left the prisoners behind. Prisoners are one of the vulnerable groups with multiple health needs and worse mental health outcomes compared to the general population (Fazel and Baillargeon, 2011; Hewson et al., 2020).

Prisoners' mental health constitutes one of the most neglected areas of concern. Living without their families & loved ones in the confined spaces makes their lives even more stressful. Besides various other stressors such as overcrowding, violence in the jail by fellow inmates, maltreatment by staff, subhuman and unhygienic living conditions in prisons add to prisoners' vulnerability (Chakravarty and Rajkhowa, 2020; NCRB, 2020). The National Human Rights Commission has also taken note of prisons' deteriorating conditions and inadequate medical facilities in various prisons of the country and released an advisory on the rights of prisoners and police personnel (NHRC, 2020).

Mental health of prisoners: Pre COVID-19 scenario

Numerous studies have highlighted the high prevalence of mental health problems among prisoners than the general population. A comprehensive review of epidemiological studies in the last decade suggests the prevalence of mental illness among prisoners ranging from 6.7% to 68.6% (Ayirolimeethal et al., 2014; Goyal et al., 2011; Joshi et al., 2014; Kumar and Daria, 2013; Kumar et al., 2014). Various substanceuse disorders such as cannabis, alcohol, and nicotine were also reported (Math et al., 2011; Rao et al., 2016; Torwane et al., 2013; Tiwari et al., 2014). Suicide is another concern among prisoners (Pathak et al., 2016). In a retrospective study by Bardale and Dixit, based on autopsies, 7.8% of the unnatural deaths were suicide (Bardale & Dixit, 2016). The National Crime Records Bureau (NCRB) reported a steady increase in suicides among prisoners from 77 in 2015 to 116 in 2019 (NCRB, 2019).

Determinants of mental health in prisoners

Prolonged incarceration and the inability to control his/her surroundings can aggravate adverse behaviour and suicidal thoughts (Favril et al., 2017). Some studies have shown that exhaustion of prison facilities, different forms of violence, lack of privacy, feelings of isolation and uncertainty about the future, lack of meaningful activities, and scarce health services are also significant factors in prisoners' mental health (Rabiya and Raghavan, 2018). Besides, the fact that the experience of committing an offence that was unintended, committed under a dilemma, impulsively, or as a reaction to violence requires attention. There is a high possibility of emotional disturbance leading to mental health problems (Tong Raghavan, 2021). Therefore, the availability of mental health services is imperative.

COVID-19 in an Indian prison

The COVID-19 pandemic has exacerbated the risk of infection of COVID-19 as well as worsened the mental health of prisoners. Studies conducted since the outbreak of COVID-19 have revealed heightened anxiety, feeling more anxious due to worries relating to them or a loved one contracting coronavirus, and aggravated symptoms of existing mental illness (Burton et al., 2020; Hewson et al., 2020; Shiple and Eamranond, 2020). In the wake of COVID-19, the Commonwealth Human Rights Initiative started tracking the number of COVID-19 positive cases. As of 14th December 2020, 18157 out of approximately 4,78,600 (Prison Statistics India Report, 2019) prisoners and staff were tested positive with 0.09% of case fatality (Commonwealth Human Rights Initiative, 2020). The lack of uniformity in enforcing COVID-19 measures across prisons is a concern. The Commonwealth

Human Rights Initiative's recent report describes limited and variable COVID-19 testing, concerns about mental health, and COVID-19 outbreak in prisons if strict and long-term actions are not taken uniformly across the country's prisons (Common wealth Human Rights Initiative, 2020).

With an increasing number of prisoners and prison staff contracting COVID-19, WHO urged that prisons and other places of detention must be part of national COVID-19 plans (World Health Organization, 2020). Recently, international agencies have recognized prisoner issues, which is evident from recent joint statements on COVID-19 in prison. The United Nations on Drugs and Crime (UNODC), World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), and Office of the High Commissioner for Human Rights (OHCHR) gave a joint statement that all cases of COVID-19 in prison and other closed settings should be notified to public health authorities, and adequate measures are warranted in such settings (UNODC, 2020). From the human rights perspective, all state governments must ensure the security, health, safety, and human dignity of those imprisoned in jail or detention centres irrespective of any state of emergency. In view of COVID-19, the Supreme Court of India ordered all states and union territories to reduce overcrowding in prisons (Chaturvedi, 2020); however, action taken so far is insufficient to address the COVID-19 crisis and mental health wellbeing of prisoners.

Current COVID-19 and mental health initiatives in India

The mental health crisis is acknowledged as a parallel pandemic, adversely impacting mental health globally. The adverse impact on prisoners' mental health is inevitable. Unsafe and unhygienic prison environments,

the prevalence of mental illness, and prisoners' inabilities to improve or control their surroundings compound the impact of COVID-19 on prisoners' mental health. Furthermore, prevalent stigma related to mental illness in society (Gaiha et al., 2020) and within the prison system (WHO, 2020) prevents recognition of mental health problems.

Various initiatives to address prisons' mental health issues were indeed encouraging. Maharashtra Government has started 24*7 helplines, LET'S TALK 1-ON-1 for prisoners (Mpower 1 on 1, 2020). In Tamil Nadu, psychologists have been appointed in all prisons, and their services are utilized to treat and counsel the prisoners suffering from depression (NCRB, 2020). Prisoners requiring psychiatric interventions are referred to the Government Institute of Mental Health in Chennai. Besides, yoga and meditation programmes are organized in Tamil Nadu's prisons (NCRB, 2020). Choudwar Circle Jail in Odisha has come up with an 80 bedded dedicated psychiatric hospital to provide quality treatment to mentally ill prisoners (Express News Service, 2020). Prayas, a project of the Centre for Criminology and Justice, Tata Institute of Social Sciences Mumbai, extends telecounselling services to prisoners and released inmates (TISS, 2020). The organization has also provided masks, digital thermometers, sanitary napkins, toiletries, handwash, handkerchiefs, sanitizers to the prisons of Mumbai, Thane, Latur, and Bharuch

Some civil service organizations have initiated noteworthy interventions. For example, India Vision Foundation provided emotional support and information on resources to 329 male and 130 female released inmates. In addition, they work with around 200 children of inmates in terms of offering educational classes, art/craft, and

story-telling sessions (TISS, 2020). Another intervention worth mentioning is rehabilitation intervention by the civil service organization

- Peacemaker in Karnataka. It provides rehabilitation to prisoners and young adults under trials with psychiatric illnesses. It offers music and life skills training, providing young adult prisoners with the opportunity to channelize their time, anger, and frustration constructively and connect positively with others (TISS, 2020). Such initiatives should be mapped across the country and assessed for their effectiveness.

Challenges and potential solutions

We organized major challenges and potential solutions in three categories: General, Mental health related, and COVID-19 related. Table, 1 depicts major challenges and potential solutions to address the overall well-being of prisoners. Overcrowded prisons, sub-human, and unhygienic living conditions, poor access to healthcare services, and maltreatment to prisoners have been documented and emerged as general challenges requiring urgent attention. These factors are also known to be risk factors for infection (Donal et al., 2016). In addition to these, limited resources at prisons also add

challenge in provisioning preventive and curative mental health services and COVID-19 measures.

The Prison Statistics of India highlights India's worse prison conditions, signifying longer-term challenges to prevent COVID-19 and address longstanding mental health issues (NCRB, 2020). Mental health related challenges include lack of mental health professionals and any sustainable mental health interventions at prisons, no focus on post-release rehabilitation needs of prisoners, and stigma. Steady rise in suicides by prisoners raises a concern.

Prisons are epicentres for infectious diseases (Dolan et al., 2016; Kinner et al., 2020) because of the general challenges discussed earlier. The present COVID-19 has raised the concerns of COVID-19 outbreaks in prisons. Psychological distress heightened by the COVID-19, worries about the safety of families of prisoners, limited and variable COVID-19 testing in prisons, and lack of uniformity in enforcing COVID-19 measures across prisons pause a major challenge in preventing and controlling COVID-19 outbreak in prisons.

Table 1. Major challenges and potential solutions to promote positive mental health among prisoners in times of COVID-19

Sections	Major Challenges	Potential Solutions
General	Overcrowded Prisons	 Abide by the Supreme Court order to release prisoners for reducing over-crowding Formulate policy for safe release of prisoners and augmenting prison capacity.
	Sub-human and unhygienic living conditions in prisons	 Improve cleanliness in prison, ensure clean drinking water facilities and clean sanitation facilities at the prison level Provision of adequate sanitation supplies Equip prison medical staff with proper personal protective equipment
	Maltreatment to prisoners by the prison staff	 Orient prison staff on human rights of prisoners and laws related to prevention of maltreatment Educate and train prisoners and prison staff on behavioural skills (communications skills, etiquettes, human dignity, and values)

	Restricted resources for health	• All
	restricted resources for fleatin	 Allocate additional budget for mental health and COVID-19 service provision and preventive measures.
Mental Health-related	Lack of mental health professionals at prisons	 Train existing medical officers on providing primary mental health care and allied health staff on psychological first-aid. Recruit in-house cadre mental health professionals (psychiatrist, psychologists or psychiatric social workers) in prisons Establish close coordination with local government and psychiatric units of general hospitals for psychiatric services Regularly arrange online OPD through the prison's clinic for a specialist consultation.
	No focus on post-release rehabilitation needs of prisoners	 Provide vocational training or engage prisoners in income generation activities at the prison level Link potential prisoners with livelihood schemes of the Government Rehabilitation support to prisoners through helpline or tele -counselling for prisoners who are released Standard guidelines for rehabilitation should be developed and regularly monitored to facilitate uniform practice across prisons
	Lack of sustainable mental health interventions	Targeted preventive mental health interventions should be designed and implemented considering diverse mental health needs of vulnerable groups of prisoners at an early stage rather than depending
	Stigma related to mental illness within the prison system	 solely on treatment interventions Periodic screening for mental health conditions and workshops on stress management and other life-skills-oriented activities can be amicable
	Steady rise in suicide incidents	 Existing noteworthy interventions such as counselling, psychosocial support, etc. should be scaled-up Peer counselling model as primary prevention program can be pilot tested Collaborate with civil service organization working on prisoners' mental health
	Psychological distress heightened by the COVID-19 and	Provide resources to accurate information on COVID-19
COVID-19 related	Worries about the safety of families of prisoners	 Use Information Education Communication materials on COVID-19 developed by Government and Non -Government agencies for disseminating accurate information on COVID-19 Provision access to counselling services Allow regular telephone conversations with family members and keep prisoners updated about the conditions of their COVID-19 positive family members
	Limited and variable COVID -19 testing in Prisons	 Increase testing facilities for COVID-19 Establish linkages with government laboratories offering COVID-19

Lack of uniformity in e. COVID-19 measures ac	
	COVID-19 positive cases • Establish linkages with COVID-19 care facilities for treatment of COVID-19 severe cases • Promote the use of proper mask and frequent handwashing • Access to a vaccine to all eligible prisoners

Multipronged approach to prevent COVID-19 and promote positive mental health in the prison

While recognizing major challenges at prisons and potential solutions, we present a multipronged approach to facilitate effective implementation. Multipronged approaches include person-centered, system-level, and policy-level interventions; targeted to optimize the support to the staff and prisoners to protect them from COVID-19 and offer equitable mental healthcare services during the COVID-19 pandemic and beyond.

Person-centred approach

There is a need to ensure that safety measures are strictly followed. Providing adequate sanitation supplies to ensure personal hygiene, ensuring cleanliness in prison, and equipping prison medical staff with proper personal protective equipment are nonnegotiable. As a preventive approach, educating prisoners and the staff on COVID-19 measures and mental health can help them become aware and encourage them to adopt healthy behaviours. Periodic screening for COVID-19 for mental health conditions in addition to stress-management and other life-skills-oriented activities can help track COVID-19 cases, take adequate measures, and prevent mental morbidities.

As mental health needs vary across prisoners

and staff, generic programmes may not be helpful. As prisons are made up of diverse, vulnerable groups such as women, children, persons with existing mental illness, persons with chronic health conditions, and non-binary people, it widens the health inequities and disparities by not addressing their unique health needs. It is recommended to identify vulnerable groups and employ targeted interventions in addition to the generic programmes for all prisoners and the staff.

While interventions are focused on prisoners' well-being, the rehabilitation needs of prisoners who are released should not be ignored. COVID-19 situation might have heightened challenges for released prisoners to accommodate themselves back in society. Noteworthy rehabilitation interventions such as counselling, helpline, and livelihood training and support by the civil service organizations should be replicated.

System-level approach

It is acknowledged that interventions without a system approach remain ineffective and cannot sustain for a long time. Medical facilities in prisons are ill-equipped (Gautam, 2020), and it requires concerted efforts to strengthen them to deal with mental health issues. As mandated by the Mental Healthcare Act, 2017, medical officers in prisons need to be trained to provide basic and emergency mental health care (Ministry

of Health and Family Welfare, 2017). Creating an in-house cadre of psychologists or psychiatric social workers in prisons, as recommended by the National Human Rights Commission in its advisory, would be an added advantage for facilitating basic mental health awareness, counselling, and referral services to ensure timely treatment. Additionally, they can timely address psychological distress heightened by the COVID-19 pandemic, promote adherence to COVID-19 measures, and ensure regular follow-up of persons with COVID-19 and those living with mental illness. Prisoners should be provided access to the vaccine. Besides implementing safety measures (such as wearing masks, frequent hand washing, quarantine of new inmates, isolation of COVID-19 positive cases), COVID-19 testing and treatment facilities; interventions targeting prisoners must address COVID-19 related fears, concerns regarding their family members, and mental health issues.

Close coordination with local government and psychiatric units of general hospitals can be resourceful in organizing screening camps as well as establishing active referrals for treatment. Further, most state governments have launched tele-medicine services, and prison administration can regularly arrange online OPD through the prison's clinic for a specialist consultation.

For regular training and recreational activities, civil service organizations should be leveraged. There is a need to map civil service organizations providing training, recreational, rehabilitation services in the country and network with them for such services. Also, rehabilitation interventions implemented by civil service organizations should be supported, or similar interventions should be designed and implemented across prisons. Finally, staff should be oriented to the mental health act and prisoners' rights to

live with dignity and respect to prevent illtreatment and unnecessary punishments.

Policy-level approach

Policy level interventions are imperative to integrate best-practices into the system and monitor progress over time. Considering the COVID-19 context, the Supreme Court of India has ordered the Government to constitute a 'High-Powered Committee' to determine and release prisoners to reduce overcrowding in prisons. Some countries have already released prisoners, for instance, Iran (Hafezi, 2020). Appropriate actions are warranted to cut down on remand time for those on remand, as this period increases stress on inmates and occupies space resulting in overcrowding (Hewson et al., 2020). While prisons release prisoners, it is essential to ensure rehabilitation as prisoners are already stigmatized. The COVID-19 situation further limits opportunities for livelihood and reintegration back to the family and society. Noteworthy interventions by civil service organizations toward rehabilitating released prisoners should be recommended as routine practice. Such practices should be supported, replicated to other locations, scaled up, and continued beyond the COVID-19 pandemic. Such actions are of paramount importance as they could also help prevent recidivism (convicted offender repeating crime). Standard guidelines for these activities should be developed and regularly monitored to facilitate uniform practice across prisons.

Provisioning preventive and interventional services require resources, including a dedicated budget from the state. Unfortunately, lack of adequate resources at prisons may impede actions needed to mitigate the negative mental health impact of the pandemic. Prison administrative heads may be provided with the autonomy to propose a need-based budget for COVID-19 management and

explore public-private partnerships with civil service organizations to organize awareness activities, workshops, tele-counselling services, or identify private organizations that support such health programmes (Baid, 2015). Provisioning funds for research and engaging with academic and research institutes to generate evidence on effectiveness and cost-effectiveness is crucial. Such evidence can guide decision-makers to allocate funds for specific interventions.

Conclusions

In conclusion, prisoners are a vulnerable population that deserves attention for COVID-19 and mental health services. The adverse consequences of COVID-19 on prisoners' mental health may grow even more as the pandemic continues. In the advent of the COVID-19 pandemic, prisons should address major challenges using a multipronged approach. The focus should be on improving hygiene and sanitation conditions in prisons, enforcing COVID-19 measures, equipping prison staff with masks and essential personal protective equipment for prison medical staff and provisioning preventive mental health services. A targeted preventive approach needs to be adopted by recognizing diverse mental health needs of vulnerable groups of prisoners at an early stage rather than depending solely on treatment interventions. In this vein, existing effective interventions should be scaled up. Extending rehabilitation services would reduce the anxiety of those released from prison, help them settle in society, and prevent recidivism.

This pandemic may go away sooner or later, but mental health issues, especially in the prison environment, need constant focus for achieving and sustaining good mental health. Furthermore, this can only be achieved by the cooperation amongst the prisoners, the prison system, and the government, as they are key drivers for promoting positive mental health. We hope these actions contribute to reducing inequities and health disparities among prisoners.

Acknowledgements: None

Declaration of interests: None

References

Ayirolimeethal, A., Ragesh, G., Ramanujam, J.M. and George, B. (2014). Psychiatric morbidity among prisoners. Indian Journal of Psychiatry, 56(2), 150.

Bardale, R.V. and Dixit, P.G. (2015). Suicide behind bars: A 10-year retrospective study. Indian Journal of Psychiatry, 57(1), 81.

Baid, S. (2015). Mental health and psychiatric morbidity in prisoners. IOSR Journal of Nursing and Health Science. 4(3), 67-72.

Burton, P.R., Morris, N.P. and Hirschtritt, M.E. (2021). Mental health services in a US prison during the COVID-19 pandemic. Psychiatric Services. https://doi.org/10.1176/ appi. ps. 202000476[Accessed on 20/02/2021].

Chakravarty, A., Rajkhowa, A. (2020). COVID-19, political prisoners, and the overcrowding of prisons. Available from https://www.jurist.org/commentary/2020/08/chakravarty-rajkhowa-covid19-prisonover crowding/[Accessed on 20/02/2021].

Chaturvedi, A. (2020). Coronavirus outbreak: Supreme court asks States to consider releasing some prisoners to reduce crowd in jails. Available from https:// www. bloomber gquint. com/law-and-policy/coronavirus-outbreak-supreme-court-asks-states-to-consider-releasing -some-prisoners-to-reduce-crowd-in-jails. [Last Accessed on 26/03/2021]

Commonwealth Human Rights Initiative (CHRI). (2020). Urgent action. Available from https://www.humanrightinitiative.org/content/urgent-action. [Last Accessed on 22/02/20 February 2021]

Dolan, K., Wirtz, A.L., Moazen, B., Ndeffo-Mbah, M., Galvani, A., Kinner, S.A., Courtney, R., McKee, M., Amon, J.J., Maher, L. and Hellard, M. (2016). Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. The Lancet, 388(10049), 1089-1102.

Express News Service. (2020, December 28). Psychiatric hospital for jail inmates inaugurated. The New Indian Express.

Favril, L., Vander Laenen, F., Vandeviver, C. and Audenaert, K. (2017). Suicidal ideation while incarcerated: Prevalence and correlates in a large sample of male prisoners in Flanders, Belgium. International Journal of Law and Psychiatry, 55, 19-28.

Fazel, S., and Baillargeon, J. (2011). The health of prisoners. Lancet, 377 (9767), 956-965.

Gautam, N. (2020). Prisons during a pandemic: An analysis of conditions of women in the prison system. Human Rights Law and Policy Review. Available from https://www. hrlrblog.com./post/pr isons-during-a-pandemic-ananalysis-of-conditions-of-women-in-the-prison-system[Last Accessed on 22/03/2021]

Gaiha, S.M., Salisbury, T.T., Koschorke, M., Raman, U. and Petticrew, M. (2020). Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations. BMC Psychiatry, 20(1), 1-24.

Goyal, S.K., Singh, P., Gargi, P.D., Goyal, S. and Garg, A. (2011). Psychiatric morbidity in prisoners. Indian Journal of Psychiatry, 53(3), 253.

Hafezi, A. (2020, March 17). Iran temporarily frees 85,000 from jail including political prisoners. Reuters.

Hewson, T., Shepherd, A., Hard, J., and Shaw, J. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners. The Lancet Psychiatry, 7(7), 568-570.

Joshi, P., Kukreja, S., Desousa, A., Shah, N. and Shrivastava, A. (2014). Psychopathology and other Contributing Stressful Factors in Female Offenders: An Exploratory Study. Indian Journal of Forensic Medicine & Toxicology, 8(2).

Kinner, S.A., Young, J.T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C. and O'Moore, É. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. The Lancet Public Health, 5(4), e188-e189.

Kothari, R., Forrester, A, Greenberg, N., Sarkissian, N., and Tracy, D.K. (2020). COVID-19 and prisons: Providing mental health care for people in prison, minimizing moral injury and psychological distress in mental health staff. Medicine, Science and the Law, 60(3), 165-168.

Kumar, V. and Daria, U. (2013). Psychiatric morbidity in prisoners. Indian Journal of Psychiatry, 55(4), 366.

Kumar, D., Viswanath, B., Sebestian, A., Holla, B., Konduru, R., Chandrashekar, C.R. and Math, S.B. (2014). Profile of male forensic psychiatric inpatients in South India. International Journal of Social Psychiatry, 60(1), 55-62.

Mpower 1 on 1. (2020). Mpowerminds. Available from https://mpowerminds.com/oneonone. [Last Accessed on 19/03/2021]

Math, S.B., Murthy, P., Parthasarathy, R., Naveen Kumar, C. and Madhusudhan, S. (2011). Mental health and substance use problems in Prisons. The Bangalore prison mental health study: Local lessons for national action. Bangalore: National Institute of Mental Health and Neuro Sciences, Bangalore.

Ministry of Health and Family Welfare. (2017). Mental Healthcare Act 2017. Government of India.

National Human Rights Commission (NHRC). (2020). NHRC India: An advisory on the rights of prisoners and police personnel. Available from https://nhrc.nic.in/sites/default/ files / Advisory%b2 0on%20the%20Rights%20of% 20Prisoners%20and%20Police%20Personnel.p df [Last Accessed on 20/2/2021]

National Crime Records Bureau (NCRB). (2019). Accidental deaths & suicides in India - 2019. New Delhi, India: National Crime Records Bureau, Ministry of Home Affairs. Available from https://ncrb.gov.in/en/accidental-deaths-suicides-india-2019 [Last Accessed on 20/02/2021]

National Crime Records Bureau (NCRB). (2020). Prison Statistics India Report-2019. New Delhi, India:National Crime Records Bureau, Ministry of Home Affairs. Available from https:// ncrb. gov.in/en/prison-statistics-india-2019 [Last Accessed on 20/02/2021].

Pathak, A.G., Gadhari, R.K., Chaudhari, K.M., Chavan, S.S., Shejwal, D.K. and Devraj, N.A. (2016). Unnatural deaths in police lockup/prisons of North Maharashtra Region: a 15-year retrospective study. Indian Journal of Forensic Medicine and Toxicology, 75-79.

Rabiya, S, and Raghavan, V. (2018). Prison mental health in India: Review. Indian Journal of Social Psychiatry, 34(3), 193-196.

Rao, R., Mandal, P., Gupta, R., Ramshankar, P., Mishra, A., Ambekar, A., Jhanjee, S., and Dhawan, A. (2016). Factors affecting drug use during incarceration: A cross-sectional study of opioid-dependent persons from India. Journal of Substance Abuse Treatment, 61, 13-17.

Shiple, C. and Eamranond, P.P. (2020). The disproportionate negative impacts of COVID?19 on the mental health of prisoners. Journal of Forensic Sciences, 66(1), 413-414.

Tata Institute of Social Sciences (TISS). (2020). National webinar on rehabilitation of prisoners in the COVID context. Available from https://www.tiss.edu/uploads/files/National_Webinar_on_Rehabilitation_of_Prisoners_in_the_COVID_Context_-_Challenges__x19

H1Tb.pdf [Last Accessed on 20/02/2021].

Torwane, N.A., Hongal, S., Sahu, R.N., Saxena, V. and Chandrashekhar, B.R. (2013). Assessment of prevalence of tobacco consumption among psychiatric inmates residing in Central Jail, Bhopal, Madhya Pradesh, India: A cross-sectional survey. Industrial Psychiatry Journal, 22(2), 161.

Tong, P, and Raghavan, V. (2021, January 10). Mental health in prisons, a long neglected crisis. Available from https://www.thecitizen.in / index.php/en/NewsDetail/index/15/19859/Mental-Healt h-in-Prisons-a-Long-Neglected-Crisis. [Last Accessed on 24/03/2021]

Tiwari, R.V., Megalamanegowdru, J., Parakh, A., and Gupta, A., Gowdruviswanathan, S., and Nagarajshetty, P.M. (2014). Prisoners' perception of tobacco use and cessation in Chhattisgarh, India-the truth from behind the bars. Asian Pacific Journal of Cancer Prevention, 15(1), 413-417.

UNODC, WHO, UNAIDS, and OHCHR. (2020). Joint statement on COVID-19 in prisons and other closed settings. Available from https://www.drugsandalcohol.ie/31977/1/PS_covid-prison_ en.pdf [Last Accessed on 22/02/2021]

World Health Organization (WHO). (n.d.). Mental health and prisons: Available from https://www.who.int/mental_health/policy/mh_in_prison.pdf [Last Accessed on 22/02/2021]