



BLIND FOLD LEGAL JOURNAL

VOLUME-1 ISSUE-4

{March 2022-May 2022}

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Website: - www.blindfoldjournal.com

PSYCHOLOGY AND CRIME

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Introduction:

Our mental health includes our emotional, psychological, and social well-being. It affects the way we think, feel, and act. It also has an impact on how we deal with stress, socialize, and make decisions. Anxiety disorder, panic disorder, depression, schizophrenia, and others such as OCD and ADHD are examples of mental diseases or illnesses. People who suffer from mental diseases or disorders are more likely to be abused and have their basic rights infringed. Institutions, family members, caregivers, professionals, acquaintances, unaffiliated community members, and law enforcement officials are all possible sources of abuse or violation. [1]This necessitates the development of a defensive and protective system to guarantee that suitable and adequate health care and rehabilitation services are provided. Legislative laws to defend the rights of individuals with mental disorders are examples of defensive and protective mechanisms.

Key Words: Prisoners, Mental Health, Correctional Institutions, Rehabilitative, Social Workers.

Research Question:

1. *Identify concerns that pertain to prison psychology.*
2. *Recognize the importance of jail psychiatrists.*
3. *Explain how convicts are classified and the advantages of using an objective classification method.*
4. *Recognize the consequences of being in prison.*
5. *Talk about the issues with recidivism and how to reduce it.*

Psychology and Crime

The terms “*psyche*” and “*logus*”, which mean soul and science, respectively, are used to create the term psychology. As a result, psychology literally means “*the science of the soul.*” Psychology, according to William Wundt, is the science of conscious experience. Since the dawn of time, there has been crime. The idea of crime and the tactics used by criminals in the commission of a crime has changed dramatically as a result of technological improvement. On the one hand, there are smart criminals who make use of science, on the other hand, the investigator can no longer rely on the age-old skill of questioning to identify crime. The presence of forensic science has been discovered in this setting.

Role of Social Workers in Indian Correctional Setting:

Social work will always have a role in prisons. Correctional facilities benefit from the assistance of social workers in the process of changing inmates' behaviour. As Devasia and Devasia (1990) point out, social work has a lot of potential as a service for penal facilities. In India, however, the practice of social work in penal facilities demands immediate attention. Previously, Indian jails were solely for the purpose of punishment however, they are being changed into correctional facilities with the goal of reform and rehabilitation. However, during the last two decades, the notion of corrections has gained traction. In India, prisons actually began focusing on the notion of corrections, a duty for which people are prepared and taught by regional and state-level agencies. Over time, prison assessments, reports, and pertinent penological literature have emphasized the importance of converting prisons into correctional facilities by hiring sufficient, competent, and qualified correctional personnel. The process of converting prisons into correctional institutes is still in its early stages.

In some countries, persons with serious mental illnesses are imprisoned for no reason other than a lack of mental health treatment. People with drug addiction problems or those who have committed minor offences in part due to a mental illness are frequently sent to prison rather than being treated for their illness. As a result, many illnesses go unrecognized, misdiagnosed, and untreated. Due to

widespread beliefs about mental diseases, persons with mental disorders endure marginalization, stigma, and discrimination in the social, economic, and health domains in most nations. This stigma and prejudice frequently remain in jail, and the individual is often marginalized and isolated even more as a result of their imprisonment.

There are many effective treatments for mental diseases, but much of the limited resources available are spent on inefficient, costly therapies and programmes that only serve a tiny percentage of individuals who need them. [2] Separate mental prison hospitals, in particular, are not cost-effective since they are expensive to operate, have a limited capacity, have poor release rates, and frequently leave the prisoner with a severe and lasting stigma. Many of them work outside of the health departments that are in charge of monitoring the quality of medical interventions. In addition, there is little evidence that these high-cost institutions improve treatment outcomes.

Classification of inmates:

It is critical to apply scientific categorization techniques in order to enhance jail management and minimize recidivism. Inmates are classified using these classification methods depending on a variety of variables, allowing them to be allocated to the proper facility, housing area, job assignment, and program. Female inmates are separated from male inmates and housed in different places.

- *First-time offenders are distinguished from repeat offenders.*
- *Convicted inmates are separated from those awaiting trial.*
- *Adult and juvenile detainees are kept apart.*
- *Prisoners over the age of 65 are housed separately to get extra care.*
- *Detainees are housed in different areas.*

- *Civil detainees are kept separate from other detainees.*
- *Inmates who are infected with infectious illnesses are segregated and confined in specially designated blocks.*
- *High-security prison/blocks are used to house fugitives and hardened offenders.*

Prison Conditions in India:

The horrific conditions in Indian jails are well-known and have ceased to make headlines. Many of the jail buildings are elderly and in disrepair. In the cramped jail cells, there is overpopulation. Many of India's jails are overcrowded, according to the National Crime Records Bureau's (NCRB) 'Prison Statistics India. The most congestion was observed in district prisons (131.1%), followed by central jails (116.4%). Aside from the issue of overcrowding, a high number of inmates are awaiting trial. According to the same survey, 67% of inmates in Indian jails are undertrials those who are awaiting trial but have not been convicted of a crime. Inside the jails, there is criminal activity, and a significant portion of the prison personnel is corrupt. Even basic human comforts such as clean restrooms and fans in the scorching summers are unavailable to the economically deprived. Mobile phones, booze, and narcotics are readily available to individuals with enough money to bribe police officers. Torture is frequent in jails and prisons. Rape is a threat to women who are held by the police.

The Justice System and Mental Health:

The jail, where a care infrastructure already exists, is a good location for examining the care gap in the criminal justice system (CJS). Any notion that the CJS can reliably identify patients with mental illness who require treatment, on the other hand, has to be examined further. When determining whether or not an accused is fit to stand trial, and when an accused asserts the insanity defence, the CJS for adults deals with mental health the most overtly. It affects the court's discretion in choosing punishment, notably the death penalty, to a lesser extent. However, in all of

these stages, the law's too restricted approach only considers mental diseases that occur on the psychotic spectrum.

As a result, various mental diseases slide between the cracks and go untreated. This suggests that the court, as well as procedural and substantive criminal law, is one area that the care gap question needs to investigate. The problem of capacity is central to both the competency to stand trial and the insanity defence. Indian criminal law maintains its conventional, all-or-nothing approach to determining capacity – either the accused has the capacity or he or she does not which also prevents mental health experts (MHPs) from highlighting the gradations of mental illness. The legal system's incapacity to devise appropriate remedies and, as a result, a care gap stems from the denial of a sophisticated understanding of mental health. Even within the narrow confines of criminal law, there are issues regarding the system's capacity to effectively recognize mental illness. The system relies on judges and attorneys to recognize mental diseases and address associated difficulties unless these illnesses have been previously established, generally via treatment. These interlocutors, who aren't trained in the area, tend to depend on visible evidence of "abnormal" symptoms - a perception of mental illness that stems from popular representations of "crazy" individuals and has made its way into legal jargon. [3] Add to that the reality that attorneys seldom visit with inmates to discuss their personal history, including mental health histories. Another impediment to identification is that the right to legal counsel is viewed as only having access to a lawyer.

Even if the MHP is a member of the defence team, jail regulations prohibit MHPs from seeing the inmate. As a result, the defence has limited opportunities to provide evidence of previously undiagnosed mental illness. This penalizes accused individuals from socioeconomically disadvantaged groups who have limited access to mental health care and treatment and, as a result, may have no records of their disease. While this issue has lately found a solution in the context of death row inmates, it remains a little-discussed subject elsewhere.

Current State:

The medical officer of the jail is required to provide quarterly reports to *Mental Health Review Boards (MHRBs)* regarding the state of inmates with mental illness under the *Mental Healthcare Act (MHCA)* of 2017. MHRBs have been granted the authority to visit prisons and guarantee that mentally ill inmates are transported to mental health facilities. The Ministry of Health and Family Welfare, however, said in an RTI response dated 12 October 2020 that only three states (*Tripura, Uttarakhand, and Himachal Pradesh*) had established MHRBs. Following the filing of several petitions, the High Courts of Delhi, Karnataka, and Kerala took cognizance of the matter and requested comments from their respective state governments about the formation of MHRBs.

It is unclear how this advice would be successfully executed in the absence of this authority. [4]Except for Jammu and Kashmir, twenty-one states do not have any psychiatrists or psychologists in their jails. There is just one psychologist/psychiatrist for every 16,503 inmates in the United States. As a result, 70 percent of unnatural fatalities in jails were suicides. With no mental health experts, Uttar Pradesh has the largest number of suicides and mentally ill inmates. Only 7,394 offenders were diagnosed with mental illness, according to India's newest prison statistics (2019). Although it only accounts for 1.5 percent of the country's overall jail population, the true figure must be greater because terrible prison circumstances predispose convicts to mental illness. *Karnataka claimed last year that 33% of its inmates suffered from mental illnesses.* If only one state had more than 4,900 mentally ill inmates, the national total would be significantly higher than 7,394. According to 2011 research published in the *Indian Journal of Psychiatry*, 23.8 percent of the 500 convicts questioned had mental disease. *In 2019, a petition was filed in the Madras High Court for the creation of a medical wing in the Central Prison dedicated solely to mental health care.*

In the *Indian Journal of Social Psychiatry (2018)*, *Dr. Rabia and Dr. Raghavan* emphasized the importance of establishing specialized mental health clinics in jails for early identification and intervention. They urged that mental health professionals make regular visits and those offenders be transferred to psychiatric hospitals as soon as possible. For the improvement of these circumstances, psychiatrists, psychologists, and psychiatric nurses must be recruited as

soon as possible.

The Constitution and Mental Health:

Article 21 of India's Constitution stipulates that no one's life or personal liberty may be taken away unless legal processes are followed. The right to life and personal liberty protected by this article has been understood to include the ability to read, write, and express oneself in various ways, as well as the freedom to move around and mix and mingle with other people. According to the Representation of People Act, 1950, a person is disqualified for registration in an electoral roll if he is of unsound mind and has been declared such by a competent court (sec 16). As a result, under the Constitution, the individual is disqualified to hold public offices such as the President, Vice-President, Ministers, Members of Parliament, and State Legislatures. After a long and drawn-out process, the Mental Health Act of 1987 (MHA-87) was ultimately enacted in 1987.

Existing Laws and Rules:

Judicial pronouncements and legislative frameworks have recognized the right to mental health. The authorities, meanwhile, continue to show complete disdain. The Supreme Court recognized in *X v. State of Maharashtra (2019)* that every prisoner with mental illness has the right to a dignified life. In the Re-Inhuman Conditions decision, the court maintained the ability of death row inmates to interact with mental health specialists under Articles 14 and 21 of the Constitution. To prevent or assure early discovery of mental illness, a strong focus has been placed on giving psychological counseling to inmates. The High Courts have also reaffirmed that convicts with mental diseases cannot be denied treatment, like in the *Vaman Narain Ghiya case*, and have emphasized the treatment and rehabilitation of such prisoners. These rulings are consistent with the *UN's Mandela Rules and Model Prison Manual*, which emphasize the role of the state in safeguarding the mental health of inmates via cultural, educational, and recreational activities. [5]The 2018 Rights of Persons with Mental Illness Rules provide a comprehensive standard for mental healthcare services in prisons, including mental status assessments at the time of admission and drug abuse questionnaire screening. However, due to their lack of execution, these measures remain miserably

inadequate.

Benefits of addressing Mental Health issues:

Addressing mental health issues would enhance the health and quality of life of both mentally ill inmates and the general prison population. Through providing a better knowledge of the issues that persons with disabilities confront it is possible to lessen mental problems, stigma, and prejudice. In the end, addressing the demands of persons with mental illnesses increase the likelihood that once they leave, they will be better off.

They will be able to transition to community life and, as a result, the risk of re-incarceration will be reduced. They have a good chance of going back to prison. For all levels of employees, prisons are frequently challenging and demanding workplaces. The presence of convicts with undiagnosed and untreated mental illnesses can further complicate and degrade the prison environment, as well as placing additional demands on the personnel. A jail that responds to and encourages the mental health of inmates is more likely to be a workplace that fosters general morale and mental health among inmates, and should thus be one of the primary goals of excellent prison administration because there is constant interchange between the prison and the broader community, be it through the guards, the administration, the health professionals, and the constant admission and release of prisoners, prison health cannot be addressed in isolation from the health of the general population.

As a result, prison health must be considered a component of public health. Addressing the mental health needs of inmates can minimize re-offending, the number of individuals who return to jail, and assist redirect persons with mental illnesses away from prison and into treatment and rehabilitation, eventually lowering prison expenses.

What could be done?

For many people in need of mental health therapy, prisons are the incorrect place to go. Instead of

treatment, the criminal justice system promotes deterrence and punishment well as consideration. Legislation allowing for the transfer of convicts to other countries might be introduced. Psychiatric facilities in general hospitals during all phases of the criminal process (arrest, trial, prosecution, trial, and incarceration). For persons with mental illnesses who have been charged with minor offences, putting in place procedures to divert them to mental health services before they go to prison can assist to ensure that they get the support they need while simultaneously contributing to a reduction in the prison population. The incarceration of persons with mental illnesses as a result of a lack of public mental health services should be forbidden by law.

People with mental problems, including substance misuse, should have access to evaluation, treatment, and referral as part of the general health services offered to all convicts. At the very least, the health care offered to inmates should be on par with those provided to the general public. This might be accomplished by giving prison health personnel mental health training, arranging frequent visits from a community mental health team to prisons, or allowing convicts to receive health services outside of the prison environment. All inmates, including those with mental illnesses, have the right to be treated with humanity and respect for their fundamental dignity as human beings. [6] Furthermore, jail conditions must be in accordance with international human rights norms. Although mental health legislation may be an effective instrument for protecting the rights of persons with mental illnesses, including prisoners, many nations' mental health laws are outdated and do not address the mental health requirements of the prison population.

Other essential rights of inmates, such as appropriate housing circumstances, enough food, access to the open air, meaningful exercise, and contact with family, should also be protected by legislation and can help to promote healthy mental health. Through the law, independent inspection mechanisms such as mental health visiting boards can be formed to inspect prisons and other mental health institutions in order to monitor conditions for persons with mental illnesses.

Conclusion:

Only a few states in India recognize the value of professional social work interventions in jails. Every year, the jail population becomes more and larger, and the rate of recidivism in India rises. Recidivism has already reached 15.1 percent among those awaiting trial and 3.5 percent among those who have been convicted. As a result, both the under-trial population and persistent criminals require help. The incidence of recidivism might be addressed and decreased by boosting the strength of professional social workers.

[1] https://www.who.int/health-topics/mental-health#tab=tab_1

[2] Somasundaram O. The Indian lunacy act, 1912: The historic background. *Indian J Psychiatry*. 1987;29:314

[3] http://www.wbhealth.gov.in/mental_health/Acts_Rules/MHA_1987.pdf

[4] Mental Health Rights Group <http://www.mhrg.org/Why-We-Against-MHAA.aspx>

[5] Jiloha RC. Mental Capacity/Testamentary Capacity. In: Gautam S, Avasthi A, editors. *Clinical Practice Guidelines on Forensic Psychiatry*. Indian Psychiatric Society; 2009.

[6] Agrawal AK. Mental health and law. *Indian J Psychiatry*.