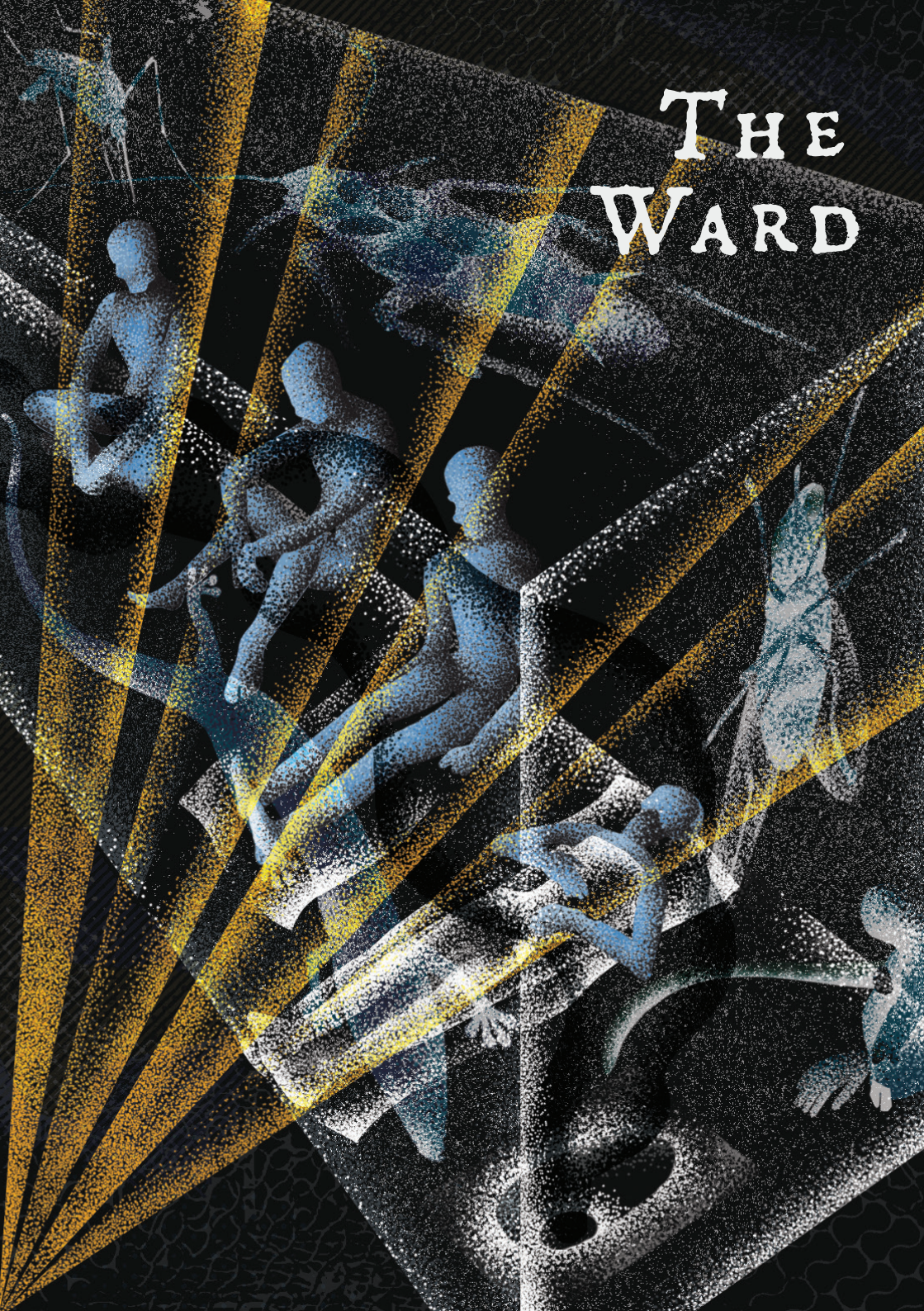


THE WARD





This series has been produced by Project 39A,
National Law University, Delhi and is based on
years of research undertaken by the organisation
on prison mental health in India.

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LANGUISH

Are people with mental disabilities or mental health struggles treated with dignity or care inside prisons?



What is care in the context of a space designed to punish?

Does the criminal justice system have the capacity to absorb their tears, wipe their sweat, support their heads on its shoulders, hold their hands, see their laughter, or hear their voice?

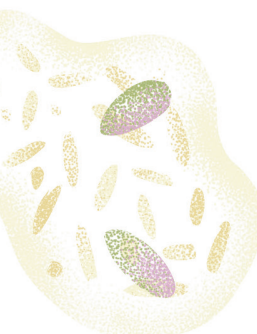
What happens to their lives? What does their journey through the system look like? Sound like?

LANGUISH attempts to represent the invisibilised crisis of mental health in the Indian criminal justice system through fictionalised stories of real accounts of incarceration.



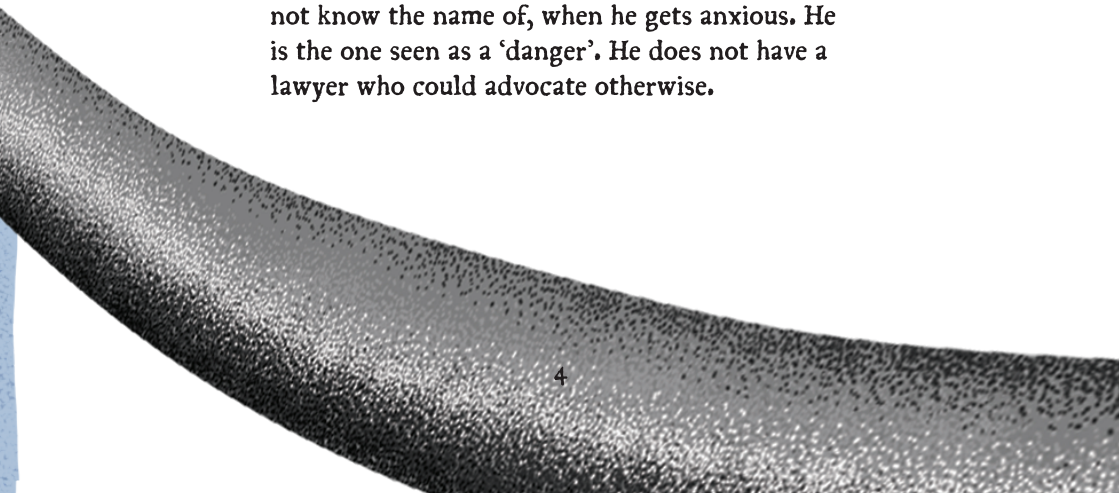


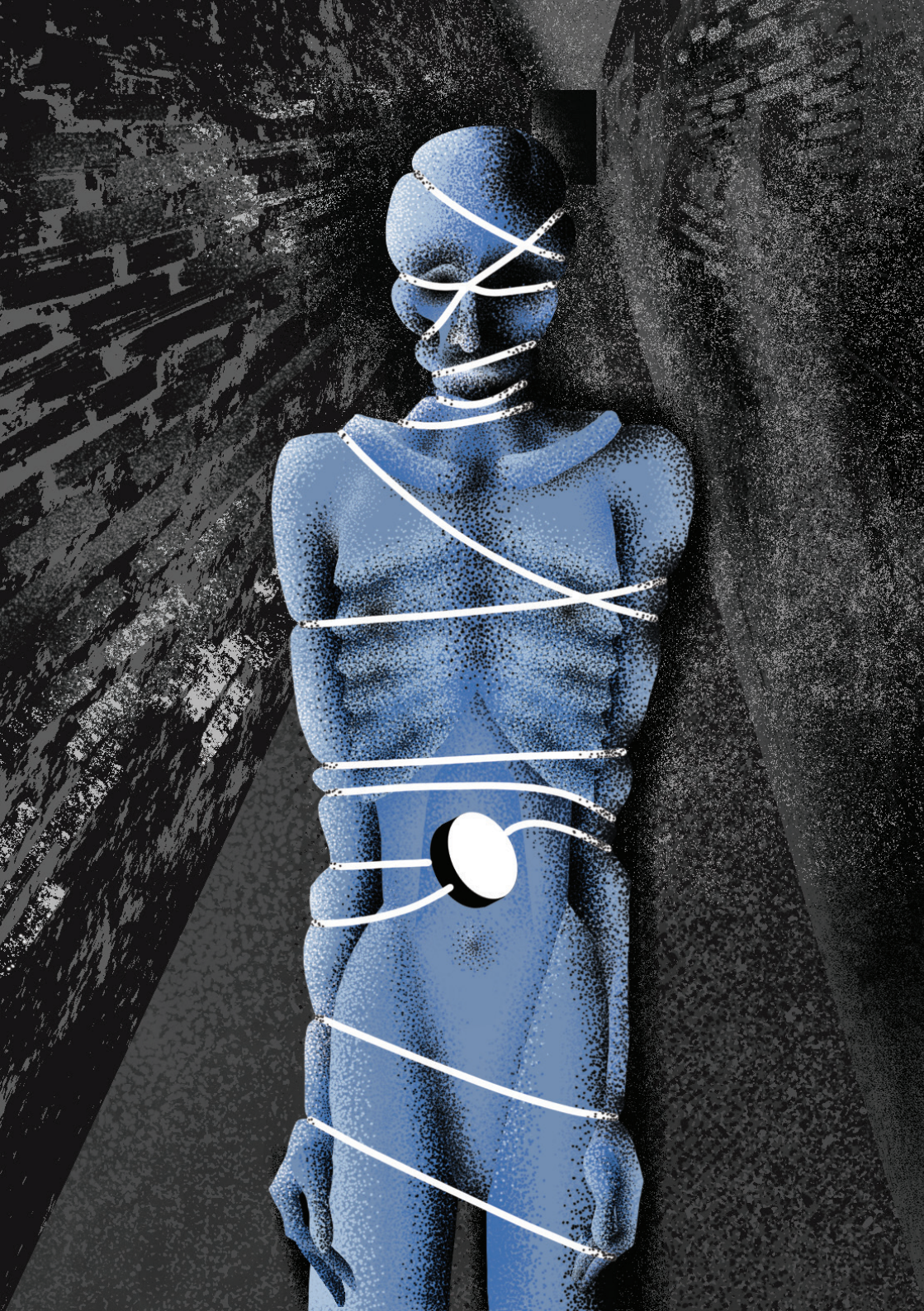
Ramesh is fairly certain that he's forgotten most of his childhood. Except for his birthdays. As his father unfailingly made him kheer (rice pudding) every year. But then Parvez, who befriended him four years ago from across the barrack, snuck him a bowlful from the prison kitchen, away from the guard's eyes. It was a year into his imprisonment, and the prison was celebrating Independence Day.



Four days later, Ramesh was deemed 'unfit to stand trial' and moved to the prison's psychiatric ward. He was not explained the reasons for the move. He has not seen Parvez since. The kheer tasted nothing like what his father used to make. But this is one of the only memories that echo through the damp walls of the ward.

To other prisoners, Ramesh is someone who can get 'easily agitated'. To the prison guards, the label seems justified, as they hold him down to the floor and force feed him medication he does not know the name of, when he gets anxious. He is the one seen as a 'danger'. He does not have a lawyer who could advocate otherwise.





Nobody knows what he experiences every day. Nobody has asked. Everyone thinks they know. The temporarily assigned medical officer in the prison suggests he may have 'behavioural issues'. However, in the four years of his incarceration the prison has lacked access to a professional psychologist. The medical officer that has managed to wade in to see him asks him one question and stands staring down at him for five minutes.

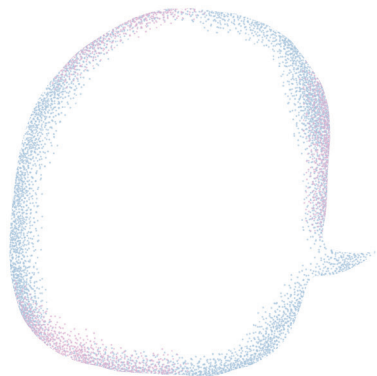
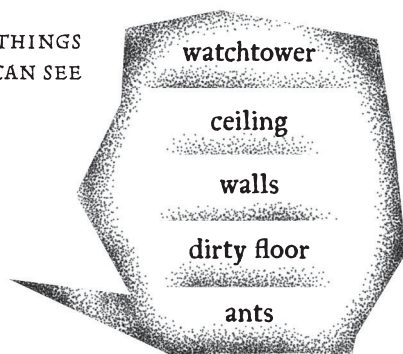
"How are you?"

He wants to say he misses everything he thought he would never miss. The double mattresses on the floor in his old barrack. The colorful shirts some men kept on hooks opposite. The red calendar stuck on the wall. The shawl he was given in the winter. He misses his father even though he no longer remembers his face. The only one who against all odds tried desperately to care for him; who passed away two years ago. Ramesh was not allowed to attend his funeral. He misses walks in the small patch of a prison garden. He misses laughing and crying. All he says,

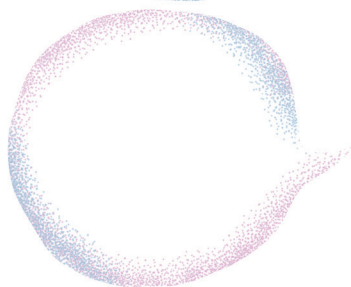
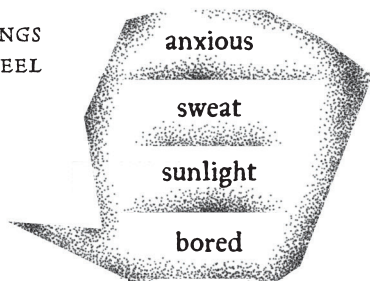
"Ok"

Try the 54321 TECHNIQUE, a grounding exercise, with Ramesh.

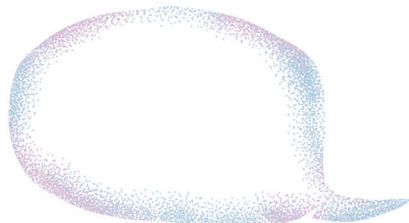
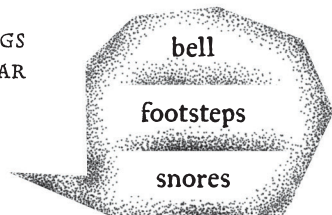
5 THINGS
I CAN SEE



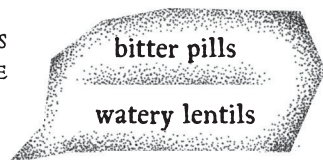
4 THINGS
I CAN FEEL



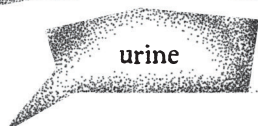
3 THINGS
I CAN HEAR



2 THINGS
I CAN TASTE



1 THING
I CAN SMELL



Some days, a thought nags at him — why does he never see Parvez anymore?

Or any of his old barrack mates?

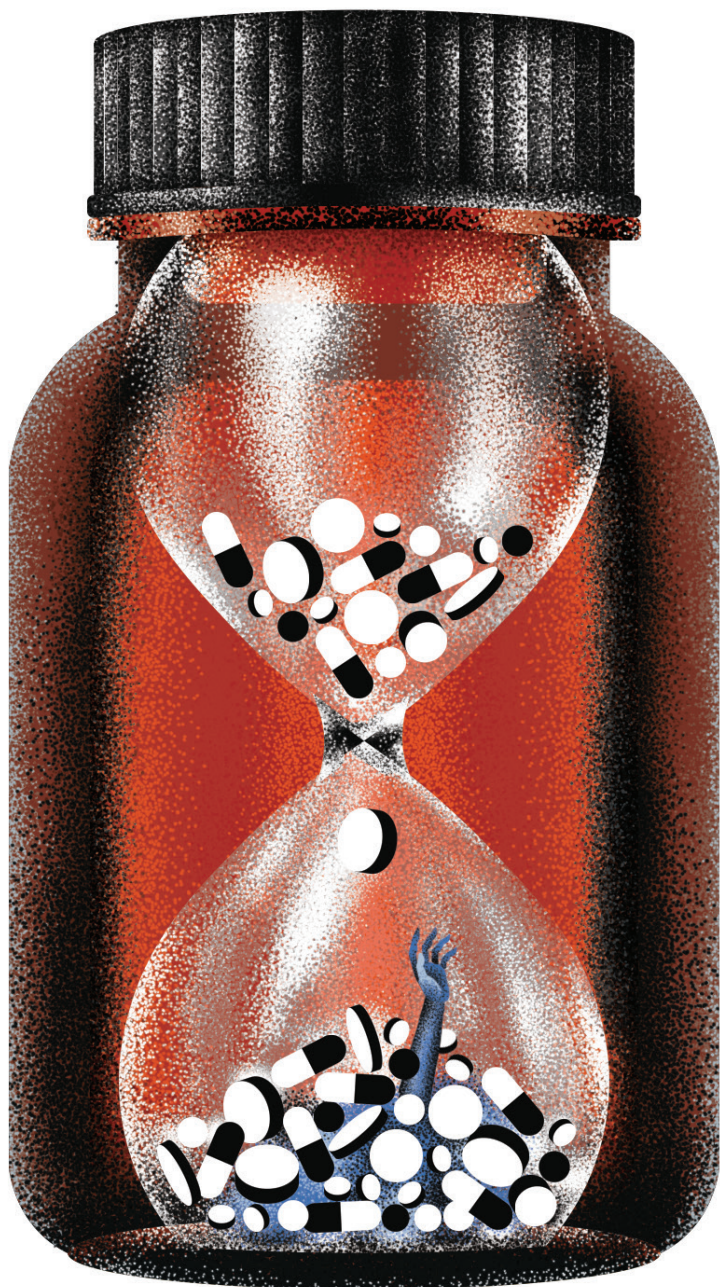
Or the cubby where they would store nicked pickles to have with leftover food?

Or the dusty library where Ramesh read a book a week in the first year of his incarceration?

Then, a 26 year old Ramesh had just begun to learn how to write and read. After his move into the ward, he was taken out of the literacy program.

All he sees now is the tall and circular watchtower at the centre of the jail. He does not like the tower. It makes him just as anxious as the guards.

The sharp stench from the squat toilet, hidden behind a torn cloth in the only makeshift washroom of the psychiatric ward, wafts over and covers Ramesh's memories. Used by six others, it has been cleaned a handful of times since he was dragged into the ward. Most of those locked in with him are forced to soil themselves.



On some days, Ramesh imagines he is walking through the prison garden. On some days, he believes it. He believes that the insects in his food are petals of the dhamasa that his father would place in kheer. While sleeping on the cold, hard floor of the ward, he believes his body is under the warm, cozy sunlight. He believes he can see the silver moon in the glint of the iron bars. So, when the new prison guard tells him in a sickly sweet voice he will get to go home if he takes medicines prepared not by a pharmacist but by a prisoner who has never met him— he believes it. Big, bitter pills promise him freedom. Freedom that lasts only for six hours.

His experiences are a reminder of the grim reality within India's criminal justice system, that is yet to fully address the issue of mental health struggles among the incarcerated population. Psychiatric wards in prisons adopt a medical approach centered not on science and care, but rather on fear and security. This results in a deeply marginalized system where people with mental health struggles or mental disabilities, like Ramesh, are isolated in wards where they are neglected and experience continuous harm instead of genuine care.

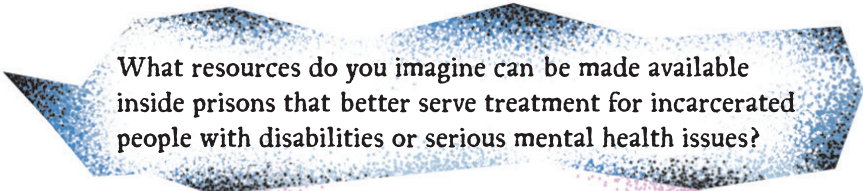
NOTES

*Scientific understanding of mental health, illness and disability have evolved to reflect the reality that mental health concerns are not necessarily or only a result of individual factors. Social, structural and environmental factors play important roles in people's mental health. This form of biopsychosocial approach to mental health is absent from prison spaces. As is the care model that this approach advocates for which places equal emphasis on addressing structural, social and environmental factors, and provides for medication where needed.

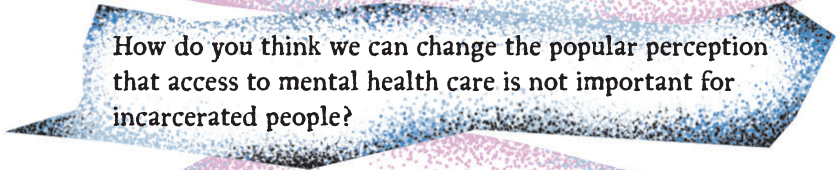

**The sole focus on medical treatment by prison authorities without it being complemented with social and environmental care resources can have a real impact on a person's ability to recover or actually improve their conditions. This is further complicated by the fact that not all prisoners are screened for mental health concerns, only those who 'seemed' to be exhibiting certain symptoms. There is no clear understanding of how many prisoners need access to treatment. There is also a dire need for concrete and reliable guidance on prevention of and care for poor mental health outcomes among prisoners.

***There is currently no standard protocol prisons have to follow when moving incarcerated people with assumed mental health struggles or mental disabilities to psychiatric wards. There is no transparency around the basis for such transfers, how people's maintenance and sustenance are to be managed, what prison visits could look like for them, and what is the rationale behind their consistent exclusion from daily prison activities. Additionally, merely designating regular barracks as psychiatric wards in correctional homes does not qualify as a setting up of mental health establishments under the Mental Healthcare Act (2017). Yet, that is the method most employed by prisons.

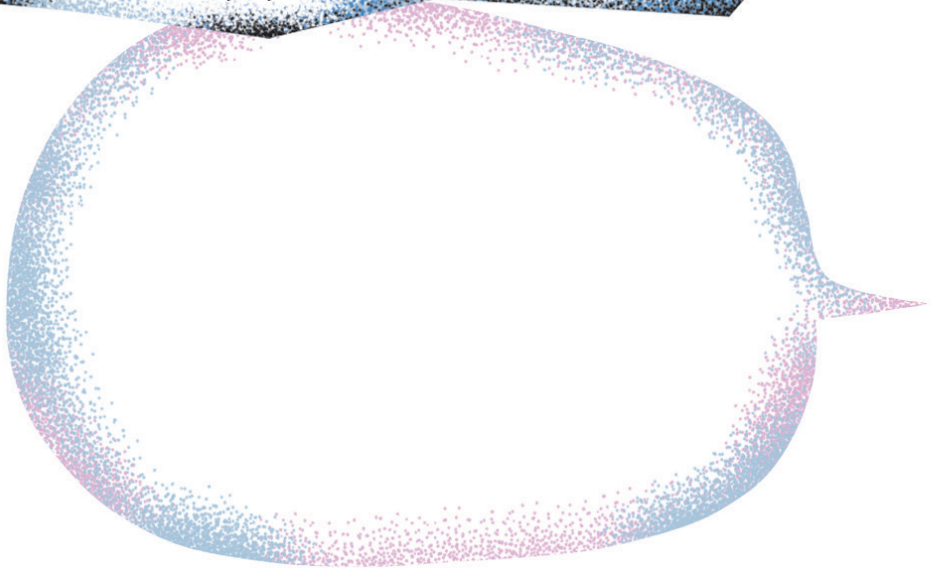




What resources do you imagine can be made available inside prisons that better serve treatment for incarcerated people with disabilities or serious mental health issues?



How do you think we can change the popular perception that access to mental health care is not important for incarcerated people?



How do you think the typical Indian prison environment affects people's mental health?

Were you aware of the provisions in the Mental Healthcare Act (2017) related to prisons?

If you had the power to change one thing in Ramesh's story, what would it be?

॥ न्यायस्य प्रमाणं स्यात् ॥



PROJECT 39A
EQUAL JUSTICE
EQUAL OPPORTUNITY

