

देवेन्द्र कुमार सिंह, भा.प्र.से.
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राष्ट्रीय मानव अधिकार आयोग
मानव अधिकार भवन, सी-ब्लॉक,
जीपीओ कम्पलेक्स आईएनए, नई दिल्ली-110 023 भारत
NATIONAL HUMAN RIGHTS COMMISSION
Manav Adhikar Bhawan, C-Block,
GPO Complex, INA, New Delhi-110023 India

D.No R-14/6/2022-PRPP (RU-4)

19th June, 2023

Subject: Advisory to mitigate Deliberate Self Harm and Suicide attempts by prisoners

Dear Sir / Madam

The National Human Rights Commission, NHRC is mandated by the protection of Human Rights Act, 1993, to protect and promote the human rights of all the citizens in the country.

2. Towards the fulfillment of the above mandate, NHRC has been working towards preventing avoidable loss of life, especially in custody. Since the incidence of suicides in prisons have not come down and considering the legislative changes and recent trends in number of suicidal deaths, the NHRC issues an Advisory, dated 19th June, 2023, to mitigate Deliberate Self Harm and Suicide attempts by prisoners. A copy of the same is enclosed for necessary follow-up action. This Advisory may be read and implemented in conjunction with similar Advisory issued by the Commission in 2014. Copy of the same is also enclosed for ready reference (**Annexure X**).

3. All concerned authorities are requested to advise their concerned departments to implement the recommendations given in the said advisory and to furnish an 'Action Taken Report' on the same within three months for information and perusal of the Commission.


(Devendra Kumar Singh)

Encl.: 1. **Advisory dated 19th June, 2023 (8 pages) containing Annexure I (1 Page), Annexure II (5 Pages), Annexure III (1 Page)**
2. **Annexure X (3 pages)**

To:

The Chief Secretaries of all States/UTs

Copy to:

1. DG, BPRD
2. DG of all Prisons
3. DS (PR & ATC), MHA



National Human Rights Commission
RU-4 PRPP Division
F.NO. R-14/6/2022-PRPP (RU-4)

NHRC/Adv./01/2023-24

Dated: 19th June, 2023

**Advisory to mitigate deliberate self harm and suicide
attempts by prisoners**

Prisons in India have seen a significant number of deaths through suicide in recent years. Suicide in prisons is multifactorial, which includes medical and mental health issues, particularly the stress of adjusting to imprisonment as well as those involving family, lack of purposeful activity and certain conditions present in the prison environment.

A number of unnatural deaths are taking place in Indian Prisons. More than 80% of these deaths take place due to suicide. The predominant mode of committing suicide is by hanging (93%) followed by poisoning, self-inflicted injury, drug overdose and others.

Prisons authorities are responsible for protecting the health and safety of the inmates and the continuing suicides constitutes gross violation of human rights. Therefore, making adequate provision for suicide prevention would be beneficial for improving the living conditions in the Prison.

National Human Rights Commission (NHRC) has been working towards preventing avoidable loss of life by exploring various measures to save lives. Detailed guidelines on "Prevention of Suicide in Prison", were issued by NHRC in 2014. However, since the incidence of suicides in the prisons has not come down, and considering the legislative changes and recent trends in number of suicidal



deaths, the NHRC is issuing the following Advisory to mitigate deliberate self harm and attempts at suicide by prisoners.

1. Filling up the Vacancies & Augmenting the staff strength

- a) Existing vacancies of Prison staff should be filled up particularly those of Prison Welfare Officers, Probation Officers, Psychologists and Medical Staff.
- b) The strength should be suitably augmented to include Mental Health professionals.
- c) Government should review the sanctioned strength of the Prison staff every five years.

2. Training of Prison staff

- a) A component of mental health literacy must be included in the basic training of Prison staff. This needs to be supplemented with refresher training every three years. A suitable supervisory officer to be designated as the Mental Health Officer and assigned to ensure such training.
- b) The curriculum of such a component of mental health literacy in the basic and refresher training of Prison staff must be prepared at the State level in collaboration with a government mental health institution & other experts.
- c) The Prison staff be trained for administering PFA (Psychological First Aid). PFA is a training program to identify, understand and respond to signs of mental illnesses and substance abuse disorders to enable trainees to develop "the skills to reach out and provide initial help and support to an inmate developing a mental health or substance use problem or experiencing a crisis".
- d) Selected Prison staff in each Prison barrack be trained in providing Cardiopulmonary Resuscitation & First Aid (CPR), particularly for handling

attempted hanging, bleeding through self-inflicted cuts or on ingesting toxic substances.

- e) They also be trained to inform the trained medical staff immediately and to shift the patient to the closest medical facility.

3. Screening at admission stage

- a) Mental health screening be included in the initial health screening report of every prisoner.
- b) Where a mental health professional is not available, the available medical staff be provided training by mental health professionals in conducting screening of prisoners
- c) If the preliminary screening identifies signs and symptoms of mental health disorder, a mental health professional should be consulted.

4. Supervision and monitoring of at-risk prisoners

State should have two levels of monitoring by Mental Health/trained Medical Staff assisted by Prison staff as detailed below:

- a) Relevant information of at risk prisoners should be appropriately shared with concerned Prison staff, particularly with reference to the following:
 - i. Does the prisoner have any medical/mental health condition?
 - ii. Is the prisoner taking any medication?
 - iii. History of substance abuse?
 - iv. The previous background of the prisoner, which may trigger or exacerbate his existing mental health conditions?

b) Observation of inmates:

- i. Assessment and treatment by trained mental health professionals.

- ii. Regular observation by Prison staff and assignment of a prisoner 'buddy', trained in psychological first aid.
- iii. Susceptible prisoners not to be employed in works which involve the use of sharp or heavy instruments. The custody of knives, agricultural sharp or pointed objects should be carefully counted and managed post use.
- iv. Telephone contact with friends or family of the prisoner to be ensured, in accordance with relevant regulations. Further, adequate number of telephones to be installed in the prisons considering the number of prisoners.

(c) **Suicide Watch:**

- i. In order to provide supportive service and treatment to prisoners at the risk of deliberate self-harm or those expressing suicidal thought, they be referred to the appropriate mental health officer/expert.
- ii. High-risk prisoners be shifted to premises that enable 24x7 monitoring with the help of CCTV cameras.
- iii. Access to material which can be used for suicide by hanging or inflicting self-injury by sharp-edged implements or toxic material must be prevented in such cases.
- iv. Family members of the at-risk inmates must be contacted to give them the required assurance, counseling and mental support.
- v. Priority be assigned to shifting the injured to a medical facility without delay. If this is not possible, life-saving efforts should be initiated and continued until the arrival of trained medical staff.
- vi. Prison staff should secure the location of the attempted suicide and preserve the spot for subsequent investigation

5. Training of prisoners

- a) Selected prisoners in each Prison barrack to be trained in providing Cardiopulmonary resuscitation and First Aid, particularly for handling attempted hanging, bleeding through self-inflicted cuts or ingesting toxic substances.
- b) All prisoners be made aware of fellow prisoners trained in Cardiopulmonary resuscitation and first aid.
- c) **Gatekeeper Model:** (devised by the World Health Organization, WHO), to strengthen mental health care in Prisons be implemented for training of carefully selected inmates to identify prisoners at risk of suicide:
- d) It be ensured that fellow prisoners do not mistreat prisoners with mental health issues.
- e) Programmes on mental health be organized to sensitize prisoners.

6. Collaborative Framework for mitigation

The Prison Administration, in collaboration with local Mental Health Institutions, should:

- a) Appoint a nodal expert to assist with risk assessment and treatment.
- b) Connect with community-based initiatives, like the District Mental Health Programme, and
- c) Engage with willing private mental health care professionals/NGOs working in the field of mental health.

7. Addiction among prisoners

- a) Measures to tackle the issue of addiction among prisoners be undertaken by regular visits of mental health care professionals and de-addiction experts.
- b) The issue to be seen as a health and rehabilitation issue rather than that of security.

8. Compliance with relevant statutory provision

Appropriate governments and Prison administration to ensure compliance with the extant legal provisions including the following:-

- a) Section 103 of The Mental Healthcare Act, 2017; related to treatment facilities for prisoners with mental health issues **(Annexure I)**.
- b) Rule 7 & 10-11 of The Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018 related to free legal aid, modalities of transfer, minimum standards, etc., in custodial institutions **(Annexure II)**.
- c) The State/UT to identify one prison for setting up mental health establishment under Section 103(6) of the Act and Rule 11 **(Annexure III)**

9. Prison House Keeping

- a) Abrasive and corrosive chemicals, such as phenyls, acids, etc., used for cleaning toilets and surfaces, to be beyond the reach of prisoners.
- b) Tools used for building maintenance, such as ropes, glass, wooden ladders, pipes, etc., to be kept in safe custody of the concerned Prison staff. Carelessness tends to lead to unforeseen eventuality.
- c) Regular check and vigil on bed sheets and blankets of inmates be exercised to ensure that these are not used to make ropes, etc., to attempt suicide.
- d) The place/area in Prison prone to such acts be identified and corrective actions, including installations of CCTVs, to be ensured.

- e) Barracks to be kept free of objects which can be used for hanging, e.g., Iron Rods/Grills, Fans, Hooks, or similar objects.
- f) Since most suicides take place in Prison toilets, there should be no iron rod, ventilation grill, fan or hook in the toilet which can be used for hanging.
- g) Further, the door of the toilet should be designed in such a way that strict vigil can be kept to avoid possible risk of suicide attempts while maintaining the privacy of the users.

10. Strengthening visitor system

- a) The Prison administration should encourage visits by family members to provide emotional support for prisoners.
- b) Prison staff should reduce, to the extent possible, waiting time of visitors.
- c) E-Mulakat and the National Prisons Information Portal enabling relatives/friends/ advocates of prisoners to book prior appointments for meeting prisoners be used.
- d) In addition, to cover gaps of poor cyber-literacy or language issues, easy ways be worked out by arranging visits of relatives in the Prison.
- e) Prison rules relating to searches need be strictly followed.
- f) Visitors should be treated with courtesy at all times, and the conduct of the Prison officials should be exemplary.

11. Prison Environment

- (a) **Recreational facilities:** Prisoners must be provided with life-skill-based education and activities like yoga, sports, crafts, drama, music, dance and suitable spiritual and optional religious instructions to channelize their energies positively and occupy their time. This can be done with help of reputed NGOs, if required.

(b) **Vocational Training:** the facilities for up-skilling, vocational guidance and means for financial independence to be increased. Long terms skilled prisoners may be linked with government schemes for entrepreneurship.

Annexure I

Extracts from Mental Healthcare Act, 2017

Sec. 103 : **Prisoners with mental illness.**— (1) An order under section 30 of the Prisoners Act, 1900 or under section 144 of the Air Force Act, 1950, or under section 145 of the Army Act, 1950, or under section 143 or section 144 of the Navy Act, 1957, or under section 330 or section 335 of the Code of Criminal Procedure, 1973, directing the admission of a prisoner with mental illness into any suitable mental health establishment, shall be sufficient authority for the admission of such person in such establishment to which such person may be lawfully transferred for care and treatment therein:

Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section:

Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.

(2) The method, modalities and procedure by which the transfer of a prisoner under this section is to be effected shall be such as may be prescribed.

(3) The medical officer of a prison or jail shall send a quarterly report to the concerned Board certifying therein that there are no prisoners with mental illness in the prison or jail.

(4) The Board may visit the prison or jail and ask the medical officer as to why the prisoner with mental illness, if any, has been kept in the prison or jail and not transferred for treatment to a mental health establishment.

(5) The medical officer in-charge of a mental health establishment wherein any person referred to in sub-section (1) is detained, shall once in every six months, make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.

(6) The appropriate Government shall setup mental health establishment in the medical wing of at least one prison in each State and Union territory and prisoners with mental illness may ordinarily be referred to and cared for in the said mental health establishment.

(7) The mental health establishment setup under sub-section (5) shall be registered under this Act with the Central or State Mental Health Authority, as the case may be, and shall conform to such standards and procedures as may be prescribed.

Annexure II

Extracts from Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018

Rule 7 : **Custodial institutions** —The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation, cooperative society, organisation or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and local language, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

Rule 10 : **Method, modalities and procedure for transfer of prisoners with mental illness** —Transfer of a prisoner with mental illness to the psychiatric ward of the medical wing of the prison or to a mental health establishment set up under sub-section (6) of Section 103 or to any other mental health establishments within or outside the State shall be in accordance with the instructions issued by the Central Government or State Government, as the case may be.

Rule 11 : **Standards and procedures of mental health services in prison** — The mental health establishment referred to in sub-section (7) of Section 103 shall conform to the minimum standards and procedures as specified in Schedule.

Schedule

(See rule 11)

Minimum standards and procedures for mental health care services in prisons

Minimum Standard for Mental Health care in Prison

1. Prompt and proper identification of persons with mental health problems should be done.
2. Screening of all inmates during the time of entry to prison including the following:
 3. Mandatory physical and mental status examination
 4. Questionnaire screening for substance use
 5. Urine testing for common drugs of abuse
2. Periodic random urine drug testing
3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
5. Availability of psycho-social interventions for prisoners with a range of mental health problems.
6. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.

7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
8. Implementing of National Mental Health Program inside the central prisons
9. Dealing with the psychological stress of prison life
10. Counseling for stress needs to be provided to all prisoners in both individual and group settings.
11. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
12. Training the prison staff in simple counseling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counselors.
13. One to one counseling upon entry, during periods of crises and upon need or request.
14. Addressing substance use problems
15. Identification of substance use problems through questionnaires, behavioral observation and urine drug screening.
16. Detoxification services and making suitable pharmacotherapy available for detoxification.
17. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counseling.

18. Specific interventions to be made available include the following:
 19. Tobacco cessation services (behavioral counseling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy.
 20. Alcohol - benzodiazepines for detoxification, vitamin supplementation for associated nutritional problems, counseling and long-term medication.
- iii. For Opiates - buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
1. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
 2. There is a need for urgent human resource enhancement.
 3. Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:
 4. 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care - physician, psychiatrist, dermatologist, gynecologist and surgeon.
 5. 2 nurses for every 500 prisoners
- iii. 4 counselors for every 500 prisoners. These trained counselors (with a degree in any social sciences/any recognized degree with counseling experience (medical counseling/legal counseling/ psychosocial counseling/rehabilitation/education) can carry out the following tasks
1. Assessment
 2. Counseling

3. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events, serious physical or psychiatric illness)
4. Legal counseling, pre-discharge counseling
5. Rehabilitation counseling
6. Substance use counseling
7. Training prison staff and peer counselors
8. Inpatient services
9. At least a 20-bedded psychiatric facility for every 500 prisoners
1. Prison aftercare services
2. All prisoners should have pre-discharge counselling on coping strategies, healthy life style practices and support systems they can access
3. For persons with mental illness they shall be referred to any mental health establishment for after care in community
4. Documentation
5. Computerized data base and tracking system for all prisoners
6. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the prisoners
7. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release

8. This information must be given to the prisoner to facilitate continuing health care after release.

9. All central prisons shall have dedicated tele-medicine services to provide health care

10. Following medicines shall be made available

Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorezapam, Diazepam, Oxazepam Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline, InjFluphenazine Inj Haloperidol, InjFlupenthixol, InjLorezapam, Inj Diazepam, Inj Promethazine Inj Thiamine/Multivitamin.

shall forthwith report the fact to the Magistrate within the local limits of whose jurisdiction the person with mental illness resides.

(2) Any person who has reason to believe that a person has mental illness and is being ill-treated or neglected by any person having responsibility for care of such person, shall report the fact to the police officer in-charge of the police station within whose jurisdiction the person with mental illness resides.

(3) If the Magistrate has reason to believe based on the report of a police officer or otherwise, that any person with mental illness within the local limits of his jurisdiction is being ill-treated or neglected, the Magistrate may cause the person with mental illness to be produced before him and pass an order in accordance with the provisions of section 102.

102. Conveying or admitting person with mental illness to mental health establishment by Magistrate.—(1) When any person with mental illness or who may have a mental illness appears or is brought before a Magistrate, the Magistrate may, order in writing—

(a) that the person is conveyed to a public mental health establishment for assessment and treatment, if necessary and the mental health establishment shall deal with such person in accordance with the provisions of the Act; or

(b) to authorise the admission of the person with mental illness in a mental health establishment for such period not exceeding ten days to enable the medical officer or mental health professional in charge of the mental health establishment to carry out an assessment of the person and to plan for necessary treatment, if any.

(2) On completion of the period of assessment referred to in sub-section (1), the medical officer or mental health professional in charge of the mental health establishment shall submit a report to the Magistrate and the person shall be dealt with in accordance with the provisions of this Act.

103. Prisoners with mental illness.—(1) An order under section 30 of the Prisoners Act, 1900 (3 of 1900) or under section 144 of the Air Force Act, 1950 (45 of 1950), or under section 145 of the Army Act, 1950 (46 of 1950), or under section 143 or section 144 of the Navy Act, 1957 (62 of 1957), or under section 330 or section 335 of the Code of Criminal Procedure, 1973 (2 of 1974), directing the admission of a prisoner with mental illness into any suitable mental health establishment, shall be sufficient authority for the admission of such person in such establishment to which such person may be lawfully transferred for care and treatment therein:

Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section:

Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.

(2) The method, modalities and procedure by which the transfer of a prisoner under this section is to be effected shall be such as may be prescribed.

(3) The medical officer of a prison or jail shall send a quarterly report to the concerned Board certifying therein that there are no prisoners with mental illness in the prison or jail.

(4) The Board may visit the prison or jail and ask the medical officer as to why the prisoner with mental illness, if any, has been kept in the prison or jail and not transferred for treatment to a mental health establishment.

(5) The medical officer in-charge of a mental health establishment wherein any person referred to in sub-section (1) is detained, shall once in every six months, make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.

(6) The appropriate Government shall setup mental health establishment in the medical wing of at least one prison in each State and Union territory and prisoners with mental illness may ordinarily be referred to and cared for in the said mental health establishment.

Guidelines of NHRC on "Prevention of Suicide in Prison"

1. A comprehensive suicide prevention programme must be introduced in all prisons by the State/UT Government, involving training of staff involved in correctional home services, health care and mental health of prisoners. The staff should be fully aware and proficient in initiating emergency response to a suicide attempt along with keeping vigil and adopting measures for prevention also. Periodic mock drills/rehearsal should be carried out to sensitize the stake holders and to reduce reaction time in assessment and providing professional assistance.
2. The State Prison Directorate should ensure enhancement of constructive and supportive relationships between prison staff and inmates. Particular emphasis should be placed upon improvement in regimes, staff training and rostering arrangements to enhance these relationships to suit all needs.
3. The newly admitted prisoners should be interviewed by a trained medical officer along with a qualified Psychologist for identification of inmates who appear to be psychologically abnormal and who could be prone to suicidal tendencies. The key to identifying potentially suicidal behaviour in inmates is through careful inquiry/interview and assessment during initial screening of the inmates. The pre-entry/initial health screening report of the prisoner must be filled up in detail and signed by both medical officer and Psychologist after filling all the mandatory information. Initial health assessment must be followed by regular follow up assessment as well.
4. CCTVs should be installed at the reception area and monitored 24x7 through a control room for monitoring effective initial screening.
5. The bandwidth of opportunities for inmates to interact with the outside world may be expanded through provision of news papers, television and movies in addition to periodic meetings with family and friends to maintain their social contacts. The prison environment could also be made less stressful by introduction of Yoga programmes and providing soothing music through speakers installed at appropriate places in consultation with prisoners.
6. Each prisoner/inmate should be provided with the opportunities to participate in constructive activities such as employment, education and skill development programs that build competence levels and address cure depressive

tendencies while simultaneously preventing aggressive behavior. Introduction of outdoor and group activities would bring positive attitude and group bonhomie among the inmates.

7. All aspects of prison operations and programs must be designed to cater to the diversity of the prison population in terms of culture, ethnicity, gender and sentencing status.
8. Priority should be given to provide comprehensive mental health services to prisoners, including:
 - a) Regular multidisciplinary screening and assessment of the mental health of the prisoners. Post of regular medical officers at central prison and weekly visit of a Psychiatrist/doctor to the District jails must be ensured.
 - b) Adequate mental health treatment and management, resources and systems should be made available within the prison including a qualified psychologist so that dependence on external agencies is minimized to extreme cases only.
 - c) Acute mentally ill prisoners must be shifted to Mental Hospital u/s 29 of the Mental Health Act, 1987, and
 - d) Provision should be there in prisons for continued mental care facilities even after specialist management and treatment of a mentally ill prisoner is over so that regular follow up is maintained even after the prisoner returns back into the prison environment, and gets reintegrated into the community.
9. Following points may be covered by suicide awareness training provided to prison officers and staff:
 - a) How to identify inmates with signs of suicidal tendencies and rate them according to the level of their problems.
 - b) Precautions to be taken by the staff monitoring these inmates.
 - c) Basic understanding of human behavior and ability to identify psychosomatic illnesses by observing prisoner's sudden change in behavior.
 - d) Basic training in medical emergency response to all jail officials to respond and provide immediate medical first aid

like cardio-pulmonary resuscitation (CPR) in cases of suicide attempts and other such emergencies till professional help is sought.

e) Identification of good Samaritans among the jail inmates who can keep an eye on prisoners and warn the staff to preempt suicides.

10. Conduct a thorough audit of the jail premises to find out the probable places/areas and items that are prone to be used while committing suicide. This should help in identifying and re-designing 'suicide resistant cells' with the intention of replacing potential hanging and anchoring points.
11. It is also important to strengthen the grievance redressal system in prisons and get regular feedback on quality of food, entertainment and other facilities from prisoners. It is imperative to engage prisoners in positive and constructive activities and also in socially useful productive work, religious activities and motivational therapy through discourses. A complaint box inside the prison could be a useful tool for redressal of complaints and to obtain feedback of inmates. Integration of the records of all the prisoners should be done so that if an under-trial prisoner had been previously incarcerated in a different jail then information about his background, behaviour and treatment records could be obtained from there and the same will be useful to the jail officials in his screening and assessment.
12. There should be rigorous review and intensive follow up of each suicide case to find out and alleviate the particular reasons behind the suicide and the steps to be taken so that such an occurrence in future is prevented.