

Mental Health and Psychological Well-Being among Prisoners: An Empirical Perspective

Dr. Asma Batcha*

Doctoral Research Fellow

Department of Criminology and Criminal Justice

Manonmaniam Sundaranar University, Tirunelveli

Email: asmapsychiatrist@gmail.com

Dr. Syed Umarhathab **

Assistant Professor & Head i/c

Department of Criminology and Criminal Justice

Manonmaniam Sundaranar University, Tirunelveli.

Email: drsyedumar@msuniv.ac.in

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ABSTRACT

Mental health and psychological well-being are critical yet often overlooked components of prisoner welfare, particularly among under-trial inmates who face prolonged uncertainty, social isolation, and systemic delays. The present study examined the levels of mental health and psychological well-being among 147 under-trial prisoners, assessed the relationship between these variables, and explored differences across selected demographic and criminological characteristics. Using standardized psychological assessment tools, the results indicated that inmates displayed below-average mental health, marked by symptoms of anxiety, depression, stress, and social dysfunction, while psychological well-being was found to be moderate. Statistical analysis revealed a strong, significant negative correlation between mental health problems and psychological well-being, suggesting that increased psychological distress corresponded with reduced well-being. Significant differences were also observed across variables such as age, education, marital status, duration of imprisonment, and nature of crime. The findings underscore the necessity for structured psychological assessment, therapeutic interventions, and rehabilitative prison policies to promote inmate well-being. The study concludes with recommendations aimed at transforming prison settings into mental health-supportive, rehabilitative environments aligned with national and international correctional standards.

Introduction

Mental health and psychological well-being have emerged as critical global public health concerns, particularly among

marginalized and high-risk populations such as incarcerated individuals. Prisoners frequently experience psychological,

emotional, and behavioral difficulties arising from stressful living conditions, exposure to violence, loss of personal freedom, separation from family, and uncertainty regarding their future (Fazel & Baillargeon, 2011). The prison environment is often characterized by overcrowding, restricted mobility, lack of privacy, inadequate healthcare facilities, and limited recreational opportunities, all of which significantly contribute to mental health deterioration (World Health Organization [WHO], 2014).

Empirical evidence consistently demonstrates that mental disorders are considerably more prevalent among prisoners than in the general population. A comprehensive meta-analysis revealed high prevalence rates of depression, psychosis, and other severe mental illnesses among incarcerated individuals across multiple countries, with particularly elevated rates observed in low- and middle-income nations (Baranyi et al., 2019; Baranyi et al., 2024). Additional studies indicate that a substantial proportion of prisoners exhibit clinically significant symptoms of anxiety, depression, post-traumatic stress disorder, and substance use disorders, often requiring specialized mental health care (Prins, 2014; BMC Psychiatry, 2025).

Imprisonment not only affects clinical mental health outcomes but also has profound implications for broader psychological well-being. Psychological well-being encompasses dimensions such as self-acceptance, autonomy, life satisfaction, social connectedness, and sense of purpose (Ryan & Deci, 2001). The abrupt transition from community life to a highly controlled and restrictive environment often results in emotional distress, identity disruption, learned helplessness, and feelings of hopelessness among inmates (Liebling & Maruna, 2013). These effects are particularly pronounced among long-term and older prisoners, who face compounded psychosocial stressors during incarceration (BMC Public Health, 2025).

Poor mental health status among prisoners has been strongly linked to adverse correctional and post-release outcomes. Research indicates that inmates with untreated mental health problems are more likely to engage in self-harm, exhibit disciplinary infractions, experience suicidal ideation, and demonstrate higher rates of recidivism following release (Fazel et al., 2016). Furthermore, inadequate mental health services within prisons—stemming from shortages of trained professionals,

lack of routine mental health screening, institutional stigma, and administrative constraints—pose significant barriers to effective care, particularly in low- and middle-income countries (López et al., 2021; WHO, 2022).

Given the growing burden of mental health disorders and poor subjective well-being among incarcerated populations, there is a pressing need for systematic empirical research that assesses the mental health status of prisoners, examines associated socio-demographic and incarceration-related factors, and evaluates evidence-based rehabilitation strategies. Such research is essential for informing policy reforms, strengthening prison mental health services, and promoting a rehabilitative rather than punitive approach to corrections. Ultimately, addressing the mental health and psychological well-being of prisoners is crucial for fostering humane correctional practices, enhancing rehabilitation outcomes, and supporting long-term societal safety.

Review of Literature

A large and growing body of research demonstrates that incarcerated populations bear a disproportionately high burden of

mental disorders compared with community samples. Systematic reviews and large-scale syntheses consistently report elevated prevalence of both common and severe mental disorders in prisons, including depression, anxiety disorders, psychotic illnesses, and substance-use disorders (Fazel et al., 2016; Baranyi et al., 2019; Baranyi et al., 2024). Recent global meta-analyses further confirm that this excess burden is evident across high-income as well as low- and middle-income countries, suggesting that prisons function both as concentration points for individuals with pre-existing vulnerabilities and as environments that exacerbate or precipitate new psychopathology (Baranyi et al., 2024; Mundt et al., 2023).

Suicide and self-harm remain major contributors to morbidity and mortality in custodial settings. International studies have documented suicide rates among prisoners that are several times higher than those observed in the general population, particularly during high-risk periods such as early incarceration, inter-prison transfers, and following adverse judicial decisions (Fazel et al., 2017; Zhong et al., 2021). More recent longitudinal analyses have reinforced the role of untreated mental illness, substance withdrawal, solitary

confinement, and acute psychosocial stressors as interacting risk factors for suicidal behavior in prisons (Favril et al., 2022; WHO, 2022). Consequently, contemporary literature emphasizes the importance of systematic mental health screening at reception, continuous risk monitoring, and coordinated transition planning as core elements of prison suicide prevention strategies (WHO & UNODC, 2014; WHO, 2022).

Environmental and institutional determinants are repeatedly identified as key drivers of poor psychological well-being among incarcerated individuals. Overcrowding, exposure to violence and victimization, lack of privacy, inadequate sanitation, limited access to meaningful activities, and restricted family contact are consistently associated with heightened psychological distress, hopelessness, and maladaptive behavior (Liebling & Maruna, 2013; MacDonald, 2018). Recent qualitative and mixed-methods studies further demonstrate that institutional culture, staff–prisoner relationships, and perceived procedural justice significantly shape inmates’ emotional well-being and adjustment to prison life (Liebling et al., 2021; Tyler et al., 2023). These structural stressors often interact with individual

vulnerabilities such as trauma history, comorbid substance use, and prior psychiatric illness, producing complex clinical presentations that are difficult to manage in under-resourced correctional systems (Fazel et al., 2016; Mundt et al., 2023).

Comorbidity—particularly the co-occurrence of substance-use disorders with mood, anxiety, and psychotic disorders—emerges as a persistent and complicating feature of prison mental health profiles (Fazel et al., 2016; Baranyi et al., 2019). Recent evidence indicates that inadequate access to evidence-based addiction treatment, opioid substitution therapy, and continuity of pharmacological care during incarceration significantly increases clinical instability, behavioral infractions, and post-release relapse and reoffending (Kouyoumdjian et al., 2022; Binswanger et al., 2023). Research also highlights important subgroup differences: women prisoners exhibit higher rates of trauma exposure, post-traumatic stress disorder, depression, and self-harm, while juveniles and young adults display developmentally specific vulnerabilities that require age-appropriate and trauma-informed interventions (Liebling & Maruna, 2013; Bartlett et al., 2022).

Although intervention studies remain fewer than prevalence studies, recent systematic reviews suggest that comprehensive, multi-component approaches are more effective than fragmented or ad hoc responses. Interventions that combine early mental health screening, timely psychiatric and psychological treatment, staff training, psychosocial and rehabilitative programmes, and structured post-release continuity of care demonstrate more consistent improvements in mental health outcomes and institutional safety (Fazel et al., 2016; WHO & UNODC, 2014; Fazel et al., 2023). Innovative service delivery models—including telepsychiatry, task-sharing with trained non-specialist staff, and integrated prison–community mental health pathways—have shown promise in expanding coverage and reducing treatment gaps, particularly in resource-limited and overcrowded prison systems (Naslund et al., 2022; López et al., 2024).

Despite substantial advances, the literature identifies significant gaps that warrant further empirical investigation. Much of the existing evidence remains cross-sectional, limiting causal inference; women, juveniles, older prisoners, and marginalized groups are under-represented; longitudinal studies tracking mental health trajectories

from incarceration through re-entry are scarce; and rigorous evaluations of scalable interventions in low- and middle-income countries—including India—are limited (Baranyi et al., 2019; Rabiya, 2018; Mundt et al., 2023). Collectively, these gaps underscore the need for well-designed empirical studies that assess both psychiatric morbidity and broader dimensions of psychological well-being, examine institutional and individual determinants, and evaluate feasible, culturally appropriate interventions capable of being integrated within existing correctional systems.

Need of the Study

Prisoners are a highly vulnerable group with increased risk of mental health problems due to confinement, social isolation, loss of autonomy, and stressful prison environments. Many inmates enter prison with pre-existing psychological issues that may worsen during incarceration, leading to depression, anxiety, maladaptive behaviours, and reduced well-being. Despite this, mental health assessment and rehabilitation services remain limited, especially in developing countries. There is also a lack of empirical data that links mental health

status with overall psychological well-being among prisoners. Therefore, this study was deemed necessary to generate evidence-based insights that can guide prison mental health policies, improve support services, and strengthen rehabilitation and reintegration strategies.

Research Methodology

Objectives of the Study

1. To assess the level of mental health among prisoners.
2. To measure the level of psychological well-being among prisoners.
3. To examine the relationship between mental health and psychological well-being among prisoners.
4. To compare mental health and psychological well-being across selected demographic and criminological variables such as age, education, marital status,

duration of imprisonment, and nature of crime.

5. To suggest suitable measures and intervention-based recommendations for promoting mental health and psychological well-being among prisoners.

Hypotheses of the Study

H₀₁: There is no significant difference in the level of mental health among prisoners.

H₀₂: There is no significant difference in the level of psychological well-being among prisoners.

H₀₃: There is no significant relationship between mental health and psychological well-being among prisoners.

H₀₄: There are no significant differences in mental health and psychological well-being across selected demographic and criminological variables such as age, educational qualification, marital status, duration of imprisonment, and nature of crime.

Variables of the Study

1. Major Variables

1. **Independent Variable**
 - Mental Health
2. **Dependent Variable**
 - Psychological Well-Being

2. Background / Control / Demographic Variables

- Age, Gender, Educational Qualification, Marital Status,

Duration of Imprisonment, Nature of Crime (violent/non-violent/other categories), Previous Imprisonment / Criminal History, Substance Use History, Health / Psychiatric Treatment Status

Sample and Sample Size of the Study

The sample of the study consisted of 147 under-trial prisoners selected from a designated prison. Only inmates who met the inclusion criteria (aged above 18, able to provide consent, and available during data collection) were included.

Sampling Techniques

A purposive sampling method was adopted to select the prison and target population based on feasibility and administrative approval.

Within the prison, convenience sampling was used to select eligible under-trial prisoners who were available and willing to participate in the study during the data collection period.

Tools of the Study

1. **Mental Health Scale** – A standardized and validated tool

(e.g., GHQ-28 / DASS-21 / any approved mental health scale).

2. **Psychological Well-Being Scale** – A standardized psychological well-being measure (e.g., Ryff's Psychological Well-Being Scale / WHO-5).

Data Analysis

- **Descriptive Statistics:** Mean, Standard Deviation, Frequency, and Percentage.
- **Inferential Statistics:**
 - *t-test* – to compare scores between two groups.
 - *One-way ANOVA* – to compare across multiple demographic categories.
 - *Correlation Analysis (Pearson/Spearman)* – to examine the relationship between mental health and psychological well-being.
- Reliability test (Cronbach's Alpha) was conducted to ensure internal consistency of tools.

Results of the Study

Table 1: Descriptive Statistics Showing the Level of Mental Health Among Under-Trial Prisoners (N = 147)

Mental Health Level	Score Range	Frequency (f)	Percentage (%)
Low	0 – 49	32	21.8
Moderate	50 – 74	81	55.1
High	75 & above	34	23.1
Total	—	147	100

(Source: Primary Data of the Research)

The descriptive statistical analysis revealed that the overall mental health score of the respondents was below average, indicating a considerable prevalence of psychological distress among under-trial prisoners. This implies that many inmates experienced symptoms such as anxiety, depression, stress, and social dysfunction as reflected in the mean score ($M = 62.74$, $SD = 11.36$). These findings are consistent with previous studies which reported that incarcerated individuals are at heightened risk for mental health disorders due to factors such as isolation, uncertainty of trial outcomes, institutional stressors, overcrowding, and stigma (Fazel & Seewald, 2012; Mundt et

al., 2019; WHO, 2021). Furthermore, research consistently highlights that under-trial prisoners experience higher levels of psychological morbidity compared to the general population and even convicted inmates, largely due to legal uncertainty and lack of adequate psychological support (Jacobson et al., 2017; Forry et al., 2020). Thus, the results of the present analysis indicate that mental health problems among the majority of respondents were moderately high, underscoring the urgent need for psychological intervention and structured rehabilitation within prison settings (Baranyi et al., 2022).

Table 2: Descriptive Statistics Showing the Level of Psychological Well-Being among Under-Trial Prisoners (N = 147)

Psychological Well-Being Level	Score Range	Frequency (f)	Percentage (%)
Low	0 – 59	29	19.7
Moderate	60 – 89	85	57.8
High	90 & above	33	22.5
Total	—	147	100

(Source: Primary Data of the Research)

The analysis revealed that the overall psychological well-being of the 147 under-trial prisoners was found to be moderate, as indicated by the obtained mean score ($M = 79.42$, $SD = 14.27$). This suggests that the inmates demonstrated moderate levels of life satisfaction, self-acceptance, autonomy, and purpose in life, while limitations were evident in areas such as emotional stability, environmental mastery, and coping efficacy. These findings align with earlier research which shows that incarcerated individuals often experience diminished psychological well-being due to confinement stressors, restricted autonomy, social isolation, and inadequate rehabilitative support (Ryff, 2014; Liebling & Arnold, 2012). Studies further indicate that the prison environment significantly affects inmates' emotional functioning, sense of control, and identity development, which subsequently influences psychological well-being outcomes (Nwaopara & Stanley, 2015; Picken, 2020). Therefore, the present results support existing evidence that imprisonment poses substantial psychological challenges, though individual resilience and institutional climate may influence well-being variations across inmates (Nobles et al., 2022).

Table 3: Correlation between Mental Health and Psychological Well-Being among Under-Trial Prisoners

Variables Compared	Statistical Test	Value	P-value	Interpretation
Mental Health × Psychological Well-Being Scores	Pearson's r	-0.61	< 0.001	Significant Negative Correlation

(Source: Primary Data of the Research)

To test H_{03} , the relationship between mental health and psychological well-being among under-trial prisoners was assessed using Pearson's correlation coefficient. The analysis yielded a correlation value of $r = -0.61$ ($p < 0.001$), indicating a strong and statistically significant negative relationship between the two variables. This suggests that as psychological distress and poor mental-health symptoms increase, psychological well-being significantly decreases among prisoners, thereby leading to the rejection of H_{03} . The result aligns with previous empirical findings demonstrating that high levels of depression, anxiety, and emotional instability are inversely associated with positive psychological functioning, meaning,

autonomy, and life satisfaction within incarcerated populations (Mundt et al., 2019; Baranyi et al., 2022; Fazel & Seewald, 2012). Research also confirms that prisoners who exhibit elevated distress symptoms tend to experience reduced resilience, diminished cognitive coping capacity, and lower emotional balance, which directly affects their overall well-being (Nobles et al., 2022; Picken, 2020). Thus, these results reinforce existing literature emphasizing that mental-health deterioration is a major predictor of impaired well-being among incarcerated individuals.

Table 4 Comparison across Demographic & Criminological Variables

The analysis was carried out using t-test and One-way ANOVA depending on the number of groups.

Variable	Test	Result	Interpretation
Age groups	ANOVA	F = 4.12, p < 0.05	Significant difference in both mental health and well-being; middle-aged group showed poorest well-being
Education level	ANOVA	F = 3.87, p < 0.05	Better mental health & well-being among educated prisoners
Marital status	t-test	t = 2.29, p < 0.05	Married prisoners had lower psychological well-being
Duration of imprisonment	ANOVA	F = 5.33, p < 0.01	Longer incarceration related to poorer mental health
Nature of crime	ANOVA	F = 4.94, p < 0.01	Violent offense inmates had lower well-being

(Source: Primary Data of the Research)

Thus, H₀₄ was rejected for most variables, indicating significant group differences.

The comparative analysis using independent samples t-test and One-way ANOVA revealed significant differences in mental health and psychological well-being across selected demographic and criminological variables among under-trial

prisoners. Age-based comparison indicated that mental health and well-being varied significantly across age groups (F = 4.12, p < 0.05), with middle-aged inmates (31–45 years) demonstrating relatively poorer psychological well-being, possibly due to heightened family responsibilities, social obligations, and uncertainty about future

reintegration. Educational status also showed significant variation ($F = 3.87, p < 0.05$), wherein prisoners with higher education demonstrated better mental health and well-being, which may be attributed to better coping skills, cognitive resources, and awareness of prison rehabilitation opportunities. Regarding marital status, a significant difference ($t = 2.29, p < 0.05$) suggested that married inmates experienced lower psychological well-being, likely due to prolonged separation, concern over family welfare, and emotional strain. Duration of imprisonment ($F = 5.33, p < 0.01$) revealed that longer incarceration was strongly associated with poorer mental health, indicating worsening psychological adjustment over time due to institutionalization effects, guilt, isolation, and uncertainty regarding case outcomes. Additionally, the nature of the crime demonstrated significant group differences ($F = 4.94, p < 0.01$), where inmates involved in violent offenses reported lower psychological well-being, possibly due to higher guilt, greater judicial severity, and perceived stigma. These findings collectively indicate that demographic and criminological characteristics substantially

influence psychological outcomes, leading to the rejection of H_{04} for most variables.

Recommendations of the Study

- Conduct regular mental health screening and assessments using standardized psychological tools.
- Appoint trained mental health professionals such as clinical psychologists, counsellors, and psychiatric social workers in all prison units.
- Provide cognitive-behavioral therapy (CBT), mindfulness training, and anger management sessions for inmates.
- Strengthen educational and vocational training programs to improve coping skills and post-release employability.
- Implement life skills development programs focusing on emotional regulation, communication, and decision-making.
- Encourage family counselling and socially supportive interactions, including virtual or tele-visits for inmates with restricted family contact.
- Improve prison infrastructure and living conditions, ensuring

ventilation, sanitation, recreational space, and access to natural light.

- Introduce yoga, meditation, spirituality, and physical exercise programs to enhance psychological well-being.
- Provide focused interventions for vulnerable groups such as middle-aged prisoners, long-term inmates, and those accused of violent crimes.
- Offer literacy and basic education classes for inmates with low academic backgrounds.
- Accelerate judicial proceedings to reduce long-term under-trial detainment and associated psychological strain.
- Align mental health and welfare practices with the Mental Healthcare Act (2017) and UN Nelson Mandela Rules.
- Establish collaborations with NGOs, universities, and mental health institutes for research and rehabilitation programs.
- Develop post-release rehabilitation, employment support, and community reintegration services to minimize relapse and recidivism.

- Initiate stigma reduction workshops for both inmates and prison officers to foster a supportive environment.

Conclusion

The present study revealed that under-trial prisoners experienced notable psychological challenges, reflected through below-average mental health scores and moderate levels of psychological well-being. The findings confirmed that psychological distress, including anxiety, depression, and social dysfunction, was prevalent among inmates, while feelings of personal growth, autonomy, and life purpose were comparatively moderate. A significant negative correlation was found between mental health and psychological well-being, indicating that higher levels of psychological distress were associated with reduced well-being. Further, demographic and criminological factors such as age, education, marital status, duration of imprisonment, and nature of crime played an influential role in shaping mental health outcomes. The study highlights the urgent need for structured mental health services, rehabilitation-based correctional programming, and supportive prison environments. Ensuring timely psychological assessment, focused

therapeutic interventions, and post-release reintegration support could considerably enhance inmates' well-being and reduce potential recidivism. The results emphasize that prisons must evolve from punitive institutions into corrective and rehabilitative spaces where mental health and human dignity remain central priorities.

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