



Examining the Influence of Prison on the Mental Conditions of Incarcerated Inmates

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Abstract

This conceptual paper explores the influence of prison environments on the mental conditions of incarcerated inmates. The primary objective is to synthesize existing knowledge and interpretations from various scholarly sources to facilitate a more profound understanding of how incarceration impacts inmate psychological well-being. Data collection involved a systematic review of books and peer-reviewed articles published between 2021 and 2025, focusing specifically on the lived experiences of incarcerated individuals and the institutional factors affecting their mental health. The analysis was conducted using an interpretive paradigm, allowing for a nuanced and context-sensitive interpretation of the literature. Findings reveal that institutional neglect—particularly the absence of adequate educational and rehabilitative infrastructure—reflects a broader disregard for the intellectual and emotional development of inmates. The prison environment, characterized by isolation, limited autonomy, exposure to violence, and inadequate mental health services, contributes to the emergence and worsening of psychological symptoms. Notably, many individuals develop post-incarceration syndrome, exhibiting symptoms such as social disorientation, emotional numbing, difficulty in maintaining relationships, persistent anxiety, and hypervigilance. These conditions often persist long after release, severely hindering reintegration into society. The study underscores the urgent need for trauma-informed rehabilitative prison practices that prioritize the psychological well-being and social reintegration of inmates.

Keywords: Prisons, Psychological Consequences, Incarcerated Inmates, Prison, Mental health

1. Introduction

This research seeks to examine the influence of the prison environment on inmates' mental health and to determine the institutional factors that contribute to the onset or exacerbation of psychological disorders during incarceration. The central research inquiry of this study is: How does the prison environment influence the mental health of incarcerated individuals, and which institutional factors worsen or contribute to the development of psychiatric disorders during incarceration? This inquiry is relevant, especially considering recent global research highlighting the rising prevalence of mental illness among incarcerated individuals and the inadequate institutional responses (Mazher & Arai, 2025; Rai et al., 2025). Incarceration by design involves the restriction of individual liberty as a means of punishment, deterrence, and societal safeguarding. However, beyond its intended function imprisonment profoundly affects the psychological well-being of inmates. Recently, researchers, mental health professionals, and human rights advocates have increasingly voiced concerns about the extent to which the prison environment contributes to the deterioration of the mental health of incarcerated individuals (Mazher & Arai, 2025; Doyle et al., 2025).

Prisons are often characterized by overcrowding, isolation, limited access to mental health care, exposure to violence, and rigid institutional norms. These attributes establish a unique psychosocial milieu that significantly impacts inmates' mental health. Comprehensive studies demonstrate that individuals in correctional facilities have a greater incidence of mental health disorders, such as depression, anxiety, post-traumatic stress disorder (PTSD),

and psychosis, relative to the general population (Doyle et al., 2025; Nixon & Goldie-Chaplin, 2025; Adamu et al., 2025). This disparity raises essential questions regarding whether prisons function solely as confinement institutions or, in fact, adversely impact mental health. The environments in which criminals are incarcerated can either mitigate or exacerbate mental health conditions. Solitary confinement, a common punitive measure, has been shown to generate or aggravate symptoms such as paranoia, hallucinations, and emotional instability, even in inmates without a prior psychiatric history (Aranda-Hughes & Mears, 2025). The absence of educational and rehabilitative programs, insufficient food support, and limited social engagement may intensify current trauma and reduce psychological resilience (Rai et al., 2025; Adamu et al., 2025).

1.1 Purpose

This paper seeks to examine the influence of the prison environment on the mental health of incarcerated individuals.

1.2 Research Question

How does the prison environment influence the mental health conditions of incarcerated inmates, and what institutional factors contribute to the development or worsening of psychological disorders during incarceration?

3. Literature Review

3.1 Post-Incarceration Syndrome and Psychological Effects

Post-Incarceration Syndrome (PICS) is a nascent notion that delineates a collection of psychological symptoms resembling those of post-traumatic stress disorder (PTSD), frequently encountered by individuals who have endured prolonged incarceration. The symptoms—including social disorientation, emotional numbing, relational difficulties, chronic anxiety, and hyper-vigilance—frequently endure long after release and can substantially impede successful reintegration into society. The development of PICS is based on the Deprivation Model, which looks at how things like being isolated, losing freedom, and facing violence in institutions affect mental health, and the Importation Model, which studies the past traumas that inmates bring with them to prison (Mazher & Arai, 2025). PICS, although not formally acknowledged in diagnostic manuals, has been increasingly established in both clinical and qualitative research as a legitimate psychosocial consequence of incarceration. Numerous individuals encounter a state akin to PTSD post-release, marked by symptoms like social disorientation, challenges in sustaining relationships, and chronic anxiety. This syndrome may impede successful reintegration into society (Cunha et al., 2023).

Post-Incarceration Syndrome is characterized by the following manifestations: Social disorientation: Challenges in comprehending or adjusting to social standards beyond the prison setting, frequently resulting from extended institutionalization (Quandt & Jones, 2021). Relationship difficulties: Individuals frequently experience emotional numbness, detachment, or aggressiveness in intimate interactions, which might undermine the social support networks essential for reintegration (Bennett et al., 2025). Chronic anxiety: Ongoing hyper-vigilance, cultivated as a survival mechanism in prison, becomes dysfunctional in civilian life (Duruobishiri, 2025). Stigmatization and identity discord: Individuals previously jailed, particularly from vulnerable populations, face exacerbated obstacles stemming from racial identification and structural exclusion (Duruobishiri, 2025). Post-incarceration syndrome markedly hampers reintegration results. Bennett et al. (2025) discovered that persons released from long-term incarceration, such as juvenile life without parole, encounter developmental disparities and psychological trauma that complicate the reintegration process significantly. The trauma of imprisonment persists in influencing views of self-esteem and social competence. Similarly, Troshynski et al. (2025) advocate for the incorporation of experiential knowledge—the firsthand experiences of former inmates—in the development of reintegration programs. This approach validates the perspectives of people affected and guarantees that reintegration assistance corresponds with their actual circumstances, including the management of the enduring consequences of PICS.

Studies demonstrate that the incidence of these disorders is markedly elevated in jailed individuals relative to the general population (Cunha et al., 2023). The jail atmosphere can aggravate pre-existing mental health conditions or facilitate the emergence of new ones. The overcrowding in prison affects inmates and stresses them (Cunha et al., 2023). At times, imprisonment led to self-harm and suicidal thoughts among inmates (Cunha et al., 2023). Mazher and Arai (2025) found that inmates enter prison with prior trauma, and this influences their health. The Deprivation Model posits that the restricting, isolating, and frequently violent characteristics of prison life can cause or intensify psychological distress, including depression, anxiety, and PTSD (Mazher & Arai, 2025).

Solitary confinement, one of the most severe penal methods, has been demonstrated to significantly impair mental health. Aranda-Hughes and Mears (2025) discovered that extended solitary confinement (ESC) leads to considerable psychological decline, especially among those with previous mental illnesses, who are disproportionately represented in these housing units. Incarcerated women encounter distinct issues, particularly concerning trauma and PTSD. Lynch and Kaplan (2025) noted that more than fifty percent of the women examined in a correctional sample exhibited clinically significant PTSD symptoms. Shame and diminished trauma coping. Self-efficacy strongly forecasted PTSD, highlighting the necessity for trauma-informed therapies. Likewise, Dave (2025) advocated for gender-responsive prison programs that address the distinct experiences of jailed women, especially mothers, to diminish recidivism and enhance well-being.

Research indicates a consensus that current mental health care in prisons is inadequate. Wilson (2025) highlighted that numerous jails are deficient in resources and skilled personnel to deliver sufficient mental health care, advocating for measures like cognitive behavioral therapy (CBT) and de-escalation training. Supervision is another essential concern. Aizpurua et al. (2025) showed that awareness of national and international prison monitoring organizations is restricted among jailed individuals, compromising the efficacy of these mechanisms in safeguarding human rights and mental well-being. Correctional facilities frequently exacerbate pre-existing problems. Morgan et al. (2025) utilized the Pareto principle to demonstrate that a minority of inmates account for the bulk of misconduct incidents. These individuals frequently possess intricate psychological profiles characterized by personality problems and traumatic backgrounds which exacerbate disorder and compromise institutional safety.

3.2 Fear and Anxiety in Security Prisons

The persistent menace of violence, originating from fellow inmates and prison personnel, engenders a climate of terror. Inmates may encounter increased anxiety stemming from the uncertainty of their environment and the possibility of confrontation. Incarcerated individuals frequently inhabit an environment characterized by volatility and constant risks to personal security. Mazher and Arai (2025) assert that the jail environment plays a significant role in the decline of mental health, consistent with the deprivation model that highlights the psychological impact of institutional settings such as restricted autonomy and the persistent threat of violence. These stressors frequently result in increased anxiety, despair, and symptoms indicative of post-traumatic stress disorder (PTSD). Empirical studies substantiate the existence of institutional violence. Choi et al. (2025) discovered that correctional officers endure elevated rates of victimization by inmates, which adversely impacts their job satisfaction and turnover intentions, while also indicating the significant hostility prevalent in prison environments.

Furthermore, Morgan et al. (2025) utilized the Pareto principle in the context of inmate misconduct and found that a minority of convicts account for most violent offenses. These high-risk offenders present continuous threats to the wider inmate community, perpetuating an atmosphere of uncertainty and terror. The problem extends beyond violence among inmates. Oversight groups that could help protect inmates from staff wrongdoing are often not understood or known by the inmates making it harder for them to seek help or justice (Aizpurua et al., 2025). The absence of adequate oversight and the normalization of punitive measures like solitary confinement might intensify trauma responses and hinder psychological well-being (Aranda-Hughes & Mears, 2025).

Security prisons, by their nature, enforce stringent control, isolation, and monitoring, resulting in an uncomfortable atmosphere that can severely impact the mental health of inmates. A primary psychological effect of this environment is persistent anxiety, frequently fueled by continuous hyper-vigilance, environmental instability, and a significant deficiency in social support. Mazher and Arai (2025) found that the prison environment affects the mental health of prisoners. Aranda-Hughes and Mears (2025) found that the isolation for 22 or more hours daily denies inmates interaction, and this results in psychological suffering and anxiety for them. Chronic hypervigilance, frequently established as a coping strategy, can serve as both a symptom and a catalyst for anxiety. Lynch and Kaplan (2025) observed that trauma-associated shame and diminished coping self-efficacy are major predictors of PTSD in jailed women. The interaction between trauma and an antagonistic jail environment amplifies inmates' incapacity to cope with stress, worsening sensations of powerlessness and fear.

3.3 Institutional Conditions and Lack of Support of Inmates in Prisons

The conditions within correctional facilities often contribute significantly to the worsening of inmates' physical and psychological well-being. Institutional factors such as overcrowding, poor infrastructure, insufficient healthcare, limited access to educational resources, and lack of mental health support led to a cycle of deterioration rather than rehabilitation. These challenges, when left unaddressed, not only affect inmate health and behavior but also hinder reintegration and contribute to recidivism. Wilson (2025) found that mental health programming in prisons is insufficient, particularly for those with existing conditions. The lack of access to psychological services or supportive interventions, especially in high-security facilities, compounds inmates' anxiety. Furthermore, Morgan et al. (2025) emphasize that a small group of high-risk inmates are responsible for a disproportionate share of violent incidents, increasing the ambient threat level for others and reinforcing a climate of fear. This constant anticipation of violence significantly increases inmates' baseline levels of anxiety.

3.4 Institutional Environment and Mental Health

Mazher and Arai (2025) emphasize that the prison environment—characterized by overcrowding, rigid routines, and limited autonomy—can exacerbate mental health challenges. Their review of the deprivation model highlights that the prison system often deprives individuals of social relationships, freedom of choice, and psychological safety, which contributes to conditions such as depression, anxiety, and suicidal ideation. Doyle et al. (2025) echoes their findings by noting that prisons are increasingly tasked with housing individuals with mental illness, despite being ill-equipped to provide adequate psychological care.

3.5 Suicide, Self-Harm, and Environmental Triggers

Nixon and Goldie-Chaplin (2025) explore how environmental factors within prisons—such as lack of privacy, exposure to violence, and strained staff-inmate relationships—contribute to self-harming behavior and suicidal ideation. Their findings suggest that while policies like ACCT (Assessment, Care in Custody, and Teamwork) exist to manage suicide risk, their effectiveness is undermined by inconsistent application and inadequate emotional support structures. Favril et al. (2020) found that elements such as solitary confinement, victimization, and a lack of green spaces contribute to self-harm.

3.6 Educational and Library Services

Rai et al. (2025) assess the status of prison library services in Uttar Pradesh, India, and highlight systemic issues such as a lack of budget, trained personnel, and access to digital resources. While international guidelines like the IFLA (2023) advocate for inclusive, well-resourced libraries to support rehabilitation, their implementation remains inconsistent. The absence of educational infrastructure in prisons reflects a broader neglect of inmates' intellectual and emotional development needs. This aligns with Berglund et al. (2025), who emphasize that education in prisons is both a right and a rehabilitative tool.

3.7 Nutritional and Physical Health Neglect of Inmates in Prisons

Neglect of nutritional and physical health is a critical but often underexamined issue within correctional institutions. Despite international human rights standards mandating adequate healthcare and food for incarcerated individuals, many prison systems worldwide fall short of these requirements. Adamu et al. (2025) conducted a study in Ethiopia revealing that undernutrition among inmates is significantly associated with imprisonment history, poor social support, and mental health conditions like depression. Their findings show that institutional neglect of basic needs like food quality and healthcare can worsen inmate vulnerability, particularly for marginalized populations.

A study conducted at Bahir Dar Prison in Ethiopia revealed a 17.5% prevalence of undernutrition among inmates, linked significantly to factors such as imprisonment history, poor social support, cigarette smoking, depression, and diarrheal disease (Adamu et al., 2025). Inmates often receive nutritionally inadequate meals lacking essential macro- and micronutrients, contributing to fatigue, weakened immunity, and cognitive decline. Similarly, Fakhry (2024) highlights how food quality in Lebanese prisons falls far below international dietary guidelines. They observed poor meal planning, limited diversity of nutrients, and insufficient portions which raise ethical and health-related concerns. A cross-sectional study in the Wolaita Zone prison in Ethiopia reported that over half of the inmates exhibited skin conditions, predominantly infections like scabies and fungal diseases, exacerbated by poor hygiene and overcrowding (Kelbore et al., 2025). The absence of specialized dermatological services contributes to the persistence and worsening of treatable conditions. Incarcerated women face unique health vulnerabilities. Fiegler-Rudol et al. (2025) observed alarmingly high rates of dental decay, periodontal disease, and tooth loss among female inmates, largely due to lack of preventive care and access to treatment.

Gender-specific health neglect is especially evident in the provision of feminine hygiene products. Wood et al. (2025) reviewed U.S. state-level policies and found that while federal prisons mandate basic menstrual hygiene provisions, state policies are often vague, inconsistent, or absent. Inadequate menstrual care undermines dignity and health, increasing risks of infection and psychological distress. Aging inmates represent a growing demographic that suffers significantly from health neglect. Research conducted in Ghana revealed that older prisoners face heightened risks of mortality due to poor nutrition, limited mobility, and inadequate access to geriatric care (Mensah et al., 2025). Neurodegenerative disorders such as Alzheimer's and frontotemporal dementia are also underdiagnosed and poorly managed in prisons, leading to inappropriate disciplinary actions rather than medical support (Veggi & Roveta, 2025).

4. Method

4.1 Data Collection

The researcher developed this conceptual paper using a qualitative research methodology. This method was selected for its effectiveness in uncovering profound perspectives, fundamental meanings, and contextually rich interpretations, especially relevant to understanding the intricate psychological effects of incarceration. The study utilizes a conceptual and interpretive framework to synthesize scholarly views, topics, and data concerning prison environments and mental health. The analysis is based on a thorough review of research articles published from 2021 to 2025, a time when studies on mental health in prisons grew significantly (Mazher & Arai, 2025; Doyle et al., 2025). This research integrates data from the Importation Model, which examines inmates' pre-existing psychological vulnerabilities, with the Deprivation Model, which emphasizes the psychological stress caused by incarceration conditions (Mazher & Arai, 2025). This approach helped to find shared issues in prisons—like overcrowding, solitary confinement, lack of rehabilitation programs, and poor healthcare—that often worsened inmates' mental health. The study qualitatively analyzes findings to include not just statistics but also personal experiences, reported symptoms, and discernible institutional trends. This work elucidates how jails may not only fail to help but may indeed worsen inmates' psychological well-being. The qualitative conceptual approach enables a comprehensive analysis of individual and systemic elements that contribute to mental health crises in prisons (Doyle et al., 2025; Rai et al., 2025).

4.2 Data analysis

The analysis uses recent studies on prison mental health through the Importation Model, which connects inmate behavior and mental health to their experiences before going to prison, and the Deprivation Model, which looks at how the prison environment affects mental health (Mazher & Arai, 2025). This study aims to clarify how prison rules and facilities can help with rehabilitation or continue causing mental harm by closely examining these factors. It aims to contribute to wider policy discussions regarding jail reform and mental health care in correctional environments. Comprehending the mental health ramifications of incarceration is crucial for both protecting human rights and promoting recovery while decreasing recidivism over time.

5. Findings

The following themes emerged from the literature review about the issues influencing the psychological and physical conditions of incarcerated inmates:

5.1 Post-Incarceration Syndrome (PICS) and Reintegration Challenges.

The emergence and characteristics of PICS (e.g., anxiety, emotional numbness, hyper-vigilance; reintegration difficulties due to psychological scars; Role of stigma and identity in reintegration barriers and the need for trauma-informed and lived-experience-based reentry programs

5.2 Psychological Effects and Mental Health Determinants

The pre-existing trauma and the impact of prison conditions on mental health; Solitary confinement and its psychological consequences; Gender-specific vulnerabilities, especially among incarcerated women; The underfunding and ineffectiveness of prison mental health services, along with the prevalence of PTSD, depression, and anxiety among inmates, pose significant challenges.

5.3 Institutional fear and hyper-vigilance

Environment of constant threat and unpredictability; effects of violence and the perception of safety; psychological toll on both inmates and correctional staff; and the lack of effective oversight and protection mechanisms.

5.4. Anxiety and Psychological Distress in Security Prisons

Chronic anxiety due to hyper-surveillance and control; the effects of Extended Solitary Confinement (ESC); the relationship between trauma, shame, and coping inefficacy; and the long-term psychological deterioration in maximum-security settings

5.5 Institutional Neglect and Lack of Support Services

The issues include overcrowding, inadequate healthcare, and lack of rehabilitation infrastructure; their impact on reintegration and recidivism; the disproportionate risks posed by high-risk inmates on the general population; and the need for targeted support and mental health programming.

5.6 Self-Harm, Suicide, and Environmental Triggers

Environmental contributors: violence, lack of privacy, poor staff-inmate relations, inadequacy of suicide prevention policies (e.g., ACCT), and the importance of emotional support structures and policy reform.

5.7 Access to Education and Library Services

Inadequate educational programming and prison libraries highlight the importance of intellectual stimulation and its rehabilitative potential.

5.8 Neglect of nutritional and physical health.

Malnutrition and its links to mental and physical health; poor dental and dermatological care; gender-specific health needs (e.g., menstrual hygiene, maternal care); Additionally, aging inmate populations require care for geriatric and chronic illnesses.

6. Discussion- Conclusions

6.1 Discussion

6.1.1 Post-Incarceration Syndrome (PICS) and Reintegration Challenges

Cunha et al. (2023) assert that inmates often exhibit persistent anxiety, social disorientation, and hyper-vigilance following release, shaped by previous trauma and the harsh prison environment. The Deprivation Model suggests that aspects of prison life, like being isolated and losing freedom, can cause mental harm (Mazher & Arai, 2025), while the Importation Model points out that past trauma affects how inmates adjust and behave after they are released. Research suggests that individuals freed from extended imprisonment may encounter enduring developmental deficits and interpersonal challenges (Bennett et al., 2025). Stigma significantly intensifies reintegration challenges. Individuals formerly incarcerated, especially from disadvantaged regions, often face discrimination based on their criminal history as well as race, gender, or socioeconomic status (Duruobishiri, 2025). This complex stigmatization undermines self-esteem and perpetuates identity conflict. Trauma-informed methodologies are essential for supporting recently incarcerated individuals, particularly in addressing emotional desensitization and relational difficulties. Troshynski et al. (2025) advocate for reintegration programs that incorporate experiential knowledge, allowing formerly incarcerated individuals to collaboratively devise solutions that reflect their lived experiences. This aligns with the restorative entrepreneuring model, which defines entrepreneurship not merely as economic activity but as a means of reconstructing identity, agency, and autonomy post-release (Wainwright & Muñoz, 2025).

6.1.2 Psychological Effects and Mental Health Determinants

Incarcerated individuals often enter the prison system with pre-existing vulnerabilities such as trauma, substance misuse, and socioeconomic adversity. The Importation Model asserts that background characteristics, especially adverse childhood experiences like abuse or neglect, substantially affect the mental health outcomes of inmates. The Deprivation Model identifies prison-induced stressors, such as isolation, lack of autonomy, and violence, as primary contributors to psychological deterioration (Mazher & Arai, 2025). Both models are backed by recent studies showing that being in prison greatly raises the chances of developing mental health issues like depression, PTSD, and anxiety, especially in vulnerable groups like women and older adults.

Extended solitary confinement (ESC) is recognized as harmful to psychological health. ESC has been shown to exacerbate psychiatric symptoms, particularly in individuals with pre-existing mental problems (Aranda-Hughes & Mears, 2025; Criss & John, 2023). Imprisoned women encounter gender-specific stressors—such as trauma, remorse, and reduced coping self-efficacy—that intensify mental health risks (Lynch & Kaplan, 2025; Teske et al., 2025). Cost-effective interventions like mindfulness-based bibliotherapy have shown promise in mitigating anxiety and depression in incarcerated women, suggesting that scalable mental health strategies could be beneficial in correctional settings (Teske et al., 2025).

Incarcerated individuals often enter prison with pre-existing trauma, including childhood abuse, poverty, and substance abuse problems. Prison conditions such as social isolation, loss of autonomy and exposure to violence affects inmates' mental state (Mazher & Arai, 2025; Zhao, 2025). Solitary confinement is an exceedingly harmful practice. Extended Solitary Confinement (ESC) has been demonstrated to increase the risk of psychological deterioration, especially in individuals with pre-existing mental health disorders (Aranda-Hughes & Mears, 2025). Female offenders experience mental health challenges uniquely linked to gender, including those stemming from trauma, shame, and reduced coping self-efficacy (Lynch & Kaplan, 2025). Correctional facilities often experience a deficiency in mental health care, due to low funding and manpower shortages. Wilson (2025) endorses trauma-informed cognitive behavioral therapy (CBT) and improved staff training as effective interventions.

6.1.3 Institutional fear, hypervigilance, anxiety, and psychological distress in security prisons

A significant psychological strain in prison arises from the perpetual danger of violence and uncertainty. The prison environment cultivates persistent hyper-vigilance as a survival strategy (Mazher & Arai, 2025). Choi et al. (2025) observe that correctional officers also experience significant victimization, highlighting the severity of institutional violence. Prisons cultivate persistent hyper-vigilance in both convicts and correctional personnel owing to unpredictability and violence. This persistent state of vigilance is psychologically burdensome and leads to chronic mental health illnesses (Mazher & Arai, 2025; Choi et al., 2025; Rizer, 2025). Correctional staff, owing to their proximity to these stresses, demonstrate elevated levels of psychological strain that affect institutional culture and inmate outcomes (Rizer, 2025). The absence of efficient oversight systems exacerbates this apprehension. Inmates frequently lack comprehension of or access to national and international organizations designed to safeguard their rights (Aizpurua et al., 2025), thereby sustaining an atmosphere of powerlessness. Chronic underfunding of mental health services, overcrowded institutions, and staff shortages persist as prevalent challenges within correctional systems. These deficiencies impede the provision of appropriate care and dissuade individuals from seeking assistance, particularly in high-security institutions (Wilson, 2025; Morgan et al., 2025; Fakhry, 2024). Access to therapeutic therapies like trauma-informed CBT remains restricted, despite their demonstrated efficacy (Criss & John, 2023).

Security-oriented jails, emphasizing control and surveillance, frequently implement stringent routines with limited social interaction and extensive monitoring. Studies have demonstrated that such situations elicit chronic anxiety and cognitive deterioration (Mazher & Arai, 2025; Aranda-Hughes & Mears, 2025). Such environments further intensify trauma symptoms and feelings of guilt in women, diminishing their ability to cope (Lynch & Kaplan, 2025; Ang et al., 2025). Security prisons prioritize control, surveillance, and punishment, frequently leading to psychological tyranny. Less social interaction and increased monitoring often lead to chronic anxiety (Mazher & Arai, 2025). The utilization of ESC in these settings results in panic episodes, depression, and cognitive deterioration (Aranda-Hughes & Mears, 2025). Lynch and Kaplan (2025) demonstrate that shame and inadequate trauma-coping skills exacerbate PTSD outcomes in jailed women, highlighting the cumulative impact of trauma in such adverse situations.

6.1.4 Institutional Neglect, Lack of Support Services, and Systemic Underfunding

Overcrowding, insufficient healthcare staffing, and inadequate infrastructure are persistent issues in correctional facilities. Wilson (2025) discovered that correctional facilities are deficient in resources necessary for the psychological and physical well-being of convicts. High-risk offenders frequently influence the institution

environment, perpetuating a menacing mood (Morgan et al., 2025). Chronic underfunding of mental health services, overcrowded institutions, and staff shortages persist as significant challenges within correctional systems. These deficiencies impede the provision of appropriate care and dissuade individuals from seeking assistance, particularly in high-security institutions (Wilson, 2025; Morgan et al., 2025; Fakhry, 2024). Despite the demonstrated efficacy of therapeutic therapies like trauma-informed CBT, access continues to be restricted (Criss & John, 2023). Particularly in maximum-security environments, the limited availability of programs designed to address mental health needs deters vulnerable convicts from seeking assistance (Fakhry, 2024).

The correlation between the jail environment and self-harm or suicidal conduct is extensively documented. Insufficient privacy strained staff relationships, and fear are significant factors (Nixon & Goldie-Chaplin, 2025). Although systems such as ACCT are available, their execution is irregular and reactive instead of proactive. Favril et al. (2020) assert that solitary confinement, maltreatment, and lack of natural environments heighten the probability of self-harming activities. These concerns necessitate both programmatic reform and the physical redesign of jail facilities. Undernutrition is widespread in correctional facilities and is closely associated with the decline of mental health. Adamu et al. (2025) identified a 17.5% prevalence of undernutrition among convicts in Ethiopia, associated with characteristics like inadequate social support, tobacco use, despair, and diarrheal illnesses. Fakhry (2024) corroborates similar observations regarding the substandard food quality in Lebanese jails, which frequently does not meet international standards. The neglect of oral and dermatological health was evident. In the Wolaita zone prison, more than 50% of convicts experienced dermatological conditions, including fungal infections and scabies (Kelbore et al., 2025). Female detainees are particularly susceptible, exhibiting elevated rates of untreated dental conditions (Fiegler-Rudol et al., 2025), and many encounter insufficient access to menstrual hygiene items (Wood et al., 2025).

The provision of geriatric care is a significant deficiency. Veggi and Roveta (2025) emphasize that dementia in elderly convicts is often undetected, leading to punitive rather than rehabilitative measures. Numerous correctional facilities frequently undervalue the essential role of education and intellectual stimulation in rehabilitation. Rai et al. (2025) discovered that prison libraries frequently experience financial reductions, obsolete collections, and insufficient digital access. Chronic underfunding of mental health services, overcrowded institutions, and staff shortages are prevalent challenges within correctional systems. These deficiencies impede the provision of appropriate care and dissuade individuals from seeking assistance, particularly in high-security institutions (Wilson, 2025; Morgan et al., 2025; Fakhry, 2024). Access to therapeutic therapies like trauma-informed CBT remains restricted, despite their demonstrated efficacy (Criss & John, 2023).

Institutional conditions in numerous jails foster environments that do not promote inmate well-being. Principal concerns encompass the following: There is a lack of adequate mental health infrastructure (Mazher & Arai, 2025; Doyle et al., 2025). Environmental stresses contribute to suicide and self-harm (Nixon & Goldie-Chaplin, 2025). The implementation of educational and rehabilitative services is inadequate (Rai et al., 2025; Berglund et al., 2025). Nutritional deficits are associated with physical and mental decline (Adamu et al., 2025). These systemic concerns underscore the pressing necessity for trauma-informed, human rights-oriented reform within correctional systems.

7. Conclusions

The psychological impacts of confinement are influenced by personal experiences and institutional frameworks. The Importation Model emphasizes the importance of prior trauma—such as childhood maltreatment, economic hardship, and substance use disorders—in shaping inmates' mental health outcomes. The deprivation model concurrently highlights the significance of institutional characteristics, like isolation, lack of autonomy, and exposure to violence, in intensifying psychological anguish. These interactions lead to heightened occurrences of anxiety, PTSD, and depression, especially among older offenders. Extended solitary confinement (ESC) exacerbates psychiatric disorders, impairs cognitive function, and induces emotional numbness in inmates. The post-release phase has distinct psychological issues that extend beyond incarceration. Individuals previously incarcerated frequently experience enduring hyper-vigilance, confusion, and social isolation. Prolonged isolation correlates with developmental impairments and challenges in reintegrating social connections. Stigma exacerbates reintegration challenges, especially for those from marginalized groups who encounter further prejudice due to race, class, or gender. Institutional neglect, characterized by low funding for mental health services, personnel shortages, inadequate nutrition, and substandard sanitary facilities, exacerbates these issues. Marginalized populations, such as women and elderly prisoners, may encounter distinct obstacles to their health and dignity. Despite the potential of trauma-informed therapies, like cognitive-behavioral therapy and mindfulness-based bibliotherapy, access continues to be restricted. To alleviate these detrimental impacts, correctional reform must emphasize human dignity, trauma-informed care, and collaborative reentry initiatives.

8. Recommendations

The psychological effects of incarceration are profoundly influenced by inmates' experiences before confinement and the conditions within the prison environment. Resolving these difficulties necessitates systemic modifications, including the following strategies: 1. Enhancing accessibility to trauma-informed care (Mazher & Arai, 2025). 2. Diminishing need for solitary imprisonment (Aranda-Hughes & Mears, 2025). 3. Improving gender-responsive programming (Dave, 2025). 4. Enhancing institutional supervision and accountability (Aizpurua et al., 2025) and 4. Implementing rehabilitative alternatives instead of solely punitive measures in penitentiary management (Reale et al., 2025).

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