

Severity of Depression among Incarcerated Men in Meru, Main Prison

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Abstract

Purpose: Depression is one of the most prevalent mental disorders globally and it is known to cause impairment in cognitive, social, emotional and occupational functioning. In Kenya, a moderate to high prevalence of depression has been established among incarcerated men in several prisons, Meru main prison included. This study, therefore sought to assess the severity of depression among incarcerated men in Meru, Main Prison.

Methodology: The study employed a quasi-experimental research design. The study was conducted in Meru, Main Prison. A sample size of 148 inmates was selected using a simple random sampling technique. Quantitative data was obtained from the social demographic questionnaire and the BDI-II.

Results: The study found that the severity of depression among incarcerated men in Meru main prison was higher at 46.3% as opposed to moderate depression at 27.9%, and mild depression at 18%. This implied that prisoners going through severe depression are more than those other levels of depression.

Conclusion: The study concluded that severity of depression was higher among the participants aged 20 to 30 years compared to other age categories and among the first time in prison. The proportion of clinical depression was higher among young adults aged 20-30 years in prison compared to the middle adults and adults 30-50 years. Therefore, it is recommended that the government of Kenya may engage young adults with job opportunities, and social engagement. This might limit the proportion of young adults languishing in prison instead of utilizing their youthful strength productively in society.

Keywords: *Severity of Depression, Incarcerated Men, Main Prison*

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1.0 Introduction

According to the World Health Organization (WHO, 2019) depression is a widespread mental condition characterized by gloomy mood, lack of interest in or pleasure from formerly enjoyable activities, decreased energy, guilt or low self-esteem, interrupted sleep or eating, and trouble concentrating. The American Psychiatric Association (APA, 2017) adds that depression manifests itself as insomnia, deep sadness, loss of appetite, hopelessness, irritability, self-loathing, bad moods, and suicidal tendencies. Other symptoms that suggest someone may be

suffering from depression include anger/tension, recklessness/obsessive-compulsive disorder, verbal and emotional abuse, overwork, alcohol abuse, illness/weight loss and heart palpitations, sexual dysfunction, sleep problems, poor work performance, and isolation (IsHak et al., 2018).

The global burden of disease is significantly impacted by depression, which affects all populations worldwide. An average of one in 20 adults reported having a depressive episode, according to the 17-country World Mental Health Survey (Home Office, 2018). In addition, depression is often accompanied by symptoms of anxiety. These problems can become chronic or recurrent, resulting in a significant reduction in a person's ability to perform daily tasks. At worst, depression can lead to suicide. An estimated 280 million people suffer from depression. The WHO (2019) reported that globally 800,000 lives are lost every year due to suicide every 40 seconds with most of these deaths caused by depression (Agegneu et al., 2019).

Over 4% of the global population has a diagnosis of depression, making it the second most common cause of disability. In the Middle East, Sub-Saharan Africa, Eastern Europe, and the Caribbean, more than 5% of people experience depression. Afghanistan has the highest rate of depression (more than one in five citizens), while Japan has the lowest rate (less than 2.5%), making it the least depressed nation. According to the World Health Organization, there are approximately 350 million individuals who suffer from depression, an increase of more than 18% between 2005 and 2015 (Bedaso et al., 2018).

Additionally, there are more than 10.35 million inmates. More than the world's population as a whole, which climbed by 20% during the same period, the number of people without freedom has increased by roughly 30% since 2000. With significant regional variations, the number of convicts climbed from 136 to 144 per 100,000 people worldwide. Consistently high rates of psychiatric morbidity among prisoners are reported in many countries, and international meta-analyses have found that prisoners in many places experience increased rates of psychiatric disorders for diagnoses such as psychosis, depression, personality disorders, and addiction disorders compared to the general population (Alemayehu et al., 2019).

1.1 Problem Statement

The prison facilities are correctional institutions meant to deter offenders from future crime and rehabilitate them through vocational training and wellness programs to ensure that they impact the communities positively upon their release. This, however, is now threatened by the prevalence of mental disorders among them depression, a disorder that has a significant impact on prisoner's quality of life. Current realities show that depression is one of the most common psychiatric disorders in imprisoned men and is related, among other things, to difficult prison experiences.

Globally, the prevalence rate of depression in prison has been on the rise among prison population. Studies in various countries have established high prevalence rates of depression among inmates (Fazel et al., 2016; Bedaso et al., 2020; Museve et al., 2020). The high prevalence rate of depression in correctional facilities is worrying because of its impact on mental, emotional and physical wellbeing of incarcerated individuals. Depression among incarcerated men can lead to impaired rehabilitation due to interference with the individual's ability to participate in rehabilitation programs and activities aimed at curbing recidivism. Further, depression affects the physical health of the incarcerated men and when this is combined with limited access to medical care may further compound their suffering. In addition, it may result in aggression and violence among incarcerated men consequently leading to disciplinary problems, and conflict with other inmates or staff.

To this end, Prisons conduct vocational training programs as a rehabilitative measure, however, these programs lack mental wellness aspects that could address depression among incarcerated men. Despite these programs are not sufficient to fully transform the offenders because the focal point of these programs is equipping them with skills for self-reliance with little impact on mental wellness, hence a rise in prevalence of depression and other mental disorders.

There is limited research in this area in particular. While very few measures have been made to reduce frequency, particularly among male convicts, many researchers have concentrated on how common depression and other mental diseases are among prisoners. This study aimed to assess the severity of depression among incarcerated men in Meru, Main Prison.

2.0 Literature Review

2.1 Severity of Depression among Incarcerated Men

According to a comprehensive assessment of 62 prison studies conducted in 12 different countries with 22,790 convicts, 3.7% of men had mental illness, 10% had major depressive disorder, and 65% had a personality disorder, of whom 47% were antisocial and mixed. According to Fazel and Danesh (2019), 21% of personality disorders in female prisons—4% of whom have antisocial disorders—are psychotic illnesses. Major depression affects 12% of female prisoners.

The US jail system has such a high prevalence of serious mental illness that it has earned prisons the moniker "the new institutions." In fact, more mentally ill inmates are housed in the Los Angeles County Jail, the Cook County Jail in Chicago, or the Riker Island Jail in New York than in any other mental hospital in the country. Currently, it is estimated that 15% of convicts in state prisons and 20% of prisoners overall have a serious mental disorder. With regard to the overall prison population, this indicates that in 2014, there were over 383,000 seriously mentally ill individuals incarcerated in the United States, which is close to ten times the number of patients still being treated in the nation's public hospitals (Carroll, 2016).

The affective states of older convicts in North Rhine-Westphalia were first empirically studied by Verhulsdonk et al. (2021). In nine German jails, data was gathered. This study covered adult convicts from special adult detention facilities, penitentiaries, open executions, preventive custody, and pre-trial imprisonment. The affective status was evaluated using the Patient Health Questionnaire (PHQ-9) scale. Crime-related traits and sociodemographic factors are recorded. The findings indicate that a total of 116 inmates (91.4% men) were involved. The age spectrum was 65.6 +/- 6.3 years, from 53 to 91. The findings revealed that 48% of respondents had at least mild depression symptoms, which is a much higher prevalence than the general population of those aged 60 and above. There are disparities in the style of housing since inmates in open prisons display significantly less symptoms than those in preventive detention and pre-trial custody. Overall, individuals reported more physical symptoms than mood problems, such as depression, including sleeplessness and exhaustion.

An investigation of the level of depression among male inmates in a major prison in Odisha, India, found that 25.7% of them had significant depression. Additionally, 27.6% of the male inmates had severe depression and 34.2% of the male prisoners were diagnosed with mild depression (Tripathy, Behera, Negi, Tripathy, & Behera, 2022).

Additionally, research conducted to evaluate depression levels among 85 male prisoners in class II A Penitentiary in Bulukumba Regency in south Sulawesi province in Indonesia indicates that 75.3% of the respondents experienced mild depression, 16.5% of the participants

experienced moderate depression and 8.2% of the respondents were not depressed (Nurlina & Ariyansyah, 2020).

Research conducted to evaluate severity of depression among male prisoners in Greece revealed that 62% of the respondents experienced minimal depression, 22% of the participants experienced mild depression, 15% were diagnosed with moderate depression and 1% of the participants experienced severe depression (Kastos et al., 2023).

Among Indian death row detainees, Harave et al. (2021) sought to evaluate the intensity of depression. This study is based on a cross-sectional survey of 28 offenders on death row from southern Indian states that was done using a semi-structured questionnaire and the Beck Depression Inventory-II. 68.96% of the inmates were between the ages of 30 and 60, and 93.10% were men, according to the data. While the majority of prisoners reported having little or no depression, the remainder (57.15% vs. 42.85%) reported having moderate to severe depression. The initial stage of punishment had a much greater depression rate (57.13%). An inverse relationship between depression and length of incarceration was observed (57.13%, 6 years vs. 42.85%, > 6 years).

Bedasso et al. (2018) tried to assess the severity of depression in inmates at the Hawassa Central Penitentiary, Hawassa, SNNPR, Ethiopia. The results showed that 56.4% of the study participants had significant depressive symptoms. The study suggested that the facility should provide adequate mental health services to diagnose and treat inmates with depression. The facility is made to make it easier for inmates to generate revenue and lessen their negative emotions. To demonstrate how intervention measures can lessen the severity of depression, researchers should undertake intervention trials.

Another study conducted in Mekelle General Prison in Tigray, Ethiopia indicates that depression is severe among incarcerated men. The study found that out of 228 depressed male prisoners, 29.4% of the participants had mild depression, 19.1% participants had moderate depression, 5.9% were diagnosed with moderate depression and 1.5% participants had severe depression.

Additionally, research was conducted to establish the severity of depression among male prisoners in Nigeria. The research findings reveal that among male prisoners who were awaiting trial 14.6% got diagnosed with mild depression, 78.0% experienced moderate depression 7.3% experienced severe depression (Majekodunmi, Obadeji, Oluwole, & Oyelami, 2017). Further, among those who were already convicted for various crimes, 19.0% were diagnosed with mild depression, 71.4% with moderate depression while, and 9.5% experienced severe depression (Majekodunmi, Obadeji, Oluwole, & Oyelami, 2017).

Motsamai et al. (2021) aimed to investigate the severity of mental health problems in male prisoners in Botswana, such as depression, anxiety, substance abuse and PTSD., This study is based on a socio-ecological model, stress theory, and a behavioral-cognitive approach. The results show that there are serious mental health problems among ex-convicts.

The goal of Retta et al. (2020) was to evaluate the severity of depression symptoms among prisoners at the Debre Berhan prison in Ethiopia. The Patient Health Questionnaire-9 (PHQ-9) was used in the study's institutional cross-sectional survey to gather information from 336 prisoners who were chosen at random. Binary logistic regression was used to evaluate the data gathered to find independent predictors of depressive disorder. According to the findings, 336 prisoners made of 98% (n=330) men. This study found a 44% prevalence of severe depression (n=148) using a PHQ-9 with a cut-off of 5. According to the study's findings, serious depression

is very common among prisoners at Debre Berhan Prison. Therefore, it is crucial to develop methods for the early identification and treatment of depression in jails and prisons.

From the literature reviewed, it is clear that convicts experience different levels of depression. However, there is limited literature on severity of depression among convicts, especially in the local context. To bridge the research gap, the current study will explore severity of depression among convicts in Kenyan context.

3.0 Methodology

This study used a quasi-experimental research design. Quasi-experimental design uses pre-existing groups or naturally occurring groups unlike the experimental designs that allow for random assignment of participants to both experimental and control groups (Smith et.al.,2018). This study was carried out at Main, Meru Prison which is a government institution located in the town of Meru, the capital of Meru County, in North Imenti Constituency in Meru County. In this study, the target population was 700 incarcerated men at Main Meru Prison (Meru GK Prison, 2023). Literature shows that men aged 18-50 years are most likely to have depression and any other mental disorder compared to older incarcerated men. A sample size of 148 inmates was selected using a simple random sampling technique. Quantitative data was obtained from the social demographic questionnaire and the BDI-II. Descriptive statistics was used to present the data obtained in the form of tables and graphs. BDI-II score (for both the pre-test and post-test) was used for test of significance using the dependent (correlated) paired samples t-test to compare the means of the two related groups (pre-test and post-test, that is before and after REBT).

4.0 Results and Discussion

The objective of this study was to investigate the severity of depression among incarcerated men. Severity of depression ranges from mild depression to moderate depression and severe depression. This was based on the participant's scores on Beck Depression Inventory (BDI-II).

Table 1: Severity of Depression Among the Incarcerated Men in Meru Prison

Variables	Frequency	Percent
0-13 = Normal ups and down	21	7.7
14-19 = Mild depression	49	18.0
20-28 = Moderate depression	76	27.9
29-63 = Severe depression	126	46.3

Table 1 shows the distribution of severity of depression among the incarcerated men in Meru prison. As shown in the table, the frequency of severe depression was higher at 46.3% compared to moderate depression at 27.9%, and mild depression at 18%. However, a few of the participants present with no symptoms of depression (21, 7.7%). The data implied that a higher percentage of the participants were presented with severe depression as opposed to other levels of severity.

Table 2: Distribution of Severity of Depression and Participant's Sociodemographic Factors

Variables	Total	Severity of depression				Chi-square test		
		Normal	Mild	Moderate	Severe	χ^2	df	Sig.
Participant's age categories								
20-30 years	132(48.5)	10(3.7)	30(11.0)	30(11.0)	62(22.8)	24.	2	.001
31-40 years	76 (27.9)	0(0.0)	15(5.5)	22(8.1)	39(14.3)	524		
41-50 years	64 (23.5)	11(4.0)	4(1.5)	24(8.5)	25(9.2)			
Participant's religious affiliation								
Catholic	93 (34.2)	5(1.8)	14(5.1)	29(10.7)	45(16.5)	12.	4	.415
Muslim	38 (14.0)	4(1.5)	8(2.9)	9(3.3)	17(6.3)	384		
Protestant	118 (43.4)	10(3.7)	22(8.1)	29(10.7)	57(21.0)			
Hindu	5 (1.8)	0(0.0)	3(1.1)	1(0.04)	1(0.04)			
Others	18 (6.6)	2(0.7)	2(0.7)	8(2.9)	6(2.2)			
Participant's marital status								
Single	67 (24.6)	3(1.1)	18(6.6)	19(7.0)	27(9.9)	17.	5	.312
Divorce	21 (7.7)	2(0.7)	5(1.8)	4(1.5)	10(3.7)	110		
Engaged	11 (4.0)	1(0.4)	2(0.7)	4(1.5)	4(1.5)			
Widowed	5 (1.8)	0(0.0)	0(0.0)	0(0.0)	5(1.8)			
Married	148 (54.4)	14(5.1)	21(7.7)	46(16.9)	67(24.6)			
Separated	20 (7.4)	1(0.4)	3(1.1)	3(1.1)	13(4.8)			
Participant's occupation before the arrest								
Student	26 (9.6)	2(0.7)	5(1.8)	7(2.6)	12(4.4)	3.8	3	.919
Self-employed	208 (76.5)	17(6.3)	37(13.6)	55(20.2)	99(36.4)	86		
Employed	33 (12.1)	2(0.7)	6(2.2)	11(4.0)	14(5.1)			
Unemployed	5 (1.8)	0(0.0)	1(0.4)	3(1.1)	1(0.4)			
Participant's earnings before the arrest								
< ksh5,000	137 (50.4)	15(5.5)	21(7.7)	39(14.3)	62(22.8)	14.	3	.049
5,001 – 20,000	73 (26.8)	1(0.4)	15(5.5)	20(7.4)	37(13.6)	629		
20,001 – 30,000	33 (12.1)	4(1.5)	4(1.5)	7(2.6)	18(6.6)			
Others	29 (10.7)	1(0.4)	9(3.3)	10(3.7)	9(3.3)			

Table 2 demonstrates the distribution of participants' sociodemographic characteristics and severity of depression among incarcerated men. Concerning the participants' age categories and severity of depression, data showed that severity of depression (22.8%), moderate depression (11%), and mild depression were higher among the participants aged 20-30 years as opposed to other age categories. Chi-square test indicated that the difference in the distribution of participants' age categories and severity of depression was significant ($p=0.001$). This implied that there was a significant relationship between the age of the incarcerated men, especially those aged 20-30 years, and severity of depression.

However, frequency of severe depression (21%), moderate depression (10.7%), and mild depression (8.1%) was higher among the protestants. Regarding marital status, frequency of severe depression (24.6%), moderate depression (16.9%), and mild depression (7.7%) was higher among the married participants. In the same way, severe depression (36.4%), moderate depression (20.2%), and mild depression (13.6%) was higher among the participants that were self-employed before the arrest. Chi-square test showed that there was no significant difference in the distribution of the rest of the sociodemographic characteristics and severity of depressive

disorders in this study ($P>0.05$). This means that married incarcerated men and individuals with personal businesses become more depressed and experience severe forms of depression while in prison.

Regarding the participants' earnings before the arrest, frequency of severe depression (22.8%), moderate depression (14.3%), and mild depression (7.7%) was higher among the participants whose earnings before the arrest was less than Ksh5,000 compared to other participants' economic status before the arrest. Chi-square test indicated that the difference in the distribution of participants' earnings before the arrest and severity of clinical depression was statistically significant ($p=0.049$). This showed that participants whose economic status was low were depressed and that there was a significant relationship between having low economic status and severity of depression among the incarcerated men who participated in the study.

Table 3: Severity of Depression and the Participants' Incarceration Experiences at Baseline

Variables	Total	Severity of depression				Chi-square test		
		Normal	Mild	Moderate	Severe	χ^2	df	Sig.
Participant's first time to be imprisoned								
No	38 (14.0)	6(2.2)	7(2.6)	11(4.0)	14(5.1)	4.6	3	.203
Yes	234 (86.0)	15(5.5)	42(15.4)	65(23.9)	112(41.2)	02		
Participants sentenced to years in the prison								
0-5 years	130 (47.8)	12(4.4)	32(11.8)	36(13.2)	50(18.4)	15.	4	.239
6-10 years	63 (23.2)	5(1.8)	8(2.9)	17(6.3)	33(12.1)	039		
11-15 years	27 (9.9)	3(1.1)	4(1.5)	8(2.9)	12(4.4)			
16-20 years	29 (10.7)	0 (0.0)	3(1.1)	10(3.7)	16(5.9)			
> 21 years	23 (8.5)	1(0.4)	2(0.7)	5(1.8)	15(5.5)			
Participants able to access medical attention								
No	182(66.9)	12(4.4)	38(14.0)	58(21.3)	74(27.2)	10.	1	.017
Yes	90(33.1)	9(3.3)	11(4.0)	18(6.6)	52(19.1)	256		
Participants had enough sleep at night while in prison.								
No	215(79.0)	14(5.1)	39(14.3)	62(22.8)	100(36.8)	2.2	1	.521
Yes	57(21.0)	7(2.6)	10(3.7)	14(5.1)	26(9.6)	54		
Participants have freedom while in prison.								
No	260(95.6)	20(7.4)	47(17.3)	73(26.8)	120(44.1)	.09	1	.993
Yes	12(4.4)	1(0.4)	2(0.7)	3(1.1)	6(2.2)	4		
Participant have enough social support in prison.								
No	251(92.3)	19(7.0)	43(15.8)	71(26.1)	118(43.4)	1.9	1	.578
Yes	21(7.7)	2(0.7)	6(2.2)	5(1.8)	8(2.9)	75		

Tale 3 shows the severity of depression and the participants' incarceration experiences at baseline. As indicated on the table, severity of depression was found to be higher among the participants who were imprisoned for the first time, those who were sentenced for less than five years, participants who couldn't sleep enough at night while in the prison. Also, depression was found to be severe among the participants who did not have freedom while in prison, and participants who did not have enough social support while in prison. Chi-square test showed that there was no significant difference in the distribution of all the variables mentioned above and severity of depression ($P_s > 0.05$). However, data showed that frequency of severe depression (27.2%), moderate depression (21.3%), and mild depression (14%) was higher among the participants who did not have access to medical attention while in prison. Chi-square test indicated that there was a significant difference in the distribution of participants able to access medical attention and severity of depression ($p = 0.017$). The test of relationship showed a significant relationship between the two variables. This means that being unable to have access to medical attention while in prison could influence severity of depression.

4.1 Discussion

The objective of this study is to assess the severity of depression among incarcerated men in Meru main prison. Discoveries from this study found that the severity of depression among incarcerated men in Meru main prison was higher at 46.3% as opposed to moderate depression at 27.9%, and mild depression at 18%. This implied that prisoners going through severe depression are more likely than other levels of depression. This distribution shows that severe depression symptoms affect about half of the prison population, which is concerning for mental health. Prioritizing therapies for individuals with severe depression is essential since it can result in significant functional impairment as well as an elevated risk of self-harm or suicide ideation. Given the high percentage of severe depression, the prison's regular mental health services and support networks may be insufficient to treat the degree of psychological anguish these inmates adequately are experiencing. This level of depression found in this study is high compared to findings from other studies. For instance, findings from a global report revealed 62.4% normal depression level, 21.8% mild depression level, 14.9% moderate depression level, and 1.0% severe depression level among incarcerated men (Kastos et al., 2022). Another study among incarcerated men in Ethiopia found that 15.8% of participants experienced normal depression levels, 24.8% experienced mild depression levels, 22.5% experienced moderate depression levels, 16.8 experienced moderately severe depression levels and 11.04 experienced severe depression levels (Tiruneh et al., 2022). This revealed that the severity of depression varies across regions due to several factors such as socioeconomic and cultural backgrounds, the legal and medical systems, the infrastructure of prisons, healthcare systems, and variations in research study methodologies. An urgent need for improved mental health care within prisons is also shown by the prevalence of severe depression over moderate and mild types. The underlying causes and consequences of severe depression may be addressed through specialized programs, more in-depth counseling services, and mental health assistance. To improve the general mental health and well-being of the incarcerated population, the prison system can concentrate on the more severe cases.

Further, findings from this study revealed that mild depression, moderate depression, and severe depression were found to be high among the participants aged 20-30 years. This Age bracket is a prime year for any man, that is when most men are finding their bearings and settling down to marry, getting employed, and started raising families. The difficulties of incarceration combined with important life transitions may make this age group more

vulnerable. Young adults frequently go through a period of identity formation, job advancement, and interpersonal growth, all of which can be severely disrupted by incarceration. Young individuals incarcerated may have problems like low self-esteem, social isolation, and concern about the future. In addition to the stigma and negative effects of incarceration, the psychological effects of being cut off from friends and family can cause serious mental health issues. These elements have the potential to intensify depressive symptoms and worsen hopelessness. Also, compared to older individuals, this age group may have less developed coping strategies. They may be less mature in how they handle stress, control their emotions, and adjust to difficult circumstances, which leaves them more vulnerable to severe depression symptoms. Their inability to cope properly may be worsened by the prison environment, which frequently offers insufficient support networks and productive activities. The results highlight the need for age-appropriate mental health therapies in the prison system. The negative effects of incarceration can be lessened by designing programs specifically to meet the requirements of young adults. Examples of these programs include career counseling, life skills training, and supportive associations. Incorporating age-appropriate therapy exercises and support groups can also offer much-needed relief and assistance. This correlates with a study report from research carried out in Ethiopia, that mild depression, moderate depression, and severe depression were found to be high among the participants aged 18-34 years (Tiruneh et al., 2022), and a longitudinal study of adaptation to prison after initial incarceration, where it was found that first timer in prison are more vulnerable to depression than those who were sentenced before (Kovacs et al., 2019). For effective rehabilitation and reintegration into society, mental health issues must be addressed while a person is incarcerated. Providing young adults with adequate mental health care and assistance during this crucial time will help reduce recurrence and improve their long-term outcomes. Ensuring that individuals have access to suitable resources and assistance can aid their adjustment and promote improved psychological health (Galletta et al., 2021).

Also, findings from this study revealed that mild depression, moderate depression, and severe depression was found to be high among the protestant religious denomination. The results show a complex relationship between mental health in prison and religious membership. This implies that most of the participants attend a protestant church and suggests that a prisoner's grief may not always be eased by religious membership alone when it comes to emotional support and coping skills (Schwadel & Falci, 2021). Their mental health results may be influenced by elements like the standard of religious support, individual experiences with faith, and the availability of religious services inside the prison environment. Prisoners from protestant churches may experience greater difficulties with stress management and preserving mental health if they do not have appropriate access to religious services or if the prison environment does not sufficiently support their personal beliefs. Depression may be more common when there is a lack of communal support and spiritual guidance. This also correlates with a study report from research carried out in Ethiopia, that mild depression, moderate depression, and severe depression were found to be high among the Orthodox/protestant religious organizations (Tiruneh et al., 2022). Protestant prisoners have a high rate of depression, which emphasizes the necessity for focused mental health interventions that take into account their unique religious background. Facilitating access to religious services, offering guidance from faith-based professionals, and cultivating a nurturing atmosphere for spiritual practices may prove advantageous. Prisoners' well-being can be greatly improved by addressing the relationship between faith and mental health (Howard et al., 2023).

Moreover, findings from this study revealed that mild depression, moderate depression, and severe depression were found to be high among married incarcerated participants. A shared existence, including obligations, support networks, and strong emotional attachments are common aspects of marriage. These relationships are shattered by incarceration, which heightens emotions of discomfort, loneliness, and fear of separation. Depression symptoms can be made worse by the stress of being apart from a spouse, the difficulties of keeping up a relationship while confined worries about the welfare of their family, denial of sexual intimacy, and feelings of guilt or shame related to their incarceration. Due to prison communication and visitation restrictions, married inmates may find it difficult to receive enough support from their spouses. Depressive symptoms and feelings of loneliness can both be made worse by limited contact with one's partner (Folk et al., 2019). Contrary, a study carried out by Majekodumni (2017) found an insignificant relationship between loneliness and severity of depression. Findings from a study also affirm that mild depression, moderate depression, and severe depression were found to be high among married incarcerated participants (Tiruneh et al., 2022; Wright et al., 2023). The high prevalence of depression among married incarcerated individuals highlights the necessity for focused mental health therapies. Providing family therapy, support groups for those incarcerated who have families, and enhanced avenues of communication with spouses may assist in addressing some of the particular difficulties this group faces. It can also be important to manage and lessen depression by attending to the emotional and psychological needs of the incarcerated person as well as their family.

Also, this study revealed that mild depression, moderate depression, and severe depression was found to be high among participants with children. Parents who are incarcerated may suffer from increased depression as a result of their emotions of guilt and worry about their incapacity to provide for their kids. The psychological strain of being away from their kids and worries about their welfare and future might be a major factor in depressive symptoms (Sabrina et al., 2022). Further concerns on the children's education and their welfare could predispose the incarcerated men to develop severe depression, hence the high rate of depression in men with children (Byrne et al., 2019). The capacity of parents to have consistent contact with their children is frequently hampered by incarceration. Depression can be aggravated by limited visitation rights, communication difficulties, and the emotional strain of maintaining a long-distance relationship with their children (Dargis & Mitchell-Somoza, 2021). Reintegrating into family life following incarceration could pose difficulties. Rebuilding bonds with their kids, handling emotional or behavioral problems that arose while they were gone, and adjusting to new family dynamics may all be challenging for parents. These difficulties may be a factor in persistent or worsening depression symptoms (Eileen et al., 2023). This finding from this present study concurs with a study, where mild depression, moderate depression, and severe depression were found to be high among the participants with incarcerated men with children (Tiruneh et al., 2022). The high levels of depression among incarcerated individuals with children underscore the necessity for specialized support services. Some of the particular difficulties faced by incarcerated parents can be addressed by providing them with access to parenting programs, family therapy, and mental health treatments created especially for them. Supporting both the incarcerated parent and their family can help reduce the impact of incarceration on mental health.

This study further found that mild depression, moderate depression, and severe depression was high among participants that are self-employed before the arrest. According to Heffernan et al., (2012), self-employed people may have specific pressures while they are imprisoned, such as

the sudden loss of their business, unstable finances, and worries about their possibility of future jobs. Significant emotional distress might result from the interruption of their business plans and the possible loss of their source of income, which can raise depression levels. The results emphasize how critical it is to give self-employed inmates specialized mental health and employment support while they are incarcerated. Programs that include financial planning, business skills training, and counseling can lessen the negative effects of incarceration on an individual's mental health and increase the likelihood that they will successfully reintegrate into society.

Also, in this study, it was discovered that mild depression, moderate depression, and severe depression were high among participants that were earning less than Ksh 5,000 per month before the arrest. Financial instability and economic stress are frequently associated with low income. These financial strains may worsen with incarceration, which may heighten anxiety and worsen depression symptoms. People with lesser incomes could have fewer resources and support networks, which puts them at greater risk for the negative psychological and financial effects of incarceration. The additional strain of handling financial obligations without a reliable source of income might exacerbate symptoms of depression. Low-income earners may have less opportunity to advance both personally and professionally. Feelings of negativity and despair might arise from the disruption that imprisonment causes, which further reduces their potential. This correlates with a study report from research carried out in Ethiopia, that mild depression, moderate depression, and severe depression were found to be high among the participants earning less than 500 birrs (Tiruneh et al., 2022). The result of this study highlights the need for targeted mental health support for low-income earners in prison that addresses their emotional and financial difficulties.

Also, the severity of depression was found to be higher among the participants who were imprisoned for the first time. According to the study, first-time inmates showed higher depression levels than those who had served time in the past. The shock and strain of adjusting to prison life, the unexpected interruption of their regular lives, and the stigma attached to being incarcerated for the first time could all be contributing factors to this greater severity. Increased feelings of loneliness, anxiety, and hopelessness might result from these causes, which can worsen depression symptoms. This correlates with a report from a study that revealed that the occurrence of depression was significantly higher in first-time incarcerated prisoners compared to repeated or long-term incarcerated prisoners. It was noted that the probability of depressive illnesses was more than 20 times higher in first-timers needing acute psychiatric care compared to the participants who were sentenced to less than five years (Isabella et al., 2022). These results underline how important it is to provide first-time inmates with specialized mental health care. For individuals facing jail for the first time, providing focused treatments such as peer support groups, mental health counseling, and orientation programs can assist ease the transition and lessen the degree of depression.

Also, from the study, participants with sentences of less than five years had depression that was more severe than that of participants with sentences of longer duration. This might be caused by the anxiety and stress of having to reintegrate into society after their impending release, as well as the difficulties of handling the consequences of their incarceration in a short amount of time. Furthermore, the short sentence might aggravate signs and symptoms of depression by giving the impression of instability and uncertainty about the future. This correlates with a study report of research carried out in Ethiopia, the severity of depression was found to be higher among the participants who were sentenced for less than five years (Tiruneh et al.,

2022). These results imply that sentence length should determine how mental health therapies are designed. It can be especially important for people with shorter sentences to prioritize immediate stress management and psychological support. Coping mechanisms and continuing mental health care may be more suitable for people serving lengthier sentences. Improving the particular difficulties brought about by varying sentence durations can benefit prisoners' general mental health results.

In this study, the severity of depression was also found to be higher among the participants who couldn't sleep enough at night while in prison. According to the study, individuals who slept poorly at night while incarcerated had more severe depression. Lack of sleep can have a detrimental effect on mental health by intensifying depressive, anxious, and unstable emotions. Noise, stress, and uncomfortable sleeping circumstances are just a few of the factors that might cause an increase in the symptoms of depression among prisoners. Literature has indicated a strong bidirectional relationship between sleep deprivation/disturbances and major depression. Sleep disturbance or deprivation is associated with mental health disorders and at the same time one of the symptoms of depression. Kalmbach et al., (2017), for example, reported in a study that sleep loss among depressed inmates led to a chronic course of depression. Similarly, another study found that individuals diagnosed with a sleep disorder were at highest risk of developing depression, indicating that having any sleep disorder is a risk factor for incident depression (Byrne et al., 2019). Other studies similarly found that insufficient sleep is associated with symptoms of anxiety and depression (Sullivan & Ordiah, 2018; Steiger & Pawlowski, 2019). The correlation shown between insufficient sleep and elevated depression in jailed individuals highlights the importance of all-encompassing methods to mental health care that incorporate consideration of sleep quality. Reducing depression symptoms in prison populations can be greatly aided by enhancing sleep quality and attending to associated mental health concerns.

Moreover, in this study, severity of depression was found to be greatly associated with a lack of freedom among the participants. The loss of individual freedom and autonomy is one of the most important effects of incarceration. Because of their rigorous schedules, restricted choices, and ongoing monitoring, prisoners may feel helpless and out of control. This loss of liberty can worsen feelings of despair since people find it difficult to take control of their own lives. The actual prison setting can be extremely distressing. Several factors, including overcrowding, a lack of privacy, and potential exposure to violence or threats can cause an ongoing condition of elevated anxiety. The lack of independence and these environmental stressors might greatly aggravate the symptoms of depression (Piper & Berle, 2019). A report from research carried out in Ethiopia reported that life in prison restricts freedom of movement and creates a separation from loved ones, and many things they derive joy and satisfaction from, this contributes to the severity of depression among the participants (Tiruneh et al., 2022). The results emphasize how crucial it is to offer mental health therapies that specifically address the difficulties associated with incarceration. The effects of the lack of freedom on depression can be lessened by initiatives that foster a sense of action, offer psychological support, and create social ties. Activities that enhance independence and self-efficacy such as group counseling, and cognitive-behavioral therapy (CBT) are effective interventions.

Also, in this study, depression was found to be severe among the participants who did not have enough social support while in prison. The study found that participants who experienced insufficient social support during their incarceration had considerably greater levels of depressive severity. It is commonly acknowledged that social support plays a critical role in

mitigating the negative effects of stressful life events and improving mental health in general, making it a protective factor against depression. Because they frequently have restricted access to social support networks, people who are incarcerated experience increased stress and depression (Moore et al., 2021). The study shows that among prisoners, depression is much worsened by a lack of social support. Individuals who did not receive enough assistance from friends, family, or community resources showed more severe depressive symptoms than those who did. This research highlights the role that social networks play in reducing mental health problems among prisoners and raises the possibility that strengthening social support networks may be essential to achieving better mental health outcomes for those who are incarcerated. This corresponds with a study report from global research that stated that the severity of depression is high among participants with low social support (Tripathy et al., 2022). Research has consistently shown that perceived social support reduces the likelihood of psychiatric symptoms, including depression. The results highlight the value of prison initiatives that promote social interaction. The mental health of prisoners can be greatly impacted by programs that promote family visits, messages, phone calls, and the use of technology to keep in touch with loved ones. Peer support groups in prisons can also give inmates a sense of belonging and support from one another (Folk et al., 2019). Similarly, results from a study carried out in China by Ren et al. (2018) revealed that depressive symptoms were reduced for individuals receiving social support unlike those who lacked the support. This implied that the more social support received, the reduced severity levels of depression. This was further supported by results from a study conducted by Civigin and Un (2022), which reported that social support is indeed influential in the relationship between psychological resilience and depression among prisoners. In addition, social support was found to be an effective tool for reducing depressive symptoms among prisoners in a study carried out in Northwest Ethiopia (Dadi et al., 2019). Conversely, a systematic review that included 32 studies reported that a majority of those studies of which some were longitudinal while others were cross-sectional, reported a negative correlation between social support and depression, therefore, meaning that social support in no way influenced the prevalence and severity of depression, however, there was a positive correlation between loneliness and post-traumatic stress disorder (Machado et al., 2024).

Likewise, findings from this study show that the frequency of severe depression, moderate depression, and mild depression was higher among the participants who did not have access to medical attention while in prison. Due to the environment, sickness and diseases will not be far, especially in prisoners with certain health conditions before their arrest. The level of treatment available in prisons is not adequate to cater to the number of people in prisons due to overcrowding, insufficient medical staff, inadequate facilities, and administrative issues. This can lead to several health issues that open the door to mental health issues. The rate of depression will also be high as there are not enough facilities to attend to the mental health issues. Having access to healthcare is essential for both detecting and treating depression. Without access to healthcare, prisoners are less likely to obtain the proper treatment for their mental health issues, which can exacerbate symptoms. Depression can be managed with medication, therapy, and other treatments when medical intervention is provided promptly. Inmates suffering from depression might not be able to get the therapy or antidepressant medications they need if they don't have access to healthcare. Severe consequences from untreated depression may arise, such as an elevated risk of suicide or self-harm. Scheduling routine medical examinations can aid in the early detection and treatment of depression, hence preventing its progression to more severe stages (Solbakken et al., 2024). This corresponds with a report from Ethiopia stating that depressed men in prison need medical attention (Tiruneh et

al., 2022). The results highlight the necessity of laws that guarantee all prisoners appropriate access to healthcare. This entails allocating enough funds for inmate healthcare services, educating medical personnel on mental health concerns, and putting in place procedures for routine diagnosis and treatment of mental health disorders. Enhancing the quality of life for those who are incarcerated and lowering the prevalence of depression are two major benefits of improved healthcare access (Laura & Richard, 2021)

5.0 Conclusion

The study concluded that severity of depression was higher among the participants aged 20 to 30 years compared to other age categories and among the first time in prison.

6.0 Recommendations

The proportion of clinical depression was higher among young adults aged 20-30 years in prison compared to the middle adults and adults 30-50 years. Therefore, it is recommended that the government of Kenya may engage young adults with job opportunities, and social engagement. This might limit the proportion of young adults languishing in prison instead of utilizing their youthful strength productively in society.

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