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Mental health of persons deprived of liberty - a review of issues and systemic challenges

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Abstract

Introduction: The global prison population is rising at an alarming rate. The unique conditions within correctional facilities, combined with inmates' complex personal histories, make prisoners more vulnerable to mental health problems than the general population.

Methodology: A review was conducted using PubMed, Google Scholar and ResearchGate. Search terms included: prisoner mental health, prisoner needs, women in prison, incarceration and prison mental health care. A review of studies published between 2010 and 2025 was conducted.

Results: The most prevalent mental illnesses among prisoners are depression, anxiety disorders, bipolar disorder, and schizophrenia spectrum disorders. Inmates are at an increased risk of self-harm and suicide. The widespread use of psychoactive substances—often exacerbating mental health conditions—remains a serious concern. Women and non-heteronormative individuals in prison show increased susceptibility to mental health issues.

Conclusions: Correctional facilities should prioritize the provision of mental health services and implement routine psychological screenings. Prisons must be adapted to accommodate the specific needs of women, older individuals, and LGBTQ+ inmates, ensuring inclusive and appropriate care.

Keywords: prisoner mental health, prisoner needs, women in prison, incarceration, prison mental health care

1. Introduction

It is estimated that approximately 11 million individuals are incarcerated worldwide. Between 2023 and 2024, this number increased by around 300,000. At the same time, approximately 30 million people are released from prison annually—three times the number of those currently imprisoned. This dynamic turnover highlights the far-reaching impact of incarceration on public health.

Prisoners are at a significantly elevated risk of developing mental health problems, a growing concern in light of the increasing global prison population. Contributing factors include social isolation, limited or no contact with family and loved ones, exposure to prison violence, lack of privacy, restricted access to outdoor spaces, poor nutrition, and the widespread use of psychoactive substances. Moreover, individuals who are unemployed, live in poverty, have low levels of education, limited moral and social support, or a history of trauma are disproportionately represented in prison populations. These risk factors are closely linked to an increased vulnerability to mental health disorders [1, 2].

This review aims to systematically analyze and synthesize current evidence on the impact of incarceration on inmates' mental health. A deeper understanding of this relationship could help improve the quality of psychological and psychiatric care in correctional facilities and contribute to better long-term outcomes for incarcerated individuals.

2. Methodology

To achieve the objectives of this review, a comprehensive search of the existing literature on the mental health of incarcerated individuals was conducted using three major databases: PubMed, Google Scholar, and ResearchGate. The following keywords were applied: prisoner mental health, prisoner needs, women in prison, incarceration, and prison mental health care. Peer-reviewed articles published between 2010 and 2025 were included. In addition, the reference lists of the selected studies were screened to identify further relevant sources.

3. Epidemiology

There are significant gender disparities in prison populations: approximately 74% of incarcerated individuals are men, while women account for about 20%. Studies estimate that between 12% and 14% of prisoners suffer from mental health disorders, including depression, anxiety disorders, bipolar disorder, psychotic disorders, schizophrenia, and personality disorders [3, 4]. Some sources report much higher prevalence rates—exceeding 60%—though these findings may be less reliable due to the use of self-report-based diagnostic tools [2, 5].

Among the studied conditions, depression is the most commonly diagnosed disorder, with a prevalence of 12.8%, occurring more frequently in women. In contrast, the most prevalent disorder among male prisoners is psychosis, reported in 4.1% of cases. Notably, individuals with a history of violent offenses are more likely to experience psychiatric conditions and psychotic symptoms compared to other incarcerated individuals with mental health disorders. Bipolar affective disorder (1.7%) also appears more frequently in women, while schizophrenia spectrum disorders (3.6%) are more common among men [2, 3].

In addition to the disorders mentioned above, attention-deficit/hyperactivity disorder (ADHD) is being increasingly recognized among prison populations, mirroring trends in the general population. Its estimated prevalence ranges from 11% to 17%, depending on the source [5].

4. Risk factors and suicides of inmates

Prisoners face a wide range of risk factors contributing to poor mental health. A substantial number of individuals enter prison with preexisting mental health disorders, which are often exacerbated by the conditions of incarceration. It is well-documented that individuals with

psychiatric diagnoses are at a heightened risk of engaging in criminal behavior. Furthermore, the development of mental disorders during imprisonment is not uncommon among those without prior psychiatric history.

The prison environment itself is inherently conducive to psychological distress. Incarceration often results in the loss of autonomy, personal freedoms, sexual and emotional relationships, and privacy. Inmates are frequently exposed to aggression and violence, both from other prisoners and from staff [6]. In many correctional systems, particularly in Latin America, inhumane conditions—such as overcrowding, starvation, exposure to infectious diseases, and limited medical care—further intensify mental health challenges. In parallel, illicit drug circulation within prison walls remains a persistent issue that undermines rehabilitation efforts [2].

Language proficiency and social skills have also been identified as important factors influencing psychological well-being in prison. Inmates with poor interpersonal abilities or difficulties in communication may be more prone to psychiatric conditions. However, the reliability of such findings is limited, as many studies rely on self-reported data, which may be compromised by low self-awareness or social desirability bias. Nevertheless, these observations suggest the potential value of including professionals such as speech therapists and psychologists within the prison system to support inmates' communicative and social development [7].

Chronic physical illnesses are prevalent among incarcerated populations and may worsen mental health outcomes. Limited access to medical services further exacerbates these challenges. The high incidence of sexually transmitted infections (STIs) in prison settings can negatively impact both physical and mental well-being, contributing to a decline in self-esteem and overall psychological health among inmates [6].

Nutritional deficiencies have also emerged as a potential contributing factor. A study conducted in the United States revealed that prison diets often fail to meet recommended nutrient intake levels, particularly for vitamin D, magnesium, and omega-3 fatty acids. These deficiencies have been linked to the exacerbation of various mental health disorders, including depression, anxiety, and bipolar disorder. Although this was a single-country study, it highlights the broader importance of investigating nutritional standards in correctional institutions worldwide [8].

Mental disorders are strongly associated with an increased risk of self-harm and suicide. Suicide remains the leading cause of death in prisons. Approximately 10% of inmates attempt suicide during incarceration, with female prisoners exhibiting a higher rate of attempts than their male counterparts [9]. The risk of suicide is particularly acute during the early stages of imprisonment and immediately following release. Therefore, correctional systems must ensure that specialized mental health care is readily available upon prison entry and for individuals with a history of self-harm or suicide attempts. Equally important is the facilitation of post-release support to reduce recidivism and psychiatric relapse.

It is essential that correctional facilities maintain detailed records of suicides and suicide attempts. Accurate and consistent data collection enables ongoing evaluation of prison mental health services and allows comparisons across institutions. While some facilities already implement such practices, this approach has yet to be universally adopted [10].

5. Abuse of psychoactive substances by prisoners

Substance abuse is a well-documented contributor to poor health outcomes, particularly in relation to mental health, among individuals struggling with addiction. Similar to mental disorders, substance use disorders (SUDs) are markedly more prevalent among incarcerated populations than in the general public. Estimates suggest that more than half of all inmates are affected by substance abuse; however, the actual prevalence is likely higher due to underreporting and limited screening [11].

The intersection of mental illness and substance abuse often creates a cyclical pattern of deterioration, compounded by incarceration and criminal behavior [12]. Research indicates that individuals with substance use disorders are approximately 20 times more likely to experience non-affective psychoses and twice as likely to suffer from depression, compared to the general population [13]. The co-occurrence of these conditions significantly worsens treatment outcomes, complicates rehabilitation, and increases the risk of relapse.

Injection drug use presents an additional risk by facilitating the transmission of infectious diseases, such as HIV and hepatitis C, both of which are disproportionately prevalent in prison settings [11, 12].

In recent years, the global identification of new psychoactive substances (NPS) has surged by over 400% since 2009. NPS are particularly concerning due to their chemical diversity and unpredictable effects. Unlike traditional substances with more well-known pharmacological profiles—often associated with cognitive decline, psychosis, affective disorders, and aggressive behavior—NPS may contain a wide variety of compounds in unpredictable combinations. This heterogeneity complicates efforts to predict both acute and long-term effects. In addition to illicit substances, prisoners often misuse over-the-counter (OTC) and prescription medications, including antidepressants, antipsychotics, and antiepileptics, either for self-medication or recreational purposes [14].

The presence of psychoactive substances in prison significantly exacerbates existing mental health conditions, impedes treatment efficacy, and increases the likelihood of suicide during incarceration, as well as mortality following release [15]. Addressing this multifaceted issue requires comprehensive intervention strategies. These should include:

- Strict control of drug access within prisons;
- Monitoring of prescribed medication to prevent diversion or misuse;
- Educational programs aimed at increasing awareness about the risks of substance use;
- High-quality screening procedures to identify individuals at risk early;
- Access to integrated treatment programs, including addiction-focused psychotherapy and mental health counseling;
- Involvement of social support systems, including family, peer networks, and trained prison staff.

Evidence suggests that successful outcomes are more likely when inmates are actively engaged in their treatment and supported by their community. Ongoing psychiatric evaluation and

continuity of care post-release are also essential components of an effective rehabilitation strategy [12].

6. Differences in Adaptation to Prison Life Among Different Age Groups

Researchers have increasingly focused on the distinct ways in which older adults—particularly those over the age of 60—adapt to prison life. As populations in high-income countries continue to age, the proportion of elderly prisoners is steadily increasing [5]. Studies have shown that individuals who have been incarcerated for extended periods are at heightened risk of both physical and mental health problems compared to those with shorter or no incarceration histories. This population is particularly susceptible to neurodegenerative disorders, which are frequently associated with cognitive, emotional, and behavioral disturbances [2]. Furthermore, the prison environment can accelerate physical and psychological aging, often causing inmates to appear older than their chronological age [16].

Despite their declining physical health, older prisoners tend to report lower levels of stress and fewer negative emotions compared to their younger counterparts. Interestingly, both age groups report similar levels of overall well-being. Inmates aged 50 and above often exhibit better emotional regulation, a greater capacity for interpersonal respect, and a higher tendency toward compromise. Moreover, their social networks—although smaller—tend to be more stable and emotionally supportive, which may contribute significantly to their mental well-being.

In contrast, juvenile detainees are more likely to engage in substance abuse, a behavior frequently interpreted as a maladaptive coping mechanism for managing heightened anxiety and psychological distress [17].

7. Women in prisons

The female prison population remains significantly smaller than that of men. However, this numerical disparity often results in the distinct needs of female inmates—particularly in the area of mental health—being overlooked. While prison systems remain largely designed around male inmates, the number of incarcerated women has increased by approximately 60% since 2000 [18].

Women in prison exhibit a disproportionately high prevalence of mental health disorders compared to men. They are more likely to have experienced physical and sexual abuse, both prior to and during incarceration, which contributes to their increased psychological vulnerability. Common psychiatric conditions among female prisoners include depression, anxiety disorders, trauma-related disorders, aggressive behavior, psychotic illnesses, bipolar disorder, personality disorders, and substance use disorders. In the United States, studies have shown that more than half of incarcerated women were under the influence of psychoactive substances at the time of their offense [19, 20].

Despite these heightened needs, mental health services available to women in prisons remain profoundly inadequate. This shortfall is especially concerning given the documented differences in emotional expression and psychological needs between men and women. Female inmates frequently report unmet needs, such as greater access to psychotherapy and psychiatric

care, support from staff and peers, addiction treatment programs, enhanced mental health awareness, and routine psychological evaluations [20].

Meeting these needs is not only essential to improving the quality of life for women in custody but also plays a critical role in reducing the likelihood of recidivism and promoting successful reintegration into society following release.

8. Mental Health of LGBTQ+ Individuals in Prisons

A growing body of research indicates that LGBTQ+ individuals are disproportionately represented within the criminal justice system. This overrepresentation is reflected in a higher likelihood of legal proceedings and incarceration compared to heterosexual and cisgender individuals [21, 22]. In particular, the literature has emphasized the experiences of transgender people, whose interactions with the prison system are marked by unique challenges.

LGBTQ+ individuals are more vulnerable to a range of mental health conditions, including depression, anxiety disorders, post-traumatic stress, personality disorders, and substance use disorders [23]. Additionally, this population demonstrates significantly higher rates of suicidal ideation and behavior. These conditions are frequently exacerbated by interpersonal trauma, experiences of discrimination, and limited access to affirming healthcare within correctional settings.

Studies have documented that LGBTQ+ inmates—particularly transgender women—face an elevated risk of sexual violence, both from fellow inmates and, in some cases, from staff members [21]. This contributes to increased rates of sexually transmitted infections (STIs), including HIV, within this population [22]. Such conditions, combined with systemic neglect, often result in the institutional violation of basic human rights.

The issue of housing transgender prisoners remains particularly problematic. Assigning transgender individuals to correctional facilities based solely on their sex assigned at birth, without consideration of their gender identity or safety, can lead to heightened psychological distress and increased risk of assault. Correctional systems must prioritize individualized housing decisions that take into account the expressed gender identity and personal safety of the inmate.

Furthermore, segregation of LGBTQ+ individuals may offer a measure of protection but must be approached cautiously to avoid isolation and stigmatization. A more sustainable strategy includes providing staff training on LGBTQ+ rights and sensitivity, as well as educational programs for the broader prison population to reduce discrimination and hostility [24].

Access to affirming mental health care and gender-affirming medical interventions, including hormone therapy and surgical procedures where appropriate, is essential for the well-being of incarcerated individuals experiencing gender dysphoria [25]. Providing such care is not only an ethical imperative but also a legal and medical necessity, rooted in international human rights standards.

9. Conclusions

This review highlights the complexity and scale of mental health issues among incarcerated individuals. People in prison are exposed to numerous factors that significantly increase their risk of developing or exacerbating mental disorders. These include pre-existing life experiences—often marked by trauma, poverty, or marginalization—as well as adverse conditions inherent to the prison environment, such as isolation, limited contact with loved ones, exposure to violence, nutritional deficiencies, and inadequate access to healthcare.

The prevalence of mental health conditions—particularly depression, anxiety disorders, schizophrenia, and substance use disorders—is markedly higher among prisoners than in the general population. Vulnerability is not uniformly distributed: women, juveniles, older individuals, and LGBTQ+ prisoners are disproportionately affected, often facing discrimination, stigma, or targeted violence. Substance abuse, encompassing both illicit drugs and the misuse of prescription medications, frequently co-occurs with mental illness and aggravates treatment outcomes.

The findings underscore the urgent need for systemic reforms tailored to the specific psychological and medical needs of inmates. These reforms should include comprehensive psychiatric care, addiction treatment, psychological support, and specialized training for prison staff, particularly in dealing with high-risk groups. Implementing such measures can not only improve the mental well-being and quality of life of incarcerated individuals but also contribute to lower recidivism rates and more successful reintegration into society upon release.

Disclosure:

Author Contribution Statement

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