Depression and Experience of Incarceration in North Central Nigeria: A Situation Analysis at Makurdi Medium Security Prison

CURRENT STATUS: UNDER REVIEW

International Journal of Mental Health Systems  BMC

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Health Policy

KEYWORDS
depression, prison, Experience of Incarceration
Abstract

**Background:** Human rights watchdogs have described conditions in Nigerian correctional facilities and detention centers as damaging to the physical and mental health of inmates. While the prevalence of mental disorders is high, access to appropriate healthcare is grossly inadequate. Understanding the current state of prison inmates’ mental health and well-being is an essential first step to addressing this important issue. This study aims to document the mental health and experiences of incarceration of inmates of the largest medium security prison in Nigeria’s Benue State.

**Methods:** A cross-sectional survey and descriptive analysis was carried out with a random sample of 381 prison inmates of Benue State Makurdi Medium Security Prison. Survey tools included: (1) a structured questionnaire on participants’ experiences in prison, and (2) the Patient Health Questionnaire (PHQ-9), a screening tool for depression.

**Results:** Most participants were young men (95.5%, mean age 27.95) and had completed secondary school (63.5%). While prison authorities had identified only 27 participants as having a mental disorder, 144 (37.8%) screened positive for depression. Twenty six had received professional counseling while in prison. Of the six participants who were already taking a psychotropic medication at the time of imprisonment, four received medication after being imprisoned. Approximately half, (52%) of participants were dissatisfied with prison health care.

**Conclusions:** Despite the high prevalence of depression among prison inmates, few cases are detected and treated. Prison staff may not recognize depression as a mental disorder, and the mental health care available is generally poor. Inadequate mental health and social care not only affects prison inmates’ well-being, but may also impact recidivism and health outcomes upon release. Prison inmates should be screened routinely for depression and other less-commonly recognized mental health conditions, and appropriate treatment made available.

**Background**
In 2018, researchers from around the world launched a global call to action on the mental health of incarcerated people [1]. Noting the dearth of epidemiological and intervention studies on the mental
health of prison inmates in low- and middle-income countries (LMICs), they proposed that evidence-based task-sharing interventions tested in low-resource community settings could be adapted for delivery in correctional facilities and post-release. An essential first step is to document the services currently available in LMIC prisons, the mental health of prison populations, and the stressors they face.

**Depression in prisons**

**Prevalence**

Of the more than 10.74 million people imprisoned around the world [2], one in seven has major depression or psychosis [3, 4]. A systematic review and meta-regression analysis of data from 24 countries calculated a 10.2% pooled prevalence of major depression among male prison inmates, and 14.1% among female prison inmates. The authors called for more studies from prison populations in low- and middle-income countries (LMICs) [3]. Lovett et al.’s subsequent meta-analysis of prevalence studies among prison inmates in Africa specifically estimates the pooled prevalence of mood disorders to be 22% [5].

Several studies suggest that the prevalence of depression in Nigerian prison inmates exceed these regional and international estimates; however, most of this research comes from relatively prosperous cities in the southern part of the country. For example, a study carried out in Port Harcourt prison estimates that 37% of prisoners have depression [6]. Osasona and Koleoso report that nearly three quarters (72.6%) of inmates in their sample from a medium security correctional facility in Benin City show symptoms of depression [7]. In a sample from Ilesa correctional facility, 85.3% scored above the cut-off on the Depression Sub-scale of the Hospital Anxiety and Depression Scale (HADS) [8]. The only northern prevalence studies we have been able to identify were from the Plateau State capital, Jos [9, 10]. Here, they estimate the prevalence of depression among prison inmates at 30.8%, first using the General Health Questionnaire (GHQ-28) as a screening tool, followed by the Composite International Diagnostic Interview (CIDI) to confirm diagnosis.

While estimates of prevalence differ between studies, global systematic reviews indicate that the prevalence of depression among prison inmates is consistently higher than in the general population...
This would certainly appear to be the case in Nigeria, where the Nigerian Survey of Mental Health and Well-being has estimated that only 12.1% of people will experience a diagnosable mental disorder (according to Diagnostic Statistical Manual [DSM] criteria) in their lifetime [11].

**Causation**

A general dearth of longitudinal studies makes it difficult to demonstrate the direction of causality for the association between mental disorders and imprisonment. However, a narrative synthesis of qualitative studies from high-income countries suggests that most prison inmates perceive the prison environment as having a negative impact on their mental health [12]. An exceptional few highlight the opportunity to access health services as a benefit of imprisonment. However, a general paucity of physical and mental health services (lack of human resources, timely mental health assessments and psychotropic medications) and psychosocial interventions (limited rehabilitation, vocational and community rehabilitation services) has been observed in prison studies across Africa [5]. They also report other worrying conditions that could represent significant psychosocial stressors to prisoners in low-resource settings: poor sanitation, lack of food and opportunities for recreation; poor communication between the medical and justice systems; and delays in trials, case-processing and release. It has long been acknowledged that the uncertain outcome of court hearings and the welfare of dependents during incarceration are important risk factors for mental disorders among prison inmates, and that speedy trials are necessary to avoid prolonged exposure to these and other stressors [13].

**Outcomes**

Reviews of the global literature indicate that high rates of depression among prisoners can have significant consequences, both for prisoners and for the justice system more broadly [3, 4]. Prison inmates are at much higher risk of self-harm and suicide, which are often (though not always) linked to mental disorders—depression, in particular [4, 18]. In high-income countries, prison inmates with depression have 4.36 times higher risk of self-harm or suicide, compared to prison inmates with no known mental disorders [18]. Prison inmates with mental disorders are also more likely to experience violence and victimization (physical and sexual) from others while in prison [4]. A 2009 systematic
review and meta-analysis concludes that people with psychotic disorders have 1.6 times the odds of repeat offending, compared to people with no mental disorders [19]. However, the odds are equivalent (OR 1.0) when psychotic disorders are compared with other mental disorders, indicating that people with mental disorders generally have an elevated risk of repeat offending.  

**Correctional facilities in Nigeria**  
Medical treatment of Nigerian prison inmates is grossly inadequate [24]. It is generally acknowledged that there is a very low rate of identification and treatment of mental disorders [21]. Prison inmates with mental disorders are in some cases incarcerated with the general prison population and little effort is made to provide mental health care [24]. Unfortunately, there is currently very little research on these topics in Nigeria, the seventh most populous country in the world and the largest in sub-Saharan Africa. What research does exist is dominated by the relatively economically prosperous southern parts of the country. This paper assesses the current situation at the Benue State Makurdi Medium Security Correctional facility in Nigeria’s North Central region.  
Our aim is to help inform the development of interventions and services for prison inmates with depression in the North Central region by first assessing the current situation at the Benue State Makurdi Medium Security Correctional Facility, from the perspectives of prison inmates themselves. Our objective is to carry out a cross-sectional descriptive study with a random sample of prisoners, focused on the following questions:

1. What are the social and economic characteristics of inmates at this correctional facility?  
2. How did these inmates come to be in custody, and what has been their experience of the criminal justice system?  
3. What are the psychosocial consequences of being remanded in custody for these inmates?  
4. What is the prevalence of depression among these inmates?
5. How has the correctional facility responded (or failed to respond) to inmates’ mental health needs?

Methods
Study design
This was a descriptive cross-sectional study carried out at Benue State Makurdi Medium Security Correctional Facility. Data were collected between August and September 2017.

Setting and population

**Makurdi Medium Security Correctional Facility**

Makurdi Medium Security Correctional Facility was commissioned in 2001 under the oversight of the Controller of Prisons, Benue State Command. Facilities comprise an administrative block, records section, gate lodge, welfare section, industrial workshop and a medical unit, as well as a prison yard with some recreational facilities (such as a football pitch). While the original proposed inmate capacity was 240, the facility currently holds around 900, the majority of whom are awaiting trial.

The medical unit has one general duty doctor, a pharmacist, a clinical psychologist, two laboratory technicians, five nurses, two Community Health Extension Workers and two auxiliary nurses. There is no psychiatrist, psychiatric nurse, social worker or occupational therapist on staff. Psychotropic medications are not available in the facility. The correctional facility reports that psychosocial services available include general counseling, exercise and skill acquisition. Health talks are also given to inmates who attend the clinic. These services are provided by health center staff. Christian organizations that visit the facility offer prayers and administer anointing oil. No service user organization or self-help group is in existence at the facility. Some inmates with mental illnesses are referred on occasion to the psychiatric clinic of the Federal Medical Centre, Makurdi for evaluation, treatment and court reports.

Sample

**Sample size determination**

Using the Cochran formula for populations greater than 10,000 \( (z^2pq/d^2) \), where precision at 5%, \( z=A \) constant at 95%, confidence interval=1.96 and \( N= \) target population and using a prevalence of 34%, the calculated sample size inflated by 10% to account for any potential retrospective withdrawal of
consent resulted in a total calculated sample size of 381[25].

Eligibility criteria

Adult (age 18+) men and women were eligible for inclusion if they were inmates at the Benue State Makurdi Medium Security Correctional Facility at the time of the survey. Prisoners who did not give written informed consent to participate in the study were excluded.

Selection

From the correctional facility record, a register containing the names of all the eligible inmates was created. There were 902 names on the register. These were coded from 001 to 902. On pieces of paper, numbers ranging from 001 to 902 were written, and were then rumpled. The papers were shaken. The first 381 numbers were picked through simple random sampling by replacement. The register was restricted only to the Principal Investigator and utilized solely for the recruitment and interview process. At the end of the exercise, the master list was shredded. These steps were taken to guarantee respondent anonymity.

Instruments

The study instruments include a structured questionnaire and Patient Health Questionnaire 9 (PHQ-9). Instruments were translated from English into Tiv and then back-translated into English. The original English versions were then compared against the back-translated versions to check for accuracy. Minor differences were resolved by the bilingual translators to produce the final consensus versions that were used in this study.

Structured questionnaire

The structured questionnaire was adapted from an earlier developed prison questionnaire for Nigeria [17]. It is divided into four sections: (1) socio-demographic data, (2) forensic data, (3) experiences of prison and impact, and (4) previous medical history.

In, Section 1, socio-demographic data included questions on age, sex, educational status, employment status, income, religious affiliation, tribe, marital status, duration of marriage prior to imprisonment and number of children. Section 2 covered forensic data, including charge(s) against the participants, repeat offending (previous arrest and imprisonment, charges, frequency and reasons
for repeat offending), time in prison and trial status (convicted or awaiting trial). For those convicted, we also asked about the length of sentence. For those awaiting trial, we asked about the plea, number of times in court, representation, self-assessment of the quality of representation and frequency of adjournments. Section 3 covered self-reported experience of the prison, in terms of quality of food, accommodation, clothing, general health condition, visitors, recreational facilities, educational rehabilitation, occupational rehabilitation, and freedom of worship. It also covered the impact of stay on family, occupation, relationships, the religious life of inmates and any history of mental illness. Section 4 covered prior medical and psychiatric history,

**Patient Health Questionnaire 9**

This is a short nine-item screening tool for symptoms of depression, which has been used in previous studies of non-specialist settings in Nigeria [26, 27]. Depression is indicated if five or more of the nine symptom criteria have been present at least “more than half the days” in the past two weeks, and one of the symptoms is depressed mood or anhedonia [28]. For the purposes of this study, those with scores ranging between zero and four were considered not to have depression.

**Procedure**

The selected inmates were approached by the trained research assistants to explain the study and obtain consent during period of recreation in the yard. It was explained that participation in the study was voluntary and non-participation will not affect the inmate in any way and that they are free to opt out of the study at any time they wished to. The study instruments were later administered to the selected inmates on a one-to-one basis in a private room by trained research assistants. The four research assistants were all conversant in both English and Tiv. Participants who could speak English were interviewed using the English version of the instruments, while others were interviewed using the Tiv version.

**Analysis**

The data generated were analyzed using the Statistical Package for the Social Sciences (SPSS) version 16 software. Frequencies and cross-tabulation of variables were generated to check for data entry errors and missing values. Descriptive statistics were calculated, including frequencies and
percentages for categorial variables, and means with standard deviations for continuous variables.

Ethics

Approval for the study was obtained from the University of Ibadan/University College Hospital Ethics and Research Committee. Necessary permissions and clearances were also obtained from the Prison Command Authorities. Only those who provided consent to be interviewed were recruited. The prison inmates were informed that they were completely free to refuse participation, though most welcomed it as an opportunity to contribute to the improvement of health facilities in the prison. The participants were given toiletries and soft beverages to thank them for their time. However, these were judged to be modest enough so as to avoid undue influence to the decision to participate.

Results

**Social and economic characteristics of inmates**

Table 1 shows the participants’ socio-demographic characteristics. The sample consisted of 381 participants. The mean age of participants was 27.95 ± 7.08 years with a majority, 320 (84.0%) aged 15-34 years. Most were males (95.5%), and a large percentage (63.5%) had completed secondary education. The vast majority was Christian (94.0%), and Tiv was the dominant tribe, 251 (65.9%). A high percentage (82.2%) was employed before the arrest; of these, 95.2% were self-employed. The overall mean income was N39,301 (109 USD) with a high proportion, 182 (58.2%) earning between N20,000 – N100,000 (55.5 – 277.8 USD) monthly.

**Experience of the criminal justice system**

Table 2 describes the participants’ experience with the criminal justice system. Most of the participants, 182 (47.8%) had spent 5-20 days in police custody while 207 (54.3%) had spent >150 days in prison. A high proportion, 171 (44.9%) were charged with armed robbery. Almost all the participants, 377 (99.0%) were awaiting trial. Of those in detention, 38 (10.1%) were yet to appear in court. Most, 255 (67.6%) indicated that they have a lawyer. Most of the lawyers, 209 (82.0%) were paid counsel. Slightly greater than half, 185 (52.0%) were satisfied with their representation. The majority of the participants, 260 (78.9%) indicated that their case had been adjourned on a number of occasions.
Some of the participants, 63 (16.9%) had a history of previous arrests. Thirty-three (52.4%) of these had a history of a single previous arrest. Reasons reported for re-offending include joblessness (11.1% of reoffenders); lack of capital (9.5%); lack of skills (4.8%); coercion by a gang (6.3%), and perception of crime being more profitable (3.2%).

**Experience and social consequences of incarceration**

Table 3 shows the experience and social consequences of incarceration. Most of the participants rated the food as poor (86.9%). Although 64.0% indicated that accommodation was well given, 51.7% indicated that they slept on the bare floor. Over half (55.6%) were satisfied with the clothing provided, but 49.9% had only one set of clothing and 40.9% had been wearing the same set for over six months. Few of the participants (inflated it slightly by 10% to account for any potential retrospective withdrawal of consent 11.5%) participated in recreation and sports, and 96.3% had no access to educational rehabilitation. Most (92.4%) reported that they had freedom of worship. Many of the participants, 91 (23.9%) never have visitors. For those who have visitors, parents (26.2%) and other relatives (30.4%) made up the majority of visitors.

Table 4 shows the perceived social consequences of imprisonment. The greatest impact of imprisonment on the family was social embarrassment (44.7%). The most painful loss suffered was the loss of a job (39.6%). Most (84.3%) became more religious while a small but notable percentage (15.7%) reported they had lost their faith in God. About one third (31.5%) anticipated difficulty with future employment.

Emotional responses include the belief that their experience in prison made them better people (28.5%); the perception that the government has been unfair to them (24.7%); the conviction that nobody cared (19%); and anger and bitterness toward society (16.4%).

**Mental health care structures**

Table 5 shows mental health care structures available for inmates in prison. Eight (2.1%) of the participants had mental health problems before imprisonment. Six (1.6%) were on medication for a mental or emotional problem at the time of imprisonment. Twenty-seven (7.1%) of the participants were identified as suffering a mental disorder by prison health authorities. Of these, 15 (3.9%) were
diagnosed with depressive disorder. Only four (1.0%) of those identified with a mental disorder were placed on medication, while 26 (6.8%) had received professional counseling since admission in prison.

Over half, 198 (52.0%), of the participants were dissatisfied with the prison health care. Using PHQ9, 144 (37.8%) of the participants met the criteria for depression.

Discussion
This paper reviewed the mental health situation in a prison facility in North Central Nigeria. Striking findings include: (1) the high prevalence of depression in this prison inmate population; (2) the poor rate of identification of depression (by correctional facility authorities as well as by prison inmates themselves); (3) lack of treatment (particularly psychopharmacological) for mental disorders generally; (4) moderate levels of satisfaction with correctional facility healthcare; and (5) extremely high numbers of prison inmates who had not been formally convicted.

The prevalence of depression (37.8%) as measured via the PhQ-9 screening tool is higher than the pooled prevalence of mood disorders in the African region (22%) [5]. However, it is similar to that reported by Armiya’u et al. [9, 10] in Jos (30.8%), but higher than the reported prevalence of depression of 20.8% in a similar prison population from Ibadan [17]. The disparity with the Ibadan prevalence may be accounted for by the different geographical region (South West) where that study was conducted; as against this study and the Armiya’u study that were both from Prisons in the same North Central Region.

This study’s concurrence with the prevalence from the study of Armiya’u et al, is an interesting result, given their use of an arguably more rigorous two-stage process for identification, plus a different (and much longer) screening tool (GHQ-28) than ours. If both studies have indeed captured the true prevalence of depression in their respective locations, this would suggest not only that prisoners’ mental health is perhaps similar between these two states in the North Central region, but also that screening by PHQ-9 could be an efficient way to identify prisoners with depression in these contexts. However, further research is needed to explore both of these points.

We found that only a small number of those with a mental disorder were identified by the correctional
facility authorities, and the number of prison inmates who screened positive for depression was much higher than the number identified as having a mental disorder by the prison authorities. It is possible that both prison authorities and prisoners do not recognise symptoms of depression as those of a mental disorder. It could also be that in an environment with limited access to mental health care, there is no motivation to identify prison inmates as having depression, which will likely go untreated anyway. However, studies from high-income countries also report that psychotic disorders are more easily identified by correctional facility authorities than mood disorders and recommend routine screening to improve detection rates [29, 30].

Only a small proportion of prison inmates identified as having a mental disorder were offered psychotropic medication. It reflects findings from high-income countries regarding treatment of prison inmates with mental disorders. For example, a 2014 analysis of data from over 18,000 American prison inmates found that treatment was disrupted upon admission for the majority of prison inmates with a history of mental disorders. Only a small proportion of prison inmates with a lifetime diagnosis of a mental disorder continue with their treatment upon admission in prison [30]. This has been attributed to a lack of appropriately skilled human resources, especially psychologists and psychiatrists, to properly diagnose and treat mental disorders [31].

Given the poor access to mental health care and the poor conditions generally reported by inmates, it is rather surprising that almost half (48%) reported they were satisfied with the medical treatment at the prison. This could perhaps be a reflection of the extreme poverty and poor access to care that many inmates experienced prior to imprisonment, or else habituation to the conditions of the prison system. Prisoners’ expectations may be very low, resulting in a certain degree of satisfaction with whatever goods or services are provided by the correctional facility authorities.

Very concerning is that 99% of participants in our sample had not been convicted of a crime. Most were still undergoing trial while some had not yet appeared in court at all. Even among those who had been to court, many had appeared several times with representation and still had their cases adjourned. This is a major problem in the criminal justice system in Nigeria, leading to congestion in correctional facilities country-wide, and there is little likelihood that this situation will change in the
This anomalous situation, where the majority of the prison inmates were awaiting trial, was cited as the motivation for a study carried out at the Agodi Medium Security Prison of Ibadan [17]. Their study exclusively interviewed the awaiting trial inmates, who accounted for 91.6% of the prison population, as at the time of the study in 2013. It is also a common problem in the African region more broadly. A systematic review of 80 studies on the mental health of prisoners in sub-Saharan Africa found that in 36% of studies, the majority of participants had not been convicted of a crime [5]. This is a major source of psychosocial stress for prison inmates which could be contributing to high rates of depression.

Lack of access to a speedy trial also has implications for the services available to prison inmates. In our study, most prison inmates were not offered educational or occupational rehabilitation because in this low-resource environment, the limited facilities available are reserved for those who have already been convicted. This undermines the role of prisons as rehabilitation institutions with the ultimate goal of re-orientating and reforming inmates [32, 33]. Under Cap. 366 Laws of the Federation of Nigeria 1990 which governs the prison system, the prison system is expected to prepare inmates for eventual reintegration into society as normal law-abiding citizens (32). This cannot be achieved with poor living conditions and long term stay in prison without speedy trials.

Limitations
This was a cross-sectional study conducted among prison inmates in Benue state. Due to demographic differences and conditions in different prisons in Nigeria, the findings may not be generalized to the entire nation. Social desirability and recall bias cannot be ruled out, particularly given that the information provided by prison inmates about conditions in the correctional facility was through self-report.

Although it has been validated for use in non-specialist settings in Nigeria, to the best of our knowledge, PHQ-9 has not been validated for the screening of depression in Nigerian correctional facilities, specifically. We also recognize that some of our research questions are difficult to address using quantitative methods alone, and could benefit from further exploration and triangulation using qualitative methods.
**Recommendations**

Despite the above limitations, this study does add to the existing evidence that the prevalence of mental conditions in Nigerian correctional facilities is high—in northern as well as southern institutions. This is unlikely to change while the country struggles to ensure access to fair and speedy trials, resulting in congestion and poor living conditions in its correctional facilities. Based on our findings, we recommend that efforts should be made to expedite trials in the correctional facility in Benue State and across the country to decongest these facilities. Not only is overcrowding an environmental stressor that may contribute to poor mental health, but the experience of prolonged detention without trial takes its own psychological toll. It is also possible that innocent detainees may be unnecessarily exposed to the various risk factors associated with imprisonment over a long period of time while awaiting trial.

We also recommend that prisons do more to identify and care for people with mental health conditions, potentially reducing the risk of reoffending and therefore relieving some of the pressure on the justice system. We suggest adopting standard screening procedures for under-detected mental disorders like depression, and ensuring that mental health services in correctional facilities are properly resourced. In the absence of a full-time psychiatrist, Makurdi Medium Security correctional facility should consider training its non-specialist medical staff in the World Health Organisation’s mental health Gap Action Programme Intervention Guide (mhGAP-IG). This would also require strengthening referral pathways to ensure that those with complex cases receive necessary specialist care from one of Makurdi’s tertiary facilities.

Given the mhGAP-IG’s emphasis on psychotherapy for mood disorders and the prison’s difficulties in providing psychopharmaceuticals, it should also consider training staff to provide manualized psychotherapy. A small controlled study in Enugu State, for example, has shown that a group-focused cognitive-behavioural coaching programme can reduce depression symptoms among inmates. However, this is an under-researched area, and more studies are needed to determine which therapies are most cost-effective to deliver in LMIC correctional facility populations. This could be a topic for further study at Makurdi Medium Security Correctional Facility.
Conclusion
Our paper reinforces calls by previous researchers to improve living conditions in correctional facilities in Nigeria, in line with international human rights instruments. It adds to existing evidence of poor conditions experienced by prison inmates with new evidence suggesting very high rates of depression and unmet need for mental health care in this correctional facility. Poor mental health increases risk of reoffending and other negative outcomes, such as suicide, violence and victimization in correctional facility. Improving mental health among prisoners in Nigeria will require not only better detection and treatment, but also structural and environmental changes to reduce exposure to known risk factors—in particular, prolonged detention without trial.

Declarations
* Ethics approval and consent to participate: Approval for the study was obtained from the University of Ibadan/University College Hospital Ethics and Research Committee. Necessary permissions and clearances were also obtained from the Prison Command Authorities. Written informed consent was obtained from the participants.

* Consent for publication: The authors give consent to have the paper published

* Availability of data and material: The data set used and analyzed during the study is available from CBM on reasonable request.

* Competing interests: The authors report no conflict of interest.

* Funding: funding for the paper was provided by CBM International, Abuja, Nigeria

* Authors’ contributions: CA and EN wrote the proposal and protocol. EN, PO, OA, TA, OO, SO and FO recruited, trained and retrained the service provider and field assistants. CA and EN and analysed the data set. EN, CA, GR, FO, OA, SO, JA, TA, OO and JE drafted the manuscript with revisions by GR. All authors read and approved the final manuscript.

* Acknowledgements: We would acknowledge the all the staff of the CBM Nigeria Country Coordination office in Abuja, and particularly the Country Director, Bright Ekweremadu, for ensuring that funds for research were released on time. We also wish to thank the research assistants (graduates of psychology on national service in Makurdi) for their assistance with data collection.

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Tables

Table 1: Socio-demographic characteristics

| Variables     | Frequency | Percent |
|---------------|-----------|---------|
| Sex           |           |         |
| Male          | 364       | 95.5    |
| Female        | 17        | 4.5     |
| Mean age      | 27.95±7.08|         |
| Educational status |         |         |
| Education Level       | Count | Percentage |
|-----------------------|-------|------------|
| None                  | 22    | 5.8        |
| Completed Primary     | 68    | 17.8       |
| Completed Secondary   | 242   | 63.5       |
| Completed Tertiary    | 49    | 12.9       |

| Religion              | Count | Percentage |
|-----------------------|-------|------------|
| Christianity          | 358   | 94.0       |
| Islam                 | 23    | 6.0        |

| Tribe                  | Count | Percentage |
|------------------------|-------|------------|
| Tiv                    | 250   | 65.9       |
| Others                 | 129   | 34.1       |

| State of origin        | Count | Percentage |
|------------------------|-------|------------|
| Benue                  | 320   | 84.0       |
| Other                  | 61    | 16.0       |

| Employment before arrest | Count | Percentage |
|--------------------------|-------|------------|
| Yes                      | 313   | 82.2       |
| Occupation (n=313) |   |   |
|--------------------|---|---|
| Civil servant      | 15| 4.8|
| Self-employed      | 298| 95.2|

| Average monthly income before arrest (in Naira) (n=313) |   |   |
|--------------------------------------------------------|---|---|
| <20,000                                                 | 118| 37.7|
| 20,000 – 100,000                                       | 182| 58.2|
| >100,000                                                | 13 | 4.2|

| Mean income | 39,301.02 ± 72,789.25 |
|-------------|------------------------|

| Marital status |   |   |
|----------------|---|---|
| Single         | 200| 52.5|
| Married        | 163| 42.8|
| Divorced/widowed | 18 | 4.7|

| Family setting (n=163) |   |   |
|------------------------|---|---|
| Family type, if married |   |   |
| Variables                      | Frequency | Percent (%) |
|-------------------------------|-----------|-------------|
| Days in police custody (days) |           |             |
| <5                            | 26        | 6.8         |
| 5-20                          | 182       | 47.8        |
| >20                           | 173       | 45.4        |
| Days in prison (days)         |           |             |
| ≤30                           | 23        | 6.0         |
| 31-150                        | 151       | 39.6        |
| >150                          | 207       | 54.3        |
| Post held in the cell         |           |             |
| Yes                           | 71        | 18.6        |
| No                            | 310       | 81.4        |
| Charge                        |           |             |
| Armed robbery                 | 171       | 44.9        |
| Homicide                      | 57        | 15.0        |

Table 2: Experience with the criminal justice system
| Crime                        | Count | Percentage |
|------------------------------|-------|------------|
| Theft                        | 31    | 8.1        |
| Criminal conspiracy          | 28    | 7.3        |
| Kidnapping and terrorism     | 22    | 5.8        |
| Others                       | 72    | 18.8       |

**Status**

| Status     | Count | Percentage |
|------------|-------|------------|
| Awaiting trial       | 377   | 99.0       |
| Convicted            | 4     | 1.0        |

**Plea**

| Plea         | Count | Percentage |
|--------------|-------|------------|
| Not Guilty   | 345   | 91.5       |
| Guilty       | 32    | 8.4        |

**Appeared in court**

| Appeared in court | Count | Percentage |
|-------------------|-------|------------|
| Yes               | 339   | 89.9       |
| No                | 38    | 10.1       |

**Number of times in court**

| Number of times in court | Count | Percentage |
|--------------------------|-------|------------|
| 1-5                      | 188   | 54.7       |
| 6-20                     | 106   | 30.8       |
| >20                      | 50    | 14.5       |

**Represented by a lawyer**

| Represented by a lawyer | Count | Percentage |
|-------------------------|-------|------------|
| Yes                     | 255   | 67.6       |
| No                      | 122   | 32.4       |

**Type of lawyer**

| Type of lawyer | Count | Percentage |
|----------------|-------|------------|
| Paid counsel   | 209   | 82.0       |
| JDPC           | 10    | 3.9        |
| Legal aid      | 36    | 14.1       |

**Ever been arrested before**

| Ever been arrested before | Count | Percentage |
|----------------------------|-------|------------|
| Yes                        | 63    | 16.9       |
No 309 83.1

**Number of times (n=63)**

1 33 52.4

>1 30 47.6

**Charges during previous arrests (n=63)**

- Cultism 10 15.9
- Theft 9 14.3
- Fighting 11 17.5
- Suspect in a crime 16 25.3
- Others 17 27.0

**Reason for reoffending (n=63)**

- No reason given 41 65.1
- No job 7 11.1
- Lack of capital to start a business 6 9.5
- Forced back by a gang 4 6.3
- No training for any other occupation 3 4.8
- Crime more profitable 2 3.2

JDPC=Justice, Development and Peace Commision

### Table 3: The living situation in prison custody

| Variables                      | Frequency | Percent (%) |
|--------------------------------|-----------|-------------|
| Quality of food                |           |             |
| Poor                           | 331       | 86.9        |
| Good                           | 50        | 13.1        |
| Quality of accommodation       |           |             |
| Good                           | 244       | 64.0        |
| Poor                           | 137       | 36.0        |

**Where do you sleep**

On the bare floor 197 51.7
On a mattress on the floor 116 30.4  
On a bed 68 17.8  

**Satisfaction with clothing**  
Yes 212 55.6  
No 169 44.4  

**Sets of clothing possessed**  
1 190 49.9  
>1 191 50.1  

**How long have you been wearing them**  
<1month 82 21.5  
1-6 months 143 37.6  
>6 months 156 40.9  

**Recreation and sports**  
Yes 44 11.5  
No 337 88.5  

**Educational rehabilitation**  
Yes 14 3.7  
No 367 96.3  

**Freedom of worship**  
Yes 352 92.4  
No 29 7.6  

**Frequency of visitors from outside**  
No visitors at all 97 25.5
|                | Frequency | Percent (%) |
|----------------|-----------|-------------|
| Daily          | 23        | 6.0         |
| Weekly         | 103       | 27.0        |
| Monthly        | 153       | 40.2        |
| Annually       | 5         | 1.3         |

*Those that have visited (multiple response) *

|                | Frequency | Percent (%) |
|----------------|-----------|-------------|
| Parents        | 147       | 26.2        |
| Other Relatives| 170       | 30.4        |
| Spouse and children | 91   | 16.2        |
| Friends        | 87        | 15.5        |
| Others         | 65        | 11.6        |

**Currently attend workshop**

|                | Frequency | Percent (%) |
|----------------|-----------|-------------|
| Yes            | 7         | 1.8         |
| No             | 374       | 98.2        |

**If No to statement above, why not?**

|                        | Frequency | Percent (%) |
|------------------------|-----------|-------------|
| No Workshop organized  | 210       | 57.1        |
| Only for convicts      | 102       | 27.7        |
| Insufficient space     | 43        | 11.7        |
| Don't like the options | 13        | 3.5         |

### Table 4  Perceived social consequences

| Variables                          | Frequency | Percent (%) |
|------------------------------------|-----------|-------------|
| Consequences on the family*        |           |             |
| Family embarrassed                 | 276       | 44.7        |
| Lost job                           | 205       | 33.2        |
| Children living with relatives     | 66        | 10.7        |
| Event                                      | Count | Percentage |
|-------------------------------------------|-------|------------|
| Spouse left                               | 41    | 6.6        |
| Children dropped out of school            | 29    | 4.7        |
| Anticipated difficulty with future employment |       |            |
| Yes                                       | 120   | 31.5       |
| No                                        | 261   | 68.5       |
| Religion                                  |       |            |
| Become more religious                     | 321   | 84.3       |
| Lost faith in God                         | 60    | 15.7       |
| **Most painful loss***                    |       |            |
| Job loss                                  | 191   | 39.6       |
| Life ruined                               | 125   | 25.9       |
| Family and children neglected             | 117   | 24.3       |
| Spousal abandonment                       | 49    | 10.2       |
| **Emotional response to stay in prison*** |       |            |
| Become a better person                    | 268   | 28.5       |
| Seen that Government is unfair            | 233   | 24.7       |
| Convinced nobody cares                    | 179   | 19.0       |
| Angry and bitter towards society          | 152   | 16.4       |
| Learned to be smarter                     | 110   | 11.7       |

*multiple response
Table 5: Mental health care structures

| Variables                                                      | Frequency | Percent (%)|
|----------------------------------------------------------------|-----------|-------------|
| Medical history taken on admission in prison                   |           |             |
| Yes                                                            | 67        | 17.6        |
| No                                                             | 314       | 82.4        |
| Mental health problem prior to incarceration                    |           |             |
| Yes                                                            | 8         | 2.1         |
| No                                                             | 373       | 97.9        |
| On treatment for mental or emotional problem at the time of incarceration |           |             |
| Yes                                                            | 6         | 1.6         |
| No                                                             | 375       | 98.4        |
| Current mental health problem                                  |           |             |
| Yes                                                            | 27        | 7.1         |
| No                                                             | 354       | 92.9        |
| Diagnosed with depression by prison authorities                |           |             |
| Yes                                                            | 15        | 3.9         |
| No                                                             | 366       | 96.1        |
| Depressive disorder using PHQ9                                  |           |             |
| Not depressed                                                  | 237       | 62.2        |
| Depressed                                                      | 144       | 37.8        |
| On medication for a mental or emotional problem since incarceration |           |             |
| Yes                                                            | 4         | 1.0         |
| No                                                             | 377       | 99.0        |
| Counseling by a trained professional since admission in prison |           |             |
| Yes                                                            | 26        | 6.8         |
| No                                                             | 355       | 93.2        |
| Satisfaction with Healthcare provided                          |           |             |
| Yes                                                            | 183       | 48.0        |
| No                                                             | 198       | 52.0        |