HOPELESSNESS, DEPRESSION, & SELF HARM AMONG PRISONERS IN PAKISTAN

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Abstract

This paper aims to explore- the impact of imprisonment on the mental health among prisoners in terms of levels and association of hopelessness, depression and self-harm among prisoners in Pakistan. The paper is based on a cross-sectional survey method design by using purposive sampling technique. The findings highlighted the prevalence and correlation of hopelessness, depression and self-harm among prisoners. Moreover, the level of hopelessness, depression and self-harm is higher among female as compared to male prisoners. Whereas, prisoners from low socioeconomic status were found with greater level of hopelessness, depression and self-harm than middle class prisoners. Additionally, the uneducated prisoners were found to be more depressed and were high on deliberate self-harm than the prisoners with primary to high level of education. Similarly, the drugs convicted prisoners were identified with more depression and self-harm than the prisoners involved in murder case. The current study may help the prison administration to improve awareness and understand the need of rehabilitation of prisoners by highlighting the mental illness. This study provides and contributes in highlighting the mental illnesses among the prisoners during their incarceration which will further help the prison administration by understanding the mental issues among prison population.

Keywords: Prisoners, Hopelessness, Depression, Self-Harm

Introduction

Prison populations have grown in all over the world, and now exceed more than 10 million people globally (Walmsley, 2011). It is understood that individuals who cross the law are kept in a place called a prison (Uche & Princewill, 2015) where they are punished to reduce recidivism by reforming them into well behaved residents (Armour, 2012). However, it is observed that imprisonment may declines their physical and mental health (Armour, 2012) as probably the most underprivileged and stigmatized people comprise the community jail populace. Studies conducted around the globe uncovered that the predominance of mental issues is high among prisoners than the general population (Beyen et al., 2017).

Probably 450 million population going through with psychological or behavioural problems globally (WHO, 2010), in which approximately more than 10 million are the prison population and their rate of prevalence is increasing by one million per decade.

Moreover, two very well-known factors related to suicide are hopelessness and depression. During imprisonment, the apprehension of the depression is common (Boothby & Clements, 2000). As it is studied that intensity of mental health are elevated among prisoners (Fazel & Seewald, 2012). A comparative research indicates greater number of DSH among incarcerated population as between 7% - 48% (Dixon-Gordon et al., 2012).

Depression is considered as one of the most common disorder among psychological disorders and in the future it would be one of the primary factor to cause mental illness (Ustun et al., 2004; WHO, 2000). In

addition, the association of depression and anxiety symptoms may lead to suicidal thoughts and attempt (WHO, 2012).

A systematic review by Fazel and Danesh (2002) showed the psychological issues of imprisoned population from 12 Western countries, i.e., in males 3.7% diagnosed with psychotic illness, 10% with major depression, and 65% with a personality disorder, whereas, 47% with antisocial personality disorder. While amongst the female prisoners, 4% had psychosis, 12% major depression, and 42% were diagnosed with personality disorders.

Various studies demonstrate that in prison the most recognized reason for mortality is suicide (Baillargeon et al., 2009) and it is also examined among prisoners that self-harm can be caused by depression or depressive symptoms (Jenkins et al., 2005) and the recurrent attempts to self-harm can be represented by suicidal ideation (Lohner & Konrad, 2007).

Within South Asian countries, Pakistan is the second most populous country, with a probable population of more than 200 million people, including around 22 million with mental illness. According to 2017 census, Pakistan has 207,774,520 total populations in which the prison population is comprised of 84,287 inmates (Census Report, 2017). In the general population of Pakistan the estimated incidence of mental disorders is about 34%. In Pakistan the issue of mental of prisoners has been ignored. Khan et al. (2012) through a study conducted revealed greater prevalence of depression in female inmates in Peshawar, Pakistan. The findings revealed that 59.4% female prisoners had depression whereas, affective disorders were found in 23.43%, of which 19.5% were depressive illnesses (Bilal & Saeed, 2011).

A comparative study by the United States Department of Justice (2006) on the psychological illness among prisoners and general population found that the greater part of all prisoners have a mental health problem, however, the mental health treatment were provided by only one-third or one-fourth of the prisoners (James & Glaze, 2007).

The prevalence of mental health problems is higher in the prison population than in the general population. Mental health problems are the most common cause of morbidity in prisons, which create a major challenge for prison management. Therefore, the purpose of the current study is to investigate the levels of hopelessness, depression and self-harm among prisoners.

Addressing mental health needs will improve the health and quality of life of both prisoners with mental disorders and of the prison population as a whole. Prisoners come from the community and will return to the community. Therefore, the prevention and rehabilitation of mental disorders should not be neglected in prison settings.

Methodology

This study employed a cross-sectional survey design to investigate the prevalence of mental health issues among a sample of 206 prisoners, encompassing both male and female individuals, residing in various correctional facilities within Khyber Pakhtunkhwa (KPK), Pakistan. The age range of the participants spanned from 19 to 60 years. To ensure ethical data collection, purposive sampling was utilized. This approach involved strategically selecting participants from different jails within KPK with the necessary permissions obtained from relevant authorities.

The researcher personally approached each prisoner, emphasizing the voluntary nature of participation and obtaining informed consent from all individuals before proceeding with data collection. Data collection relied on self-report measures to assess the prevalence of hopelessness, depression, and self-harm. Specifically, the following validated instruments were administered:

Beck Hopelessness Scale (BHS)

This scale measures the level of hopelessness experienced by individuals.

Beck Depression Inventory (BDI)

This widely used instrument assesses the severity of depressive symptoms.

Inventory of Statements about Self-Injury (ISAS)

This scale evaluates the frequency and severity of self-harm behaviours.

The study based on the cross-sectional survey method having the sample of 206 prisoners (male & female) from different Jails of KPK. The age range of the sample was 19-60 years. In order to collect the data, purposive sampling was used in the present research with the permission of concerned authorities; and prisoners were approached by the researcher. The informed consent was obtained from the respondents. For data collection three self-report measures including Beck Hopelessness Scale (Beck et al., 1974), Beck Depression Inventory (Beck, Steer, & Brown, 1996) and Inventory of Statements about Self-Injury (Klonsky & Glenn, 2009) were used. All information obtained, was kept confidential. Results were calculated using SPSS analysis, correlation, independent sample t-test and ANOVA for mean differences.

Results & Findings

The findings highlighted the prevalence, relationship and differences of the variables with various demographic variables.

Table 1

Psychometric Properties of the Study Variables/Scale (N=206)

Variables	k	a	M (SD)	Range Potential	Actual	Skewness	Kurtosis
BHS	20	.58	9.27 (3.24)	0-20	1-16	-.29	-.10
BDA	21	.78	22.32 (9.64)	0.63	4-46	-.11	-.32
ISAS	29	.88	21.64 (10.12)	0-58	2-39	-.70	-.35

Note. BHS= Beck Hopelessness Scale; BDI=Beck Depression Inventory; ISAS=Inventory of Statement Self Injury

Table 2

Prevalence of Hopelessness, Depression and Self Harm among prisoners (N=206)

Variables	Prevalence	Total n (%)
Hopelessness	Mild	79 (38.3%)
	Moderate	117 (56.8%)
	Severe	10 (4.9%)
Depression	Mild	84 (40.8%)
	Moderate	66 (32.0%)
	Severe	56 (27.2%)
Self-Harm	Low	163 (79.1%)
	High	43 (20.9%)

Table 2 shows the prevalence of hopelessness, depression and self-harm among prisoners. The table demonstrates more than half of the sample exhibited moderate levels of hopelessness i.e.117 (56.8%) than the mild and severe levels of hopelessness among prisoners. The table also revealed that significant number of prisoners have mild depression levels (*n*= 84, 40.8%) than moderate and severe. Whereas, we found that majority of prisoners manifest lower levels (*n*= 163, 79.1%) of self-harm compared to high levels of self-harm.

Table 3

Correlation Analysis

Sr. No.	Variables	1	2	3
1	Beck Hopelessness Scale	-	.49***	.23**
2	Beck Depression Inventory	-	-	.47***
3	Inventory of Statement about Self Harm	-	-	-

Note. ***p<.001,**p<.01, <*p<.05

Table 3 shows correlation among hopelessness, depression and self-harm among prisoners. The table revealed that hopelessness has significant positive correlation with depression ($r = .49$, $p < .001$) and self-harm ($r = .23$, $p < .01$). Similarly the results revealed that depression has significant positive correlation with self-harm ($r = .47$, $p < .001$) (Asif et al., 2019).

Muhammad, holds a significant religious and social status within Islamic societies, including Pakistan. This status often influences social interactions and marriage practices, leading to complex dynamics when it intersects with non-Syed communities. Punjab, a pprovince rich in cultural diversity and tradition, provides a compelling backdrop for studying these inter-caste.

Table 4

Mean, Standard Deviations and T-Vales for Hopelessness, Depression and Self-Harm Between Two Age Group (N=206)

Variables	Young adult (19-39 years) (n=131) M(SD)	Middle adult (40-60 years) (n=75) M(SD)	t	P	LL	UL	Cohen's d
					95%CI		
Hopelessness	9.38 (3.34)	9.07 (3.07)	.67	.50	-.61	1.24	0.10
Depression	22.22 (9.58)	22.49 (9.80)	.19	.85	-3.02	2.49	0.03
Self-Harm	21.38 (10.34)	22.08 (9.77)	.48	.64	-3.59	2.20	0.07

Note. Df = 204, CI = Confidence Interval; LL=Lower Limit; UL=Upper Limit

Table 4 shows the difference in the level of hopelessness, depression and self-harm among young and middle adult prisoners. The table revealed non-significant mean differences on hopelessness, depression and self-harm among the sample.

Table 5

Mean, Standard Deviations and t-values on Hopelessness, Depression and Self-harm on Gender (N=206)

Variables	Young adult (n=160) M(SD)	Middle adult (n=46) M(SD)	t	P	LL	UL	Cohen's d
					95%CI		
Hopelessness	8.50 (2.99)	11.93(2.64)	7.04	.000	-4.40	-2.47	1.22
Depression	22.22 (9.58)	22.49 (9.80)	.19	.85	-3.02	-8.60	1.54
Self-Harm	21.38 (10.34)	22.08 (9.77)	.48	.64	-3.59	-6.25	1.14

Note. Df = 204, CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit

Table 5 shows the significant difference in the levels of hopelessness, depression and self-harm among male and female prisoners. The table revealed female prisoners were significantly higher on hopelessness, depression and self-harm as compared to male prisoners. .

Table 6

Mean, Standard Deviations and t-values on Hopelessness, Depression and Self-harm between two groups on Socioeconomic Status (N=206)

Variables	Young adult (n=67) M(SD)	Middle adult (n=139) M(SD)	t	P	LL	UL	Cohen's d
					95%CI		
Hopelessness	10.43 (3.08)	8.71(3.18)	3.69	.000	.81	2.65	0.55
Depression	26.87 (7.92)	20.13 (9.65)	4.96	.000	4.06	9.41	0.76
Self-Harm	25.90 (7.66)	19.58 (10.54)	4.38	.000	3.47	9.16	0.69

Note. Df = 204, CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit

Table 6 shows the results of a statistical analysis comparing the levels of hopelessness, depression, and self-harm between two groups of prisoners:

The table shows statistically significant differences between the "Young adult" and "Middle adult" groups for all three variables: Hopelessness, Depression, and Self-Harm. The "Young adult" group had significantly higher levels of hopelessness compared to the "Middle adult" group. The "Young adult" group had significantly higher levels of depression compared to the "Middle adult" group. The "Young adult" group had significantly higher levels of self-harm compared to the "Middle adult" group. The "p" values for all three variables are .000, indicating that the observed differences are highly statistically significant. This means the probability of these differences occurring by chance is extremely low. Cohen's d provides an estimate of the effect size of the difference between the two groups. Larger values of Cohen's d indicate a larger difference between the groups. In this table, Cohen's d values are moderate to large for all three variables, suggesting substantial differences between the "Young adult" and "Middle adult" groups in terms of hopelessness, depression, and self-harm. This table suggests that younger prisoners in this study exhibited significantly higher levels of hopelessness, depression, and self-harm compared to older prisoners.

Table 7

Mean, Standard Deviations and f-values on Hopelessness, Depression and Self-harm on Education (N=206)

Variables	Young uneducated (n=27) M(SD)	Middle primary middle (n=89) M(SD)	Secondary higher (n=90) M(SD)	F	p	η^2	Post hoc 1<2<3
Hopelessness	10.26 (3.67)	9.01 (3.20)	9.22 (3.13)	1.56	.213	0.02	1<2<3
Depression	28.11 (7.78)	21.17 (8.71)	21.27 (10.46)	5.96	.003	0.06	1<2<3
Self-Harm	29.41 (5.65)	19.85 (10.42)	21.07 (9.78)	10.31	.000	0.09	1<2<3

(df1=2< df2=203)

Table 7 shows mean, standard deviation and *F*-values for hopelessness, depression and self-harm across education level groups. Findings revealed non-significant mean differences across educational level on hopelessness. Whereas, results further indicate significant mean differences across the three educational level groups on depression and self-harm.

Table 8

Mean, Standard Deviations and F-values for Hopelessness, Depression and Self harm on Nature of Crime (N=206)

Variables	murder (n=119) M(SD)	Drugs (n=58) M(SD)	Others (n=29) M(SD)	F	P	η^2	Post hoc 1<2<3
Hopelessness	8.93 (3.26)	9.62 (3.25)	9.93 (3.09)	1.59	.206	0.02	1<2<3
Depression	20.61 (9.40)	24.90 (8.73)	24.21 (11.06)	4.68	.010	0.04	1<2<3
Self-Harm	20.05 (10.70)	22.57 (9.07)	26.28 (8.05)	4.94	.008	0.05	1<2<3

(df1=2, df2=203)

Table 8 shows mean, standard deviation and F-values for hopelessness, depression and self-harm across nature of crime groups. Results indicated non-significant mean differences across nature of crime on hopelessness. However, significant mean differences across nature of crime groups on depression and self-harm.

Discussion

Psychological problems are common among prisoners worldwide (Been et al., 2016; Fazel & Danesh, 2002; Usama et al., 2022). Today an alarming fact that exists is that more than ten million people worldwide are imprisoned. A systematic survey revealed that prevalence rate of mental disorder among them is 5-10

times more than in the general populace (Fazel et al., 2016). The present research is therefore intended to investigate the prevalence/occurrence of hopelessness, depression and self-harm among prisoners. The present study also aimed to analyse the association between hopelessness, depression and self-harm among prisoners. Moreover, in the present study we also explored the impact of demographic variables like age, gender, education, socio-economic status and nature of crime on hopelessness, depression and self-harm among prisoners. We studied a sample of 206 prisoners from different prisons of KPK by taking necessary permissions from the authorities.

The first hypothesis of the study "prisoners will manifest the symptoms of hopelessness, depression and self-harm" was supported by the results of the current study. The findings indicated the existence of hopelessness, depression and self-harm among prisoners. Furthermore, the findings revealed that majority of prisoners had   moderate levels of hopelessness as compared to those having mild and severe levels of hopelessness. These findings are supported by previous studies which showed that hopelessness is constantly identified as the most influencing variable among the prison population (O'Connor & Sheehy, 2000). The feeling of hopelessness might be cause due to the loss of control over their environment and the prison's control over their life is lost.

Similarly, majority of prisoners were observed with mild levels of depression than the moderate and severe levels of depression were also found among one-third of prisoners. . These findings are also supported by various studies which revealed that the most common mental health disorder amongst prison population is depression (Kamoyo, Berchok & Mburugu, 2015). Likewise, in another study Boothby and Clements (2000), depression is considered as the most prevailing mental health problem in prisoners. According to Armiya et al. (2013), the prisoners become depressed during incarceration may be;   due to the stressful environment of the prison. It is also observed from the Literature review that depressive disorders are the most common and prevalent psychological disorders among prisoners in Pakistan (Dawood, Qadir & Rashid, 2016). Whereas, in western countries regarding the mental illnesses the rate of depressive disorder are usually found one in seven among prisoners (Fazel, 2002). It is also suggested in a systematic review that prisoners have higher rate of psychological disorders specially depression, than the general population (Butler et al., 2006).

The present findings also revealed prevalence of low levels of self-harm among majority of prisoners while less than half of the prisoners were identified with high levels of self-harm. Our findings are consistent with the previous findings e.g., Fazel et al. (2008) studied prisoners and they found the more prevalence of self-harm among prisons. Also self-harm behaviour is involved amongst the 30% of the total sample of prisoners during their incarceration (Brooker et al., 2002). Furthermore, the rate of self-harm and suicide is higher in prisoners in imprisonment than the general population (Kamoyo, Berchok & Mburugu, 2015).

Moreover, as hypothesized we found significant positive correlation of hopelessness and depression among the prisoners. The findings are not surprising and are consistent with the proposed hypothesis, as the negative life events may lead to depression which will ultimately generate the feelings of hopelessness and helplessness (Crawley, 2005). In addition, the findings are also in line with the report of Ministry of Justice, (2015) which associated higher levels of intention and lethality of the self-harm behaviour with high levels of depression and hopelessness among prisoners. Similarly, it is also revealed in a study that the association between hopelessness and depression has strong linkages to suicidal ideation also that may increase the likelihood of self-harm (Palmer & Connelly, 2005).

Similarly, in the current study we assumed a significant correlation between depressions and self-harm among prisoners which was confirmed through the present data. The present finding supports our assumption that the hopelessness and self-harm among prisoners is significantly correlated. It is reported that inmates having an earlier experiences of self-harm are highly vulnerable to experience mental health issues such as hopelessness, depression and suicidal ideation than prisoners without (Palmer & Connelly, 2005). Moreover,

depression and hopelessness are considered as the important predictors for suicide as well (Boothby & Clements, 2000).

We further hypothesized that hopelessness will predict self-harm among prisoners. The hypothesis was approved and we found that in the sample data hopelessness significantly predicted self-harm among prisoners. In the same way hopelessness and self-harm has been reported as the most common and prevalent among prisoners (Smith et al., 2017). It is also indicated in studies that hopelessness and helplessness feelings are linked with self-harm (Winicov, 2019). The association of self-harm with depression and hopelessness has widely been described previously (Beck et al., 1993).

We also examined various demographics and assumed the significant differences in hopelessness, depression and self-harm on the basis of demographics variables like age, gender, education, socio-economic status and nature of crime among prisoners. .

In this regard with respect to age we found non-significant difference between the two groups on study variables. Though the current findings are not consistent with the previous literature identified that the range of problems with mental health also varied according to the age of prisoners especially among older prisoners there is a the fastest growing rate (Pro & Marzell, 2017) as well as the greater number of mental illness has been studied among the older offenders as compared to the younger ones (Nowotny et al., 2016). We argue that the reason of non-significant difference between the two groups is that the prisoners are treated with same protocol and no specific privilege or favour are given to the prisoners on the basis of age either they are old or young.

We also observed from the literature that, there is a significant connection of depression with the age (Datta et al., 2015). Considerable levels depression were observed in middle-aged prisoners (khan et al., 2012).Similarly, another study revealed that depression is most common among the age group of 21-30 years (Osasona & Koleoso, 2015) whereas, there is a significant positive relationship of depression with the age group of 18-30 years as compared to other age groups (Bhuyan & Das, 2012).

Moreover, in the present study we found significant gender differences on hopelessness, depression and self-harm among the prisoners sample. We observed that the female sample scored significantly higher on all the study variables as compared to male prisoners. The current findings are in line with earlier studies that revealed the higher levels of mental health issues among female offenders (James & Glaze, 2006). As the majority studies on prisoner populations are conducted on male prisoners, still few studies highlights that the levels of deliberate self-harm is also high amongst female prisoners (Amanda & Gilbody, 2009). The literature also suggest similar trend in female inmates as they are more prone to be depressed as compared to male inmates (Ng et al., 2010). Furthermore, it is also observed that among female prisoners self-harm is widespread as well among female prisoners (UK Ministry of Justice, 2012). Additionally, numerous surveys demonstrated that female have the higher rate of poor mental well-being amongst the prison population (Durcan & Zwemstra, 2013) as well as the prevalent history of self-harm is also found in female prisoners (Borrill et al., 2003). Though our findings are consistent with literature is an alarming finding and we assume that these findings may be because of the living conditions of prisons as well as the inadequate fulfilment of basic and primary necessities.

The current findings also reveal significant mean differences in the levels of hopelessness, depression and self-harm among prisoners from lower and middle socio-economic class. The prisoners from lower socio-economic group were significantly higher on levels of hopelessness, depression and self-harm than the middle socio-economic group prisoners. In line with our hypothesis previous research revealed the higher number of prisoners with depression among the low socio-economic status prisoners (Asif, 2024; Khan et al., 2012). Similarly, in Peshawar Mehmood et al. (2019) revealed that low socio-economic status prisoners are more vulnerable to have depression than the middle and high socio-economic status prisoners. Bhuyan and Das

(2012) research findings revealed the significant difference between the middle socio economic offenders compared to low and high socio economic offenders group.

Similarly, in this study we also observed significant mean differences on depression and self-harm among the prisoners in the three groups based on educational level. This is in line with the previous literature identified the high score on depression among prisoners having lower level (primary-middle) of education whereas low level of depression found among those with a higher level (secondary-high) of education (Shahid et al., 2014). Furthermore, earlier studies also demonstrated that, the lower level of education group of prisoners are the most affected by depression (Fatoye et al., 2006; Nwaopara & Stanley, 2015). Likewise, the current findings also revealed that uneducated group of prisoners were also found significantly high on depression and self-harm.

The present findings further reported that the sample did not significantly differ on hopelessness across three groups based on crime. Whereas, in the current analysis significant mean differences were revealed in depression and self-harm among prisoners with regards to the nature of crime. The findings are supported by earlier literature as female prisoners with murder case are found to be more depressed as well as those involved in drugs and other cases are identified with the several psychological problems (Harris, Hek & Condon, 2007). Similarly, the current findings are consistent with the study conducted by Fotaye et al. (2017) founded no association between hopelessness and nature of crime among prisoners.

Conclusion

The current study was conducted to explore the levels and relationship between hopelessness, depression and self-harm among prisoners. In conclusion, depression among prisoners was found to be significantly high. And there is a significant difference in depression, hopelessness and self-harm on the basis of demographics variables like age, gender, education, socio-economic status and nature of crime among prisoners.

This study underscores the critical need for enhanced mental health services within the prison system. The findings unequivocally demonstrate a high prevalence of mental health issues, including hopelessness, depression, and self-harm, amongst the incarcerated population. These rates significantly exceed those observed in the general population, highlighting the urgent need for targeted interventions. The study revealed significant correlations between hopelessness, depression, and self-harm, emphasizing the interconnectedness of these mental health challenges. Furthermore, demographic factors such as gender, socioeconomic status, and educational level were found to significantly influence the prevalence of these issues. Notably, female prisoners, individuals from lower socioeconomic backgrounds, and those with lower levels of education exhibited higher levels of hopelessness, depression, and self-harm.

These findings have significant implications for prison management and rehabilitation efforts. Addressing the mental health needs of incarcerated individuals is not merely a humanitarian concern but also a matter of public safety. By providing adequate mental health care within prisons, we can reduce the risk of self-harm, suicide, and recidivism. This, in turn, contributes to a safer and healthier society for all. Moving forward, it is crucial to implement comprehensive mental health programs within prisons. These programs should include access to mental health professionals, early intervention strategies, and effective treatment options for various mental health conditions. Additionally, research efforts should continue to investigate the underlying factors contributing to the high prevalence of mental health issues within the prison population. By addressing these issues proactively, we can work towards a more humane and effective correctional system that prioritizes the mental well-being of incarcerated individuals.

Future Directions and Recommendations

This study provides a valuable foundation for future research and interventions aimed at improving the mental health of incarcerated individuals. Several key areas warrant further investigation:

- In-depth qualitative studies are needed to understand the lived experiences of prisoners, including their perceptions of mental health services, barriers to accessing care, and coping mechanisms within the prison environment.
- Longitudinal research is essential to track the trajectory of mental health conditions over time, identify risk factors for developing mental health problems during incarceration, and evaluate the long-term impact of interventions.
- Rigorous evaluations of existing mental health programs within prisons are crucial to determine their effectiveness in reducing mental health symptoms, improving well-being, and reducing recidivism.
- Research should specifically address the unique mental health needs and experiences of diverse prison populations, including ethnic minorities, women, and others individuals.
- Studies should focus on the transition of prisoners back into the community, including the provision of mental health services and support upon release to reduce the risk of relapse and improve reintegration outcomes.
- Research findings should be translated into evidence-based policy recommendations to improve mental health care within prisons and advocate for systemic changes that address the root causes of mental health problems in the criminal justice system.

By pursuing these research directions, we can gain a deeper understanding of the mental health needs of incarcerated individuals and develop more effective and equitable interventions to improve their well-being and support their successful reintegration into society.

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