

**THE IMPACT OF LONG-TERM INCARCERATION AND SOLITARY CONFINEMENT ON THE MENTAL HEALTH OF PRISON INMATES IN NIGERIA**

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**Abstract**

This study seeks to determine the impact of long-term incarceration and solitary confinement on the mental health of prison inmates. Eighty (80) inmates of Calabar Prison (70 males, 10 females) were selected through random sampling. Depression scale of the Symptoms Distress Checklist was used for the study. A cross-sectional survey design was adopted and a 2-way Analysis of Variance was used for data analysis. Findings indicated that long-term imprisonment  $F(1, 76) = 8.98, P < 0.01$  and solitary confinement  $F(1, 76) = 9.21, p < 0.01$  impacted negatively on the mental health of prison inmates. Interaction of duration of imprisonment and type of confinement was not significant. The findings were discussed in line with existing literature and implications were stated, and some recommendations made on prison reform with the aim to make our prisons better.

**Key Words:** Long-term incarceration, Mental health, Prison inmates, Solitary confinement.

Every society has its rules and there are individuals that conform to these rules as well as those that deviate from them. These latter persons are sanctioned and incarcerated in prisons. The prison is a place where people who violate societal norms / laws are remanded or confined. It is an institution established to house, detain, and rehabilitate prisoners committed to them (Malawi Prison Reform, 2002). In the prison, convicted persons serve their jail terms and awaiting trial persons are remanded. The prison is part of the criminal justice system which also comprises the police and the court. Usually inmates are admitted into the prison with a legal document (warrant) signed by a judge or magistrate.

The prison has four major goals: separation of criminals from society, punishment of criminal behaviour, deterrence of criminal behaviour, and rehabilitation of criminals. These are in addition to its three responsibilities and objectives: safe keeping of inmates, the maintenance and improvement of the welfare of inmates, and the performance of these objectives with the maximum of efficiency and economy. Previously, the prison was intended as an acute form of corporal punishment but today, it serves as a means of working on a person's mind as well as his body through three distinct areas: punishment, deterrence and rehabilitation: In terms of punishment, the prison serves as an unpleasant place to spend time, because of its usual overcrowding, boring and dangerous nature. It entails constant monitoring, control, supervision and regulation as well as deprivation of normal means of social, emotional intellectual and sexual expression. The prison, undoubtedly, is a severe form of punishment. In terms of deterrence, the prison serves also as a weapon to scare and drive people away from criminal behaviour by bringing to the attention of the general population the very unpleasant aspects of prison life. In terms of rehabilitation, the prison serves as an institution for re-socializing criminals to conform to society's values, norms as well as the teachings of usable work, habits and skills. This seems to be the most important goal of imprisonment.

It is instructive to note that as soon as a prison inmate is admitted into the prison with a warrant, his privacy is invaded; he is stripped of his honour, prestige, titles, self-esteem and eventually he loses his self-worth and self-respect. He subsequently develops a negative self-concept and perception of himself. This punctures his ego and disintegrates the very guards of his person (personality). Hence, he resorts to guilt, self-blame, despair, feeling of deep-seated sadness, crying spells and apathy, feeling of hopelessness, helplessness, worthlessness, insomnia, loss of interest in previously pleasurable activities and social withdrawal (depression). Overwhelming research findings indicate that prison condition in Nigeria is deplorable and possess a great problem on the physical and mental health of the inmates (Igbogwu, 1994; Enukorah, 2004). Also, it seems that the degree of the effects of imprisonment vary considerably depending on the duration of imprisonment and the nature of confinement of the inmate. Duration of imprisonment refers to the length of stay of the prisoner in the prison as stated by the court or judge in the prisoner's warrant. In this study, it is divided into two categories: Long-term and short-term imprisonment. Long-term imprisonment means imprisonment from two years and above whereas short-term imprisonment refers to imprisonment below two years. Studies have indicated that long-term imprisonment as well as solitary confinement affects the mental health of prison inmates negatively, resulting in depression and social withdrawal (Harney & Lynch, 1997). Mental health refers to a state of being (relative rather than absolute), in which a person has a reasonably satisfactory integration of his instinctual drives. His integration is acceptable to himself and to his social milieu as reflected in his interpersonal relationships, his level of satisfaction in living, his actual achievement and the level of maturity he has attained (Psychiatry Glossary, 1975). Thus, mental health incorporates emotional, physical, interpersonal and psychosocial wellbeing. In this study, mental health is exemplified in scores of prison inmates on the depression scale. Depression scale was chosen out of the ten scales of the Symptoms Distress Checklist because literature has indicated that tend to eo-morbid with most psychological disorders that affect people's mental health. Depression is a psychological disorder in which a person experiences deep, unshakable, intense and exaggerated feeling of sadness, worthlessness, hopelessness, inadequacy, guilt, despair, negative views about self and others and diminished interest in nearly all activities. It is a mood or affective disorder and Sigmund Freud, in his psychoanalytic model, viewed depression as excessive and irrational grief arising from disturbance of an individual's relationship with the person on whom he or she was most dependent as a child (usually, the real or imagined loss of parent). The theory holds that depression is the result of anger turned inwards.

Some theories are relevant in this work and they include the theory of deprivation, the theory of deterioration, the theory of prisonization and the theory of isolation. With regards to the theory of deprivation, (Santos, 1995), posited that imprisonment entails the deprivations of the following basic rights of inmates including autonomy, liberty, security, and heterosexual relationship. With regards to the deprivation of autonomy, imprisonment entails a series of rules and commands that control inmates' behaviour and erode their autonomy. Inmates are told where to live, when and what to eat, what to wear, and what to do (Santos, 1995). Self-motivation and personal achievements are neither facilitated nor reinforced among inmates. Regarding deprivation of liberty, inmates lose their right of liberty. For long-term inmates, liberty is deprived for a long period of time and this invariably has a serious negative effect on their mental health. Regarding deprivation of security, prison inmates are put on prolonged proximity (nearness) to one another and some of them have a long history of violent, aggressive behaviour. This has proven to be anxiety-provoking for even the hardest of recidivists. The thoughts of a long-term inmate beginning a 45 years sentence in an American prison illustrate these problems: "There will be violence. How can I escape it? I am young and I will be living in a maximum security prison. And I will respond in a manner appropriate for prisons ... The

constant companionship of thieves, rapists, killers, aggressive homosexuals who will say or do anything to save their own face, is far from relaxing ... "(Santos, 1995, pp. 156). Regarding deprivation of heterosexual relationship, prison inmates are denied heterosexual relationship and therefore homosexual relationship is the only means for participatory sex in prison, and many female inmates in particular, undergo changes in identity and self-perception. Some male prisoners are spared this change but their homosexual relationship often requires the victimization and abuse of other prisoners.

Regarding the theory of deterioration, long-term incarceration has been held to cause deterioration of an inmate's personality, mental, emotional and physical well-being, resulting in general clouding of comprehension and ability to think. It also results in emotional problems including apathy and rigidity, and interpersonal problems including infantile regression and the appearance of psychotic obsessions and loss of reality contact. However, in the last decade, it has become apparent that inmates are at an increased risk than the general public for contracting HIV/AIDS, hepatitis Band C. From January to July 1995, 18 new cases of active hepatitis Band C and 200 new cases of hepatitis C arose in federal correctional facilities in the United States (U.S.) (Malkin, 1995). In that year, after studies were conducted at three penitentiaries, it was estimated that between 28 and 40 of federal inmates were hepatitis C positive while in the month of August 1995, 152 of federal inmates in the U.S. were classified as HIV positive (Jurgens 1996). The number of HIV positive cases in federal prisons has continued to rise and prison infection rates for HIV was 10 times that of the general Canadian population (Jurgens 1996; Correction Services Canada, 1998). Thus, the longer the person remains in prison the more likely he or she becomes infected with HIV/AIDS virus, either due to homosexual (gay and lesbians) practices or due to sharing of contaminated body piercing instruments.

The theory of isolation posits that in solitary confinement, a prison inmate is separated from the general prison population i.e., a prisoner is locked up in a cell all alone, away from other prisoners. This could arise in three situations such as administrative segregation, disciplinary segregation and protective custody. Non-solitary confinement entails locking up a prisoner together with other prisoners. The theory of isolation holds that human beings as social beings are severely affected when separated from other humans and kept all alone (isolation or solitary confinement). This situation is very hazardous to every aspect and functioning of the man. It has a very negative and holistic effect on the mental, emotional, psychological, physical and spiritual wellbeing of the individual. However, Bartol and Bartol (1994) indicate that the extent of the negative effect of solitary confinement on the mental health of the inmate depends on how much time was spent in isolation. Furthermore, the pains of confinement are limited to certain psychological deprivations including the loss of liberty (where prisoners experience a limitation of movement) and moral rejection implied in confinement. Confinement signifies that the prisoner is not trusted or respected; therefore he or she should not be allowed to move freely amongst the other inmates (John son, 1996).

Studies indicate that indicate that long-term imprisonment leads to a systematic physical, emotional and mental deterioration of the inmate (Bonta and Gendreau, 1990) and that long term prison inmates often lose their sense of self efficacy once autonomy is taken away and there is regulation and total control as regards their feeding, dressing and other activities (Santos, 1995). Findings by Bartol and Bartol (1994) indicate that psychological reactions to imprisonment often follow a u-shape pattern with the strongest emotional stress reactions occurring at the beginning of the sentence and at the end of their sentence, as the time to be released approaches. During the middle of the sentence, anxiety is usually quite low and some acceptance of prison life is generally gained. Missiouri, Sabath and Cowles (1992) indicated that most serious problems for long-term prisoners include: travel distances for loved ones, privacy during visitation, privacy in cells and crowding. These problems are indicative of various forms of deprivations that affect their mental health negatively.

Findings indicate that the deprivations, the totality of control, the prolonged absence of any

opportunity for real happiness or joy fill many prisoners with intolerable levels of frustration and affect their mental health negatively. Studies indicate that 29 of long-term prisoners suffer from severe mental illness e.g. depression (Hodgins & Cote, 1991) and that somewhere between 10-20 of mainline prisoners in general in the United States suffer from one form of major mental illness or the other e.g., depression (Jamelka, Trupin & Chiles, Vinezano, 1995). Generally speaking, whether an inmate becomes severely psychologically affected by solitary confinement depends on how much time was spent in isolation (Bartol & Bartol, 1994). But Veneziano and Veneziano (1996) indicate that somewhere between 10-20% mainline prisoners in the United States suffer from one form of major mental illness or the other and the percentage for solitary confined prison inmates is much higher. However, a few studies have been undertaken to determine the precise estimates of mentally ill solitary confined prisoners and the number undoubtedly vary from prison system to another and the percentages are as much as twice as high as in the general prison population. For example, a Canadian study estimated that approximately 29 of prisoners in special handling and long term segregation units suffered from "severe mental illness" (Hodgins & Cote. 1991).

Moreover, a recent study conducted by a group of Washington State researchers, Lovell, Cloyes, Allen and Rhodes (2002) found exactly the same thing: 29% of intensive management prisoners in the state correctional system manifested at least one pre-defined indication of serious mental disorder (such as multiple admission to an acute mental care facility or having been in one of the prison system's residential mental health unit). This over representation of solitary confined prisoners in psychiatric hospital is as a result of problems of adjustment of the prisoners to the prison environment, as unproblematic adjustment to the prison requires conformity to rigidly enforced rules and highly regimented procedures. Unfortunately, mentally ill prisoners lack the capacity to comply with these demands and as a result they end up in trouble. Therefore, if they are not treated for their problems, the pattern is likely to be repeated and can eventually lead to confinement in supermax unit.

Toch and Adams (2002) have succinctly put it thus: "an unknown proportion of people Who have problems (prove troublesome to settings in which they function) also demonstrate psychological and social deficit when they are subjected to closer scrutiny" (p. 129). Therefore, any prison system that fails to realize this basic fact will end up blaming and punishing prisoners for manifesting psychological conditions for which they should have been treated. This is especially true of prisons that lack sufficient resources to adequately address the needs of their mentally ill mainline prisoners, disciplinary isolation and solitary confinement seem to offer a neat solution to an otherwise difficult dilemma. In such systems, super max becomes the default placement for disruptive, troublesome or inconvenient mentally ill prisoners. Weinstein (1998) discovered that extreme isolation results in a variety of psychological symptoms ranging from memory loss through severe anxiety to hallucination and delusion, severe depression, complete social withdrawal and under the most severe cases of sensory deprivation, people go crazy. Generally, studies revealed that prison inmates in solitary confinement were more susceptible to breaking down into depression than prison inmates who were confined in non -solitary confinement (Bartol and Bartol, 1994).

Various empirical studies conducted on the duration of imprisonment and type of confinement on mental health of inmates (e.g., depression) produced were affirmative. The current research represents an extension of previous works and also addresses the link between duration of imprisonment and type of confinement on the mental health (e.g., depression) among prison inmates in Calabar prison of Cross River State. Moreover, a significant limitation of previous researches in the area is that they are primarily foreign-based. The current research therefore seeks to apply research findings in the Western World prisons to the Nigerian setting to see whether what obtains there will be applicable in Nigeria. It is geared towards promoting rehabilitation, reformation and reintegration of the inmates into the society. Given the high number of inmates on awaiting trial in Nigerian prisons (and most in Police cells) and for the fact that the society is unconcerned about the plight of such detainees, thus allowing them to rot

in prison yard and detention cells, the study aims specifically: to investigate the role of duration of long-term incarceration on the mental health of the prison inmates (e.g., depression); to determine the influence of type of confinement on the mental health of the prison inmates (e.g., depression); and to examine the interactive role of duration of prison sentence and type of confinement on the mental health of prison inmates (e.g., depression). Two hypotheses were postulated in the study as follow: prisoners serving longer jail-term will differ significantly from their counterparts serving short jail-term on depression and prisoners placed on solitary confinement will differ significantly from their counterparts on non-solitary confinement on depression.

## **Method**

### **Participants**

A sample of 80 prisoners (70 males and 10 females) was drawn from a population of 475 prison inmates in Calabar Prison. They comprised 43 long-term inmates (39 males, 4 females) and 37 short-term inmates (31 males, 6 females). They were further categorized into 40 solitary-confined inmates (36 males, 4 females) and 40 non-solitary confined inmates (34 males, 6 females). Their ages ranged from 17 to 51 years with the mean age of 34.2 years. They were randomly selected by wrapping pieces of papers written "Yes" and "No" into a basket, explaining the procedure and purpose of the study to them and telling them to pick serially with the assistance of the prison officials. Those who picked 'yes' were used for the study.

### **Instrument**

The Depression sub-scale of the Symptoms Distress Checklist (SCL-90) was used in this study. It is a 13-item inventory measuring depression. It was developed by Derogatis, Lipman and Covi (1973) and is arranged in as-point Likert -typed response format of '0 - Not at all', '1 - A little bit', '2 - Moderately', '3 - Quite a bit', and '4 - Extremely'. The items are scored positively (i.e., 0 to 4) and scores are obtained by adding the values of the numbers shaded by each participant. Scores less than 11.85 for adult males and 10.15 for adult females indicate that the inmate is not depressed while scores equaled to or greater than 11.85 for adult males and 10.15 for adult females indicate that the inmate is depressed (Erinosho,1996). However, since depression was the dependent variable, the categorization based on the Nigerian norm was not used. Derogatis et al., (1973) provide the original psychometric properties for American samples and Erinosh (1996) provided the properties for Nigerian samples as follows: A one-week interval test-retest reliability co-efficient ranging from 0.78 to 0.90 for the Depression scale. Furthermore, Erinosh (1996) reported a concurrent validity coefficient of 0.47 between retirement stress inventory and the depression scale

### **Procedure**

The 80 prisoners were selected from the population of Calabar Prison inmates with the cooperation of the prison officials. The inmates were encouraged to respond honestly to the questionnaire as the study was geared toward solving the problem of the Nigerian Prison system. The instrument was administered to the inmates individually. Due to the difficulty of literacy among many of the inmates, some of the prison officials were trained and therefore acted as research assistants and helped to read out and explain the items to the inmates to facilitate understanding. Care was taken to cover the items in the explanation process and the research lasted for four hours each day for 2 days. At the end, all the 80 copies of the questionnaires were returned and the 80 copies were used for analysis.

### **Design/ Statistics**

The design of the study was a cross-sectional survey design, and the statistics used in the study was a 2 x 2 Analysis of Variance.

## Results

**Table 1 ANOVA summary table for duration of imprisonment and type of confinement on depression of prison inmates**

SOV	SS	DF	MS	F
Duration	3351	1	3351	8.98*
Type of confinement	9923.4	1	9923.4	9.21 *
Duration X Type of confinement	110.8	1	110.8	0.47
Error	17984.73	76	236.64	
		79		

\* = Significant ( $p < .01$ )

The means scores of participants differed on duration, with participants serving long terms having high scores (24.03) on depression than participants serving short prison terms (18.71). Similar trend was also observed in type of confinement; solitary inmates obtained higher depression scores (19.96) on depression than non-solitary inmates (11.43). These scores were used to test for significance, hence the result shown in table 2. The 2 analysis revealed that there was a significant main effect of duration of imprisonment,  $F(1, 76) = 8.98, P < 0.01$  and type of confinement,  $F(1, 76) = 9.21, P < 0.01$ . The interaction of duration of imprisonment and type of confinement was not significant.

## Discussion

The finding that duration of imprisonment has a significant influence on the mental health of prison inmates is consistent with the findings of Haney (2002) who indicated that negative psychological effects of long-term imprisonment such as deprivations, the totality of control, the prolonged absence of any opportunity for real happiness or joy leave many prisoners with intolerable levels of frustration and depression. The present finding is also in line with the findings of Bonta and Gendreau (1990), and those of Haney and Lynch 1997 who showed that depression and social withdrawal was found in large number of prison inmates who were undergoing or have undergone long-term imprisonment. This present study also agrees with the findings of Hodgins and Cote, (1991), Jameka and colleagues (1996), as well as with the findings of Bonta and Gendreau, (1990) who indicated that long-term imprisonment leads to a systemic physical, emotional and mental deterioration of the inmates. This finding lends credence to the theories of deprivation and deterioration; the former indicates that imprisonment deprives the prisoner of his or her fundamental human rights and thus negatively affects his or her mental health. The latter indicates that long jail-term deteriorates all facets of the mental health of the prisoner and that it should be discontinued.

Similarly, the finding that type of confinement has a significant influence on the mental health of prison inmates agrees with the finding of Weinstein (1998) who found out that American prisoners in solitary confinement were prone to a variety of psychological symptoms including severe depression, complete social withdrawal and inhibiting anxiety. The present finding is also consistent with those of Bartol and Bartol (1994), Rhodes (2002) and Lovell et al., (2002) who all found solitary confinement to affect the mental health of prison inmates negatively. This finding supports the theory that isolation via solitary confinement deteriorates the mental health of prison inmates and that it should be discontinued. The findings of this study have implication in our criminal justice system. The first finding showed that duration of imprisonment negatively affects the mental health of prison inmates vis-a-vis their interpersonal relationship with other prisoners and prison officials. This denies the prisoner the privilege of being in the right frame of mind to learn and benefit from various vocations, trades and skills taught in the prison to promote self-reliance and encourage reformation, rehabilitation and reintegration. This tends to hinder progress in our criminal justice system.

Furthermore, prolong incarceration of an inmate make some of them to learn the ropes, that is, learn from hardened criminals ways of becoming renown criminals as they are cheered up and hailed by their criminal mentors. Such inmates tend to adjust negatively to the prison environment and see it as a home, such that even after discharge they prefer coming back (jail birds/recidivists). Prolonged stay of an inmate in the prison make them lose their jobs, their spouses and their children to way- ward living, and the bond, love and intimacy between them and their families is broken due to loss of contact with their families. On this note, the social work services in our society have to be re-kindled so that the contacts between the inmates and their families and employers are intact. A positive feedback from both sides will assure the inmate that he or she still has a place in the society after discharge and this will help them to have a positive outlook about life. The fear of unemployment after serving jail term make inmates to engage in persistent worrying, sleeplessness, wallowing in misery, boredom, preoccupation with negative thoughts about themselves, the environment, their family members, lost job, properties and fear of what will become of them in the future, fear of being sexually molested or contacting HIV/ AIDS. These negative thoughts worsen the mental health of inmates and the prison authority and the Nigerian society have to ensure that the deprivations meted to ex-convicts are jettisoned. Reformed ex-prisoners must be re-integrated into the mainstream of the society by according them

employment and other opportunities.

With particular reference to solitary confinement, it is instructive to note that man is a social being that needs relationship with others and that locking up an inmate separately from other inmates for any reason is unfair and the prison authority has to tailor such routine and develop new competencies in handling an inmate that warrants solitary confinement. Most often, prisoners on solitary confinement breakdown mentally because they harbour erroneous beliefs that they are worthless, helpless and hopeless and that life is not worth living. Thus, they contemplate suicide at the slightest opportunity. Clinical psychologists and social workers have onerous tasks to play in the prison (for both officials and inmates) so that the inmates could be helped to cope with the prison demand. The officials must be reminded that the orientation of punishment must be jettisoned for that of rehabilitation, reformation and reintegration. Moreover, being confined alone makes the prison inmate believe that he is not trusted or respected; he therefore loses his self-esteem, prestige and develops a negative self-concept about himself, his environment and the future. It is of utmost importance for the judiciary vis-a-vis lawyers, magistrates and judges and other personnel in the criminal justice system (the police and prison workers) to treat persons that violated societal laws humanely, by way of ensuring speedy dispensation of justice (calling up cases promptly and ensuring that accused/awaiting trial inmates appear in court regularly to defend themselves). If found guilty, they should be punished accordingly; but if proven innocent, they should be discharged and acquitted. Awaiting trial inmates should not be remanded indefinitely in the prison as is the case presently. It is our humble view that if an accused person on awaiting trial goes to court up to three times and the complainant/prosecutor does not appear in court, the case should be struck out and the accused/awaiting trial inmate discharged. Time spent on pre-trial detention should be equated with the time for the jail term. Some long-term inmates attempt jail break to challenge the presumed injustice meted to them by the society.

The government should have a judicial body that is specially meant to look into all pending cases of remand prisoners awaiting trial so that protracted cases are dispensed with and those remanded inmates that cannot pay for legal services can have their cases addressed or attended to free of charge by human rights lawyers or state counsel. Considering the negative impact of long-term imprisonment and solitary confinement on the mental health of prison inmates, the researchers suggest that: the courts should ensure speedy dispensation of justice and avoid remanding prison inmates for many years without giving a verdict of either conviction (if found culpable) or discharge/acquittal (if proven innocent); and the government should provide vehicles and restraining gadgets for the prison authorities to facilitate transportation of prisoners to and from court and to guarantee safety and security. This will help the prisoner to appear in court more regularly and stand trial for cases, which no doubt will help to shorten duration of stay in the prison and in the process, reduce depression and decongest the prisons. Invariably, this will improve the physical and mental health, morale, behaviours and attitudes of the prisoners as well as in the reformation, rehabilitation and reintegration of the prison inmates into the society.

Moreover, the judicial officials (lawyers, magistrates and judges) and other criminal justice system personnel, e.g., the police and prison staff should be well motivated and highly paid like their counterparts in developed countries of the world. High motivation will improve their morale and may make them not to pervert justice (e.g., favouring a rich complainant, who uses wealth to victimize, intimidate and punish the poor, sometimes an innocent, helpless accused person, who cannot pay for legal services and is therefore dumped in the prison custody indefinitely. The rich complainant forgets about the case and it is adjourned repeatedly because the complainant does not appear in court. This is most unfair, "man's inhumanity to man"). Such evil tendencies should be jettisoned for more adaptive ones. Meanwhile, correctional officers (prison officials/warders, wardresses) should take special interest in the mood of the inmates, give them audience and allow them to express their fears, anxiety and worries while referring or channelling such complaints to the appropriate units of the prison setting, such as the welfare, medical, counselling, aftercare units etc. Prison personnel should realize that without the inmates, they would be out of jobs. Therefore, they should pay special attention to the needs of the prison inmates, especially their mental health needs. Furthermore, above-mentioned specialized units of the prison should be staffed with well trained professionals, who are competent enough to handle the problems of each inmate and proffer solution to such problems. This will help to reduce mental health problems of the inmates and enhance reformation, rehabilitation and reintegration of the inmate, which is the very essence of the prison institution.

Family members and friends of prison inmates should be encouraged to visit their own in the prison. This will help to provide a sense of love and belonging, security and safety in the inmates and also boost their ego, improve their self-esteem and prevent them from breaking down psychologically. This eventually encourages reformation, rehabilitation and reintegration of the prisoner, which is the hallmark of the prison as an institution. The government should encourage the education of prison inmates, who are mostly illiterates and the completion of education for those who are school dropouts. It should provide reinforcement for those prisoners who perform well academically and are generally law-abiding. This will ginger those prisoners to achieve more and spur up the lazy ones to achieve also. Prison reforms should be intensified with emphasis on education and skill acquisition by inmate. Also, public awareness on the need to accept prisoners back into the mainstream of the community should be promoted. Thus, the ex-convict syndrome / label (stigmatization) with its attendant injustices and deprivations should be jettisoned and a total re-integration culture should be promoted and enhanced. Prison personnel should be trained periodically to enable them meet the United Nations minimum standard for the treatment of prisoners and learn more about good prison practices and the international standards of treatment of prisoners. Planning for the release of prisoners should start early. To this end,

assessment of the prisoners needs to be carried out. Constructive programmes need to be planned for each prisoner in line with their specific needs. Inmates should be provided with a purpose while in custody and encouraged to work toward a more positive lifestyle upon release (Abiama & Ifeagwazi, 2008).

Recreational and cultural facilities, infrastructures, equipment and activities should be established, maintained and encouraged in all prison institutions for the benefit of the inmates' physical and mental health. This will help to divert their minds from pre-occupation with self, boredom, depression, crime and the re-channelling of their energies to useful, productive and healthy competitive ventures. Social work and clinical psychology services in our society and the prison have to be re-kindled. Social workers should serve as a bridge between prison inmates and the family, place of employment and the larger society. They should report the progress made by the inmates to those outside the prison yard and also report the progress in the family and larger society to the prison inmates. In the process, they should remind the family, employers and society that the inmate will return to occupy his former position and assure the inmates that the society thinks positively for them and await their return with optimism. The clinical psychologists should work on the psyche of inmates and prison staff and society. The inmates should be encouraged to have positive view about life while the family and society should be encouraged to accept the inmate back whole-heartedly and re-integrate them into community life. This will help to improve the mental health status of prison inmates both while in prison and after discharge and help prevent relapse.

The current prison system that emphasizes punishment and retribution but professes rehabilitation, reformation and re-integration must be changed. The appalling conditions in the prison nationwide have to be change by voting enough monies for prison reform and honestly utilizing such monies for the reforms. Enough provision should be made for inmates' reintegration such that they do not resort to begging for transport fares and other personal effects soon after discharge (Abiama, 2007). Finally, researchers should venture into more studies in the prison, especially on other variables including stigmatization on the mental health of prison inmates and the prison authorities should allow researchers undertake studies in the prison.

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