



Unmet needs of inmates of the Nigerian correctional service, Enugu custodial centre

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ABSTRACT

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The inmates of correctional centres (prisons) experience numerous needs that impact on their quality of life in or out of prison. We conducted a descriptive study of 112 inmates of the Nigerian Correctional Service (NCS), Enugu Custodial Centre (ECC). The Camberwell Assessment of Need Forensic-Short version (CANFOR-S) was used for the assessment of their needs. The overall unmet needs (44.6%) were double the total met needs (22.7%). Functioning needs such as self-care (79.5%), looking after the living environment (83.9%), basic education (83.9%), and daytime activities (81.3%) were largely met. Needs were unmet for basic and health needs such as food (77.7%), physical health (46.4%), psychological distress (67%), psychotic symptoms (42%), suicidal ideation (34.8%), threatening violence (30.4%), alcohol (36.6%), medications (36.6%), social needs (83.9%), sexual expression (94.6%) and intimate relationships (93.8%). Service needs such as digital communication (63.4%), entitled benefits (92.9%), receiving clear information about their condition and treatment (50.9%), and need for money (83.0%) were also unmet. Addressing the unmet needs of inmates requires the concerted efforts of the inmates, the NCS authorities, government, and society. Routinely screening for unmet needs and implementing the evidence-based interventions will aid reformation of inmates and prevent relapse into future criminality.

Introduction

People in correctional centres (prisons) experience numerous physical, mental health, social, and service needs more than those in the community (Scottish Government, 2022). Incarceration itself, is a stressful life event that has a long-lasting effect on the mental health wellbeing of the individuals involved (Barnert et al., 2017). Apart from mental health issues, physical health problems are common in prisons. Spread of communicable diseases are more common in crowded prison environments. It is widely believed that people in prisons are more liable to die young with an increased risk of 5 – 41 times higher than their age and sex matched counterparts in the community (Borschmann et al., 2020). Therefore, effective care planning by correctional authorities requires a careful assessment and understanding of the needs of these vulnerable people.

Needs assessment is a systematic process for determining and addressing needs, or "gaps", between current conditions and desired conditions or "wants" (Kizlik, 2010). It is part of care planning. Apart from clarifying problems and identifying appropriate solutions, offenders' needs may also be assessed for a variety of other reasons including detection of critical needs like acute illness, patterns of law violation or

behaviours that may influence their adjustment in correctional centres or interfere with successful post release reintegration into the community (Clements et al., 1984). For over a decade, the attention of researchers has been on risks of violence in correctional facilities with fewer studies on general needs of inmates. General needs assessment is as essential as risks of violence because violence erupts in prisons, in some cases, when basic needs are not met. Indeed, risks of violence and general needs can be assessed simultaneously since they allow correctional services staff make informed decisions about inmates in their care, and implementing the evidence based rehabilitative measures recommended by such assessments may help in reducing recidivism (Joe Rosso et al., 2020). The National Institute of Justice of the United States regularly updates the risk and needs assessment (RNA) tools in their correctional facilities, nationwide (Bucklen et al., 2021).

Several studies have addressed the unmet needs of people in prison. In a United Kingdom high (maximum) security prison, unmet needs were reported for daytime activities, substance use, sexual offending, safety to others and psychotic symptoms (Harty et al., 2004). In another study in two London prisons, unmet needs for physical health (32%) and psychological health (51%) were

reported (Jakobowitz et al., 2017). Hardie et al. (1998) studied the needs of remand prisoners in another UK prison, and found high levels of unmet needs for housing, treatment of substance abuse, anxiety, and depressive illnesses. It has been indicated that the high rates of psychiatric morbidity in UK prisons implies that the mental health needs of the UK criminal justice system remain inadequate and unmet, and this has serious consequences on inmates' wellbeing and recidivism (Keulen-de Vos, & Schepers, 2016; Bebbington et al, 2017). Discharge planning and diversion to forensic psychiatric hospitals were recommended. Some countries in Europe have purpose-built, stand-alone forensic psychiatric hospitals with adequate security for inmates with mental health problems. In Poland, forensic psychiatric wards are located within the prison premises (Trizna & Adanowski, 2016).

In the United States (US), a study documented the health needs of prison inmates and the capacity of the CJS to meet those needs and found that although prisons are constitutionally mandated to provide healthcare services to prisoners, they are largely unmet (Cropsey et al., 2012). Wang (2020) noted that the over 1 million people in the US state prisons have their needs (especially physical and mental health needs) largely unmet and suggested expanding medical insurance (to cover prisoners) and medical parole (compassionate release, allowing severely ill people to receive care at home among loved ones).

In Nigeria, like in most developing countries in Africa, correctional systems are under-resourced, lack internal capacity to effectively implement RNA recommendations. For instance, forensic psychiatric services provisions in Nigerian correctional centres especially the “asylum” sections have long been subjects of critical debates and risks assessments. There have been calls for the “asylum” sections of NCS to be closed. But there are currently no viable alternatives for these individuals, some of whom have committed serious crimes, tried in courts and sentenced to “asylum” where they receive treatment in detention until they are well enough to be discharged (Ogunlesi et al., 2012). Although many have advocated for the transfer of these individuals to stand alone psychiatric hospitals, there are safety and security concerns of other non-offenders who are also mentally ill and admitted in such facilities.

In 2019, the Nigerian Prisons Act of 1972 was repealed and replaced by the NCS Act, 2019. Apart from changing the name from Nigerian prisons to Nigerian Correctional Services, the act attempted to solve the problem of prison congestion in Nigeria. Section 1(2) of the act provides that the service shall consist of two facilities: (a) the custodial service and (b) the non-custodial service. The act also provides in Section 10(a) that the custodial service “shall have the primary responsibility of taking to custody of all persons legally interned”, and in Section 37(1) that the non-custodial service “is responsible for the administration of non-custodial measures including community service, probation, parole, restorative justice, and any other non-custodial measure

assigned to the correctional service by a court of competent jurisdiction. Therefore, it is not every infringement of the law that will result in incarceration at the custodial centres.

Method

Participants and procedure

The Nigerian correctional service, Enugu custodial centre was the setting of this study. A total of 112 inmates incarcerated at the ECC, either awaiting trial or already convicted by the courts, were consecutively recruited, approximately 10 every Friday of the week for about 12 weeks till the desired number of participants was reached. Visiting day at the ECC is every Friday of the week between 11 am and 2pm. Inmates who were available at this time of visits and willing to give informed consent were conveniently sampled. Efforts were made not to recruit one person twice by secretly keeping a record of their identity while maintaining their confidentiality. The participants were educated enough to understand the English language and/or Igbo language for Igbo speaking participants, to be able to participate effectively in the survey.

All participants in the study were given the same surveys in a similar condition. Surveys were administered on a one-on-one basis in designated corrections visitation areas and/or other areas approved by the custodial centre authorities with the administrator and his research assistants reading out the questions to the participants and transcribing the responses. CANFOR-S is a semi-structured questionnaire which is usually administered by the researchers who have obtained some level of training on its use. The research assistants were two senior registrars in Psychiatry at the University of Nigeria Teaching Hospital, UNTH, Enugu. CANFOR-S has 3 assessment sections designated as service users, staff and carers. The inmates of the Enugu custodial centre are the service users, staff include the Nigerian correctional staff serving at the centre. There are no other carers at the custodial centre whether formal or informal apart from the correctional service staff. Only the service users were sampled and assessed for their needs. Permission and consent were not given for the needs assessment of the NCS staff.

Instruments

The Sociodemographic and incarceration characteristics questionnaire

The Sociodemographic and incarceration questionnaire (SICQ) provided information on the respondents' demographics and the offending statuses.

Camberwell Assessment of Need - Forensic version (CANFOR)

CANFOR is a research tool for assessing the needs of people with mental health problems who are in contact with forensic services (Thomas & Slade, 2021). It is useful in clinical practice and research to provide a baseline measure of need to

inform care planning and subsequently at intervals, to determine the effectiveness of interventions. Comprehensive versions are available for research (CANFOR-R) and clinical use (CANFOR-C) and a short version (CANFOR-S) suitable for both research and clinical use. CANFOR-S was used for this study. CANFOR was developed by a multidisciplinary team at the Institute of Psychiatry (IoP), Kings College, London, now known as the Institute of Psychiatry, Psychology and Neuroscience (IoPPN). The CANFOR is a semi-structured interview schedule assessing need in 25 domains of the person's life. Domains cover a range of psychological, social, clinical, and functional needs, reflecting the broad range of needs a person can have.

The overall need rating for each of the 25 need domains is scored as follows (Thomas & Slade, 2021): N = no need, indicating that the person does not have any problems/difficulties in the area (and that they are not currently receiving any help in this area). M = met need, indicating that the person does currently have some problems/difficulties in this area and that effective help is being received. U = unmet need, indicating that the person does currently have problems/difficulties in this area and either that (from the interviewee's perspective) they are not getting any help at all for these problems/difficulties, or that the help they are receiving is not helping. NA = not applicable. This rating is only available for five of the 25 CANFOR domains. For the sexual offending and arson domains, a not applicable score can be recorded if the interviewee reports that the person has no history of problems in the area and that they do not present a current risk in the area.

Accommodation can be scored as not applicable if the person is currently an inpatient or prisoner and is not likely to be considered for transfer or discharge in the next 6–12 months. Transport can be scored as not applicable according to the same criteria. Dependents can be scored as not applicable if the interviewee reports that the person has no children or dependents. ? means not known, indicating that the interviewee does not know about the particular domain, is not confident in their response, or does not wish to disclose any information about any problems/difficulties they might know about.

Scoring options for Sections 2, 3, and 4 of each of the CANFOR-S domains are based on the anchor points provided. While it is good practice to ask about help being received and needed, it is not necessary to complete these sections if the overall need rating for the domain is no need (N). The same applies if the domain is scored as not applicable (NA) or not known (?). It is an internationally validated instrument used worldwide in forensic psychiatric studies (Keulen-de Vos, & Schepers, 2016). Reliability studies show that it has an inter-rater reliability of whether a need is present or not of service users (0.991) and staff (0.998). It also has test-retest reliability of service users (0.795) and staff (0.852) ratings made 2 weeks apart (Thomas et al., 2008).

Data Analysis

The Statistical Package for the Social Sciences (IBM-SPSS), version 20 for Windows was used for analysis. Basic

descriptive statistics was used to present the socio-demographic profile. Needs assessment were categorized into various domains with each item stratified as met, unmet, not a problem and not applicable. They were described using frequency counts and percentages.

Results

Details of the socio-demographic and incarceration characteristics of the respondents have been reported elsewhere (see Amadi et al., 2024).

Table 1: Need assessments of the prison environment from the perspective of service users

Domains of Need	Met n (%)	Unmet n (%)	Not a problem n (%)	Not Applicable n (%)
Basic Needs				
Food	25 (22.3)	87 (77.7)	-	-
Accommodation	-	-	-	112 (100.0)
Daytime activities	91 (81.3)	21 (18.8)	-	-
Health Needs				
Physical health	49 (43.8)	52 (46.4)	11 (9.8)	-
Psychotic symptoms	2 (1.8)	47 (42.0)	63 (56.3)	-
Psychological distress	2 (1.8)	75 (67.0)	35 (31.3)	-
Safety to self	2 (1.8)	39 (34.8)	71 (63.4)	-
Safety to others	1 (0.9)	34 (30.4)	77 (68.8)	-
Alcohol	4 (3.6)	41 (36.6)	67 (59.8)	-
Drugs	4 (3.6)	41 (36.6)	67 (59.8)	-
Treatments	36 (32.1)	76 (67.9)	-	-
Social needs				
Company	15 (13.4)	94 (83.9)	3 (2.7)	-
Intimate relationship	7 (6.3)	105 (93.8)	-	-
Sexual expression	5 (4.5)	106 (94.6)	-	1 (0.9)
Functioning Needs				
Self-care	89 (79.5)	23 (18.8)	-	-
Looking after living environment	94 (83.9)	18 (16.1)	-	-
Dependents	-	48 (42.9)	-	64 (57.1)
Basic Education	94 (83.9)	18 (16.1)	-	-
Money	19 (17.0)	93 (83.0)	-	-
Service Needs				
Information about condition and treatment	46 (41.1)	57 (50.9)	9 (8.0)	-
Transport	-	-	-	112 (100.0)
Digital communication	41 (36.6)	71 (63.4)	-	-

Table 1 shows the met and unmet needs of the participants, the service users. Basic need includes food, accommodation and daytime activities. More than three quarters (77.7%) of the service users reported that their food needs were unmet while 22.3% said it was met. Daytime activities need were largely met up to 81.3%. Only 18.8 % responders said their daytime activities were unmet.

Health needs, both physical and mental health, were

largely unmet. Nearly half of the participants (46.4%) said their physical health needs were unmet while 43.8% reported met needs for physical health. Two thirds of the inmates (67%) have psychological distress with about 42% of inmates reporting psychotic symptoms. Close to one-third of inmates (34.8%) have thought about harming themselves, while 30.4% have threatened others with violence or lost their temper. Alcohol is used by 36.6% of inmates while other illicit drugs like cannabis are also abused by same number of individuals (36.6%). Only 32.1% of the inmates said they were satisfied with the treatment (medical and/or psychological) given while the majority 67.9% said they are not satisfied with treatment given to them at the dispensary. Social needs include company, intimate relationship, and sexual expression. About 89.3% of inmates said they are unhappy with their social life; 93.8% have problems with their close relationships and 94.6% said they have not had sex for the period they have been incarcerated at the custodial centre.

Functioning needs include self-care, looking after living environment, dependents, basic education, and money. About 79.5% of the inmates said they do not have problems keeping themselves clean and tidy (self-care) while 83.9% of them are able to look after their room and surroundings without help. More than half (57.1%) of the inmates do not have dependents because they were unmarried, and 42.9% of those that have dependents cannot meet the demands of the dependents from prison. While 83.9% said they had basic education before incarceration, 83.0% expressed the fact they lack money to meet up with their daily needs.

Service needs are benefits, digital communication, information about condition and treatment, transport. While 92.9% said they are not getting the benefits they are entitled to, 63.4% do not have access to phones and other means of digital communication. Half of the inmates (50.9) claimed they do not receive clear information about their condition and treatment when they are ill.

Discussion

The 25 domains of needs were categorized into 5 dimensions for easy description (Zahid & Ohaeri, 2012). Overall, the needs were largely unmet up to 44.6%, only 22.4% of the needs were met. Accommodation is one of the five out of 25 CANFOR domains rated not applicable because “the participants are all prisoners not considered for discharge within 12 months from time of interview.” However, accommodation is a big problem because most Nigerian custodial centres are said to be congested. For instance, the ECC built in 1915 with a capacity for 638 inmates now houses over 1,800 inmates (Premium Times, 2019). We noted that the cells were overcrowded from information gathered from inmates and staff of ECC. These centres built long ago can no longer meet the housing demands of the growing Nigerian corrections populations.

In Nigeria, prisoners “do not shop for or prepare their own

meals.” They are fed by the correctional authorities through the budget provisions of the Ministry of Interior. A greater number (77.7%) said their need for food was unmet both in quantity and quality. This is not surprising because the Controller General of the NCS recently said that NCS inmates are fed on daily budget of 750 Naira (50 cents) and was proposing a budget of 3,000 Naira (\$2) per day (Punch, 2023). With the current food inflation and cost of consumables in the country, the inmates are most unlikely to receive a filling and nourishing meal with 750 Naira (approximately 50 cents) per day budget. Daytime activities at the ECC were largely met (81.3%) as inmates have facilities for recreation including a football field and other facilities for indoor and outdoor activities.

Both physical and psychological health needs were largely unmet, 46.4% for physical health and 67.0% for psychological distress. This was higher than what was seen in a study in two London prisons where unmet needs for physical health (32%) and psychological health (51%) were reported (Jakobowitz et al., 2017). High rates of psychiatric morbidity were reported in our study like in the UK with 42% of participants reporting presence of psychotic symptoms, 34.8% reporting suicidal ideation, and alcohol and drug abuse 36.6% a piece, which are unmet (Hardie et al., 1998; Keulen-de Vos, Har & Schepers, 2016; Bebbington et al., 2017). In Nigerian correctional centres, certain cells which serve as quasi-mental health hospitals known as “asylums” exist (Ogunlesi et al, 2012). Because of the dearth of mental health professionals in NCS, the “asylums” fall short of meeting the mental health needs of inmates with mental health problems. As a result, there has been calls for the closure of “asylums” and diversion of inmates with mental illness to stand-alone psychiatric hospitals with its own security concerns.

Social and service needs were unmet, functional needs were largely met. Most inmates reported that they lack company, sexual and intimate relationships, which are due to their incarceration. They lack digital communication gadgets especially smart phones, and so can't communicate effectively with loved ones in the outside world. Majority of the inmates are also not getting the benefits they are entitled to, for unknown reasons. Self-care and looking after their room and surrounding environment needs were largely met.

Most of the inmates reported they had basic education up to secondary school level. Therefore, some of them have enrolled in the National Open University of Nigeria (NOUN) programmes. NOUN is a tertiary education institution with a centre domiciled within the premises such that inmates can acquire tertiary education while serving time in corrections. This is commendable because it prepares the beneficiaries for better life after imprisonment. It is our recommendation that those inmates who cannot meet the admission requirements for NOUN should be equipped with vocational education skills while in incarceration, as this will ultimately help in their reintegration into the community upon discharge.

Conclusion

Addressing the huge gap between met and unmet needs remains the responsibility of the NCS, the government and the society. Congestion of correctional centres has become a problem as this has serious health implications. Most of the custodial centres were built in the early 20th century (ECC in 1915) and currently have dilapidated structures, housing people far beyond their original capacities. Improving failing (or non-existent) infrastructure including building new custodial centres equipped with modern facilities has become necessary. Provision of good drinkable water, modern toilets and waste disposal facilities will make the custodial centres habitable, preventing spread of communicable diseases.

Dealing decisively with the “awaiting trial syndrome” with speedy disposal of cases in courts and releasing those who have over-stayed the expected duration of incarceration for similar offences, will help to decongest the custodial centres. Overhaul of correctional services food rations such that it provides nourishing and filling meals preventing malnutrition in NCS custodial centres is recommended. Currently inmates are fed on a paltry 250 Naira per meal and 750 Naira per day with the Controller General imploring the Nigerian Senate to approve 3,000 Naira per day. With current food inflation, 4,500 Naira per day (1,500 Naira per meal) will barely be adequate.

Physical and mental health care services of the NCS require complete overhaul. Time has come for the building and equipping of stand-alone forensic psychiatric hospitals, one in each of the six geopolitical zones, like in most countries in Europe. These hospitals will be manned by a highly trained multidisciplinary professional workforce that includes medical and psychiatric consultants and other doctors, clinical psychologists, nurses, occupational therapists and social workers, complimented with a well-trained security team. With this development, the outdated “asylums” in custodial centres will be permanently closed. Enrolling all inmates into the National Health Insurance Scheme (NHIS) will remove financial barriers to access to physical and mental health services within and outside the custodial centres. Expanding non-custodial services to include medical parole that allows very ill inmates with terminal illnesses to receive care among loved ones, and geriatric parole where inmates over 65 years of age may be considered for release is recommended.

Finally, non-custodial community-based supervision and programming has been recommended in forensic psychiatry literature as the best approach to reformation and reintegration of youth-offenders back into the society. Also, screening for unmet needs routinely and implementing the evidence-based research findings have been found to aid reformation and prevention of criminal recidivism. This study has a limitation. Only the service users (inmates) were sampled and assessed for their needs. Permission and consent were not granted for the needs assessment

of the NCS staff. Apart from the services inmates receive from NCS staff, they do not have other carers whether formal or informal. Assessing the needs of the staff would have been good for comparison with that of the service users.

Declarations

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Conflicts of interest/competing interests: The authors declare that they do not have any competing interests.

Ethics approval: Approval was obtained from the Health Research Ethics Committee of the University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu. The research procedure was interview-based and non-invasive. The Enugu State Controller of Corrections granted the authors a written permission to carry out this study at the Enugu custodial centre.

References

- Amadi, K.U., Nduanya, C.U., Iyidobi, T.O., Okoye, J.O., Muomah, R.C., Odinka, P.C., Ndukuba, A.C., Odinka, J.I., Igwe, M.N. (2024). Association of locus of control and pathological gambling with recidivism among inmates of Enugu custodial centre. *Nigerian Journal of Psychological Research*, 20(1), 60-66.
- Barnert, E.S., Dudovitz, R., Nelson, B.B., Coker, T.R., Biely, C., Li, N., & Chung, P.J. (2017). How does incarcerating young people affect their adult health outcomes? *Pediatrics*, 139(2), e20162624. <https://doi.org/10.1542/peds.2016-2624>.
- Bebbington, P., Jakobowitz, S., McKenzie, N., Killaspy, H., Iveson, R., Duffield, G., Kerr, M. (2017). Assessing needs for psychiatric treatment in prisoners: 1. Prevalence of disorder. *Social Psychiatry and Psychiatric Epidemiology*, 52(2), 221-229. doi: 10.1007/s00127-016-1311-7.
- Borschmann, R., Janca, E., Carter, A., Willoughby, M., Hughes, N., Snow, K., Stockings, E., Hill, N.T.M., Hocking, J., Love, A., Patton, G.C., Sawyer, S.M., Fazel, S., Puljević, C., Robinson, J., & Kinner, S.A. (2020). The health of adolescents in detention: a global scoping review. *Lancet Public Health*, 5, e114–26. Published Online January 16, 2020 [https://doi.org/10.1016/S2468-2667\(19\)30217-8](https://doi.org/10.1016/S2468-2667(19)30217-8).
- Bucklen, B.B., Duwe, G., & Taxman, F.S. (2021). Guidelines for post-sentencing risk assessment. *NCJRS virtual library*. Retrieved on 5/8/2024 from [Guidelines for Post-Sentencing Risk Assessment | Office of Justice Programs \(ojp.gov\)](https://www.ojp.gov/pdffiles1/nij/guidelines/NCJRS-Virtual-Library/Guidelines-for-Post-Sentencing-Risk-Assessment-Office-of-Justice-Programs-ojp.gov.pdf).
- Clements, C. B., McKee, J. M., & Jones, S. E. (1984). Offenders needs assessment: models and approaches. *National Institute of Justice United States Department of*

- Justice Washington, D. C. 20531. [98722NCJRS.pdf \(ojp.gov\)](#).
- Cropsey, K.L., Binswanger, I.A., Clark, C.B., & Taxman, F.S. (2012). The unmet medical needs of correctional populations in the United States. *Journal of National Medical Association*, 104(11-12), 487-492. [https://doi.org/10.1016/s0027-9684\(15\)30214-5](https://doi.org/10.1016/s0027-9684(15)30214-5).
- Hardie, T., Bhui, K., Brown, P.M., Watson, J.P., Parrott, J.M. (1998). Unmet needs of remand prisoners. *Medical Sciences and the Law*, 38(3), 233-236. <https://doi.org/10.1177/002580249803800309>.
- Harty, M. A., Shaw, J., Thomas, S., Dolan, M., Davies, L., Thornicroft, G., Carlisle, J., Moreno, M., Leese, M., Appleby, L., & Jones, P. (2004). The security, clinical and social needs of patients in high security psychiatric hospitals in England. *The Journal of Forensic Psychiatry & Psychology*, 15(2), 208-221. <https://doi.org/10.1080/14789940410001703967>.
- Jakobowitz, S., Bebbington, P., McKenzie, N., Iveson, R., Duffield, G., Kerr, M., & Killaspy, H. (2017). Assessing needs for psychiatric treatment in prisoners: 2. Met and unmet need. *Social Psychiatry and Psychiatric Epidemiology*, 52(2), 231-240. <https://doi.org/10.1007/s00127-016-1313-5>.
- Keulen-de Vos, M., & Schepers, K. (2016). Needs assessment in forensic patients: A review of instrument suites. *International Journal of Forensic Mental Health*, 15(3), 283-300. <https://doi.org/10.1080/14999013.2016.1152614>.
- Kizlik, B. (2010). *How to write an assessment based on a behaviorally stated objective*. [online document] Retrieved on 5/08/2024 from <http://www.adprima.com/assessment.htm>.
- Nigerian Correctional Service (2024). *Statistics summary*. Retrieved from https://www.corrections.gov.ng/statistics_summary.
- Nigerian Correctional Service Act (2019). Sections 1(2), 10(a), 37(1). *Official Gazette, Federal Republic of Nigeria*, 106(120). Lagos, Nigeria.
- Ogunlesi, A., Ogunwale, A., De Wet, P., Roos, L., & Kaliski, S. (2012). Forensic psychiatry in Africa: Prospects and challenges. *African Journal of Psychiatry*, 15, 3-7. <https://doi.org/10.4314/ajpsy.v15i1.1>.
- Payne, J. (2007). Recidivism in Australia: finding and future research. *Australian Institute of Criminology*. Retrieved on 5/08/2024 from <https://www.aic.gov.au/sites/default/files/2020-05/...>
- Premium Times (2016). "Enugu prison built for 638 inmates but holds 1800."—Alloy Uchenna. *Premium Times*. March 21, 2016. Retrieved from <https://premiumtimesng.com/regional/ssouth-east.html>.
- Punch Newspaper (2023). *Inmates N750 feeding allowance, dogs, N800—NCS. The Punch*, 8th December, 2023.
- Russo, J., Vermeer M.J.D., Woods, D., & Jackson, J. B. A. (2020). *Risk and needs assessments in prisons: Identifying high-priority needs for using evidence-based practices*. Retrieved from <https://www.ojp.gov/library/publications/risk-and-needs-assessments-prisons-identifying-high-priority-needs-using>
- Scottish Government. (2022). *Research and analysis, prison population: mental health needs. Population health directorate, health and social care*. Retrieved on 5/08/2024 from <https://www.gov.scot/publications/understanding...>
- Thomas, S.D.M., Slade, M., McCrone, P., Harty, M-A., Parrott, J., Thornicroft, G., & Leese, M. (2008). The reliability and validity of the forensic Camberwell Assessment of Need (CANFOR): A needs assessment for forensic mental health service users. *International Journal of Methods in Psychiatric Research*, 17(2), 111-120. <https://doi.org/10.1002/mpr.235>.
- Thomas, S. & Slade, M. (2021). *Camberwell Assessment of Need: Forensic Version (2nd Edition)*. Cambridge University Press.
- Trizna, M., & Adanowoski, T. (2016). Assessment of needs and clinical parameters in forensic patients in low and medium security wards. *Archives of Psychiatry and Psychotherapy*, 3, 48-57. <https://doi.org/10.12740/APP/64794>.
- Wang, L. (2020). Chronic punishment: the unmet health needs of people in state prisons. *Prison Policy Initiative. Press release*. Retrieved on 5/08/2024 from [Chronic Punishment: The unmet health needs of people in state prisons | Prison Policy Initiative](#)
- Zahid, M.A. & Ohaeri, J.U. (2012). Clinical and psychosocial factors associated with needs for care: an Arab experience with a sample of treated community-dwelling persons with schizophrenia. *Social Psychiatry and Psychiatric Epidemiology*, 48(2), 1-10. <https://doi.org/10.1007/s00127-012-0514-9>.