

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

**THE EXPERIENCE OF MENTAL HEALTH PATIENTS IN PRISONS. A CASE OF MUTARE
REMAND PRISON.**



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(B213013B)

**RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
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DEDICATION

This dissertation is dedicated to the Almighty God for the undeserved grace. To my beloved parents Ngonidzaishe and Stellah Mafara, thank you for all the love, inspiration, wise words, comfort and unwavering support. You are my pillar of strength and you have truly shaped my life.



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Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
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Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	
Weighted Mark	25	

Comments.....
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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	5	
Data presentation	50	
Is there any attempt to link literature review with new findings	10	
How is the new knowledge trying to fill the gaps identified earlier	10	
Discursive and analytical skills	20	
Summary	5	
Total	100	
Weighted Mark	30	

Comments

.....

Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Conclusions- have you come up with answers to the problem under study	30	
Recommendations(should be based on findings) Be precise	30	
References	5	
Appendices i.e. copies of instruments used and any other relevant material	5	
Total	100	
Weighted mark	10	



Comments

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SUMMARY:-

	Actual	Total
<u>Chapter 1</u>		
<u>Chapter 2</u>		
<u>Chapter 3</u>		
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<u>Chapter 5</u>		
Total	_____	_____



ABSTRACT.

The study analysed the perceived causes of mental health challenges at Mutare Remand Prison. The main objectives were to identify the challenges faced by mental health patients in prisons and explore the Strategies to address the challenges faced by mental health patients in prisons. The Social Ecology model was used to bring more light on the social and environmental factors that inspire the challenges faced by mental health patients in prisons. Case study research designed was used during this research. Data was collected using key informant interviews and focus group discussions. The target population comprised of mild mental health patients from different sections at Mutare Remand Prison and stakeholders who were selected as key informants. The focus group discussions were done to complement the information provided by keys informants. The research findings showed that the causes of mental health challenges in prisons they include overcrowding and poor living conditions, negligence from relatives and friends and also that, the challenges faced by mental health patients in prisons were limited access to mental health services linguistic and cultural barriers . It was also noted that collaborating with mental health providers, community organization and correction staffs, ensure cultural competence can be strategies to address the challenges faced by mental health patients at Mutare Remand Prison.



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CHAPTER 1

1.1 INTRODUCTION

This chapter introduce the study on the experience of mental health patients in prison. Challenges faced by mental health patients as well as various strategies to address the challenges faced by mental health patients in prison are discussed in this chapter. The chapter also focuses on the background of the study, statement of the problem, justification of the study, research aim and objectives among others.

1.2. BACKGROUND OF THE STUDY

Mental health patients within the prisons of the world are facing appalling issues, with about 4.4% of all prisoners in the world suffering from serious mental illness and a whopping 80% being deprived of adequate care (WHO, 2019; UNODC, 2019). All this has resulted in human rights violations, unjustifiable imprisonments, and tragic health consequences (UN Human Rights Council, 2020). In response to these issues, researchers suggest community-based care interventions, prison staff training (Chitsiko, 2020, Mupawose, 2019), and coordination between health and criminal justice systems (Andersen et al., 2019). Such of the global responses to these issues are World Health Organization's Mental Health Gap Action Programme and Prison Reform by the United Nations Office on Drugs and Crime. Apart from that, international covenants including the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of Persons with Disabilities also highlight the requirement for reform. Vigorous action is to set up screening and triage systems, treat mental illness in the early phases of the criminal justice system, and ensure continuity of care in society.

Mental illness issues among Nigeria and South Africa prisoners are frightening. Overcrowding, unhygienic conditions and unsatisfactory healthcare lead to mental



illness (WHO, 2019).80% of Nigerian prisoners suffer from mental illness (NIMHANS, 2018).41% of South African prisoners suffer from severe mental illness (Udedi et al., 2017).

Nigeria have reported individuals who had experienced trauma (45.6%) (Adebowale and Adelufosi, 2015) and Substance abuse (35.4%) (NIMHANS, 2018). In South Africa have documented individuals traumatized by violence (50.3%) (Udedi et al., 2017) and HIV/AIDS-related trauma (27.5%) (Myburgh et al., 2016). Nigeria and South Africa each have an answer for treating mental illness in prisons. Nigeria's Mental Health Act (2013) directs care provision (FMoH, 2013). Prison rehabilitation, NGO collaboration and training of correctional officers build knowledge and response (Adebowale and Adelufosi, 2015). South Africa's Correctional Services Mental Health Policy (2015) presents an evidence-informed response (DCS, 2015). Mental health courts divert into treatment and prison-based services offer counseling (Udedi et al., 2017). The two nations have partnered with WHO, enhance research and awareness, and empower communities. Intersectoral coordination encourages governments, Non-Governmental Organisations, and communities to work in unison (Myburgh et al., 2016).

This is an issue arising due to the poor execution of Zimbabwe's Mental Health Act (1996), an act that focuses on community care, thereby inadequate mental health care in prisons. The lack thereof creates human rights issues and enhances recidivism rates. There is a need to explore the experiences of the Zimbabwean prisons' mental health patients to determine the gaps in providing services and inform policy reforms. The Zimbabwean government and civil society groups have made efforts to respond to prisons' mental health issues. Some of the key initiatives are the Mental Health Act (1996) and National Mental Health Policy (2016), and counseling and rehabilitation programs by organizations such as Zimbabwe Association of Social Workers. All of these have enhanced mental health care, particularly prison mental health care and international organization collaborations. The Prison and Correctional Act (Chapter 7:21) is setting the mental health patients' rehabilitation in the direction that all prisons are to have peer educators which will complement the Rehabilitation department for reasons



of alleviating the difficulties the mental health patients are experiencing. With the addition of the Rehabilitation department which operates on giving attention to the patients of mental health it had succeeded because they direct them, awaken their potential, check if they had taken their drugs, bathed, washed their clothes, their surrounding is clean etc.

1.3. STATEMENT OF THE PROBLEM

Prison mental patients face desperate situations, such as limited access to care, inhumane living standards, and no assistance, which worsen their conditions and increase the risk of self-harm, suicide, and poorer rehabilitation rates. Alarming, one-quarter to half of prison inmates suffer from severe mental illness but several prisons lack sufficient trained personnel or proper funding to provide adequate attention. This results in poor health outcomes, higher rates of recidivism and chronic cycles of incarceration. In addition, the prison system increases trauma and stigmatization, preventing access to the treatment needed and successful integration into society upon release. In reaction to these, there must be immediate effective interventions as well as policy reforms to provide humane treatment and care for prisoners who are patients of mental health.

1.4. RESEARCH AIM

The study aims to understand the experience of mental health patients in prison at Mutare Remand Prison.

1.5. RESEARCH OBJECTIVES

1. To understand the perceived causes of mental health challenges in prison at Mutare Remand Prison.
2. To identify the challenges experienced by mental health patients in prison at Mutare



Remand Prison.

3. To explore strategies to address the challenges faced by mental health in prison at Mutare Remand Prison.

1.6. RESEARCH QUESTIONS

1. Which are the perceived causes of mental health challenges in prison at Mutare Remand Prison?

2. What are the challenges faced by mental health patients at Mutare Remand Prison?

3. What are the strategies to address the challenges faced by mental health patients in prison at Mutare Remand Prison?

1.7. JUSTIFICATION OF THE STUDY

The research on mental health inmates' history is crucial as a result of the prevalence of mental illness among prisoners. Neglect escalates symptoms, enhances self-inflicted injury and suicidal behavior, and impedes rehabilitation. The prison settings also create a cycle of trauma and stigma, hence contributing to treatment and reintegration issues. Learning from these experiences, the study may also raise awareness, help reform policy and facilitate advocacy for improved prison healthcare among the Civil Society Organizations. The study can also inform community-based programs, decrease stigmatization and assist human rights, overall improving social justice and community mental health outcomes which is of utmost significance to the community. It can be appended to the current gaps in mental health care so interventions are better targeted to facilitate rehabilitation, reduce recidivism and allow successful reintegration into society. It also assists in addressing alignment of prison practice and human rights standards and supports better public health planning because the majority of prisoners will at some point return to their communities.



1.8. DEFINITION OF KEY TERMS

Mental health patients: Are individuals who reside with conditions such as depression, anxiety, or psychosis that are capable of invading their everyday lives, relationships, and sense of self (Solomon, 2018).

Prison: Is a central institution in the carceral state, which sustains mass incarceration, racial disparities, and social injustice (Gottschalk, 2019).

1.9. DISSERTATION OUTLINE

Chapter 1 introduced the background of the study and the introduction. It is the chapter that introduced the statistics as to how the mental patients have felt it being in prison. This is the chapter that indicates where exactly the problem is being recognized.

Chapter 2 outlines the previously related literature for the purpose at hand (problems encountered by mental patients in prison). Literature that has been consulted in identifying the loop holes study to study. This is in a bid to justifying this present study that is currently being conducted at Mutare Remand Prison and among the individuals who work with the mental health patients. Literature review was brought in from global, regional up to local level.

The emphasis of chapter three was given to research design, population and sampling, sampling procedures, focused population, research tools, data collection procedures, presentation and analysis of data. In-depth interviews and focus group discussion were the two striking methodologies used to collect the data. It also highlighted the ethical issues which were kept in mind while collecting the data from the respondents.

Chapter four has collected data. Chapter four has analyzed how effective are the challenges of the mental health patients are, how the strategies to address the



challenges faced by mental health patients are possible. This data was conducted in Mutare Remand Prison in Mutare. Presentation, analysis and explanation of data in the chapter were conducted using tables, pie charts and narrative.

The fifth chapter is the last chapter in the research. The fifth chapter called for the summary of the study's findings and the recommendations offered by the researcher. The researcher advocated for the recommendations with an intention of enhancing the wellbeing of the prisoners with mental health in Zimbabwe prisons.

1.10. CHAPTER SUMMARY

The chapter introduced the background of the topic. Background of the study, statement of the problem, research aim, research objectives, research questions and purpose of the study were highlighted. The subsequent chapter will be discussing literature of prison mental health patients' experience.



CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The chapter seeks to elaborate the previous connected literature on the subject in view (prison experience of mental health patients). Literature review is necessary as it compares the current study with the previous studies conducted in the past with the objective of defining the gap to be filled through the current study. Social ecology model takes the theoretical framework.

Literature review from global, regional to local level noting down the effect, the coping behavior adopted along with the measures which can be undertaken by the government in order to avoid the problems faced by the patients of mental illness in the prisons.

2.2. THEORETICAL FRAMEWORK.

SOCIAL ECOLOGY MODEL

The Social Ecological Model (SEM) synthesizes the manner in which individual, social, and environmental components converge to influence human behavior and health. Social Ecological Model identifies five interacting levels - immediate environment (Microsystem), interrelated relationships (Mesosystem), external influences (Exosystem), societal environment (Macrosystem), and temporal influences (Chronosystem) which interactively influence individual outcomes. This model emphasizes the dynamic interplay among individual, social, and environmental factors and gives complete insight into human development and planning specific intervention in order to induce positive change (Bronfenbrenner, 1979; 1992). In mental health patients while using this model it assists in Identifying some multiple levels of influence on mental health, it detects how people are socially linked, and environmental influences and it leads to holistic and gives multidimensional interventions. The



advantages of its use it contributed greatly to the knowledge regarding the mental health problems, it formulates interventions that suit specific requirements, it sustains patient activation and empowerment and even improves treatment.

Social ecology model is applicable in the treatment of prison mental health patients in light of the inter- and intrarelations among individual, interpersonal, community, and societal factors. It entails an assessment of the patient's biological and psychological determinants, social supports, and therapeutic relationships in addition to the influence of prison culture, environment, and policies. By collaborative care, adopting trauma-informed treatments, and offering cognitive-behavioral therapy, mental health professionals can address the multifaceted determinants affecting mental health outcomes in prisons and improve treatment outcomes, reoffending rates, and a more humane prison environment.

2.3. THE PERCEIVED CAUSES OF MENTAL HEALTH CHALLENGES IN PRISONS

All studies agree that mental illness problems in prisons are caused by a mix of environmental, institutional, and individual factors. The early studies underscored how the stress of isolation, overcrowding, and disempowerment affected the mental health of prisoners (Haney, 2003; Kupers, 1999). Later research has built upon this data by laying especial emphasis on the existence of pre-existing psychiatric illness, alcohol and drug use disorders, medical neglect, and trauma exposure as the primary signs of psychological distress among the prison population (Fazel & Baillargeon, 2011; Prins, 2014). Additionally, systemic problems like staff indifference, denial of access to mental health services, and stigmatization of mental illness persist and accelerate the mental crisis in prisons (James & Glaze, 2006).

2.3.1. Loss of autonomy and self-worth

Loss of autonomy and self-worth are major predictors of mental illness within prisons because the extremely controlled atmosphere steals away the individual's agency and personal definition. Prisoners typically experience the loss of control over daily life,



decreased choices and choice situations, and dehumanizing policy, all of which are predisposed to undermine self-worth and reinforce feelings of depression, helplessness, and anxiety (Haney, 2001). Psychological effects of institutionalization tend to be more than one can handle, with longer stay exacerbating mental suffering and hindering rehabilitation. All this underscore the need for prison settings that permit dignity and psychological health.

2.3.2. Disrespect and Dismissal

Disrespect and disdain on the part of prison staff and prisoners also play a major part in prisoners' mental illness issues. These forms of negative interpersonal contact can add to these feelings of worthlessness, loneliness, and despair that are already being enhanced in the restrictive prison setting. When prisoners are routinely disrespectfully addressed or disrespectfully treated, their self-esteem is diminished and they become depressed, anxious, and suicidal. It not only harms mental well-being but also excludes rehabilitation and reintegration (Haney, 2018).

2.3.3. Cumbersome procedures

Ineffective bureaucratic processes within prison institutions can quite easily lie behind mental health issues among prisoners. Waiting for an extended period of time to be attended by a doctor, receive psychiatric care, legal advice, or even the most basic provisions typically means more frustration, helplessness, and abandonment. These inefficiencies in institutions may re-activate previously existing mental health issues and impose additional psychological loads, especially if prisoners feel powerless to cope and deal with the system (Liebling & Maruna, 2013).

2.3.4. Risk of violence and victimisation

The ubiquitous risk of victimization and violence inside prisons is a key cause of mental illness among inmates. Living in a place where physical violence, threats, and intimidation are routine fosters chronic stress and hypervigilance, which can result in anxiety disorders, PTSD, and depression. Victimisation either by direct violence or by

observing violence shatters an individual's sense of safety and mastery, thus further generating psychological distress and undermining rehabilitation (Wolff et al., 2007).

2.3.5. Pre-existing mental health conditions

Underlying psychiatric illness is an important reason for protracted or exacerbated mental health issues within prisons. A high percentage of prisoners enter the penal system with undiagnosed or inadequately treated psychiatric illnesses like depression, bipolar disorder, or schizophrenia. The stress and sometimes traumatic prison environment, compounded by inappropriately available access to appropriate mental health facilities, can aggravate these conditions and cause additional psychological debilitation and heightened risks of self-harm or suicide (Fazel & Seewald, 2012).

2.3.6. Substance use disorders

Substance abuse disorders are one of the common etiologies of mental issues in prisons, which tend to be concurrent with other psychoses and increase emotional instability. These prisoners can also exhibit withdrawal syndrome, urge, and relapse, all of which can increase anxiety, depression, and violence. Inadequate treatment programs and care in penal environments also exacerbate recovery and stabilization of mental health, with risks of more psychological decline (Binswanger et al., 2012).

2.3.7. Loss of belief in prisoner's problem

Hope erosion among prisoners' cases by prison administrators and officials can be pivotal in precipitating mental illness among prisoner groups. When prisoners perceive that their complaints, medical issues, or personal concerns are consistently dismissed or disregarded, it creates a condition of invisibility and hopelessness. This invalidation has the potential to heighten feelings of isolation, depression, and mistrust of the system, eventually compromising psychological health and discouraging people from seeking help in the future (Crewe et al., 2017).



2.3.8. Inadequate healthcare services

Poor health facilities within prisons are among the leading causes of the occurrence of mental disorders among prisoners. Prisons do not have enough mental health personnel, machinery, and infrastructure to administer the intricate psychological needs of prisoners. Prolonged diagnosis, restricted availability of therapy or psychiatric medication, and unacceptable overcrowding aggravate already present mental illnesses and eschew early intervention. This gap not only worsens the mental well-being of prisoners but also raises self-harm, violence, and re-offending (Wilper et al., 2009).

2.4. CHALLENGES FACED BY MENTAL HEALTH PATIENTS IN PRISONS

Past studies and present research have all pointed out the various challenges of mental health prisoners in prisons in the world, continents, and Africa. In the world, studies have established that mentally ill prisoners receive suboptimal attention, socially isolated, and stigmatized (Appelbaum, 2015; Haney, 2003). In Europe, it has been found that mentally ill inmates are usually held in solitary confinement, which worsens their symptoms (Forrester et al., 2018). In Africa, the evidence has confirmed the scarcity of mental health centers, the lack of training among prison officials, and cultural obstacles to treatment (Alemu et al., 2018; Baron, 2017). For example, Nigerian research found that inmates with mental issues are more likely to seek help from traditional healers than from professional mental health services (Adewuya et al., 2017).

2.4.1. Poor access to mental health services

Limited access to mental health treatment is a major concern for mental health prisoners. There are no mental health facilities, such as a lack of mental health professionals, few therapy and counseling sessions, and waiting lists (Appelbaum, 2015). This leads to delayed or incomplete treatment, worsening mental health and increasing the risk of self-injury and suicide (Hallett et al., 2015). Kinner et al. (2014) confirm that mentally ill offenders experience long waiting lists for their prison



treatment for mental illness, and even might not have access to the advanced care they require because of an insufficient number of mental health workers. Secondly, a lack of access to specialized mental illnesses treatments, like psychiatric counseling and treatment of drug dependence, can also undermine the prisoners' well-being and mind (Pinta, 2015). More broadly, restricted availability of mental health services can have severe detrimental effects on the mental health and welfare of prisoners.

2.4.2. Stigma and discrimination

Stigma and discrimination are acute issues in prisoners with mental illnesses. Prison officers and other prisoners stigmatize and discriminate against mental health prisoners, further exacerbating their mental health state (Gillard et al., 2012). Stigma will most probably result in social isolation, low self-esteem, and lowered motivation to access care (Kidd, 2016). Livingston et al. (2012) discovered that mental ill prisoners felt ashamed, embarrassed, and afraid of being stigmatized as "crazy" or "weak" by fellow prison residents.

Furthermore, prison officers might have stigmatizing attitudes towards prisoners with mental illness, leading to sub-standard care and support (Hallett et al., 2015). The stigma and discrimination that the mentally ill patients experience in prison can also become harder for them to receive mental health services and become involved in treatment programs (Appelbaum, 2015).

2.4.3. Trauma

Trauma and victimization are serious problems experienced by mentally ill inmates. Studies have indicated that the majority of prisoners have been exposed to trauma and victimization prior to incarceration, such as child abuse, domestic violence, and rape (Messina & Grella, 2006). The prison environment also fuels the trauma through being stressful, violent, and unstable (Hochstetler et al., 2010). In addition, victimized and traumatized prisoners are more likely to be afflicted with mental illness disorders like depression, post-traumatic stress disorder (PTSD), and anxiety (Goff et al., 2017). These



victimization and traumatization result in more symptoms of mental illnesses, lower treatment outcomes, and lower probabilities of successful reintegration and rehabilitation within the community (Kinner et al., 2014). Offering proper mental health treatment and therapy to traumatized and victimized prisoners is necessary in an effort to address their mental health issues and facilitate rehabilitation.

2.4.4. Interpersonal barriers

Language and cultural barriers are also a major problem for mentally ill prisoners, more precisely in not allowing them to receive effective mental health care and treatment. In accordance with the World Health Organization (2019), prisoners with various linguistic and cultural backgrounds are likely to fail to articulate their mental health needs, resulting in misdiagnosis, unsuitable treatment, and unhealthy outcomes. Patel et al. (2016) further established that language differences may result in lower access to mental health care, lower patient satisfaction, and lower compliance among offenders who are linguistically diverse. Cultural variations in the presentation of mental health symptoms and the patterns of help-seeking behavior can also be obstacles to receiving care, and culturally appropriate and linguistically focused mental health services in prisons are accordingly needed (United Nations Office on Drugs and Crime, 2017).

2.4.5. Overcrowding

Overcrowding is one of the major problems endured by mental patients in prison, which worsens their symptoms of mental illness and diminishes exposure to proper care. Overcrowding of prisons, as explained by the World Health Organization (2019), can increase stress, anxiety, and violence, hence worsening the outcome of mental health and complicating the provision of mental health care. Overcrowding reduces access to mental health treatment since prisons lack space and resources to engage in good treatment (Appelbaum, 2015). For instance, inmates in overcrowded facilities received less treatment for mental illness and more symptoms of depression and anxiety (Gill, 2015). Andersen et al. (2015) identified overcrowding of prisons to be linked with higher rates of mental illness, such as depression, anxiety, and suicidal behavior. Overcrowding



would also restrict mental health treatment, such as individual therapy sessions and group therapy, thereby preventing prisoners from accessing attention they require (United Nations Office on Drugs and Crime, 2017).

2.4.6. Social Isolation

Social isolation is among the issues experienced by mental health patients in prisons, worsening their current mental condition and evoking new ones. Social isolation enhances the risk of prisoners experiencing depression, anxiety, and suicidal thoughts (Hagan, 2010). Harris et al. (2016) discovered that socially isolated prisoners reported a greater number of mental disorders and lower participation in rehabilitation courses. Furthermore, social isolation has the potential to reduce exposure to social support systems important in recovery from mental health (Cohen & Wills, 1985). For instance, it was discovered in research that prisoners who were kept in solitary cells reported higher psychological distress and increased symptoms of mental health than those jailed in the general population (Haney, 2003).

2.5. STRATEGIES TO ADDRESS THE MENTAL HEALTH PATIENT'S CHALLENGES IN PRISONS

The globe has come far in handling the case of mental health patients in prisons with different measures and guidelines in place. The World Health Organization (WHO) has established guidelines for mental health services in prisons, such as making it a priority to offer full-range mental health services (WHO, 2017). Besides, the United Nations (UN) has embraced the Mandela Rules, which offer guidance to the incarceration of prisoners, including prisoners with mental illness (UN, 2015). Apart from this, various nations have introduced prison reform programs, such as the availability of mental health care, training of prison officers, and introduction of community-based programs to assist prisoners with mental illness (Fazel et al., 2016). On the whole, though challenges remain, the world has come a long way in addressing the mental health requirements of



prisoners.

2.5.1. Increasing access to mental health services

This is a critical approach in the management of the problems of mental health patients in prisons. This can be achieved through the provision of sufficient staffing, training, and resources to provide timely and effective interventions for mental health. Hiring more mental health practitioners, including psychiatrists, psychologists, and social workers, can reduce waitlists and offer personalized care. Also, deployment of telemedicine services can expand access to care, particularly for those in rural or understaffed facilities. Also, offering regular training on mental health topics, crisis intervention, and de-escalation skills to correctional officers can be helpful in a healthy environment and diminish the likelihood of adverse consequences (Kessler, 2018).

2.5.2. Deployment of evidence-based treatments

Deployment of evidence-based treatments is an important strategy to resolve issues of patients with mental illness in prisons. This involves the delivery of evidence-based therapies that have been found to be effective in treating some mental illnesses, e.g., CBT for depression and anxiety, and MAT for addiction. The utilization of evidence-based treatments allows prisons to provide effective and patient-tailored care for prisoners, lowering symptoms, enhancing functioning, and facilitating successful reintegration into society (Lamberti, 2016). This method also assists in the minimization of recidivism rates, prisoner outcomes, and overall quality of mental health care within prisons.

2.5.3. Improving the prison environment

Improvement in the prison environment is a significant method of tackling the problem of mental health patients in prisons. This involves the development of an environment that is conducive and therapeutic, relaxing, and de-stressful, and supportive to the sense of community. Strategies involve enhancing living conditions, decongestion,



natural light and outdoor exposures, and socialization through recreational programs and peer support interventions (Haney, 2017). In planning a less inhumane and supportive prison environment, self-injury and suicidal acts can be minimized, and symptom relief for mental illness states attained, and overall well-being and rehabilitation enhanced.

2.3.4. Lessening cultural and racial disparities

Combat cultural and racial differences is one major tactic in solving the challenges that come with mental health patients in prisons. It entails giving culturally responsive care, equal access to services, and combating prejudicial biases that could affect the outcomes of mental health. Tactics include the employment of diverse mental health professionals, giving cultural competency training, and creating programs that meet the specific needs of diverse populations (Abram, 2017). Through promoting cultural and racial equality, prisons are able to offer accessible, effective, and equitable mental health care to prisoners irrespective of their racial identity or cultural background.

2.3.5. Encouraging rehabilitation and reentry programs

Encouraging rehabilitation and reentry programs is a vital step in solving the problems of mental health patients in prisons. This entails giving prisoners chances for education, vocational training, counseling, and other supportive care that enables them to successfully reintegrate into society. By providing programs geared to specific mental health issues, such as cognitive-behavioral therapy and substance abuse treatment, prisons can allow inmates to cope with symptoms, acquire self-protective skills, and decrease recidivism (Lamberti, 2016). Successful reentry and rehabilitation programs can also connect inmates with community-based services and support systems, facilitating integration into life outside prison.

2.3.6. Adopt policy reforms

Policy reform implementation is an elementary solution to mentally ill prison patients'



problems. It entails prompting legislative reforms that advance mental health treatment, reduce recidivism rates, and prefer community-based therapy over incarceration. Policy changes may encompass raising money for mental illness treatment, increasing Medicaid coverage for inmates, and establishing diversion programs that steer mentally ill patients from prison into community treatment (Kessler, 2018). Prisons may utilize policy and legal change to provide mentally ill patients with the care, assistance, and resources necessary for rehabilitation and reintegration into society.

2.3.7. Fund and resource increase

Expanded finance and resources are a critical strategy for solving the issue of prisoners with mental health patients. This includes investing enough funds in financing mental health services, personnel, and program and development and providing resources like technology, infrastructure, and equipment. With more funds and resources, prisons can add more mental health practitioners, supply evidence-based treatment, and establish support programs, hence enhancing the access and quality of mental health treatment for inmates (Draine, 2017). The investment will also result in improved health, less recidivism, and successful re-entry.



CHAPTER THREE

RESEARCH METHODOLOGY.

3.0. INTRODUCTION

Leedy and Ormrod (2013) define research methodology as the overall plan or blueprint for conducting a research study, encompassing the research design, the sampling plan, the methods of data collection, and data analysis procedures. This section presents the methodology that was used in the research. Qualitative approach was used in the research. It provides methodology, research design, and population under study, in which the study is to be conducted, sampling method, data collection and analysis strategy and limitation. It reveals details regarding how the study have gathered the information on the experience of prison mental health patients. This was accomplished using an illustration of Mutare Remand Prison in Mutare.



3.1. RESEARCH PHILOSOPHY

Research philosophy is a set of assumptions and beliefs that underpin the research process (Bryman and Bell, 2015). Interpretivism was employed as a research philosophy in the research. Interpretivists hold that reality is constructed by individuals and groups and that knowledge is achieved through subjective meaning-making and interpretation (Ma & Ma, 2022). Interpretivism is a complex research philosophy that provides a refined knowledge of intricate social phenomena through emphasis on interpretative, subjective meaning-making. Its worth is that it can reveal meanings behind, contexts and motivations that underlie human actions, thus enabling researchers to make rich and contextual understandings of social matters. Employing an interpretivist research approach, researchers can build a full picture of how people and groups build their worlds, make sense of their lives and relate to others. This philosophy of significance for understanding human experience and viewpoints is pivotal in building effective policies, interventions, and practice.

3.2. RESEARCH APPROACH

Creswell and Guetterman (2020) referred to a research strategy as a broad orientation that shapes the research study, for instance, research question, method, and analysis. The research applied qualitative approach in an attempt to understand the experience of Mutare Remand Prison mental health patients. Qualitative research is a transdisciplinary, interdisciplinary, and in some cases, counter disciplinary type of research that studies the richness of social reality in contextualized and subjective experience (Denzin and Lincoln, 2018). This qualitative research design allows for the possibility of delving into participant's subjective experience, their perceptions, ideas, and subtle ideas that couldn't be measured using numbers.

3.3. RESEARCH DESIGN

Mertens and Hesse-Biber (2022), assert that research design entails the establishment of research methods, sampling procedure, and data analysis processes. Narrative research design was used in a bid to reveal the experience of mental health patients at



Mutare Remand Prison. Creswell (2014), clarifies that narrative research refers to a qualitative method that centers on people's stories or narrative and how they construct meaning in their life. Narrative research design matters as it gives a deep meaning to human experience through understanding the delicacy and complexity of people's stories, offering a rich-textured and contextualized account of their everyday worlds. Focusing on personal accounts, researchers can expose underlying meaning, feeling, and sense that other methods obscure, ultimately giving a richer and more empathic description of the research informants' worlds. This empathetic understanding is important for the development of effective interventions, policies, and programs that target the issues and needs of diverse populations.

3.4. STUDY SETTING

Data were gathered at Mutare Remand Prison, within Mutare, Manicaland Province, Zimbabwe. Mutare Remand Prison is a maximum-security prison and hosts male and female prisoners, including mentally ill prisoners. The prison has a total of approximately 700 prisoners. The prison was an urban-based prison and had insufficient space and resources. The physical surroundings are overcrowded, with most prisoners jammed into small cells and without any sanitary facilities, natural light, and recreation areas, and with limited medical facilities and equipment. The social setting of the prison is also a major cause for concern. The research investigated interactions and relationships between the mentally ill prisoners and other prisoners, prisoners and prison officials, such as officers, nurses, and mental health professionals and prisoners and their families, who pay visit or help. The cultural background and values of the prisoners and prison officers, the traditional and contemporary treating beliefs that the prisoners and staff adopt and apply and the effect of cultural and societal expectations on the care and treatment of mental health in the Mutare Remand Prison. Having been provided with an overview of the social, physical, and cultural setting of Mutare Remand Prison, the study got a deeper understanding of the life of mental health patients at Mutare Remand Prison.



3.5. TARGET POPULATION

The target population, according to Babbie (2016), is the overall population whose characteristics the researcher wants to describe or know. The population for the study consists of the health workers, rehab officers and about 500-700 male and female prisoners aged between 18-65 years who are held at Mutare Remand Prison in Zimbabwe and have a diagnosed mental illness such as depression, anxiety, psychosis, or drug abuse (WHO, 2019). Specifically, this research primarily targeted twelve mild mental health patients who have worked for a minimum of 6 months in prison and can give informed consent, and were willing to participate and both genders. The research also targeted three important informant the Rehabilitation officer, security officer and medical professional of mental health patients who are incarcerated in the prison.

3.6. SAMPLING TECHNIQUES AND SAMPLE SIZE

3.6.1. Sample size

Sample size is what makes research findings reliable and representative, according to Kumar (2019). A sample refers to a limited group of individuals, cases, or observations drawn from the population, which attempts to look like the population (Creswell, 2014). The patients had been separated based on their gender so that there were 2 groups consisting of 6 inmates. There were two Prison officers of the Mutare Remand Prison and a single peer educator. There were at least one peer educators who were sampled from the Mutare Remand and one Rehab officer and one clinic officer of the Mutare Remand Prison. This implies that the study utilized 2 key informants.

3.6.2. Sampling Technique

Sampling methods are scientific approaches employed to choose participants or observations for research, for example, probability sampling e.g., random sampling, non



-probability sampling e.g., convenience sampling or mixed method sampling (Etikan, 2016). Sample is a representative subset of individuals, cases, or observations chosen from the population which will try to describe the population's characteristics (Creswell, 2014). The research employed purposive sampling when choosing participants to gain the experience of Mutare Remand Prison mental health patients. Creswell (2018) adds that purposive sampling means choosing participants due to predetermined characteristics or expertise. Purposive Sampling identified nine mild mental health patients and one Rehabilitation officer and a healthcare provider who were purposively chosen based on direct involvement and expertise. Purposive sampling is an extremely important method which gives us rich and comprehensive information by purposefully choosing the participants possessing knowledge, experts or specific individuals keeping them context specific, efficient and accurate.

3.7. DATA COLLECTION METHODS

Sekaran (2020) prescribes data collection to be accomplished using systematic observation, surveys, interviews, or secondary analysis of existing data. Data collection in the study used focus group discussions and key informant interviews in the data collection process of the experience of mental health patients at Mutare Remand Prison.

3.7.1. Focus group discussion method

According to Liamputtong (2019), focus groups are a form of group interview that will try to find out people's opinions, experiences, and attitudes.

Two focus groups consisting of twelve mild mental health patients, each with six members suffering from the problems encountered in the prison at Mutare Remand Prison, were interviewed. Focus group methods are beneficial to research as they allow participants' experiences, perceptions, and attitudes to be investigated in detail through the interactive discussion. Focus groups are very relevant in exploratory or qualitative investigations in which one requires understanding the background and meaning of participants' views (Krueger & Casey, 2015). Focus group interviews were also contrasted with groups representing the continuum of interviews from the semi-structured to the in-depth interview. Focus group participants were specifically chosen

on the basis of interest, inclusion and knowledge with regard to the research problem. Even more, the process of the group during the discussion afforded the patients' right to present their ideas to one another and critically analyze other options or ideas.

3.7.2 Key informant interviews method

Bryman (2016) also adds that the key informant interviews are most helpful for the collection of specific, context-specific information from the persons holding exclusive knowledge or insights into the research issues. Key informant interviews are a valuable qualitative technique employed to collect rich and expert data from the persons possessing special experience or expertise on a subject or society. Key informants provide more descriptive information as well, which adds more richness and relevance to research findings and thereby this method plays a central role in policy development, program evaluation and needs assessment (Marshall, 1996). The research was also targeting the members' key informants who work and offer mental health care to mental health patients in Mutare Remand Prison. The key informants' in-depth interviews are long interviews between a researcher and the chosen key informants in relation to the research theme (Chigova, 2016). This helped since the key informants replied at a one on one level without the fear of other environments.

3.8. RESEARCH TOOL

3.8.1. FOCUS GROUP DISCUSSION GUIDE

This focus group interview schedule was developed to investigate the experience of mental health patients in prison. The guide had ten open-ended questions, divided into three areas. Firstly, experience of mental health care in prison. The guide also provided probes and follow-up questions in order to facilitate qualitative discussion and investigation of participants' experience. The focus group was administered with twelve respondents including mild mental health patients who made a complete recovery.



3.8.2. KEY INFORMANTS INTERVIEW GUIDE

A key informant interview guide was developed to collect in-depth information from prison Rehab officer and the clinic staff regarding the experiences of mental health patients in prisons. The guide framed twelve semi-structured questions under three themes. Face-to-face interviews were done, and these lasted around 60-90 minutes. Participants' permission was sought for note-taking.

3.9. RESEARCH PROCEDURES

The researcher drew up a letter of approval to the Harare Provincial Headquarters. The letter was submitted to the Rehabilitation department, passed to the Security department and then to the Officer Commanding to enable the research to be approved to conduct.

3.10. TRUSTWORTHINESS OF THE STUDY

As part of attempts to make the research trustworthy, this research utilized several strategies.

3.10.1. CREDITABILITY

Fogg and Tseng (1999) define creditability as the degree to which the source is perceived to be unprejudiced, knowledgeable, and trustworthy. Credibility was maintained by using an extended contact with participants, peer debriefing, and member checking.

3.10.2. TRANSFERABILITY

Creswell & Guetterman (2020) Transferability refers to "the extent to which the research findings can be applied or generalized to other contexts, settings, or populations.



Transferability was enhanced by providing thick descriptions of the research context, participant characteristics, and data collection methods.

3.10. DEPENDABILITY

Merriam & Tisdell (2020) Dependability involves documenting the research process to ensure that the study's findings are reproducible and verifiable. Dependability was facilitated by the provision of an audit trail, recording all research process and decisions. The researcher updated an audit trail where keeping a complete record of the research process, held peer briefing while carrying out regular discussion with peers in a bid to review and improve the research and conducted member checking with members by confirming the correctness of findings from participants in a bid to improve dependability.

3.11. DATA ANALYSIS AND PRESENTATION

Data analysis is the process of examining, cleaning, changing, and modeling data in order to uncover meaningful insights, inform conclusions, and enable decision-making (Field, 2018). Analysis of the data was conducted by thematic content analysis. Thematic analysis is a powerful methodology in exploring the opinions of various study participants, identifying similarity and differences, and establishing emergent findings, according to Nowell et al. (2017). Semi-structured interviews were administered to fifteen participants, twelve of whom were mentally ill patients while the other four were prison officials. Data analysis was done through Braun and Clarke's (2006) six-phase thematic analysis approach. Data was first familiarized through multiple readings and initial codes were developed. The codes were then built into themes, which were discussed and sharpened to be able to represent the data effectively. The themes were coded and were marked by labels, and the four prominent themes were poor mental health care, stigma and trauma, power relations and control, and coping strategies and resilience.



3.12 LIMITATIONS OF THE STUDY

This research on mental health patient experiences at Mutare Remand Prison recognizes the following weaknesses: single-site, male prisoners aged 18 to 65 years, self-report data, and six-month collection. To address these weaknesses, a mixed-methods methodology will be utilized through the infusion of using prison records, in conjunction with staff interviews alongside self-reported data.

3.13 RESEARCH ETHICS

Bryman (2016) describes research ethics as the moral rules that guide the process of conducting research and that ensure research is done in a manner that upholds all participants' rights and dignity. Research ethics are quite essential in the sense that they safeguard research participants by preventing participants from being exploited or harmed. They have a critical function of ensuring trust in creating and sustaining trust between participants, researchers, and the wider research public and also ensure integrity where they maintain the integrity of research and ensure findings are valid and reliable.

3.13.1 Informed consent

Bryman (2016) calls informed consent a process of informing participants about research, its aim, process, risks, and benefits, and requesting that they volunteer to participate. The researcher first gave the informed consent forms to the research participants to ask for their agreement to participate voluntarily (Denscombe, 2002). The researcher made it easy should the research participants and the researcher ever



look back on expression of patterning the research topic. It is part of the investigator's mandate to explain the purpose of the study and why it is of advantage to the research participants. The same was carried out openly amongst the respondents. The Zimbabwe Prison and Correctional Services offices were channels through which the researcher could conduct the research.

3.13.2 Confidentiality

From Sieber (2017), confidentiality refers to safeguarding participants' data and personal information against their wishes or without consent. All the subjects of research were provided with liberty to withdraw themselves from this study at any time they would wish to withdraw. The participants of research were assured that, their data were not to be disclosed per the confidentiality principle. This assists in achieving more trust to the research participants in a way that voluntarily they would express their selves without restraint of sensitive information (Thakur, 2009).

3.13.3 Anonymity

Bryman (2016) describes anonymity as where the researcher does not identify the participants, or where the participants' identities are concealed. The data for the participants were captured in terms of numbering code and not real names for anonymity. It assists in the concealment of participants' names from the public (Everette and Dunaro, 2008). Only interviewees who agreed to give their names were interviewed accordingly.



3.14 CHAPTER SUMMARY

Chapter three has described how data were collected with clear to methodology and tools utilized. Key informants interview guides and focus group discussion guides are the research tools to be utilized. Qualitative methodology was employed. The target population were clinic staff and rehabilitation officers and the mental health patients in Mutare Remand Prison in Mutare. Data analysis was conducted using thematic analysis. Ethical principles applied in the study were anonymity, confidentiality and Informed consent. The following chapter thus Chapter four deals with data. Data in this case was given in the form of bar tables as it is qualitative method applied.

CHAPTER 4

DATA PRESENTATION AND DISCUSSION

4.1 INTRODUCTION

This chapter presents, analyses, interprets and discuss the research findings that explains the experience of mental health patients in prisons at Mutare Remand Prison. The study findings will be mentioned and highlighted under themes from the research objectives and questions. Each theme will be separated into sub-themes which will explain deeper into different aspects of the mental health patients' experiences. Data collection was conducted through key informant interviews and Focus group discussions with 9 primary mild mental health patients and two key informants (Clinic



staff and Rehabilitation Officer). The thematic analysis, supported by the Social ecology model, gave the researcher the ability to notice key pattern from participants experiences therefore giving out comprehensive understanding of the mental health patient's experiences.

.4.2 Demographic information of participants

Fig 4.1

Participants title	Age	Gender	Period in prison (Months)
Mental health patient 1	30	F	6 months
Mental health patient 2	25	M	7 months
Mental health patient 3	34	M	12 months
Mental health patient 4	28	F	15 months
Mental health patient 5	49	F	8 months
Mental health patient 6	60	M	7 months
Mental health patient 7	57	F	9 months
Mental health	38	M	13 months

patient 8			
Mental health patient 9	40	M	10 months

Demographics information of key informants

Fig 4.2

Participants title	Age	Gender	Experience (years)
Rehab Officer B	53	F	25
Clinic staffs A	49	F	21

Characteristics of Participants

On the key informants, all the two were females who fall from different department which were the Rehabilitation department and the prison clinic department. Mild mental health patients participated in FGDs were selected from different sections with 60% dominated by males. Majority of the participants aged 25-60 years. Individuals who had critical mental health issues were not allowed to join the sessions as they would waste their time. In the Focus Group Discussions (FGDs) there were 9 mild mental health patients out of 12 targeted participants (75%) and the response of 89% was identified during the sessions. The researcher did interviews with 2 out of 3 targeted key informants, hence noticing 83.8% success rate.

4.3 PERCEIVED CAUSES OF MENTAL HEALTH CHALLENGES AT MUTARE REMAND PRISON

The theme explains the various perceptions and understanding that the mental health patients and key informant held on the perceived causes of mental health challenges in prisons. The sub-themes that emerged included risk of violence and victimization, substance use disorder, negligence from relatives and friends among others.

4.3.1 Risk of violence

Several mental health patients and a key informant they recognized that risk of victimization is one of the perceived causes of mental health challenges in the prison as inmates they suffer from abuses in the yard. As mental health patient 4 explained:

"Some of the fellow inmates they verbally and physically abuse us, calling us despising names e.g mboko. Mostly young and first offenders who would have been admitted they will be frightened by other inmates therefore increasing fear in them." (Mental health patient 4)

Another participant had this say:

"I remember well my first day when my shoes were forcefully taken by another fellow inmates." (Mental health patient 2)

One of the key informant Rehab Officer B, also elaborated on risk of violence and victimization:

"Most of the reports of victimization comes from the young offenders and first offenders (new admissions) which had intensified their fear and stress." (Rehab Officer B).

The findings above they clearly show that risk of violence and victimization is a perceived cause of mental health challenges in prisons as supported by Wolff et al. (2007) who elaborated that physical violence inside prisons can lead to increased symptoms of anxiety, depression and post-traumatic stress disorder (PTSD). Haney (2006) notes that the chronic stress and fear associated with living in a violent environment can exacerbate existing mental health conditions and trigger new ones. In addition, Woodall et al. (2014) indicate that prisoners who experience victimization are more likely to develop mental health issues, including depression and anxiety. Auty and Liebling (2020), emphasize the importance of addressing violence and victimization in prisons to promote mental health and well-being. These findings of the research suggest that there is the need Mutare Remand Prison to prioritize safety of inmates and provide support services to manage risks of violence and victimization.

4.3.2 Substance abuse disorder

From the research findings substance use disorder was seen as another contributor or cause of mental health challenges to inmates at Mutare Remand Prison by key informant and participants. As mental health patient 3 explained:

"I used substances as a coping mechanism to depression, trauma and to escape problems but it made my fears worse" (Mental health patient 3).

Another participant had this say on substance use disorder.

" I wanted to fix the prison clinic staffs by defaulting from my medication by the result end was a disaster" (Mental health patient 4).

A key informant Clinic Staff A, on the same view on substance use disorder as a perceived cause of mental health challenges in prison:

"We face a challenge of inmates who default from their medication which will lead them



to mental health challenges and to behave wildly in the prison" (Clinic Officer A).

The above findings clearly show that substance use disorder is a cause of mental health challenges as supported by Fazel et al. (2017) who indicated that prisoners with substance use disorders are at increased risk of developing mental health issues, including depression, anxiety and psychosis. In support, Teplin et al. (2013) found that inmates with substance use disorders were more likely to experience co-occurring mental health disorders. More so, Komarovskaya et al. (2011) highlights that substance use can exacerbate existing mental health conditions and contribute to the development of new ones. These research findings testify that there is the need for Mutare Remand to prioritize the substance use treatment of inmates to solve inmates' complex needs.

4.3.3 Negligence from loved ones

From the analysis of the research findings it revealed that negligence from relatives and friends was seen as another contributor or cause of mental health challenges to inmates at Mutare Remand Prison. As mental health patient 1 explained:

"I was admitted at this prison 6 months ago, I don't know how my family is surviving, think about me after my incarceration and if my wife still loves me this is eating me a lot." (Mental health patient 1).

Another participant had this say on negligence from relatives and friends:

" I don't know if my relatives love me anymore they never visited me" (Mental health patient 5).

A key informant Rehab Officer B, also supported negligence from relatives and friends as a perceived cause of mental health challenges in prisons:

"Most of our inmates here they lack visitation from their relatives due to their personal

reasons but this has affected the mental health of the inmates negatively ad they feel lost or abandoned" (Rehab Officer B). .

With the information above it clearly shows that indeed negligence from relatives and friends can result in mental health challenges to inmates in prison as supported by Comfort (2008) who stipulates that the lack of social support from family and friends can exacerbate feelings of isolation and loneliness among inmates, contributing to mental health issues. In support, Listwan et al. (2013) found that inmates who received fewer visits from family and friends experienced higher levels of depression and anxiety. More so, Jiang and Winfree (2006) highlights that social isolation can have a profound impact on an inmate's mental health, increasing the risk of developing mental health disorders. These research findings therefore state that negligence from relatives and friends is a critical cause of mental health challenges to inmates.

4.3.4 Lack of autonomy

The research findings revealed that inmates perceived lack of autonomy and self-worth as significant cause to mental health challenges. As mental health patient 6 elaborated that:

"The treatment that we get in the prison is not health, we are told what to do at any time even if we are occupied with other important thing" (Mental health patient 6).

Another participant also elaborated on lack of autonomy and self-worth

"Inside here I have lost power over myself, we are only supposed to follow the rules of the prison they don't respect our views". (Mental health patient 1).

The key informant Rehab Officer B, on lack of autonomy and self-worth of inmates:

" Yes, the decisions are made by the prisons staff not the prisoners for security reason even if they affect the inmate's mental health." (Key informant)



Lack of autonomy and self-worth is another cause of mental health challenge as provided by the findings provided above and is supported by Liebling (2011) who says the deprivation of autonomy and dignity can lead to increased stress, anxiety and depression among inmates. Similarly, a study by Haney (2006) found that the loss of control and self-worth can contribute to the development of mental health issues, including post-traumatic stress disorder (PTSD). Moreover, Crewe (2011) highlights that the erosion of autonomy and self-worth can lead to feelings of powerlessness, hopelessness and despair, ultimately worsening mental health outcomes. These findings clearly show that lack of autonomy and self-worth are significant perceived causes of mental health challenges in prisons.

4.3.5 Overcrowding

The research findings revealed that inmates and key informant perceived overcrowding and poor living conditions as significant causes to mental health challenges at Mutare Remand Prison. As mental health patient 6 elaborated:

"The issues of overcrowding in cells has been a challenge that new admission at night they have to sleep whilst they are standing" (Mental health patient inmate 6).

Another participant had to say:

" There is always noise at night and during the day from fellow inmates which disturb us from sleeping." (Mental health patient inmate, 9)

A key informant Rehab Officer B, on overcrowding and poor living conditions:

"The issues of overcrowding in the prison has been a challenge not only to this prison and many others across the country, to inmates they facing negative effects from this challenge and therefore affecting their mental health as some have no place to sleep and high levels of noise in the yard which disturbs other inmates to conduct other

activities in the prison yard." (Rehab Officer B)

The above findings clearly show that overcrowding and poor living conditions is a key factor in causing mental health challenges in prisons as supported by Haney (2006) who states that prison overcrowding can lead to increased stress, anxiety and aggression among inmates, exacerbating existing mental health issues. Similarly, a study by Fazel and Baillargeon (2011) found that poor living conditions, including inadequate access to sanitation and healthcare, can contribute to the development of mental health disorders. Furthermore, Liebling (2011) highlights that the physical and social environment of prisons can have a profound impact on inmates' mental health with overcrowding and poor conditions leading to increased rates of depression, anxiety and other mental health issues. This then conclude that indeed overcrowding and poor living conditions at Mutare Remand Prison is a key driver to mental health challenges.

4.4 CHALLENGES FACED BY MENTAL HEALTH PATIENTS AT MUTARE REMAND PRISON

This theme explores various understanding that the mental patients and the key informant have on the challenges being faced by mental health patients in prisons. The sub-themes that arose were social isolation, limited access to mental health services, trauma and victimization among others.

4.4.1 Social isolation

The research findings testified that social isolation is a challenge that mental health patients are facing at Mutare Remand Prison as mental health patient feel less important. This challenge has impacted negatively to their social life in the prison. As mental health patients 7 explained:

"Other inmates they segregate themselves from us just because we are mental health patients." (Inmate 7).

Another participant had this say:

"We are placed in different cells from other fellows' inmates which is affecting us psychological because we feel like we are different from other inmates" (Mental health patient inmate 5).

A key informant Rehab Officer B, also elaborated on social isolation:

"For security reasons we separate the Serious mental health patients (SMMP) from other inmates because some of them are violent, although it is a challenge to mental health patients as they will feel isolated, we are supposed to do that" (Key informant)

With the information above that shows social isolation as a challenge faced by mental health patients is supported by Haney (2006) states that prolonged social isolation can exacerbate mental health issues, including depression, anxiety and psychosis. Similarly, Liebling (2011) found that social isolation can lead to feelings of loneliness, disconnection and hopelessness among prisoners, further compromising their mental health. Moreover, Fazel and Baillargeon (2011) highlights that prisoners with mental health issues often experience social isolation due to stigma, discrimination and limited access to social support, which can worsen their mental health outcomes. This then elaborates that indeed social isolation is a significant challenge that the mental health patients are facing in prison. These findings reveal that there is need for Mutare Remand Prison to prioritize rehabilitation programs to solve needs of mental health patients.

4.4.2. Limited access to mental health services

Limited access to mental health services was another challenge faced by mental health patients at Mutare Remand Prison which was raised by the participants. This have led to the intensified mental health issues. As mental health patients 7 explained that:

"Since my arrival at this prison I had never received any counseling but only being given medication which is not working." (Mental health patient inmates 7).

Another participant had this say:

" Group counseling are important for us to be helped but I had not received any" (Mental health patient inmates 4).

A key informant, Rehab officer B the issue of limited access to mental health services:

"Due to lack of resource we are unable to fully provide adequate mental health services which has been a challenge to the mental health patients and also to the prison to fully rehabilitate our mental health patients." (Rehab Officer B).

The findings provided above they clearly show that limited access to mental health services and is also supported by Fazel and Baillargeon (2011) who stipulates that prisoners with mental health issues often experience inadequate access to mental health services, including psychiatric care and counseling. Similarly, Birmingham (2003) found that prisons frequently lack sufficient mental health resources, leading to delayed or inadequate treatment for inmates with mental health needs. Moreover, Senior et al. (2013) highlights that limited access to mental health services can exacerbate symptoms, increase recidivism and compromise rehabilitation outcomes for prisoners with mental health issues. These findings conclude the need for Mutare Remand Prison



to prioritize access to mental health services in order to rehabilitation of mental health patients and ensure consistent medication management.

4.4.3 Interpersonal barriers

Cultural and linguistic barriers is also another significant challenge that the mental health patients are facing at Mutare Remand Prison as service providers would not effective help mental health patients. This has been seen it slower the treatment process of mental health patients. As mental health patient 8 explained:

The prison staffs they don't understand my culture, the clinic staffs only prescribe medication without understand me" (Mental health patient inmate 8).

Another participant had this say:

"I am a foreigner, language has been a barrier for me to receive services easily." (Mental health patient inmates 3).

Key informant Rehab Officer B, on the issues of cultural and linguistic barriers stated that:

" Some of the cultures we don't understand them, we just do what we think is the best for them and this has been a challenge" (Rehab Officer B)

The information above provided by respondents shows that indeed cultural and linguistic barriers is a challenge faced by mental health patients in prisons as stipulated by Bhui et al. (2012), cultural and linguistic differences can lead to miscommunication, misdiagnosis and inadequate treatment, compromising mental health care for prisoners from diverse backgrounds. Similarly, a study by James and Cowman (2007) found that language barriers can limit access to mental health services, exacerbating mental health issues among prisoners with limited English proficiency. Moreover, Snowden (2007) highlights that culturally insensitive mental health services can lead to mistrust and disengagement among prisoners from diverse cultural backgrounds. These

findings conclude the need for Mutare Remand Prison to prioritize cultural competence whereby there will be cultural training for staffs and language support systems in the provision of mental health services.

4.4.4 Inadequate healthcare services

The research findings revealed that inadequate healthcare services is another challenge that the mental health patients are facing at Mutare Remand Prison as this will results in delays in service provisions. As mental health patient 3 explained:

"When I immediately need help, I sometimes receive it weeks later." (Mental health patient inmate 3).

Another participant had this say:

"Shortages of medication is hindering us from getting treated well" (Mental health patients inmate 8).

A key informant Clinic staff A, on inadequate healthcare services:

"Sometimes the prison face shortages of medication, so the prison will then contact the relatives of the inmates for them to buy the prescribed medication." (Clinic staffs A)

The findings provided above on inadequate healthcare services being a challenge that the mental health patients in prisons are facing is supported by Birmingham (2003) who stipulates that prisons often struggle to provide equivalent healthcare to that available in the community, resulting in inadequate mental health services for prisoners. Similarly, Fazel and Baillargeon (2011) found that prisoners with mental health issues frequently experience inadequate access to healthcare services, including psychiatric care, counseling and medication management. Moreover, Watson et al. (2004) highlights that



inadequate healthcare services can exacerbate mental health issues, increase recidivism and compromise rehabilitation outcomes for prisoners.

These findings suggest the need for Mutare Remand Prison to prioritize enough healthcare services to help rehabilitation of mental health patients.

4.4.5 Trauma

The research findings revealed that trauma and victimization are a challenge the mental health patient at Mutare Remand Prison are facing as some mental health patients often be bullied and harassed in the yard. As mental health patients 9 from the Focus Group Discussions shared some experiences:

"Some of my fellow inmates they bully me and I am terrified." (Mental health patient inmate 9).

Another participant had this say on the issue of trauma and victimization:

"I am in need of help to deal with what happened in my past, but it's difficult to get support here." (Mental health patient 4).

A key informant Rehab Officer B, in line with the issue of victimization as a challenge faced by mental health patients said that:

"Yes, cases of victimization are there but some of the mental health patients they are not in the position to report to the prison staff because of their mental health statuses." (Key informant).

The findings above on trauma and victimization being a challenge that the mental health patients in prisons are facing is supported by Wolff et al. (2014), prisoners with mental health issues are more likely to have experienced trauma and victimization, which can



exacerbate their mental health symptoms. Similarly, Komarovskaya et al. (2011) stipulated that trauma exposure is prevalent among prisoners and is associated with increased symptoms of post-traumatic stress disorder (PTSD), depression and anxiety. Moreover, Messina and Grella (2006) states that prisoners with histories of trauma and victimization often require specialized mental health services to address their complex needs. These findings conclude that there is need for Mutare Remand Prison to prioritize mental healthcare and services to help the mental health of the mental health patients in the prison.

4.5 STRATEGIES TO ADDRESS CHALLENGES FACED BY MENTAL HEALTH PATIENTS AT MUTARE REMAND PRISON

The theme elaborated the suggestions that the mental health patients and the key informant proposed to be strategies to address the challenges faced by mental health patients in prisons. The sub-themes which emerged were provision of accessible mental health services, cultural competence, implementation of trauma-informed care among others

4.5.1 Provision of accessible mental health services

The participants raised the provision of accessible mental health services as a possible solution to the problems faced by mental health patients at Mutare Remand Prison as it will lead to efficient provision of services. As mental health patient 3 explained that:

"Having a number of mental health services and increase in staffing, would make a difference." (Mental health patient inmate 3)

Another participant had this say:

"Individuals counseling and group therapy are the best, everyone can support me." (Mental health patient 5).

A key informant Rehab Officer B, also elaborated on the importance of provision of accessible mental health services by saying:

"As a prison we are trying in as much to provide a variety of programs to help mental health patients and to rehabilitate them although some might not be enough for the mental health patients." (Rehab officer B).

With the information above it is essential to note that provision of accessible mental health services might be of strategy to solve the challenges faced by mental health patients in prisons. According to Forrester et al. (2018) state that accessible mental health services, including counseling and therapy, can significantly improve mental health outcomes for prisoners. Similarly, Martin et al. (2018) suggested that timely access to mental health services can reduce symptoms of anxiety and depression among prisoners. Moreover, Morgan et al. (2019) highlights that providing a range of mental health services, including support groups and medication management, can enhance rehabilitation outcomes and reduce recidivism. These findings points out the importance of accessible mental health services at Mutare Remand Prison to help the well-being and rehabilitation of mental health patients.

4.5.2 Implementation of trauma-informed care

The research findings highlighted that the implementation of trauma-informed care as a strategy to address the challenges faced by mental health patients at Mutare Remand Prison as this will help in addressing issues of trauma. As mental health patients¹ explained:

" The prison staff have to understand that we are not merely prisoners, we are people with trauma." (Mental health patient 1)

Another participant had this say:

"I think trauma-informed care would make me feel comfortable seeking help." (Mental health patient 2).

The key informant Rehab Officer B, also supported the implementation of trauma-informed care as a strategy to address the challenges faced by mental health patients.

"We have tried to implement trauma-informed care to several mental health patients and it worked, I think it is the best way to address the issues of trauma in mental health patients." (Rehab officer B).

The above given findings testify that implementing trauma-informed care will be a vital strategy in addressing challenges faced by mental health patients at Mutare Remand Prison. According to Miller and Najavits (2012), trauma-informed care acknowledges the prevalence of trauma among prisoners and provides a safe and supportive environment for healing. Similarly, Wolff et al. (2017) found that trauma-informed care can reduce symptoms of post-traumatic stress disorder (PTSD) and improve mental health outcomes for prisoners. Moreover, Levenson and Willis (2018) highlights that trauma-informed care requires staff training, policy changes and a shift in organizational culture to prioritize prisoner safety and well-being. These findings elucidate the importance of embracing trauma-informed care at Mutare Remand Prison to help the mental health patients.

4.5.3 Ensuring cultural competence

Mental health patient they suggested that ensuring cultural competence is another strategy to address the challenges faced by mental health patients in prisons as this will help in understand the client's problems. As mental health patient 9 elaborated:

" By having prison staffs from different cultures might make me feel comfortable seeking help." (Mental health patient 9)

Another participant had this say:

Mental health service providers they should understand my culture and have respect on my tradition." (Mental health patient 3).

Key informant Clinic staff A, also elaborated on ensuring cultural competence as a strategy to address the challenges faced by mental health patients in prison:

" Cultural competence and respecting individual traditions is very important because it can direct on the ways to address challenges the mental health are facing rather than just prescribing medication without knowing causes of their mental health issues." (Clinic staff A).

The findings above clearly show that indeed ensuring cultural competence is significant in addressing challenges faced by mental health patients in prisons as elaborated by Gone and Calabrese (2019), culturally competent care acknowledges the diverse cultural backgrounds and experiences of prisoners, leading to more effective mental health services. A study by Shelton et al. (2018) found that culturally sensitive interventions can improve mental health outcomes and reduce disparities in care for prisoners from diverse backgrounds. Furthermore, research by Williams and Caliendo (2017) indicates the importance of cultural awareness training for mental health staff to better understand and support the needs of prisoners from diverse cultural backgrounds. These findings testify the importance of ensuring cultural competence at Mutare Remand Prison in providing more adequate mental health care.

4.5.4 Collaborating with mental health services, community organisation and Correctional staff

Mental health patient they proposed that collaborating mental health services,



community organisations and Correction staff is a significant strategy best in addressing challenges they are facing in prison as the community will help in the reinterpretation of them. As mental health patients 4 stated that:

"The support from the community is important when we are discharged, it assists us to stay on track." (Mental health patient 4)

Another participant had this say on collaborating mental health services, community organisations and Correction staff:

"When the prison staff and mental health staff they cooperate together, it will make significant changes in our care" (Mental health patient 6).

A key informant Rehab Officer B, on collaborating mental health services, community organisations and Correction staff as a strategy to address the mental health patients' challenges.

"Community support is very essential as it helps in the successful reintegration of our inmates and will make the inmates to fit back in the community." (Rehab Officer B)

The above findings reveal collaborating with mental health services, community organisations and Correction staff is a strategy to address the challenges faced by mental health patients in prisons as supported by Forrester et al. (2018), collaborative care models that integrate mental health services, correctional staff, and community organisations can improve mental health outcomes and reduce recidivism. Morgan et al. (2019) stipulates that interdisciplinary collaboration between mental health professionals, correctional staff and community providers can enhance the continuity of care for prisoners with mental illness. Furthermore, Wolff et al. (2017) indicates the importance of community-based support services in facilitating a smooth transition for prisoners with mental health needs. This then therefore underscore the importance of collaboration with mental health services, community organisations and correctional staff in addressing challenges faced by mental health patients at Mutare Remand Prison.

Model.

The Holistic Mental Health Care in Prisons (HMHCP) model that can solve the challenges faced by mental health patients at Mutare Remand Prison using a multifaceted approach. This model includes thorough screening and assessment upon admission, followed by individualized treatment plans involving medication, therapy, and social support. Key parts involve providing access to mental health services which include counseling, medication management and crisis intervention, as well as training prison staff to recognize and help mental health needs. Coordinating with external partners may improve service delivery, while giving a supportive prison space can enhance mental well-being. Regular monitoring and evaluation would ensure the model's impact ultimately enhancing mental health outcomes, rehabilitation and reintegration of mental health patients.

4.5. Chapter Summary

The chapter presented, analyses and discussed the research findings from Focus group discussions and key informant interviews. The researcher presented the information of the participants and key informants in tables. The research findings have been found related to other studies reviewed in themes on the perceived causes of mental health challenges. It was noticed that risk of violence and victimization, lack of autonomy and self-worth, overcrowding and poor living conditions are the perceived causes of mental health challenges. The findings on the challenges the mental health patients are facing were also discussed which also includes cultural and linguistic barriers, inadequate healthcare services etc. Participants and key informant pointed out to different opinions so as to address the social challenges the mental health patients are facing which were ensuring cultural competence, collaborating with mental health services, community organisations and Correction staff etc.



CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the research, provide conclusions and recommendations of the findings on the study the experience of mental health patients at Mutare Remand Prison. It is also in this chapter where conclusions of observation are presented regarding the experiences of mental health patients in prison after analyzing the perceived causes of mental health challenges in prison, the challenges faced by mental health patients in prisons and exploring the strategies to address the challenges faced by mental health patients in prison. Recommendations will be presented pertaining initiatives to be taken to respond to mental health patient's challenges and strategies to address the challenges faced by mental health patients in the prison.

5.2 SUMMARY

Chapter one, the researcher outlined the background of the study, aim, the statement of the problem. The researcher as well outlined the research questions and the objectives of the study. The research questions and objectives were constructed in a way that would bring out favorable results. The study aimed to understand the experience of mental health patients in prison at Mutare Remand Prison. This was done through analysis of the perceived causes of mental health challenges in prisons, challenges faced by mental health patients in prisons and strategies to address the challenges faced by mental health patients in prisons. The justification of the study was also brought out on how the research is worth to be conducted. Chapter two the researcher



acknowledged related literature on the perceived causes of mental health challenges in prisons, challenges faced by mental health patients in prisons and strategies to address the challenges faced by mental health patients in prisons. The research also brought out the Social Ecology model as a theoretical framework to understand the experience of mental health patients in prisons. In chapter three there was the explanation on methods that the researcher was going to utilize in gathering information. Focus Group discussion and interviews stemmed in qualitative approach used on data collection. It also outlined the research philosophy, research instruments that was going to be used for data collection. The targeted population involved the clinic staffs and Rehabilitation staffs as key informants and participants who partake in Focus group discussion. Research ethics were discussed and participants signed consent forms during the study for ethical reasons.

In chapter four, the researcher acquired information from stakeholders providing mental health services at Mutare Remand Prison and also FGD participants who were selected were mild mental health patients within the prison detained for more than six months. The research findings were presented and related with research objectives and theoretical framework to guide the study. The research findings were discussed on different themes like the perceived causes of mental health challenges at Mutare Remand Prison, challenges faced by mental health patients at Mutare Remand Prison and the strategies to address the challenges faced by mental health patients at Mutare Remand Prison.

5.2.1 The perceived causes of mental health challenges at Mutare Remand Prison

It was noticed that the perceived causes of mental health challenges at Mutare Remand Prison were to a result of multiple reasons which were drawn from the research findings. The researcher found that substance use disorder is a cause as some of the inmates they default from their medication leading to change of behaviors, overcrowding whereby the inmates they will not have enough time to rest because of noise during the day and night, loss of autonomy and self-worth as they don't have a say on how to



conduct in the prison and risk of violence and victimization whereby others will be physically and verbally abused by other fellows inmates in the prison therefore exacerbating stress, anxiety and other mental health issues.

5.2.2 Challenges faced by mental health patients at Mutare Remand Prison

The researcher discussed on the challenges faced by mental health patients at Mutare Remand Prison. The research findings shows that there are limited access to mental health services, trauma and victimization by other fellow inmates in the yard, cultural and linguistic barriers as other inmates they came from different backgrounds and social isolation whereby the mental health patients are placed in separate cells with other fellow inmates which result them feeling different from others who have been the challenges being faced by mental health patients in the prison. These findings clearly show that these challenges they intensify the mental health issues as they will affect the rehabilitation of the mental health patients at Mutare Remand Prison.

5.2.3. Strategies to address the challenges faced by mental health patients at Mutare Remand Prison

More so, the researcher discussed the strategies to address the challenges faced by mental health patients in the prison. The research findings testified that there are solution to the challenges faced by mental health patients at Mutare Remand Prison. Study findings revealed that implementation of trauma-informed care, provision of accessible mental health services so that inmates will fully partake, ensuring cultural competence so that the mental health providers will be cultural sensitive in providing mental health services to their clients and collaborating with mental health services, community organisations and correction staffs as it will help in the reintegration and reentry of mental health patients after being discharged would be great strategies to address the challenges faced by mental health patients at Mutare Remand Prison.



5.2 Conclusions

The perceived causes of mental health challenges can intensify the mental health issue which include loss of autonomy and self-worth, overcrowding and poor living conditions, risks of violence and victimization and substance use disorder. It was noticed that inmates who mostly received fewer visits from family and friends they usually experienced higher levels of depression and fear. The challenges that the mental health patients faced in the prison which were discussed were social isolation, limited access to mental health services and cultural and linguistic barriers. On inadequate healthcare services the study found that prisoners with mental health issues they mostly experience inadequate access to some of the healthcare services, including psychiatric care, therapy and medication management. There is the need of bringing out initiatives to solve these challenges at Mutare Remand Prison. The study found out adequate access to mental health services, ensuring cultural competence and collaborating with mental health services, community organisations and correction staffs. From the study findings implementation of trauma-informed care acknowledges the prevalence of trauma among prisoners and provides a good and supportive environment for healing. All these can be the best strategies to address the challenges faced by mental health patients in the prison. The stakeholders elaborated on increase of staffing that this will make service provision efficient to the inmates at any cost.

5.4 Implications to Social work practice

This part aims to highlight the importance of the research to social work practice. It will be shown by bringing out the duties of social worker and their influence in working with mental health patients in a prison setup. National Association of Social Workers. (2020) defines social work as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.



Social workers uphold popular participation among mental health patients. This ensures that mental health patients become actively included in decisions making procedures that affect them therefore empowering individuals. Social workers possess skills and knowledge of understanding human behavior in the environment and conduct researches in order to bring up better interventions to solve a dilemma.

Secondly, social workers act as brokers therefore linking their clients to appropriate resources. Social workers also work with the resource system in making sure that they become more responsive to rights-holders' needs. Thus, social workers may use referrals within their service provision systems which helps in enhancing the response to the challenges faced by mental health patients in prisons. This helps to uphold the goal of social work by restoring social functioning in individuals, groups and communities.

Furthermore, social workers they educate the community and the prison on how to understand mental health. The education of the community will lead to the prison's mission to be met of fully reintegration of mental health patients back into the community. Through education this will lead to different treatment of mental health patients.

Advocacy is another role the social workers plays they will petition for Prison and Correctional act Chapter 7:21 to be revised, representing the needs of mental health patients. Social workers can attempt to pursue structural changes that will address the treatment of mental health patients in prisons. Hence social workers as advocates are involved in planning and help to address the causes of mental health challenges in prisons. Social workers they are the voices of mental health patients as they are seen as vulnerable people they will stand up for them to receive justice.



5.5 Recommendations

There is the need to understand the experiences of mental health patients at Mutare Remand Prison to notify gaps in service provision and inform policy changes. Mutare Remand Prison must initiate a prison mental-health policy manual that codifies screening, treatment protocols, referral criteria and staff roles. The Zimbabwe Prisons and Correctional Service must also establish a multidisciplinary oversight committee at Mutare Remand Prison to review monthly mental-health reports and solve any shortfalls. The Clinic staff must also embrace performance indicators into the prison's routine management dashboard.

5.5.1 Peer-led health education

The Rehabilitation Department must implement a peer-led health education program at Mutare Remand Prison. Peer-led health education is an important for mental health in prisons as it gives inmates accessible, trustworthy and relatable support. Peers understand different challenges of prison life, allowing them to give out empathetic guidance and reduces stigma around mental health issues. In empowering inmates to have power of their social life, peer education upholds self-care, proactive coping strategies and a supportive community. This approach helps Mutare Remand Prison inmates to feel not isolated, more supported and better resourced to manage stress, fear and other mental health issues ultimately contributing to a positive and rehabilitative prison environment.

5.5.2 Family Week

The Zimbabwe Prisons and Correctional Service must also begin a family Week project for the mental health patients. Family Week at Mutare Remand Prison is crucial for



mental health as it helps inmates to reconnect with families and friends, fostering emotional support and stability. This visitation period is of paramount importance in reduce feelings of abandonment, fear and depression which are common among prisoners. Reinforcing family bonds can also motivate inmates to be involved in rehabilitation programs, develop their behavior and work towards a positive future. Maintaining family connections, inmates are more likely to experience enhance mental well-being, minimized stress and a smoother reintegration into society upon discharge ultimately supporting their overall rehabilitation and reintegration.

5.5.3 Improved infrastructure

The government of Zimbabwe and NGO must be cooperating in the improvement of the infrastructure at Mutare Remand Prison. Improved infrastructure in prisons can significantly enhance mental health by giving a safer humane environment. Good ventilation, natural light and sanitation facilities minimize stress and promote well-being. Enhanced living conditions can decrease fear, stress and aggression while also enhancing sleep quality and physical health. In creating a more comfortable and respectful environment, improved infrastructure can make Mutare Remand Prison to mitigate the negative psychological effects of incarceration, support rehabilitation, and foster a better positive environment for inmates to focus on their mental health and personal growth.

5.5.4 Collaboration of ZPCS with Humanitarian Aid

Coordinating Zimbabwe Prisons and Correctional Services (ZPCS) with humanitarian aid is important for mental health in prisons as it allows inmates receive crucial support and care. Humanitarian organizations can provide critical resources, such as mental health professionals, counseling services and educational programs, to solve the different challenges faced by prisoners. This collaboration can help alleviate the psychological impacts of incarceration, reduce stress and fear and promote



rehabilitation. In working together, ZPCS and humanitarian organizations can initiate a better supportive environment that prioritizes inmates' mental well-being and ultimately leading to successful reintegration into society after discharge.

5.6 Areas of further research

Future studies should study on the intersectionality of mental health patients with other factors on how mental health experiences are linked with socio-economic status, ethnicity and trauma history.

5.7 Chapter Summary

The chapter aimed to give out summary of the research findings. It also drew conclusions from the findings, which has been noticed that mental health is caused by overcrowding and poor living conditions, limited access to mental health services and substance use disorders. The need for bringing out initiatives which will solve these factors at Mutare Remand Prison were also emphasized on. This chapter also elaborated the importance of social work in mental health programing, services provision which leads to good mental health outcomes. Recommendations were also brought out on how to improve the service provisions and how to deal with the causes of mental health in prison.



References

- Andersen, H. et al. (2019). Mental Health in Prisons: A Global Challenge. *International Journal of Prisoner Health*, 15(2).
- Adebowale, A. S., & Adelufosi, A. O. (2015). Mental health problems. *Journal of Clinical Sciences*, 12(3).
- Auty, K. M., & Liebling, A. (2020). Exploring the relationship between prison social climate and reoffending.
- Babbie, E. R. (2016). *The practice of social research* (14th ed.). Cengage Learning.
- Bhui, H. S., Asrud, R., & Owusu-Ansah, E. (2012). Barriers to accessing mental health services for Black African and Caribbean populations: A review. *International Review of Psychiatry*, 24(2), 143-149.
- Birmingham, L. (2003). The mental health of prisoners. *Advances in Psychiatric Treatment*, 9(3), 191-199.
- Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.
- Chibanda, D., et al. (2015). Mental health services in Zimbabwean prisons. *Journal of Mental Health*, 24(2), 142-148.
- Chibanda, D., Mesu, P., Kajawu, L., Cowan, F., Araya, R., & Abas, M. A. (2016). Problem-solving therapy for depression in primary care: A randomised controlled trial. *Lancet*,



387(10032), 1795-1804.

Comfort, M. (2008). The impact of incarceration on family and community. In J. M. Klofas & S. Stojkovic (Eds.), *Crime and justice in America: A human perspective* (pp. 179-194). Waveland Press.

Chitsiko, R. (2020). Prison Staff Training Needs in Mental Health. *Journal of Forensic Psychology*, 30(1).

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.) [E-book]. SAGE Publications.

Crewe, B. (2011). Depth, weight, tightness: Revisiting the pains of imprisonment. *Punishment & Society*, 13(5), 509-529.

Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.) [E-book]. SAGE Publications.

Creswell, J. W., & Guetterman, T. C. (2020). Integrating mixed methods and content analysis studies: A research methodology. *Journal of Mixed Methods Research*, 14(1), 3-19.

Denzin & Lincoln (2018). Research approach encompasses the researcher's epistemological, ontological, and methodological assumptions.

Etikan, I., & Bakhshi, M. (2016). Comparison of qualitative and quantitative research methods. *International Journal of Social Science Studies*, 4(1), 1-9.

Fazel, S., & Baillargeon, J. (2011). The health of prisoners. *The Lancet*, 377(9769), 956-965.

Fazel, S., Yoon, I. A., & Hayes, A. J. (2017). Substance use disorders in prisoners: An updated systematic review and meta-analysis. *The Lancet Psychiatry*, 4(11), 861-873.

Field, A. (2018). *Discovering statistics using IBM SPSS statistics*. Sage Publications.

Fogg, B. J., & Tseng, H. (1999). The elements of computer credibility. In *Proceedings of the SIGCHI conference on Human factors in computing systems* (pp. 80-87). ACM.

Forrester, A., Till, A., Simpson, A., & Senior, J. (2018). Mental health in-reach in prisons: The effects of different service delivery models. *Journal of Forensic Psychiatry & Psychology*, 29(3), 349-365.

Gone, J. P., & Calabrese, R. J. (2019). Cultural competence in mental health care for ethnic minority populations. *Psychiatric Services*, 70(10), 936-943.

James, D. J., & Cowman, S. (2007). Psychiatric disorders in prison: A review. *International Review of Psychiatry*, 19(2), 147-155.



- Haney, C. (2006). Reforming punishment: Psychological limits to the pains of imprisonment. *American Psychologist*, 61(4), 336-346.
- Hanlon, C., Tesfaye, M., & Wondimagegn, D. (2010). Ethiopia's mental health care: A review of the literature. *International Journal of Mental Health Systems*, 4(1), 1-11.
- Jiang, S., & Winfree, L. T. (2006). Social support, gender, and inmate adjustment to prison life: Insights from a national survey. *The Prison Journal*, 86(3), 311-329.
- Komarovskaya, I. A., Loper, A. B., & Warren, J. (2011). The role of substance use in the relationship between trauma and mental health in incarcerated women. *Journal of Trauma & Stress*, 24(4), 449-456.
- Komarovskaya, I. A., Booker Loper, A., & Warren, J. (2011). The relationship between trauma and personality in incarcerated women. *Journal of Trauma & Stress*, 24(2), 211-218.
- Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners* (4th ed.). SAGE Publications.
- Liebling, A. (2011). Distinctions and distinctiveness: Exploring the moral significance of prison life. *Theoretical Criminology*, 15(3), 261-278.
- Machingura, T., et al. (2019). Prevalence of mental disorders among inmates at Mutare Remand Prison. *Journal of Psychiatry and Mental Health*, 14(1), 1-9.
- Martin, M. S., Colman, I., Simpson, A. E., & McKenzie, K. (2018). Mental health treatment in correctional settings: A systematic review. *Journal of Correctional Health Care*, 24(2), 147-158.
- Masuka, N., et al. (2017). Stigma and discrimination against mental illness in Zimbabwean prisons. *International Journal of Mental Health Systems*, 11(1), 1-8.
- Mertens, D. M., & Hesse-Biber, S. N. (2022). *Mixed methods and multidisciplinary research: Strategies for integrative research*. SAGE Publications.
- Messina, N., & Grella, C. (2006). Childhood trauma and behavioral health outcomes among women in prison. *American Journal of Orthopsychiatry*, 76(1), 81-91.
- Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3(1), 1-8.
- Ministry of Health and Child Care. (2019). *Zimbabwe Mental Health Policy*.
- Mopfu, E., Chireshe, R., & Mhaka-Mutepfa, M. (2017). Mental health in Zimbabwe: A review of the literature. *Journal of Mental Health*, 26(3), 257-265.



- Morgan, R. D., Kroner, D. G., & Mills, J. F. (2019). Mental health treatment in prisons: A review of the literature. *Aggression and Violent Behavior*, 46, 115-125.
- Mupawose, J. M. (2019). Community-Based Mental Health Care in Zimbabwe. *Journal of Community Mental Health*, 38(2).
- Myburgh, N. G., et al. (2016). HIV/AIDS. *Journal of Infectious Diseases*, 213(12).
- Nhiwatiwa, T., et al. (2020). Prison staff training needs for mental health care in Zimbabwe. *Journal of Correctional Health Care*, 26(2), 148-157.
- Sekeran, U. (2020). *Research methods for business: A skill-building approach* (7th ed.). Wiley.
- Senior, J., Birmingham, L., Harty, M. A., Hassan, L., Hayes, A. J., Kendall, K., ... & Shaw, J. (2013). Identification and management of prisoners with severe psychiatric illness by specialist mental health services. *Psychological Medicine*, 43(7), 1511-1520.
- Shelton, R. C., Purnell, J. Q., & Fox, J. E. (2018). Cultural competence in correctional mental health care. *Journal of Correctional Health Care*, 24(2), 159-171.
- Snowden, L. R. (2007). Explaining racial and ethnic disparities in mental health services use in the United States: A review of evidence. *International Journal of Health Services*, 37(3), 531-545.
- Steadman, H. J., et al. (2017). Mental health screening and assessment in jails. *Journal of Correctional Health Care*, 23(2), 156-167.
- Teplin, L. A., Abram, K. M., & McClelland, G. M. (2013). Mentally disordered women in prison: A comparison of studies. *Women & Therapy*, 36(1-2), 69-85.
- Udedi, M., et al. (2017). Prevalence. *African Journal of Psychiatry*, 20(3).
- UNODC. (2019). *Prison Reform and Alternatives to Incarceration*.
- Watson, R., Stimpson, A., & Hostick, T. (2004). Prison health care: A review of the literature. *Journal of Clinical Nursing*, 13(2), 179-187.
- Williams, D. R., & Caliendo, J. (2017). Cultural competence in mental health care: A review of the literature. *Journal of Cultural Diversity*, 24(1), 23-31.
- Wolff, N., Blitz, C. L., Shi, J., Siegel, J., & Bachman, R. (2007). Physical violence inside prisons: Rates of victimization. *Criminal Justice and Behavior*, 34(5), 588-599.
- Woodall, J., Tattersall, A., & Payne, J. (2014). Reducing prison violence: An evaluation of the safer custody programme. *Prison Service Journal*, 211, 23-29.



Wolff, N., Frueh, B. C., & Shi, J. (2017). Trauma exposure and mental health among incarcerated men. *Journal of Trauma & Stress*, 30(2), 177-184.

Wolff, N., Frueh, B. C., Shi, J., & Schumann, B. E. (2014). Trauma exposure and mental health characteristics of prison inmates. *Journal of Forensic Psychology Practice*, 14(3), 239-260.

WHO. (2019). Mental health and prisons.

LIST OF APPENDICES

APPENDIX 1: APPROVAL LETTER



ZIMBABWE PRISONS AND CORRECTIONAL SERVICE

Telephone: (626721)



REF: 3/3/3

HARARE METROPOLITAN PROVINCE

Private Bag cy7766.

Harare.

Causeway.

12 February 2025

CORAGE MAFARA

BINDURA UNIVERSITY OF SCIENCE EDUCATION

APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH PROJECT

1. The above subject refers

You are hereby informed that your application for conducting a research of Bachelor's Degree in Social Work titled **"The experience of mental health patients in prisons. Case study Mutare Remand Prison"** from 14 February to 16 February 2025 at Chinhoyi Remand Prison was approved.

2. You can now make special arrangements for research with Officer in Charge Mutare Remand Prison at your convenient time during working hours at your own expense. During the period of your research, you are required to observe all the necessary rules and regulations including the ethics pertaining to your research project and you shall not allowed to divulge to any unauthorized person(s) information regarding the operations of ZPCS. You should avail yourself to the security Section for orientation before commencement of your research project.

3. By copy of this letter Officer Commanding Harare Province and the O.I.C Mutare Remand Prison are advised of this approval.

I. Madzudzo (PCO)

Strategic Planning, Research and Development

To the Officer Commanding

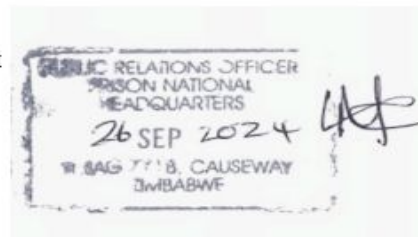
HARARE PROVINCE

Ct SO Rehabilitation Harare Province

Ct SO Security Harare Province

Ct O.I.C Mutare Remand Prison

Ct Master file



APPENDIX 2: PARTICIPANT CONSENT FORM

Dissertation topic: The experience of mental health patients in prisons. Case study of Mutare Remand Prison.

Objectives

1. To understand the perceived causes of mental health challenges in prison at Mutare Remand Prison.
2. To identify the challenges experienced by mental health patients in prison at Mutare Remand Prison.
3. To explore strategies to address the challenges faced by mental health in prison at Mutare Remand Prison.

The research shall be conducted by Courage Mafara, a student at the Bindura University of Science Education currently studying a Bachelor's degree in Social Work. The study is a requirement by the department in order to complete his studies.

I am giving consent to be interviewed by the researcher and the objectives of the study have been clearly explained to me in a language that I understand. By signing this document, I understand that participation in this study is voluntary. I also agree to be audio-taped and I am aware that I am free to withdraw from the study at any given time. I have been given clarification concerning the study. I understand that confidentiality is guaranteed and my identity will not be revealed.

I also understand that if I have any questions about my rights as a participant, I can contact Mr. C. Mafara through the following contact details

Cell number: 0785 437 946.

Email address: mafaracourage7@gmail.com.

Participant's signature:

Date:

Researcher's signature:

Date:



APPENDIX 3: KEY INFORMANT INTERVIEW GUIDE

Section A: Demographic Data.

Age (Tick Applicable).

25-35		
36-45		
46-55		
56+		

2. Bibliographic information.

Organisation	Interviewee position/Job Title	Sex (Female (F)/ Male(M))

Section B: The perceived causes of mental health challenges in prisons.

1. What are your perception on the causes of mental health challenges?.

.....

.....

2. What are others causes of mental health challenges in prisons?.

.....

.....

SECTION C: Challenges faced by mental health patients in prisons.



1. How do you view the challenges being faced by the mental health patients in the prison?.

.....

.....

2. Which is the main challenge affecting mental health patients in the prison?.

.....

.....

How are these challenges affecting the wellbeing of the mental health patients in prisons?.

.....

.....

SECTION D: Strategies to address the challenges faced by mental health patients in prisons.

1. How has the prison tried to address the challenges faced by mental health patients in the prison?.

.....

.....

2. Which programs do you think will help the mental health patients in prisons in addressing their challenges?.

.....

.....

3. What have you done to inmates who would have been traumatised and victimised in prison?.

.....

.....

4. What has the prison done to address the challenges of medication to their mental health patients in the prison?.

.....

.....



APPENDIX 4: FOCUS GROUP DISCUSSION GUIDE

Topic: The experience of mental health patients in prisons. Case study of Mutare Remand Prison.

Section A: Demographic Data.

Age.

25-35		
36- 45		
46-55		
56+		

Sex.

Male	
Female	

SECTION B: The perceived causes of mental health challenges in prisons.

1. What do you think are the main reasons why people in prison experience mental health challenges?

.....

.....

2. How does the prison environment contribute to mental health issues?

.....

.....



3. Can you describe any specific events or experiences in prison that have affected your mental health?.

.....

.....

SECTION C: Challenges faced by mental health patients in prisons.

1. Have you experienced any stigma or discrimination related to your mental health in prison? If so, how has this affected you?.

.....

.....

2. Are there any specific challenges or stressors that you face as a mental health patient in prison that you didn't experience before incarceration?.

.....

.....

3. Which is the main challenge that is facing a lot of mental health patients in prison?.

.....

.....

SECTION D: Strategies to address the challenges faced by mental health patients in prisons.

1. Can you think of any ways in which the prison environment or policies might be changed to promote better mental health outcomes?

.....

.....

2. What do you think is the most important thing that prison authorities or healthcare providers could do to support your mental health needs?

.....

.....

3. How do you think the prison system could better support the mental health needs of inmates?

.....

.....

APENDIX 5: APPROVAL FORM.

I certify that the dissertation meets the preparation guidelines as presented in the faculty guide and instruction for preparing dissertations. Submitted by COURAGE MAFARA (B213013B) in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Social Work.

...../...../.....

Name of student

Signature Date

...../...../.....

Name of supervisor

Signature Date



...../...../.....

Name of chairperson

Signature Date

