

RELATIONSHIP BETWEEN DEPRESSION,  
ANXIETY AND SUICIDE IDEATION  
AMONG PRISONERS OF SHEIKHUPURA  
JAIL



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July, 2023

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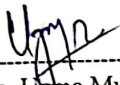
A Research Thesis submitted to the  
DEPARTMENT OF PSYCHOLOGY  
in partial fulfillment of the requirements for the degree of  
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July, 2023

## CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Relationship between depression anxiety and suicide ideation among prisoners of Sheikhpura jail" carried out by Usman Zafar, Reg. No. BSP193032, under the supervision of Ms. Uzma Mushtaq, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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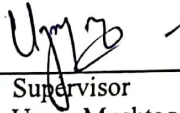
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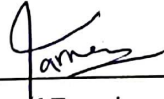
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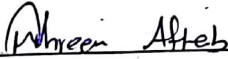
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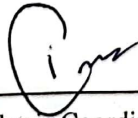
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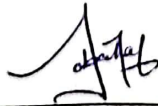
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**DEDICATION**

*I would like to dedicate this dissertation to my parents, M. Naeem Zafar and my Late mother for their love and support throughout my life. Specially my family and Hania Ijaz.*

*Thanks to both of you for always encouraging me and supporting me.*

*Your endless efforts helped me to reach the level of brilliance at which I now stand. Thank you for everything.*

## DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.



**UsmanZafar**

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**July, 2023**

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Firstly, I am immensely grateful to Allah Almighty for His assistance throughout this expedition. It was Allah's mercy that made it possible for me to complete this work in the first place. I am deeply grateful for the completion of this thesis, and I owe a debt of gratitude to countless individuals whose support and contributions have made this journey possible. Among them, one person stands out as an unwavering source of encouragement and inspiration. Her unwavering faith in my abilities has been a constant source of motivation, urging me to surpass my own limitations and strive for excellence. I'm thankful to my family for their love, support and care towards me. Their support gave me the courage and motivation to persist and do my best during research. Specially my father, I believe without his support; I wouldn't have achieved this milestone. Lastly, I would acknowledge my own self for not giving up and the perseverance and fulfilling the promise I made to myself.



## ABSTRACT

The goal of the study was to determine the relationship between depression, anxiety, and suicide ideation among the inmates of the Sheikhpura jail, which could also result in suicidal thoughts and attempts. Prison was considered a place of punishment after conviction from court. Prison life was considered very harsh for every individual who faced it for the first time in life. Prison life also impacted negatively on the personality, physical, and psychological health of the prisoners. The study contributed to understanding the psychological well-being of prisoners in Sheikhpura jail and educated the administration based on the findings of the study to implement beneficial strategies to enhance the mental health of the prisoners and promote rehabilitation. The study also explored the positive impacts of religiosity and practices on the mental well-being of incarcerated individuals. The study was based on a correlational research design. The target population was the prisoners of the Sheikhpura jail. The participants were sampled through the purposive sampling technique. The sample consisted of one hundred and fifty prisoners, among whom 135 were males and 15 were females, with an age range from 19 to 65 years. The instruments used for data collection included the Suicidal Ideation Attributes Scale (SIDAS) and the Depression Anxiety Stress Scale (DASS-21). The data were statistically analyzed by employing Spearman's correlation analysis due to the non-normal distribution of the data. The results showed a positive relationship between anxiety and depression among the prisoners of Sheikhpura jail ( $r = 0.673^{**}$ ,  $N=150$ ), and a negative relationship

was found between suicide ideation, anxiety, ( $r = -.003, n = 150$ ) and depression ( $r = -.139, N = 150$ ) variables among the prisoners of Sheikhpura jail.

**Keywords:** Suicidal ideation attributes scale, Anxiety, Depression, Sheikhpura jail

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**LIST OF ABBREVIATIONS**

PSS	Peer social support
SIDAS	Suicidal Ideation Attributes Scale
DASS	Depression anxiety stress scale
SI	Suicidal ideation
WHO	World Health Organization
MBI	Mindfulness-based interventions

## Chapter 1

### INTRODUCTION

Prisons are known as one of the world's worst institutions for negative psychological health. And as the act which is punishable by state and government and the individuals who have done any unlawful act will face the judicial procedures the types of crimes in Pakistan are murder, fraud, rape, robbery, burglary etc. (Frank et al., 2009). The prisons are full with convicted and under trial individuals the capacity of jails in Pakistan is less than the prisoners who are convicted and undertrial (Blaauw et al., 2001).

Prison is the place where inmates must spend a lot of time, individuals who have committed serious crimes like killing, sexual and physical assault, and theft. No matter how well-run and disciplined it is, a prison is not a place to reside because it isolates inmates from their loved ones, friends, the outside world, and society. The main factor endangering prisoners' wellbeing is alienation from their families and society (Yang et al., 2009), which leads to stress and other issues with mental health (Rutherford et al., 2009). Other factors include the length of the judicial process, which can make convicts awaiting trial feel helpless and forlorn as well as cause stress, melancholy, and anxiety. Whatever the causes, it is clear from research conducted over a range of time periods that those who are imprisoned have a variety of mental pain and diseases. Stress and depression are quite common among inmate (Drapalski et al., 2009).

According to the figures by the amnesty international the capacity of prisoners are 65 thousand inmates but currently the inmates in prisons of Pakistan are about 89 thousand which are more than the recommended range according to the United Nations prisoners' rights. Unfortunately, prisoners treated with inhumane manners and also



discriminated on the basis of caste and creed. A neglected segment of society from a health perspective is the jail population. The health needs of prisoners are frequently unmet, and they bear a heavier burden of various illnesses than other members of society. Their environment, the jail where they are confined, and the jail itself all play a role in the diseases that damage them. (Semenza et al., 2019).

According to studies (Silove et al., 2002), prisoners frequently experience significant psychological suffering, including PTSD, anxiety, and depression. Clinical findings indicate that inmates exhibit complicated mental health issues and distinctive patterns of psychological distress, which may be an indicator of their troubling to life in jail (Graessner et al., 2004). Previous offenders have a tendency to be wary of other people and may also see unbiased circumstances as hostile (Ehlers et al., 2000). In severe cases, this suspicion may give rise to paranoid thoughts and or worry. In contrast, prisoners and torture victims may focus their rage inside, putting them at risk for depression and maybe even having suicidal thoughts (Silove et al., 2002). Therefore, studies have proposed that those who are imprisoned and prisoners would experience higher levels of psychological distress than those who are not imprisoned, particularly somatization and somatic complaints, hostility, interpersonal issues, paranoid ideation, depressiveness, anxiety disorders, and Post Traumatic Stress Disorder (Silove et al., 2002).

Prison system in Pakistan has structural flaws and procedural deficiencies that have a direct impact on inmates' psychological health. Loneliness, a lack of basic utilities, and an antisocial environment in prison all play a key role in the development of mental health problems among prisoners. Prisons all across the world, including those in

Pakistan, are overcrowded and overworked; no one would choose to live in a prison. For their rehabilitation, prisoners are housed in prisons. The government is in charge of providing for the fundamental needs and accessibility of medical treatment for those who are incarcerated. According to previous studies, convicts must reintegrate into society in order to participate in it. As a result, it is necessary to monitor and care for their health and behavioral changes so that they do not recur in society (Gordon et al., 2015).

The organized groups in prison revolve in prison and made gangs and they are not good role models among the prisoners. Prisoners are brutalized, assaulted, beaten, and made to live in fear. The environment for prisoners is worsened by overcrowding. Most jails and prisons receive very little direct sunlight and fresh air, and they are overrun with unpleasant odors. Unhygienic and tasteless food, clothing makes life more measurable to prisoners (Berghuis et al., 2021).

In jails, psychological issues are the main source of sickness. According to prior studies, inmates suffer from a mental disease. Most common psychological issues are depression, anxiety, mood disorders, and generalized anxiety disorder, panic disorders according to DSM- V (Connell et al., 2014). The symptoms of these disorders are widely in jails due to the environment of prison. Prisoners experience extreme stress, which causes psychological changes in them which may result in depression. Prisoners who already suffer from psychological issues frequently deteriorate more, while those who are completely convicted criminals but have no prior history of psychological disease are more likely to develop it while incarcerated. Getting behind bars is never easy, and during the adjustment phase, it can lead to the development of dysfunctional thought and behavior patterns (Edgemont et al., 2019).

Prisoners tried to restrain their own emotional responses to what was happening around them. Some inmates experience a sort of traumatic stress that is so severe that it will result in traumatic stress reactions after release since jail is so depressing and mentally uncomfortable (Luke et al., 2021).

Prison populations consisted some of the most unfair and stigmatized individuals in the society. Next to physical health issues, many suffer from mental disorders. Numerous studies conducted in prison have shown that incarceration has an immense impact on a person's thinking, behavior, and psychological health. However, because the jail experience is so terrifying and sad, it takes many years to overcome; the effect of stress on each prisoner varies with the time, circumstance, and place (Bohrman et al., 2022).

In addition to being estranged from the family, Prisoners from society encounter additional issues. This negatively affects their mental health because to issues like overcrowding an unclean cell environment, delays in legal processing issues (under trial cases), physical and mental suffering by staff of the prison, and conflicts and group fights among inmates (Group of inmates). After receiving a court-ordered sentence, they are labelled as offenders by society (Nurse et al. 2003).

This stigmatization causes offenders the most harm and worries them about their future after they are released from prison (John et al, 2007). Prisoners who can adapt to their surroundings are able to adjust in jail, but those who are unable to do so begin to feel guilty, act aggressively, engage in suicidal behavior, and experience stress, despair, anxiety, and other psychiatric issues (Dye et al.,2010).

A considerable collection of scholarly research backs the notion that a constrained, unhealthful, and violent jail atmosphere causes convicts to develop mental illnesses. Due

to the gravity of their crimes, certain criminals are placed in secluded and segregated cells in jail. This separation from other convicts causes these criminals to become dissatisfied, unhappy, and suffer from developmental disorders (Nurse et al. 2003).

According to a few researches and investigations (Coid et al., 2003), criminals who were maintained in solitary confinement had previously received treatment for mental problems and had been diagnosed with schizophrenia and depression (Singleton et al. 1998).

### **Depression**

Regardless of the existence of other variables, depression is the most direct predictor of suicidal thoughts and behavior in older persons; the worse the depression, the worse the suicidal ideation. Prisoners who are prone to pain, fear, social adjustment problems with other inmates, and loneliness frequently experience depression, being alone in jail due to being cut off from family and friends. Recollections of unlawful previous behaviors and guilt-inducing memories of days spent outside of prison. Depression and anxiety are mental illnesses that are brought on by prior thoughts. (Thomas et al., 2022).

Depression is a frequent mental disease that manifests as a depressed and hopeless mood, a loss of interest in activities or pleasure, a sense of guilt or low self-worth, disturbed sleep or eating, low energy, and trouble concentrating. If these problems persist or reoccur, an individual's ability to manage everyday tasks may be considerably hindered. (Khaira et al., 2012).

According to a study, depression is "described as persistent depressed mood, loss of interest and enjoyment, and reduced energy, which lead to increased irritability and

diminished activity." Depression is one of the most common psychiatric disorders in prison. (Ahmad et al., 2014). Most individuals first feel anxious when they enter prison. People who are incarcerated experience a great deal of strain and frequently struggle to cope. The main possible cause of depression in jail is continuously having the negative thoughts that may result in severe depression and prolonged stay in the jail may lead to intense depression. Mostly, life with other prisoners is very difficult because of the restricted and scheduled environment of the jail (Kelly et al., 2021).

In 2019, One out of every nine inmates worldwide, according to the World Health Organization (WHO), has a mental condition; the majority experience melancholy and anxiety. Forced isolation, overcrowding in jail and violence and concerns of privacy and meaningful activities, separation from social rules, uncertainty about the future, the fact that diseases are so frequently reported in this sector is due in part to the jail system's inadequate mental health services.

Prison populations are particularly prone to depression. In contemporary society, there is a widespread assumption that all individuals who have mental issues are dangerous to the communal, which is one of the contributing factors to the disproportionately high rate of mental disorders in jails. The increasing risk of suicide in jails (often connected to depression) is sadly, one common manifestation of the cumulative influence of these factors (Bedaso et al., 2018). Despite the fact that there are a lot of people who are depressed in prison, it can be difficult to provide mental health services to female inmates (Zweben et al., 2011), care for those in this community who are afraid to admit they have mental health issues or demonstrate any symptoms of weakness, perhaps to prevent being picked on or victimized by more powerful inmates or

personnel. But there has been an escalating's demonstrated by numerous research conducted in jail environments as a helpful technique for addressing a variety of problems, including mental health issues, decreased anger control, recidivism, and fewer disciplinary reports (Valenti et al., 2015).

### **Anxiety**

A complicated and multidimensional emotional and psychological phenomenon, anxiety has a wide range of effects on people's lives. It is characterized by emotions like anxiety, fear, dread, and uneasiness. Physical signs like a quick heartbeat, shortness of breath, shaking, and restlessness are frequently present as well. Generalized anxiety disorder (GAD), social anxiety disorder, panic disorder, and particular phobias are just a few of the numerous ways that anxiety can show themselves. Each of these disorders has its own specific set of signs, symptoms, and causes, yet they all have an excessive and enduring anxiety and dread as their common denominator. Prisoner's anxiety is the term used to describe the feeling of anxiety and discomfort that occurs primarily when one is incarcerated or imprisoned. The difficulties, doubts, and constraints of living in a correctional facility give rise to this particular type of worry (Andreas et al., 2021).

For inmates, staying imprisoned would lead to anxiety problems. The ability to adapt to a new environment makes convicts more anxious (Crewe et al., 2009). Prisoners who really are anxious suffer consequences. Anxiety among inmates affects psychological and emotional disturbance, which causes in violation in jails in the form of sexual and physical assault, including slapping, fighting, and threats of using a weapon. Prisoners continue to only getting handled for mental problems and anxiety before being released home, and treatment is not gender-specific (Utari et al., 2012).

Anxiety is the most common problem of every prisoner and almost every prisoner sooner or later in prison can experience this kind of psychological issue whenever they think about their crime they committed leads to mental stress, they are bound to restricted space and they feel strongly about their loss of freedom of activities and movements (Andreoli et al., 2014).

Prisoner's behavior is unpredictable and those who are newly convicted prisoner surrounded by the violent prisoners create fear for the new prisoner. The prolonged procedure of judicial cases and prolonged imprisonment also affected the psychological conditions of the prisoner. The behavior of jail administration with the prisoners is not suitable for a normal human being as well, the tough routine and the fear of unpredictable response of attendants when they open or close the doors, the prisoners feel stressed, and severity of anxiety and depression leads them to suicide ideation (Bottoms et al., 1999).

Generalized anxiety disorder, which can be defined as constant worry and worry on a regular basis for a minimum of six months, is another illness that is common among convicts. Tension in the muscles, problems falling asleep, tiredness, trouble concentrating and irritation are other typical symptoms. The practice of smoking, entering prison for the initial duration, and witnessing violence in the homes as an individual were the primary reasons for anxiety among incarcerated individuals (Julia et al., 2020).

### **Suicide ideation**

Suicidal thoughts, ideas, and intentions are all referred to as suicidal ideation. Suicide is a serious offense in Pakistan, and attempts at suicide are met with harsh punishment (World Health Organization, 2008). Prison suicide is a worldwide issue, and

ratio of suicide in prisoners is greater than in the rest of the population. Suicide behavior and suicide ideation is an important issue in prison, which leads to greater illness and cause of death. As per approximation suicide ratio inside prison is greater than general population rates (Fazel et al., 2010).

Social segregation is one of the powerful and reliable foreteller of suicide ideation among prisoners, attempts of suicide and fatal suicidal behavior among individuals differ in age, and clinical seriousness (Joiner et al., 2008). Disrupted connectivity is thought to have a direct impact on feelings of sorrow and hopelessness, although it is not thought to be essential for these feelings to manifest and lead to suicide thinking. Suicidal ideation is not experienced by many persons with disrupted connectivity, and disrupted connectedness is not experienced by many people with suicidal ideation (Klonsky et al., 2014). Incurable and suppressed psychological issues in prison environment affects the cognitions of the prisoner, reportedly in many cases prisoners become psychotic and diagnosed very late when there are minimum chances of recovery from the mental issue. Prolonged issues leading them to suicide attempt and self-harm (Ruiz et al., 1999).

A suicide attempt is not only one of the strongest predictors of suicide but also a significant health issue in and of itself because it is a sign of distress and is connected to long-term psychosocial impairment (Orri et al., 2022). Loss of meaning in life is a significant risk factor for suicidal ideation, whereas finding meaning in life has been recognized as an important protective factor against suicidal ideation (Marco et al., 2017).

## **Literature Review**

According to the Crisis Group Asia (2012), great number of Pakistani inmates



who experience psychological distress is quite significant especially those who are imprisoned in a miserable atmosphere. One of the worst breaches of human rights in Pakistani jails is torture that occurs while an individual is being imprisoned. Prisoners have issues with mental health far more frequently than people in general (Beyen et al., 2017).

There are several causes for a high rate of mental health conditions, include prison overcrowding, Various types of violence, a lack of intentional and purposeful work, disconnection from social networks and gatherings, a low level of empathy uncertainty about the future and prospects (jobs, connections, etc.), and inadequate and poor health care, notably mental health services in jails (Baillargeon et al., 2009).

A prisoner's liberty of movement is greatly constrained in jail. The Human Rights Commission of Pakistan (2015) also stressed the problem of overcrowding while highlighting the deplorable condition of the nation's national jails. Additionally, Anxiety, stress, depression, difficulty falling asleep, and abuse of power by guards and authorities are more prevalent in female inmates. Particularly, the design of our barracks and cells is built to stigmatize, dehumanize, and weaken inmates without taking into consideration their mental diseases or the therapeutic support they need.

According to research on suicidal ideation among university students in Tehran, depression, anxiety was correlated with suicidal ideation in a positive manner (Izadinia et al., 2010). Previous research has demonstrated that having a sense of purpose in life may operate as a protective barrier against a number of elements that might lead to suicide thoughts, including bullying victimization, psychological distress, despair, and a sense of betrayal (Beach et al., 2021).

Male convicts from Pakistan have a notably high rate of depression, which causes severe psychiatric morbidity. This indicates the need for rapid government, jail management, and health actions (Hashmi et al., 2014). However, we use the term more generally. For instance, it may also apply to one's attachment to a work, project, position, passion, or any feeling of perceived purpose or meaning that keeps one involved in living. Being connected is most frequently associated with relationship to other people. (Klonsky et al., 2014).

The study's findings showed an important positive correlation between stress levels and locus of control for both depressive and anxious symptoms, respectively, and both symptoms of sadness and anxiety. Offence type and anxiety symptoms were both substantially correlated with prison type. Stress was substantially correlated with crime, time spent in jail and locus of control, showing that organized crime inmates who reside in high-security facilities and have external locus of control have greater levels of stress. (Lambert et al., 2004).

Additionally, there was a strong relationship between the locus of control and the stress of prison life as well as the signs of sadness and anxiety. This refers to convicts who exhibit signs of anxiety with an external locus. Situational and criminal justice-related factors were also substantially correlated with the stress of prison life. Inmates and inmates serving lengthier terms of imprisonment reported lower levels of prison-life stress, whereas prisoners living in medium-security prisons and under judicial oversight reported greater levels of prison-life stress and despair. Stress from jail life has also been found to be strongly linked to depressive and anxious symptoms. Inmates who reported experiencing more stress from prison life had greater levels of depressed and anxiety

symptoms (Hogan et al., 2004).

Adults who struggle with social anxiety may not reach their full potential in terms of their social development, especially if they are young inmates (Kearney et al., 2005). There is scant evidence that incarceration causes mental health problems among offenders. Evidence from the scientific literature demonstrates that exercise can improve mental health in a custodial situation. The goal of the study was to determine how a fitness programs affected the prisoners' mood and anxiety in Greek prisons. Sixty male prisoners were randomly divided into two groups. Three (3) 60-minute training sessions per week for 12 weeks were required of participants in the fitness programs. In the control condition, participants disregarded the training programs. The findings of this study demonstrate that exercise reduces anxiety and improves mood in Greek prison conditions (Nikolaos et al., 2021).

Anxiety is a generalized fear or unease with its accompanying manifestations that are tangible (Kimble et al., 2009). Anxiety includes mental elements such as anxiety, dread, and difficulty focusing, as well as tachycardia, shaking, shortness of breath, and other physical symptoms, (Kimble et al., 2009). These symptoms could also be triggered by specific medical conditions and pharmaceutical substances. When it's too much, anxiety can impede regular tasks and have the potential to turn into an anxiety disorder (Kimble et al., 2009).

Similarly a previous study of 193 convicts was conducted in durban, south africa which showed anxiety was present in 24.9% of prisoners have anxiety and 82.5 had depression(Naidoo et al., 2012). Second study is conducted in Nigeria revealed a 57% frequency of psychiatric disorder out of which 30.8% of such cases are caused by

depression(Julian et al.,2020).

The length or duration of a prisoner's sentence is frequently used to define incarceration however have significantly more severe repercussions in terms of emotional and physical discomfort. Slater was the first to use the term "prison anxiety," in 1986.indicating the psychological cost that was similar to being imprisoned (Reinhardt et al., 1998).

According to Reinhardt and Rogers (1998), Slater's definition of jail anxiety is "a mixture of anxiety, irritability, insomnia, nightmares, and an inability to think." Slater went on to discuss the tremendous effect that prisoner anxiety had on a prisoner's daily attention and frequently cause them to experience insomnia. When prisoner anxiety reaches intolerable levels, it's frequently linked to rising ideation of suicide (Reinhardt et al., 1998).

The term "prison anxiety" has a lengthy history in the American Journal of Slater initially used this word to explain the impacts of imprisonment in psychiatry on prisoners (Reinhardt & Rogers, 1998). A research titled "Differences in Anxiety multicultural viewpoint on the distinction between first-time and repeat offenders, Slater prisoner anxiety was described as "a combination of stress, anger, sleeplessness, nightmares, difficulty concentrating or thinking properly, and anxiety of impending loss of reigning in one's impulses" (Reinhardt et al., 1998).

Prisoner stress is said to have a variety of effects on prisoners, the most notable of which is their incapacity to sleeplessness, difficulty concentrating, and behavioral issues, such as suicide thoughts (Reinhardt et al., 2000). Lack of inmate mental health services, many facilities have been obliged to adopt using a triage model, interventions are only to

those with extremely acute or emergency situation." As a result, panic attacks and other "milder" psychopathology is frequently ignored. Anxiety is predicted to increase risk among prisoners and could have an impact on daily activities and adaption to surroundings in prisons (Rogers et al, 1998).

During incarceration, an inmate's level of prisoner anxiety may negatively affect a prisoner's capacity to re-enter society, potentially having decrease their positive contributions to society and raise their risk of recidivism (Haney, 2001). Institutionalization, often known as personalization, is used to define the kind of behavior patterns that prisoners are made to adopt. These changes in behavior while behind bars, such as hyper vigilance and mistrust, allow the limitations of jail do not help prisoners to live as they make an effort to acclimatize to life after prison (Haney et al, 2001).

It should not be surprising that the results of incarceration and symptoms of prisoner anxiety make it difficult for most people to reintegrate into society former offenders. On the other hand, data indicates that female inmates increased them at the time of their entrance to prison, despondent due to the anguish of child separation, families and communities, historical victimization and safety concerns, the specific stigma prevalence of depression linked to their incarceration, little communication with government officials, low educational and economic position, among other things (Mukiza et al., 2014).

According to (Abdollahi et al., 2015), somatic symptoms of social anxiety include blushing due to embarrassment, sweating, palpitations, a depressed stomach, and panic in social situations. Subsequent cognitive symptoms include unpleasant thoughts about the situation, Behavioral symptoms include trying to hide reactions, having trouble speaking,

avoiding eye contact, feeling anxious, and avoiding scary situations. (Bandelow et al., 2004).

Adults frequently struggle with anxiety, which can impede their ability to reach their full potential in many areas of their lives, especially in terms of their social development (Kearney et al., 2005). Additionally, it shows phobic people consistently participating in one or more social settings (Bakalim et al., 2016).

There has been plenty of research in the literature on the link between anxiety disorders, especially panic disorder, and suicidal behavior. An increase in suicide behavior has frequently been correlated with anxiety disorders in cross-sectional community and clinical investigations. However, anxiety disorders also exhibit significance of comorbidity. One area of debate is whether or not this comorbidity—rather than only the existence of an anxiety disorder—is connected to an increase in suicide behavior. (Peter et al., 2019).

Since suicidal ideation has been found as a significant imminent risk element for eventual suicide conduct, either in surrounding communities (Castell et al., 2017) and institutional populations, staggering numbers are a cause for worry. However, even though suicidal ideation is a strong indicator of suicidal conduct, individuals who believe self-harm actually commit it. For instance, a potential community research in the Netherlands found that of those who have underlying thoughts of committing suicide reported making a suicide attempt in the two years that followed. The dependent chance of making a suicide attempt among those with suicidal ideation is across 17 countries (Have et al., 2009).

The beginning phases of the suicidal process—suicidal ideation—should thus be

the focus of suicide prevention measures since this suggests that movement along the suicidal continuum can be stopped (Sveticic et al., 2012). According to estimates, there are over 10.2 million prisoners in the world, with a global incarceration average of 145 per 1000 persons (Walmsley et al., 2013). There are about 85,000 people detained in England and Wales (Ministry of Justice, 2015). Suicide accounts for around half of all fatalities in prison, which is the primary cause of mortality among prisoners (Baillargeon et al., 2011). Deaths by suicide rates between three and eight times more people age 31 in jail than in the general population, according to estimates (Fazel et al., 2011).

There was significant variation between countries, a research of prisoner suicide in 12 countries indicated that the suicide rate among people who are jailed was generally higher than general population statistics<sup>30</sup> (Ministry of Justice, 2015). A symptom of self-harm may be the increase in self-harm incidents requiring hospitalization behavior that is becoming more serious. The high incidence of behaviors and thoughts connected to suicide in prisoner populations highlight the need for more research into the causes underlying prisoners' suicide thoughts and behaviors.

Prisoners' cognitions are reportedly affected by incurable and untreated psychological problems, which are frequently recognized extremely late in the course of the mental disorder, when there is little prospect of rehabilitation and these persistent problems result in their attempts at suicide and self-harm (Ruiz et al, 1999).

An Australian study indicated that violent offences, traumatic brain damage, despair, prior self-harm and mental institutionalization were all linked to lifelong suicide thoughts in a large, mixed- gender sample of convicts (Larney et al., 2012). In general jail populations, personality factors were highly correlated with suicide thoughts. Similar

study was conducted in Italy (Sarchiapone et al., 2009).

Normally (i.e., not jailed) human population of the United States, people 60 and older are at the highest likelihood of suicide death, while people 50 and older are at the enhanced chance of suicide-related death in U.S. correctional institutions. It may be possible to discern between the risk of suicide later in life as opposed to earlier in life by looking at a number of indicators that have been found as significant correlations of suicidal ideation and conduct among older persons who are not jailed. For example, personal attributes that suggest a lack of flexibility have been connected to suicide in later life. (Barry et al., 2017).

Number of a person's gender, culture, or socioeconomic status, suicide continues to be a major public health concern on a global scale (Brent et al., 2016). Over 800,000 individuals worldwide commit suicide each year, making it the fifteenth greatest cause of death worldwide, according to the World Health Organization (WHO, 2014). An increasing amount of evidence indicate that contact with the criminal justice system raises the risk of suicide in both community-dwelling offenders (King et al., 2015) and those who are incarcerated (Webb et al., 2011). Additionally, for the latter group, suicide accounts for around half of all deaths while incarcerated and is a major cause of death in institutions around the world (Konrad et al., 2007).

Meditation and mindfulness-based interventions (MBIs) have been demonstrated to be excellent psychological therapies for the effects of separation, which have long been a problem for those in prison (Ferszt et al., 2015). Meditation and mindfulness practices are connected with benefits in sleep as well as a reduction in the symptoms of stress, anxiety, sadness, and trauma. While mindfulness refers to the deliberate maintenance of



an open and non-judgmental awareness of the present moment, meditating consists of a variety of techniques meant to promote calmness, improve personal and focus regulating qualities, and increase an increased feeling of psychological wellness (Nidich et al., 2016).

It is observed religion can help people get used to life in jail. Religion and mental health have been linked in a significant body of studies (Carson et al, 2012). This area of study has centered on the potential benefits of faith on psychological health and has associated various aspects of religious activity with aspects of mental well-being, such as decreased psychological discomfort, lowered anxiousness, lesser stress, lowered depressive symptoms, decreased prejudice, and decreased operational disturbance (Ellison et al., 2001).

Religion provides a number of potential methods of adjustment for prisoners (Pargament et al., 1998) provide some framework to help understand religion as either a beneficial or negative factor on psychological wellness in relation to stresses, which is consistent with the conflicting findings reported within the psychological health and religion literature. They believe that religious coping comes in two different copings good and negative. According to Pargament et al. (1998), a person's connection to God, believe of belonging, and sense of purpose in the world all influence how they deal with their religious beliefs.

Positive religious coping is used by individuals who have a strong relationship with God, they find purpose in life, or feel connected to others. In contrast, persons who lack these qualities frequently turn to destructive religious coping. Broad empirical support has been found for dual-focused notion of religious coping among the general

public in terms of both good and negative outcomes (Stroope et al., 2017).

While individuals who experience guilt show greater empathy and minimum antagonism, those who feel shame are more prone to suffer pain. According to McCullough and Worthington (1999), many facets of the world's main faiths that emphasize concepts of forgiveness may work in part through provoking emotions of guilt. Because of this, guilt brought on by religion may encourage people to ask for forgiveness, which improves self-acceptance and lessens regret (Ellison et al., 2003).

### **Theoretical Framework**

#### ***The interpersonal theory of suicide attempts***

The goal of the interpersonal theory of suicide attempts is to identify those who are at risk and to explain why people involve in suicidal conduct. The Joiner's interpersonal theory of suicide puts out an explanation that states that in order to commit suicide, a person must have both the desire and the potential to do it (Joiner, 2005).

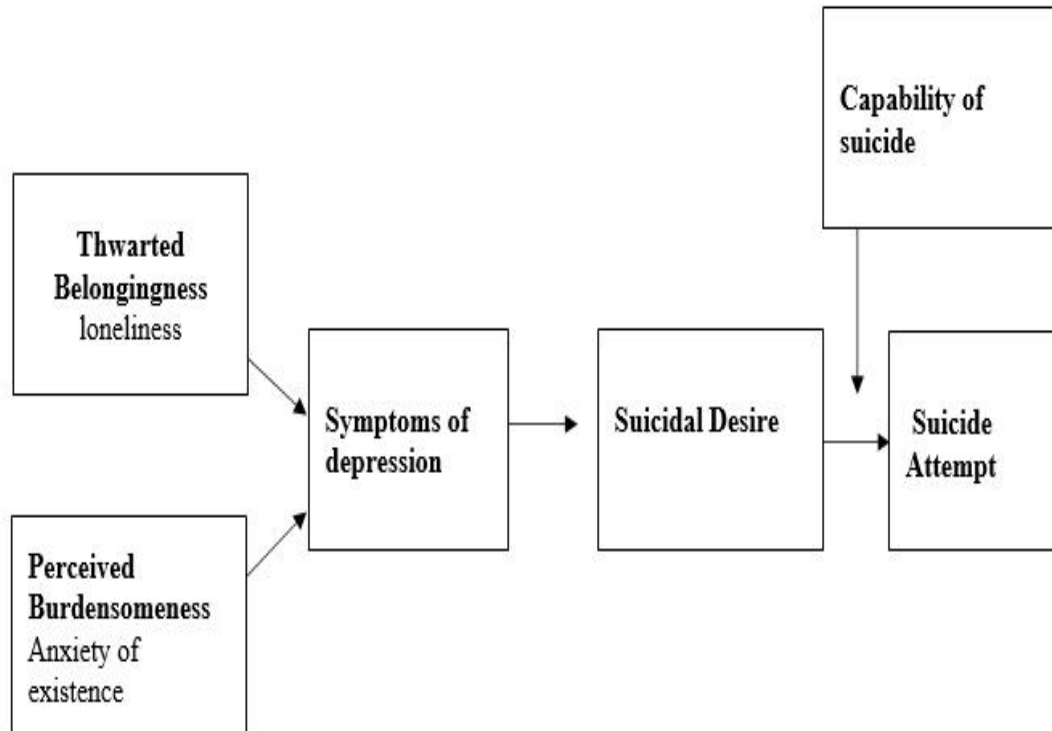
The relevant factors of suicidal behaviors have been recognized by theories of suicidal behavior, according to prior research, however few explanations have made a distinction between people who commit suicide and those who might think it (Ribeiro & Joiner, 2009). As according Joiner, the two aspects that are linked to the desire to commit suicide are thwarted belongingness and perceived burdensomeness (Joiner, 2005).

According to Baumeister (1991), social integration has a crucial role in psychological health. The likelihood of suicide thoughts increases when a person

feels as though they are somehow cut off from their social networks and interpersonal ties (Orden et al., 2010).

The prisoner's sense of their Assistance from society may play a key role in the association between Suicidal ideas and behaviors and attitudes, as those who are alone are more inclined to deal in suicidal behavior and lonely, distanced from family and the outside world, and who do not make many friends from the inside of the prison could be more expected to commit suicide (Brown et al., 2008).

These factors have been linked to suicide thoughts, as well as isolation, loneliness, and carelessness—the two factors included in a feeling of abandoned loyalty. Taking suicide as an example, frequently happen at facilities with higher levels of security where convicts' feelings of belonging within offenders may also be impacted by the fact that they are typically detained in isolation or have limited access to services (Van et al., 2010).



## **Rationale**

Previous researches indicate highly psychological issues in prisoners of jails and they are affected with mental illnesses (Fazel et al., 2016). Prisons ought to encourage beneficial every day activity by offering a sufficient number of chances for something to do while incarcerated along with additional worthwhile activities (such as educational opportunities, sports, and behavioral modification programs) that give inmates "a certain something to engage in" but also a chance to grow as their own (Ortega et al., 2020).

Pakistan's jails do not serve as efficient institutions for rehabilitation. (Islam et al., 2023). There's not much research on suicide ideation on prisoners of Pakistan other than the variables of self-esteem, socioeconomic status etc., district jail Sheikhpura among one of the jails where no previous research is conducted on these variables which indicate research gap. The present study will psychoeducate the jail administration department about the psychological issues faced by the prisoners and benefits of rehabilitative environment for prisoners and lowers government financial budget. The study's goal is to offer recommendations to prison officials and other groups on how to enhance the reformatory procedure and lower recidivism. (Zafar et al., 2023).

The result of this study can provide evidence-based data that guide policy makers, administrators and healthcare professional in designing and implementing appropriate mental health services.

## **Objectives**

1. To find out the relationship between depression, anxiety and suicide ideation among prisoners of Sheikhpura jail.

**Hypotheses:**

1. There is positive relationship between depression and anxiety in prisoners of Sheikhupura jail.
2. There is positive relationship between depression and suicide ideation in prisoners of Sheikhupura jail.
3. There is negative relationship between anxiety and suicide ideation in prisoners of Sheikhupura jail.

**CHAPTER 2****Methodology****Research Design**

To conduct this research study, a correlational study design was used. The research method of the present study was quantitative research method.

**Sample**

For this study 135 males and 15 females were taken, Data were collected from district jail Sheikhupura. Sample were determined by G-Power analysis.

**Sampling technique**

Purposive sampling technique was used for the collection of data.

**Instruments*****1. Suicidal ideation attributes scale***

Suicidal ideation attributes scale (SIDAS) is a screening test used to assess suicide thoughts and how severe they can get (Batterham et al., 2014). It is a five-item scale consisting of following attributes, frequency, controllability, closeness to attempt, distress level and its impact on daily life. A five-item scale is used to assess the frequency and seriousness of suicidal thoughts in the previous month. It is 10 point Likert scale ranging from 0 (never) to 10 (always) and total score are obtained by adding score of all the five items with controllability reverse score (item 2). The higher score indicates the higher severity of suicidal thoughts. The SIDAS exhibited strong



test-retest reliability (0.73) and high internal consistency  $\alpha$  0.91 (Cronbach alpha = 0.91).

## **2. *Depression, Anxiety and Stress Scale (DASS)***

DASS 21 was used to assess prisoners' negative emotional states, such as sadness, anxiety, and tension. It comprises 21 total items and 3 subscales measuring (depression, anxiety, and stress). Each of these subscales has seven items, and answers range from 0 (never) to 3 (always). Overall scores are generated by adding the scores for each category, and the total score is then classified as normal, mild, moderate or severe depression (Lovibond and Lovibond, 1995).

0.82 was the whole scale test retest reliability coefficient and the alpha reliability coefficients are 0.87, 0.75 and 0.85 for stress, anxiety and depression respectively (Sarafraz et al., 2019). DASS 21 is also translated in Urdu and showed reliable Cronbach's alpha 0.93 overall. The Cronbach's alpha for stress, anxiety and depression was 0.83, 0.86 and 0.84 respectively (Aslam & Kamal, 2017).

### **Inclusion Criteria**

- Only prisoners below 1 year of being imprisoned were included in the study.
- Both the male and female prisoners take part in the study.

- Prisoners with age range 19 to 65 years were included in the study with reference to Erikson's theory of Stages of Development (young and middle adulthood).

### **Exclusion Criteria**

- Participants not interested or willing to participate were excluded from the study.
- Prisoners with physical disabilities and mental disorders were not included.
- Prisoners on parole were not included in the research.

### **Procedure**

The study was based on correlation research design. The target population is the prisoners of the Sheikhpura jail. The participants were sample through the purposive sampling technique. 150 prisoners were selected as participants among them 135 were males and 15 were females with age range from 19 years above to 65 years. The prisoners are (killers, rapist, fraudsters, street criminals, drug dealers, alcohol sellers etc.).

The permission for using the scales was taken from the author. In

addition to this, approval from the Capital University of Science and Technology was obtained and also got permission from prison department of Punjab to conduct the research among the prisoners of sheikhupura jail, permission letter is also obtained, after that participants were explained about the purpose of the study and the usage of their responses and data. Informed consent was signed and confidentiality and privacy were ensured. A demographic sheet was attached with the questionnaires to obtain relevant data. Participants who were willing to participate were given the two questionnaires including SIDAS and DASS-21 in Urdu translation. SIDAS translation is done by following the W.H.O criteria of scale translation under the supervision of language experts.

### **Ethical Considerations**

This research study has been approved by the Psychology Department of Capital University of Science and Technology. Informed consent of the participants was obtained and it was ensured that there is no physical and emotional harm to the participants. Participants were debriefed about the purpose of the study and confidentiality about their identity and data was ensured. Psychologist and psychiatrist showed their availability during research and all other relevant staff of the jail were available to manage any harmful effect.

### CHAPTER 3

## RESULTS

The data was collected through questionnaires filled out by every participant. In this chapter, the frequencies and percentages were computed while demographic information regarding the sample is provided, followed by the reliabilities for all the instruments and descriptive statistics. The analyses used to test the research hypotheses are then presented.

#### Demographic Characteristics

**Table 1**

*Descriptive Analyses of demographic variables of the study participants (N=150)*

<i>Demographic characteristics</i>	<i>Categories</i>	<i>f</i>	<i>%</i>
Age	19-40	93	62
	41-65	57	38
Gender	Female	15	10
	Male	135	90
Education	Educated	69	46
	Uneducated	81	54
Marital status	Married	84	56
	Unmarried	50	33.3
	Widow	3	2

	Divorced	13	8.7
Previous Criminal Record	Yes	25	16.7
	No	125	83.3

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Note: *f*= frequency, %= percentage

Table 1 demonstrates the frequency and the percentages of the demographic variables. There were 135 male (90%) and 15 females (10%) participants ranging in age between 19- 65 years old. Most of the participants ( $N=150$ ) lie in the age range of 19-40 years (62%). Majority of the Participants were uneducated (54%) and married (56%). Only a few of participants (16.7%) had a previous criminal record.

### Reliability Analyses of the Instruments

Reliability of the scale and the subscales used in the data was calculated through Cronbach's alphareliability. Table 2 shows the descriptive of the questionnaires used in the research.

**Table 2**

*Reliability analysis of the DASS 21 and SIDAS (N=150)*

Scales/sub  scales	Items	M	SD	$\alpha$	Range		Skewness	Kurtosis
					Potential	Actual		
Depression	7	8.24	5.03	.756	0-21	0-21	.527	-.125
Anxiety	7	9.40	4.69	.745	0-21	1-19	-.090	-.950
SIDAS	5	3.61	8.17	.914	0-50	0-28	2.06	2.62

Note: SIDAS=Suicidal Ideation attributes scale,  $\alpha$ = Cronbach's Alpha reliability, SD= Standard deviation, M=Mean

Table 2 indicates the reliability coefficients for the Suicidal Ideation Attributes Scale (SIDAS,  $\alpha = .914$ ) and the DASS-21 (Depression,  $\alpha=.756$ , Anxiety,  $\alpha=.745$ ) which shows that instruments had acceptable reliability in this study. Therefore, it is concluded that all the instruments were internally consistent and reliable measures of the constructs.

### **Descriptive Statistics for Suicidal Ideation Attributes Scale and DASS 21**

The descriptive statistics for Suicidal Ideation Attributes Scale and DASS 21 are presented in the following table 3.

**Table 3**

*Descriptive statistics for SIDAS and DASS 21 (N=150)*

<b>Scales/subscales</b>	<b>M</b>	<b>Mdn</b>	<b>Mode</b>	<b>SD</b>	<b>Skewness</b>	<b>Kurtosis</b>
Depression	8.24	8.00	9.00	5.03	.527	-.125
Anxiety	9.40	10.00	9.00	4.69	-.090	-.950
SIDAS	3.61	.00	.00	8.17	2.06	2.62

Note: SIDAS= Suicidal Ideation Attributes Scale, M= Mean, Mdn= Median, SD= Standard deviation

Table 3 shows the mean, median, mode and standard deviation of all the scales. The values of skewness and kurtosis in the above-mentioned table give details of the non normal distribution of data for all the study variable.

### Correlational analysis for scales

A correlation analysis was conducted to assess the relationship between suicidal ideation, depression, and anxiety. Spearman correlation was computed as the data was non-normally distributed.

**Table 4**

*Spearman's correlations between measures of SIDAS and DASS-21 (N=150)*

Sr. #	Scales/ Subscales	1	2	3
1.	SIDAS	—		
2.	Depression	-.139		
3.	Anxiety	-.003	.673**	—

Note: SIDAS= Suicidal ideation attributes scale, \*\* $p < 0.01$ , \* $p < 0.05$ , (2-tailed)

Table 4 indicates the correlation among all the variables. Suicidal ideation has non- significant and negative correlation with depression ( $r = -.139$ ,  $N=150$ ,  $p < 0.01$ ). This entails that the level of depression will contribute in the level of suicidal ideation. Depression has significant and positive correlation with anxiety ( $r = .673^{**}$ ,  $N=150$ ,  $p < 0.01$ ).



**CHAPTER 4****DISCUSSION**

The aim of this research was to assess suicidal ideation among prisoners. Moreover, it is also aimed at exploring relationship of the anxiety and depression among them. The results of the study and its limitations and implications are discussed in this chapter.

The reliability of the scales was checked by computing the Cronbach's alpha reliability. The suicidal ideation attributes scale (SIDAS) had coefficient of 0.914, the reliability of DASS- 21 with the alpha reliabilities values of 0.756 and 0.745 for depression and anxiety respectively. The DASS 21 is the mostly used to assess anxiety, depression and stress (Scholten et al., 2017). Previous studies showed strong reliability of DASS which ranged from 0.76 to 0.906 (Hong et al., 2017). It can be concluded that all the scales used in the current study were internally consistent.

Descriptive analysis of demographics showed that the respondents of this study were ranged between ages of 19-65 years among which most of them were uneducated, male and with no previous criminal record.

Descriptives analysis of the instruments used in this study has revealed that the mean score on the suicidal ideation scale ( $M=3.61$ , see table 3) indicates low level of suicide ideation among the participants similar to the scores ( $M= 36.7$ ) in previous studies among a sample of young and middle adult (Caner et al., 2022). This means that participants in the present study have low rate of suicidal ideation due to someother factors.

The mean score of Depression and Anxiety is (M=8.24 and 9.40 respectively, see table 3) was similar to as reported in past literature; M= 9.30 and 8.58 (Muhammad et al., 2019). This shows that DASS 21 is a reliable measure to assess depression and anxiety. The findings show that 90% of these individuals were men, which is consistent with the demographics of the overall prisoner population at Sheikhpura Jail. Surprisingly, less number of females found in Sheikhpura jail.

For the current research as compared to men but past literature shows that the number of men were significantly more than the females in the studies. This result is in line with prior research, which indicates that men comprise a larger proportion of the jail population (Salvatore et al., 2020). The relatively less number of female participants (10%) in the jail. For the current research the age range of the sample were from 19 to 65 years, from which 62% of the respondents were falls in the age range of 19 to 40 years might indicate higher percentage. The majority among respondents (62%) were between the ages of 19 and 40, which may be an indication of a higher percentage of younger prisoners.

Most of participants (54%) were described as having no formal schooling. The association between educational attainment and criminal activity engagement, as well as limited access to education and other socioeconomic conditions, may all have an impact on this finding (Perrone et al., 2017).

The necessity for specialized interventions that address the particular difficulties this subpopulation has in terms of psychological support and recovery is highlighted by the larger percentage of uneducated people.

A significant proportion of respondents (56%) indicated that they were married. Prisoners' social support networks and general well-being may be impacted by their marital status (Dubourg et al., 2021). Positive results for inmates' mental health may be promoted by recognizing the impacts of marital status on mental health and adapting interventions accordingly.

In terms of criminal histories, just a tiny percentage of individuals (16.7%) admitted to having one. Although this result might just apply to the sample from Sheikhpura Jail, it means a significant number of the respondents were either new offenders or did not have any past sentences. When developing interventions and support programs for people in prison, it is essential to take the impact of criminal past on mental health and rate of recurrence into consideration (Fazel et al., 2017). The internal consistency and reliability of the instruments employed in the research are shown by the reliability assessments carried out using Cronbach's alpha coefficients, as shown in Table 2. The findings show that in this sample of inmates at Sheikhpura Jail, the Depression, Anxiety, and Stress Scale (DASS-21) and the Suicidal Ideation Attributes Scale (SIDAS) both showed relevant reliability.

Hypotheses one proposed that there is positive relationship between depression and anxiety among prisoners. Correlational analysis of data showed a significant positive relationship between the depression and anxiety ( $r = 0.673^{**}$ ,  $N=150$ , table 4) which showed that high level of anxiety causes an increase in depression. These responses are consistent with previous research studies that depicts the significance compared to previous researches (Assadi et al., 2006).

However, research from the Norwegian Directorate of Health Survey and the Norwegian Correctional Service (2011, Norway) revealed that anxiety was far more common among prisoners. Therefore, it may be said that a high amount of anxiety causes depression in inmates.

Hypotheses two proposed that there is positive relationship between depression and suicidal ideation among prisoners of sheikhupura jail. Correlation analysis of the data revealed non-significant and weak correlation between depression and suicidal ideation ( $r = -.139$ ,  $N=150$ , table 4), which indicates that participants with high rate of depression. The average level of suicidal ideation attributes indicated by the individuals was 3.61 on the SIDAS, which is the mean score. Both the median (Mdn) and mode values were zero, indicating a distribution that is heavily skewed towards zero and a high percentage of participants who did not attribute suicidal ideation. The scores have a significant level of variability, as indicated by the comparatively high standard deviation (SD) of 8.17. A tiny percentage of individuals reported greater levels of suicidal ideation attributes, according to the positive skewness score of 2.06 which points to a substantially right-skewed distribution. The leptokurtic distribution is indicated by the kurtosis value of 2.62, which denotes a distribution with a comparatively higher peak and fatter tails, representing a higher frequency of high scores. Table 4 displays the results of Spearman's correlations between the Suicidal Ideation Attributes Scale (SIDAS) and Depression and Anxiety measures among the sample of 150 inmates at Sheikhupura Jail. The findings offer light on the connections between suicidal thoughts, depression, and anxiety in the prison population by revealing unexpected

relationships between these factors.

SIDAS and depression were found to be negatively and non-significantly correlated ( $r = -0.139$ ,  $N = 150$ ,  $p > 0.01$ ). These results support earlier research (Kumar et al., 2020; Velasquez et al., 2019) that indicates a negative correlation between depression and suicidal ideation. The prolonged procedure of judicial cases and prolonged imprisonment made them lazy and unambitious the psychological conditions of the prisoner.

Previous researches indicate comparable findings, demonstrating that higher PSS was linked to a lower probability of preferring SI. Even after considering for additional SI risk variables, this effect retained its relevance. Suicide risk may be decreased by social support. The American Psychiatric Association (2015) states that having reliable relationships with other people, loved ones, and people in the community can help prevent suicide. After adjusting for the known risk variables reported by (Fazel et al. 2008), it was shown that convicts with severe depressive illness had lower PSS and a greater chance of SI in line with findings from additional research (Zhang et al., 2010; Jenkins et al., 2005). It is also believable that religion and the associated afterlife beliefs in Cambodia, where Buddhism predominates, may have a factor in the decreased reporting of suicidal expressions (Puthy et al., 2021). Results from earlier studies show a negative relationship between spiritual transcendence and suicidal thoughts, even after adjusting for factors such as age, sex, physical well-being, sadness, perfectionist tendencies, perceived community support, and religious and spiritual exercises (Tavasoli et al., 2011).

Hypotheses three proposed that there is negative relationship between anxiety and suicidal ideation among prisoners of sheikhupura jail. Correlation analysis of the data revealed non-significant correlation ( $r = -.003$ ,  $n = 150$ , table 4), which indicates that prisoners with low level of anxiety has negative relationship with disrupted thoughts, the contributing factors of low or negative relation with suicide ideation is family and peers support during the sentence, the weekly meetings and calls with the family playing a contributing role in low suicide ideation among prisoners. In a past research systematic review and meta-analysis explored the association between anxiety symptoms and suicidality among prisoners. The findings indicated that anxiety symptoms were negatively correlated with suicidal ideation and behaviors. The authors suggested that anxiety symptoms might serve as a protective factor by increasing concerns about self-preservation (Sturup et al., 2019).

The past research investigated the relationship between psychiatric morbidity, including anxiety, and suicidal behavior in older and young and middle adult inmates. The findings showed that anxiety have negatively associated with suicidal behavior in both age groups. The researchers speculated that anxiety might be linked to heightened awareness of potential consequences, leading to a decreased chance of engage themselves in self-harm behaviors (Fazel et al., 2018).

The discussion revolves around some of aspects based on abstracts highlights that prisoners with stronger financial backgrounds tend to receive better facilities compared to those who are financially less stable. This discrepancy in the conditions of their barracks highlights an inequality within the prison system.

Financial resources can play a key role in determining the quality of life for prisoners. Those who have access to more funds may have the means to afford better amenities, such as improved living conditions, access to recreational activities, or enhanced healthcare services. In contrast, prisoners with limited financial stability may face challenges in accessing these resources, resulting in poorer living conditions. (David et al., 2022).

Many prisoners are known to be highly religious and receive regular visits from their family members, and this has a positive impact on their mood and psychological well-being. Religion often provides prisoners with a sense of solace, hope, and meaning during their incarceration. Engaging in religious practices such as prayer and worship can offer comfort and a connection to something greater. Additionally, religious communities provide support and a sense of belonging, which can alleviate feelings of isolation and loneliness. (Marcia et al., 2019).

Family visits play a crucial role in maintaining social connections and emotional support. Seeing loved ones reduces loneliness, improves mood, and fosters a positive outlook on life. Family members also provide practical assistance and help with legal matters, further enhancing the prisoner's well-being. Religion and family support serve as effective coping mechanisms, helping prisoners navigate the challenges of prison life and manage negative emotions. While the relationship between religiosity, family visits, and well-being is generally beneficial, individual experiences may vary. Future research can provide more insights into the specific effects of religiosity and family support on prisoners' mental health. Past research had showed even while the study suggests that religiosity serves as a

barrier towards an increase of suicidal ideation (Drothy et al., 2006).

### **Conclusion**

The hypothesized relationship between anxiety and depression were accepted and depression anxiety stress scale had shown positive relationship with depression and anxiety. The relationship between anxiety and suicide ideation is shown negative relationship and the hypothesized relationship were accepted. The relationship between depression and suicide ideation is shown negative relationship and the hypothesized relationship were refuted. The factor of religiosity and peer support had greater impact on the aspects of suicide ideation among prisoners. A greater sample is needed for further researches. The study can be useful in future when it comes to awareness of suicide ideation and religiosity impacts which are a very unique finding in a research. The findings might open the eminent ways to explore the religious factors and peer support with these variables for further study in future and design strategies by considering these aspects.

### **Limitations**

The limitation of this study would be the data was only collected from Sheikhpura jail so it can't be generalized. The study sample should be large. The stigma and hypersensitivity underlying suicide in Pakistan should be noted as there is a chance of prejudice in studies using more varied samples, such as prisoners from different backgrounds and cultures. To learn how a larger variety of psychological traits, socioeconomic circumstances, and criminological factors affect suicidal thoughts within this group, further study is required.



**Implications**

Contrary to one-time screenings following serious occurrences, ongoing mental health evaluations and psychoeducation within the incarnate phase may be advantageous. Therefore, particular preventative measures should concentrate on preventing the bad jail culture through stigma reduction techniques, private counseling programs, increased support programs, and regular psychoeducation. There is a need for further studies on anxiety and interpersonal assistance in prison.

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- Jie Zhang, Virginia E. Grabiner, Yong Zhou, Ning Li, Suicidal Ideation and Its Correlates in Prisoners, *Crisis*, 10.1027/0227-5910/a000055, 31, 6, (335-342), (2010).
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## APPENDICES

## Approval letter for data collection



Capital University of Science and Technology  
Islamabad

Islamabad Expressway, Kahuta Road,  
Zone - V, Islamabad, Pakistan  
Telephone : +92-(51)-111-555-666  
              : +92-51-4486700  
Fax: : +92-(51)-4486705  
Email: info@cust.edu.pk  
Website: www.cust.edu.pk

Ref. CUST/IBD/PSY/Thesis-339  
January 24, 2023

**TO WHOM IT MAY CONCERN**

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

**Mr. Usman Zafar**, registration number **BSP193032** is a bona fide student in BS Psychology program at this University from Fall 2019 till date. In partial fulfillment of the degree, he is conducting research on "Prevalence of depression anxiety and suicide ideation among prisoners of Sheikhpura jail". In this continuation, the student is required to collect data from your institute.

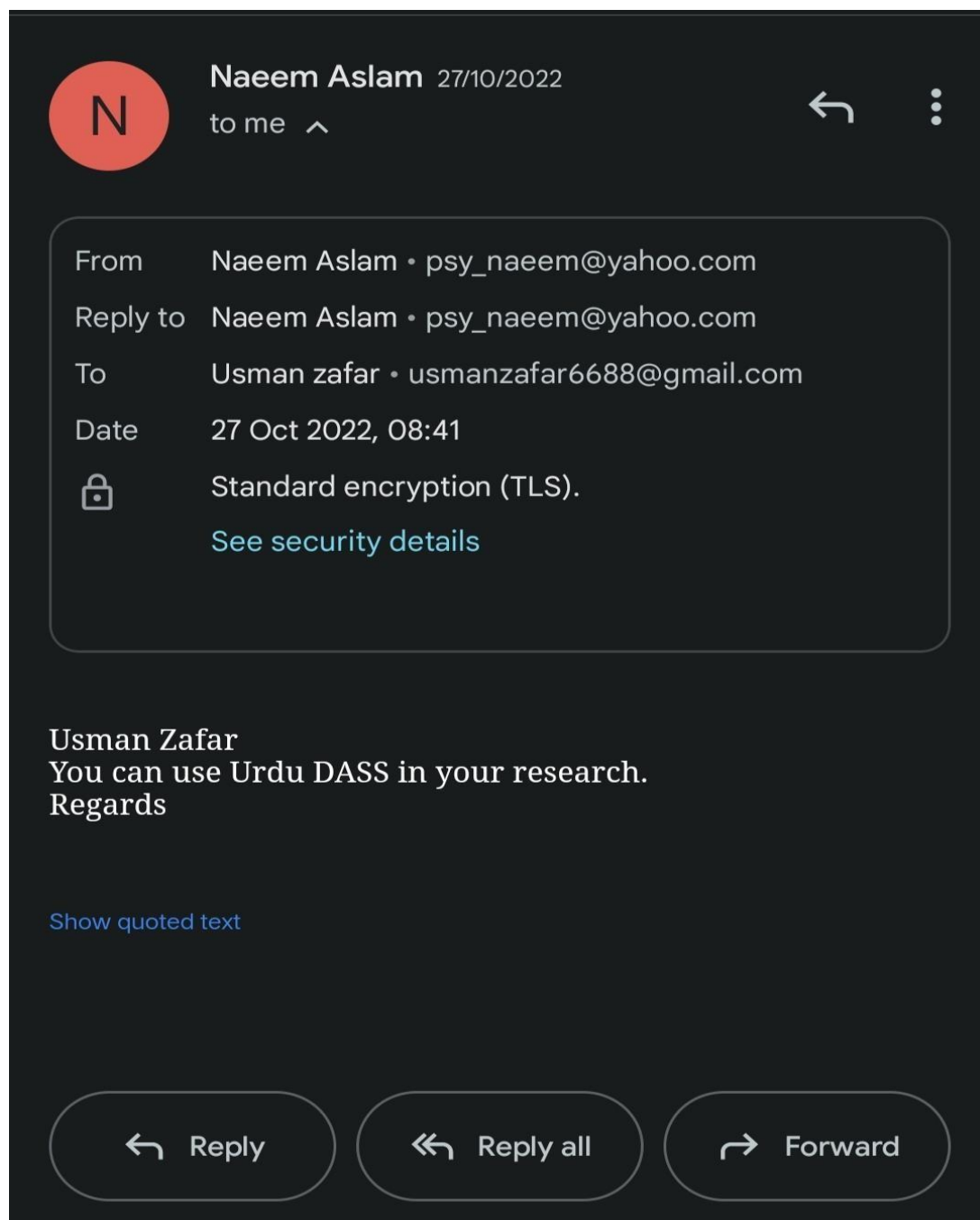
Considering the forgoing, kindly allow the student to collect the requisite data from your institute. Your cooperation in this regard will be highly appreciated.

Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,



**Dr. Sabahat Haqqani**  
Head, Department of Psychology  
Ph No. 111-555-666 Ext: 178  
sabahat.haqqani@cust.edu.pk

**Permission to DASS-21**

## Informed consent form

رضا مندری فارم

میں عثمان ظفر، کینیڈین یونیورسٹی آف سائنس اینڈ ٹیکنالوجی اسلام آباد میں بی ایس سائیکالوجی کا طالب علم ہوں۔ میں آپکو اپنی تحقیق میں حصہ لینے کی دعوت دیتا ہوں۔

یہ تحقیقی مقالہ آپ کی موجودہ نفسیاتی صحت کی بہتری کے لئے مدد کار ثابت ہوگی۔ اس ضمن میں آپ کی رضا کا اہم شمولیت درکار ہے۔ دوران تحقیق آپ کو کسی بھی مقام

پر آپ کو تحقیق سے دست بردار ہونے کا حق حاصل ہوگا۔

دستخط

---

**Demographic sheet**  
کوائف نامہ

- عمر
- 19 تا 40
- 41 تا 65
  
- جنس
- مرد
- عورت
  
- ازواجی حیثیت
- شادی شدہ
- غیر شادی شدہ
- بیوہ
- طلاق یافتہ
  
- تعلیم
- تعلیم یافتہ
- غیر تعلیم یافتہ
  
- سابقہ مجرمانہ ریکارڈ
- ہاں
- نہیں



## Suicidal ideation attributes scale

خوکشی کی سوچ کا پیمانہ

گزشتہ ماہ آپ کو کتنی بار خودکشی کا خیال آیا

کبھی نہیں-0 ہمیشہ-10

0 1 2 3 4 5 6 7 8 9 10

گزشتہ ماہ آپ کو اپنے خیالات پر کس حد تک قابو حاصل تھا

بلکل نہیں-0 مکمل-10

0 1 2 3 4 5 6 7 8 9 10

گزشتہ ماہ کتنی بار ایسا ہوا کہ آپ خود کشی کرنے ہی والے تھے

بلکل نہیں-0 کوشش کی-10

0 1 2 3 4 5 6 7 8 9 10

گزشتہ ماہ کتنی بار آپ کو خود کشی کرنے کے خیالات سے اذیت پہنچی

بلکل نہیں-0 بہت زیادہ-10

0 1 2 3 4 5 6 7 8 9 10

گزشتہ ماہ کتنی بار خود کشی کے خیالات کی وجہ سے آپ کے معمولات، جیسے کہ کام، گھریلو ذمہ داریاں یا پھر میل جول متاثر ہوئے۔

بلکل نہیں-0 بہت زیادہ-10

0 1 2 3 4 5 6 7 8 9 10

## DASS-21 Scale

نوٹ: مندرجہ ذیل بیانات میں سے ہرگز شے ایک لفظ کے دوران آپ پر گناہ مت ہوئے ہوں ان کے سامنے 0, 1, 2, 3 میں سے کسی ایک نمبر پر نشان لگائیں۔ واضح رہے کہ آپ کے جوابات کو گناہ والا تصور نہیں کیا جائے گا۔ کسی بھی بیان پر زیادہ وقت ضائع نہ کریں۔

نمبر شمار	بیانات	کبھی نہیں	کبھی کبھار	زیادہ تر وقت	ہر وقت
		0	1	2	3
1-	میرے لیے پرسکون ہونا مشکل ہو جاتا رہا ہے۔				
2-	مجھے یہ احساس ہوتا رہا ہے جیسے میرا دل تنگ ہو رہا ہو۔				
3-	مجھے کسی قسم کے مثبت جذبات محسوس نہیں ہوئے۔				
4-	مجھے سانس لینے میں دشواری محسوس ہوتی رہی ہے (انگریزی میں سانس لینے کی مشقت والے کام کے)۔				
5-	مجھے کسی کام کے کرنے کیلئے آنا زکرنا مشکل محسوس ہوتا رہا ہے۔				
6-	میں نے بعض حالات میں غیر ضروری رد عمل کا مظاہرہ کیا۔				
7-	مجھے کینکاپاٹ محسوس ہوتی رہی ہے (مشق یا تھوڑے تھوڑے)۔				
8-	میں نے محسوس کیا کہ میں بہت زیادہ ذہنی توانائی استعمال کر رہی / رہا ہوں۔				
9-	میں اپنے حالات سے گھبراتی گھبراتی رہا جن میں میرے اہل بیت اور میری بے یقینی بڑھنے کا اندیشہ تھا ہوتا ہے۔				
10-	میں اپنا مستقبل چر یک محسوس کرتی / کرتا رہا۔				
11-	مجھے اپنے آپ میں چر چر اپنا محسوس ہوتا رہا۔				
12-	میں ذہنی طور پر سکونی محسوس کرتی / کرتا رہا ہوں۔				
13-	میں اداسی محسوس کرتی / کرتا رہا۔				
14-	میرے لیے اس چیز پر غصے اور دہشت کا مشکل رہا ہے جو میرے کام میں رکاوٹ پیدا کرے				
15-	مجھے محسوس ہوتا رہا ہے کہ جیسے مجھے دور دور پرانے لگا ہے۔				
16-	مجھے کسی بھی کام میں دلچسپی نہیں رہی۔				
17-	مجھے محسوس ہوتا رہا کہ میں کسی کا بلی نہیں ہوں۔				
18-	مجھے محسوس ہوتا رہا کہ میں بہت جذباتی ہو جاتی / جاتا ہوں۔				
19-	مجھے ایسا بھیجے کسی جسمانی مشقت کے بدل کی دھڑکن محسوس ہوتی رہی۔				
20-	میں بغیر کسی وجہ کے خوفزدہ ہو جاتی / جاتا رہا۔				
21-	مجھے یہ احساس ہوتا رہا کہ زندگی بے معنی ہے۔				

## Plagiarism report

### report

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