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JOURNAL PURPOSE

The purpose of the *Ngenani - Zimbabwe Ezekiel Guti University Journal of Community Engagement and Societal Transformation Review and Advancement*, is to provide a forum for community engagement and outreach.

CONTRIBUTION AND READERSHIP

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Language: British/UK English

Title: must capture the gist and scope of the article

Names of scholars: beginning with the first name and ending with the surname

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Abstract: must be 200 words

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Body: Where the scholars are more than three, use *et al.*,

Italicise *et al.*, *ibid.*, words that are not English, not names of people or organisations, etc. When you use several scholars confirming the same point, state the point and bracket them in one bracket and ascending order of dates and alphabetically separated by semi-colon e.g. (Falkenmark, 1989, 1990; Reddy, 2002; Dagdeviren and Robertson, 2011; Jacobsen *et al.*, 2012).

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A NEGLECTED CRISIS: MENTAL HEALTH AND INCARCERATED WOMEN IN ZIMBABWE

NYARADZO SHUMBA¹, WAYNE MOYO² AND NYASHA NDEMO-MASIMBARASI³

Abstract

This study examines the mental health of women who are incarcerated in Zimbabwe, with a particular emphasis on the particular difficulties they have getting proper mental health care. Assessing these women's present mental health, identifying care-related obstacles and investigating potential improvement strategies are its primary goals. The study uses a qualitative methodology with nine participants, including correctional officers and women in prison and is guided by the Intersectionality Theory and the Feminist theory. The participants' identities are protected by pseudonyms. Following a thematic analysis of the data, it became evident that stigma, trauma and limits access to care frequently make the high prevalence of mental health disorders worse. The study concludes that meeting mental health needs requires improving mental health services, putting trauma-informed care practices into practice and encouraging community engagement programmes.

Keywords: *trauma-informed care, stigma, programming, policy*

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INTRODUCTION

Zimbabwe's incarcerated women's mental health crisis is typified by several interconnected issues which severely limit their access to quality mental health care. The prison system's lack of adequate mental health resources significantly restricts access to quality care for incarcerated women. Most women lack access to specialised care because only 15% of prisons have dedicated mental health staff (ZPCS, 2022). In addition, filthy and overcrowded cells common in many prisons, worsen mental health conditions and foster an atmosphere that is harmful to rehabilitation. In Zimbabwe, the stigma associated with mental health disorders is a major obstacle to treatment, leaving many women untreated and at risk of negative consequences of their illnesses (Chigonda and Chazireni, 2018). To support incarcerated women's well-being and guarantee their successful reintegration into society, it is crucial to attend to their mental health needs.

Zimbabwe's incarcerated women's mental health crisis is a serious and frequently disregarded problem which is a reflection of larger systemic shortcomings in social justice and healthcare. Given the growing number of women behind bars, it is essential to comprehend their particular mental health requirements to support their well-being and enable a smooth transition back into society. Numerous obstacles which women in prison must overcome, such as trauma, financial hardships and the stigma attached to incarceration, can make pre-existing mental health issues worse. The study looks at the mental health of women who are incarcerated in Zimbabwe, highlights the main issues which they deal with and suggests possible reform and improvement areas.

LITERATURE REVIEW

In correctional systems, the mental health issues of incarcerated women represent a complicated and alarming reality that is frequently ignored. Studies reveal that the prevalence of mental health disorders

among women incarcerated is substantially greater than that of both the general population and their male counterparts. As argued by research, for example, about 80% of women who are incarcerated have a mental health diagnosis; common conditions include anxiety, depression and post-traumatic stress disorder (PTSD) (Lanza *et al.*, 2021). Numerous factors, such as past experiences of trauma, abuse and socioeconomic disadvantage, contribute to the high prevalence of these conditions which disproportionately affect women. Women in incarceration frequently do not have access to sufficient mental health services which leads to unmet needs and deteriorating conditions. Fazel *et al.* (2016) argue that the prison environment itself can worsen mental health problems because it is frequently marked by overcrowding, isolation and a lack of privacy, all of which can lead to elevated anxiety and depression. Women's distress may also be exacerbated by the stigma associated with mental health disorders which may discourage them from getting treatment. Many women who are incarcerated worry that if they talk about their mental health issues, the prison system will punish them or further marginalise them (Chigonda and Chazireni, 2018). As a result, the current situation highlights the urgent need for thorough evaluations and focused interventions to enhance the mental health of women in incarceration.

The main obstacles that women in prison face when it comes to mental health care are complex and have their roots in structural problems in the criminal justice system. Lack of access to adequate mental health resources is one of the biggest obstacles. Due to a lack of qualified staff and subpar treatment facilities, many prisons are ill-equipped to offer specialised mental health care (World Health Organisation, 2020). As argued by reports, most women lack access to proper care and support because only a small percentage of correctional facilities have specialised mental health staff (Lanza *et al.*, 2021). The overwhelming stigma associated with mental health conditions and this lack of resources can discourage women from talking to prison staff about

their conditions or seeking help (Steiner *et al.*, 2018). Furthermore, providing effective mental health care is made more difficult by the prison environment itself. Women who are incarcerated may experience more distress as a result of the conditions of confinement that include overcrowding, poor sanitation and a lack of privacy (Fazel *et al.*, 2016). Because many women report feeling misunderstood or unsupported by those in charge of their care, relationships between inmates and prison staff can also be strained. This lack of trust can deter women from using available services and impair the efficacy of mental health interventions (Chigonda and Chazireni, 2018). Additionally, many women in prison do not receive the specialised care they require to address their particular experiences and challenges due to the lack of gender-specific mental health programmes that feeds a cycle of neglect.

Enhancing mental health services for incarcerated women requires a multifaceted strategy that addresses both immediate care needs and more significant systemic changes. The application of trauma-informed care practices that acknowledge the influence of trauma on mental health and give safety, reliability and empowerment in treatment top priority, is one possible tactic (Substance Abuse and Mental Health Services Administration, 2014). Correctional facilities can promote healing and recovery for women in prison by providing trauma-informed care training to mental health professionals and prison staff.

Furthermore, creating gender-specific mental health programmes can guarantee that the particular requirements of women who are incarcerated are successfully met. These programmes ought to integrate evidence-based strategies specific to women's experiences, such as trauma, substance abuse and interpersonal relationship interventions (Lanza *et al.*, 2021). Additionally, enhancing the availability of mental health services through preventive care, routine screenings and the inclusion of mental health specialists in the jail

system, can aid in the early detection and treatment of problems, thereby improving the general results for women (World Health Organisation, 2020).

Lastly, encouraging cooperation between community organisations and correctional facilities can improve the mental health services provided to women who in prison. Prisons can obtain the extra funding, advocacy and training required to enhance mental health services by forming alliances with non-governmental organisations (NGOs) that focus on mental health (Steiner *et al.*, 2018). Better outcomes for women during and after incarceration can also be facilitated by putting in place community-based programmes that address the root causes of mental health issues, such as trauma and socioeconomic disadvantage (Chigonda and Chazireni, 2018). It is feasible to establish a more encouraging atmosphere that supports the mental health and general well-being of women in incarceration by giving priority to these tactics.

THEORETICAL FRAMEWORK

The Intersectionality Theory serves as the foundation for research on mental health and women in Zimbabwe's prison system. This theory looks at how different social identities, including gender, race, class and socioeconomic status, interact to produce distinct experiences of privilege and oppression (Crenshaw, 1989). Understanding the mental health issues which women in prison face is made easier by this theory which emphasises how their experiences cannot be separated from the larger socio-political framework. Systemic discrimination, poverty and gender-based violence are some of the major factors influencing the mental health of women incarcerated in Zimbabwe. The study intends to investigate how various identities and experiences influence the mental health conditions of incarcerated women, exposing the compounding effects of trauma and marginalisation, by utilising the Intersectionality Theory. This theoretical approach will help to better

understand the obstacles women encounter when trying to access mental health services and how their particular experiences can guide more successful interventions.

The Feminist Theory which examines the power relationships and structural injustices that impact women's lives, is another important theory for this research. Hooks (2000) and Butler (1990) are two feminist scholars who stress the significance of comprehending gender as a social construct that affects women's experiences in a variety of contexts, including incarceration. This theory is especially relevant when analysing how social norms and patriarchal structures fuel Zimbabwe's imprisoned women's mental health crisis. The importance of addressing gender-specific issues, such as sexual abuse, domestic violence trauma and the stigma attached to mental health, is highlighted by the Feminist Theory. Using this framework, the study aims to draw attention to how crucial it is to create gender-sensitive mental health services which take into account particular needs and experiences of incarcerated women. This method will assist in determining ways to encourage recovery and empowerment, creating a more welcoming and encouraging atmosphere in prisons.

RESEARCH APPROACH AND DESIGN

The study utilises a qualitative methodology to explore the mental health conditions and challenges faced by incarcerated women in Zimbabwe, focusing on the complexities of their experiences within the correctional system. This approach ensures a comprehensive perspective by capturing the voices of multiple stakeholders, including mental health professionals, prison staff and the incarcerated women themselves. By emphasising the lived experiences of these women, the study aims to unveil the nuanced factors affecting their mental health and well-being. To investigate the mental health issues and difficulties encountered by women who are incarcerated in Zimbabwe, the study employs a qualitative methodology, emphasising the intricacies of

their experiences inside the penal system. The voices of several stakeholders, including mental health specialists, prison employees and the incarcerated women themselves, are captured in this method which guarantees a thorough viewpoint. By focussing on these women's lived experiences, the study seeks to identify the complex variables influencing their mental health and general well-being. Inmates in Zimbabwe and important players in the mental health and criminal justice systems comprised the population of interest. Because they have first-hand knowledge of the mental health issues faced by women in incarceration, this group was selected because it directly relates to the goals of the study. Social workers, mental health specialists and prison psychologists were among the key informants chosen to offer a comprehensive grasp of the systemic problems and care procedures in place.

Participants with relevant experience and knowledge of the mental health needs of women in prison were chosen through the use of purposeful sampling. Choosing mental health professionals who work in prisons and have direct contact with the women was part of this. To guarantee a variety of viewpoints, convenience sampling was also used to include participants who were easily accessible and eager to share their experiences. Key stakeholders and incarcerated women participated in in-depth, semi-structured interviews as part of the data collection process. Rich, in-depth narratives were made possible by this qualitative method which allowed participants to share their feelings and thoughts about their mental health issues and the resources available to them. To build trust and acquire knowledge about the most effective ways to interact with participants, preliminary talks were conducted with important gatekeepers in the mental health and correctional systems.

Participants felt comfortable sharing their experiences because the interviews were held in a private, encouraging setting. To record both

verbal and non-verbal clues, the researcher used active listening strategies and urged participants to go into further detail in their answers. This closeness promoted a better comprehension of the systemic obstacles to receiving quality care and the mental health issues which women in prison face.

Throughout the study, ethical considerations were of the utmost importance. All participants gave their informed consent, outlining the goals of the study and their rights, and confidentiality and privacy principles were rigorously respected. The freedom to leave the study at any moment without facing any consequences, was guaranteed to the participants. Prioritising accessibility, efforts were made to make the event welcoming to all participants, including providing interpreters when needed. The study placed a strong emphasis on voluntary participation, enabling people to express their thoughts and experiences free from coercion. In light of the study's vulnerable population, ethical approval was requested from the appropriate institutional review boards to guarantee that all research procedures complied with accepted ethical norms. In general, the approach was created to produce insightful information about the mental health requirements of incarcerated women, while also honouring their autonomy and sense of dignity.

FINDINGS

Inmates' mental health problems have drawn the attention of scholars and decision-makers worldwide. Research shows that, compared to the general population, those incarcerated have a much higher risk of mental illnesses. About 10% of people worldwide are estimated by the to have mental illnesses; however, in prison environments, this number can rise from 50% to 80% (WHO, 2021). Women in prison encounter particular difficulties that exacerbate their mental health conditions. The harsh realities of incarceration, socioeconomic

disadvantages and trauma histories are some of the factors which increase vulnerability. For example, Fazel *et al.* (2016) shows that women inmates frequently have more mental health problems than men, and many of them have been abused physically or sexually before being imprisoned. This pattern produces a vicious cycle in which the stresses of prison life such as loneliness, the loss of family ties and insufficient access to mental health care, exacerbate pre-existing conditions.

In many countries, these issues are made worse by the dearth of proper mental health services in prisons. Inadequate treatment options for women in prisons frequently result in worsening mental health conditions and higher recidivism rates, as argued by a systematic review by Yoon *et al.* (2017). In addition to discouraging women from getting treatment, the stigma associated with mental health disorders also contributes to the fact that many go untreated, which can worsen their mental health. Immediate action is required to address the global crisis of mental health care for incarcerated women, especially in low- and middle-income nations where resources are limited and the need is greatest (World Bank, 2020).

The situation is especially concerning in Africa, where many countries struggle with high rates of incarceration and a lack of resources for mental health. Due to socioeconomic factors like poverty, gender-based violence and institutional discrimination, women's incarceration rates have significantly increased on the African continent. Women in African prisons frequently face difficult circumstances, such as overcrowding, subpar medical care and limited access to mental health services (African Union, 2019). For women who are already at risk, these conditions add to pre-existing mental health problems and present new difficulties. Pillay *et al.* (2021), argue that women in African prisons are more likely to experience mental health issues like PTSD, anxiety and depression, which are frequently brought on by

traumatic events that occurred both before and during their incarceration.

The situation is further complicated by the fact that many African nations lack gender-sensitive mental health services. Facilities frequently overlook the unique needs of women which exacerbates mental health outcomes and creates cycles of neglect (Tyler *et al.*, 2019). It is impossible to overestimate the pressing need for focused interventions and laws that give incarcerated women's mental health top priority throughout the continent. Women's already fragile mental health in African prisons will worsen in the absence of these steps, feeding a vicious cycle of trauma and recidivism.

The mental health crisis among imprisoned women is especially severe in Zimbabwe. The number of inmates in the nation has been steadily rising and a greater proportion of those behind bars are women. As argued by the Zimbabwe Prisons and Correctional Services (ZPCS), women accounted for more than 400 in correctional facilities as of 2022, or around 1.8% of the total prison population (ZPCS, 2022). These prison conditions, including overcrowding, poor sanitation and limited access to medical care, which include mental health care, are frequently characterised as appalling. The Zimbabwe Human Rights Commission (2022) notes that although access to quality mental health services in prisons is still severely restricted, approximately 60% of women who are incarcerated have serious mental health problems.

Systemic problems, including poverty, gender inequality and social stigma, make this crisis worse. Many women have mental health issues when they first enter the criminal justice system which are frequently brought on by trauma, domestic abuse and socioeconomic hardship. In Zimbabwe, the stigma associated with mental health problems makes matters worse because many women are afraid to talk about their difficulties because of social biases which results in underreporting

and a lack of suitable interventions (Chigonda and Chazireni, 2018). In addition, there is a persistent lack of mental health facilities and professionals in Zimbabwe since the government devotes less than 1% of its national budget to mental health services (World Bank, 2020). Incarcerated women who are also neglected, as they frequently do not get the psychological assistance they require to deal with the trauma of their confinement. These elements work together to produce an atmosphere that is unfriendly to rehabilitation and re-integration into society, highlighting the pressing need for extensive reforms to meet the mental health needs of Zimbabwean women in prison.

Table 1: Overview of Participants and Themes

Pseudonym	Role	Theme
VFU1	Victim Friendly Unit Officer	Current Mental Health Conditions
VFU2	Victim Friendly Unit Officer	Current Mental Health Conditions
VFU3	Victim Friendly Unit Officer	Challenges in Mental Health Care
VFU4	Victim Friendly Unit Officer	Challenges in Mental Health Care
DO1	District Officer	Challenges in Mental Health Care
WWD2	Woman with Disability	Challenges in Mental Health Care
DSD1	Disability Specialist	Challenges in Mental Health Care
SPO2	Senior Police Officer	Challenges in Mental Health Care
VFU6	Victim Friendly Unit Officer	Opportunities for Improvement

The study found that women behind bars in Zimbabwe experience a myriad of mental health challenges, predominantly stemming from traumatic experiences that predate their time in prison. Many respondents articulated the profound effects of such trauma, with one officer noting,

“Many of these women come from backgrounds filled with violence and neglect that severely impacts their mental health” (VFU1).

This statement encapsulates the alarming prevalence of conditions like PTSD, anxiety and depression among this demographic. The findings reveal that numerous women enter correctional facilities already burdened by a history of trauma, exacerbating their mental health issues in the high-stress environment of incarceration. The compounded effect of these traumas can lead to a deterioration of mental health, as many women find it challenging to cope with the isolation and harsh realities of prison life.

Moreover, the study highlights that the intersection of these traumatic experiences with the systemic deficiencies in mental health care creates a dire situation for many incarcerated women. The lack of mental health professionals in these facilities means that many women remain untreated, deepening their psychological distress. As articulated by a VFU officer,

“We have limited access to mental health professionals and many women go untreated because of this” (VFU2).

This lack of access not only contributes to the worsening of existing conditions, but also fosters an environment where mental health crises can escalate without intervention. The findings underscore a critical need for systemic reform to provide adequate mental health support and resources for incarcerated women, allowing them to address their mental health needs effectively and holistically.

In addition to the trauma experienced, another significant finding of the study is the pervasive stigma surrounding mental health issues that plays a detrimental role in the ability of incarcerated women to seek help. Many participants expressed feelings of shame and fear, with one respondent stating,

“Many women feel ashamed to talk about their mental health struggles, fearing they will be judged” (VFU3).

This sentiment reflects a broader societal attitude toward mental health which discourages open discussion and acknowledgement of psychological distress. The stigma surrounding mental health issues can lead to feelings of isolation, as women may feel they cannot share their struggles with others, further compounding their distress.

The culture of stigma not only affects how women perceive themselves, but also impacts the environment within correctional facilities. When mental health issues are stigmatised, it creates a barrier for women who may need help to speak out or seek assistance. This lack of communication can result in untreated mental health conditions, contributing to a cycle of worsening mental health. Furthermore, the isolation which accompanies this stigma can lead to feelings of hopelessness and despair among incarcerated women, making it even more challenging for them to access the support they need.

The study elucidates several critical challenges that women inmates face in accessing mental health care, identifying systemic barriers that significantly impede effective treatment and support. One of the most pressing issues is the physical layout of correctional facilities which can create significant obstacles to accessing mental health services. As one officer explained,

“The mental health unit is often far from the general population, making it hard for women to access the help they need” (VFU4).

This physical separation not only delays access to care, but also contributes to a sense of isolation and stigma surrounding mental health issues. The findings suggest that when mental health services are not easily accessible, women may be less likely to seek help and

may suffer in silence, exacerbating their mental health conditions over time.

Additionally, the lack of trained professionals equipped to deal with mental health issues, further complicates the situation. Many officers reported that delays in mental health assessments and treatments are common, leading to situations where women do not receive timely interventions. The absence of mental health professionals creates a vacuum in which women's needs go unmet and their conditions can worsen without appropriate care. This systemic failure not only diminishes the quality of care provided, but also poses challenges to the overall safety and security within correctional facilities, as untreated mental health issues can escalate into more severe crises.

Communication barriers also emerged as a significant challenge in accessing mental health care for incarcerated women. For instance,

"Women with hearing impairments struggle to communicate their needs effectively that can lead to misunderstandings about their mental health" (DSD1).

The absence of trained staff capable of facilitating effective communication further isolates these women, making it difficult for them to articulate their needs. This situation highlights a critical gap in the availability of services tailored to meet the diverse needs of incarcerated women, particularly those with disabilities. The lack of effective communication can severely compromise the ability of women to navigate the mental health system within correctional facilities, preventing them from advocating for their needs and ultimately receiving the care they require. Moreover, the communication challenges extend beyond individual interactions to encompass broader systemic issues. The lack of resources allocated to training staff in effective communication techniques can lead to misunderstandings and misinterpretations of women's mental health needs. This contributes to a cycle of neglect, where women's voices are

not heard and their mental health conditions go unaddressed. The findings underscore the urgent need for comprehensive training programmes that equip staff with the skills to communicate effectively with all incarcerated individuals, particularly those with unique needs, to ensure that everyone receives the support necessary for their mental health.

Despite the numerous challenges identified, the study also highlights several opportunities for improvement in the mental health care of incarcerated women. One promising avenue is the establishment of community-based support programmes aimed at facilitating better mental health outcomes. Respondents emphasised the potential benefits of engaging community leaders, with one VFU officer stating,

“If we engage community leaders, we can create a supportive network for these women” (VFU6).

By leveraging existing community structures, such initiatives can foster trust and create a more welcoming environment for women, encouraging them to seek help and share their experiences openly. The findings suggest that community involvement is crucial in developing effective mental health programmes which resonate with the needs of incarcerated women, ultimately leading to improved mental health outcomes and a greater sense of community support.

Moreover, community-based programmes can serve to bridge the gap between correctional facilities and the outside world, facilitating re-integration and support upon release. These initiatives can empower women by providing them with the resources and connections necessary to successfully navigate life after incarceration. By focusing on community engagement, mental health services can be made more accessible and relevant to the specific needs of incarcerated women, fostering a culture of support that extends beyond the prison walls. Overall, community engagement initiatives represent a vital

opportunity to enhance the mental health care landscape for incarcerated women in Zimbabwe.

Training for correctional staff on mental health issues also emerged as a critical area for development. Stated a senior police officer

“Understanding mental health can change how we interact with these women and improve their overall experience” (SPO2).

Comprehensive training programmes focusing on trauma-informed care and mental health first aid could equip staff with the necessary skills to support incarcerated women effectively. This investment in human capital is essential for creating an empathetic and responsive correctional environment where women's mental health needs are prioritised. Furthermore, such training can foster a culture of understanding and compassion within correctional facilities, encouraging staff to approach interactions with incarcerated women in a way that promotes healing and recovery.

The study also observes that on-going professional development is crucial in ensuring that staff remain informed about best practices in mental health care. As research and methodologies evolve, continuous training can help staff stay abreast of the latest approaches to mental health treatment, ensuring that incarcerated women receive the most effective care possible. By prioritising staff training and development, correctional facilities can create a supportive environment conducive to mental well-being, ultimately leading to improved outcomes for incarcerated women facing mental health challenges.

Enhancing legal awareness among incarcerated women is crucial for improving their mental health outcomes. A disability specialist emphasised,

“Women need to know their rights and the resources available to them” (DSD1).

By providing educational initiatives that empower women to advocate for their mental health needs, the cycle of neglect and isolation can be broken. The findings suggest that increasing awareness of legal rights and available resources can significantly impact women's ability to access the necessary services, fostering a sense of agency and empowerment that is often lacking in correctional settings. Moreover, the integration of mental health services within correctional facilities was also highlighted as a crucial step toward improving care.

“Having a mental health professional available on-site would make a world of difference for these women,” one officer suggested (VFU1).

This integration could facilitate immediate intervention and on-going support, addressing mental health needs more effectively and fostering a culture of care within the prison environment. The findings indicate that by prioritising the integration of mental health services within the correctional system, authorities can take significant strides toward ensuring that incarcerated women receive the comprehensive care they require for their mental health challenges.

CONCLUSION AND RECOMMENDATIONS

The study highlights the profound mental health challenges faced by incarcerated women in Zimbabwe, revealing a multifaceted landscape shaped by trauma, stigma and systemic barriers to care. The findings indicate that many women enter correctional facilities with pre-existing mental health issues exacerbated by their traumatic backgrounds, leading to conditions such as PTSD, anxiety and depression. The lack of adequate mental health resources, stigma surrounding mental health and communication barriers, significantly impede access to care, leaving many women without the support they desperately need. Furthermore, the physical structure of correctional facilities often limits access to mental health services, creating an environment that can exacerbate feelings of isolation and hopelessness. Despite these challenges, the study also uncovers significant

opportunities for improvement. Community engagement initiatives, enhanced staff training and increased legal awareness can foster a more supportive environment for incarcerated women, enabling them to advocate for their mental health needs. Integrating mental health services within correctional facilities presents a critical step toward ensuring timely and effective care. Overall, the findings underscore the urgent need for systemic reforms that prioritise the mental health of incarcerated women, allowing them to heal and re-integrate successfully into society.

It is crucial to increase the availability of mental health professionals within correctional facilities. On-site mental health services should be integrated to ensure that incarcerated women have immediate access to the care they need. This can include hiring trained psychologists, counsellors and social workers who specialise in trauma-informed care.

Implement Staff Training Programmes: Regular training for correctional staff on mental health issues is essential. Training programmes should focus on trauma-informed practices, effective communication strategies and recognising the signs of mental health crises. Staff equipped with these skills can better support women behind bars and create a more empathetic environment. Developing community-based support initiatives can significantly enhance mental health outcomes for incarcerated women. Collaborating with local community leaders and organisations can create trust and provide a support network which extends beyond prison walls. This approach can empower women and facilitate their re-integration into society post-incarceration. Educational initiatives aimed at informing incarcerated women about their legal rights and available resources can empower them to advocate for their mental health needs. Workshops, informational pamphlets and one-on-one counselling sessions can help women navigate the complexities of the legal system and access

necessary services. Programmes aimed at reducing stigma surrounding mental health should be implemented within correctional facilities. Creating an environment where women feel safe to discuss their mental health challenges openly, can encourage them to seek help. This can include awareness campaigns, support groups and peer mentoring programmes. It is critical to assess the physical layout of correctional facilities to ensure that mental health services are easily accessible to all women, including those with disabilities. Facilities should be designed or modified to accommodate individuals with mobility challenges, ensuring that all women can access the necessary care without barriers. It is equally important to establish a framework for monitoring and evaluating mental health initiatives within correctional facilities. Regular assessments can help identify gaps in services, measure the effectiveness of programmes and ensure that the mental health needs of incarcerated women are being met.

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