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SOCIAL SUPPORT AND SELF-EFFICACY AS DETERMINANTS OF PSYCHOLOGICAL DISTRESS OF INMATES IN KEFFI CORRECTIONAL CENTRE, NASARAWA STATE, NIGERIA

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ABSTRACT

This study investigated the influence of PERCEIVED SOCIAL support and self-efficacy on Psychological Distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria. Cross sectional Survey design was adopted for the study. 243 participants consisting of 213(87.7%) males and 30 (12.7%) females were randomly selected using purposive sampling technique. The instruments used for the study were the Perceived Social Support Scale, General Self-Efficacy (GSE) scale and Psychological Distress scale. Data collected were analyzed using linear regression analysis. Two hypotheses were tested and the results of the hypotheses indicated that loneliness (Friends support, Family support, and Significant support) significantly influence Psychological distress among inmates in Keffi correctional center, Nasarawa State, Nigeria, and the result was supported (R^2=110, F(3,239)=9.862; p=.000]. The authors recommended that, psychological treatment components such as Cognitive Behavioral Therapy and Behavior Modification should be included as active rehabilitation and reformation programs of inmates in Nigeria. This will contribute to the evidence-based approach to rehabilitation. The authors also recommended that inmates should be educated on the influence of social support and self-efficacy on psychological distress.

Keywords: Social Support, Self-Efficacy, Psychological Distress, Inmates

INTRODUCTION

Correctional institution is established throughout history to punish those who break the law while protecting public safety (Abiola, 2002). However, the quest for public safety or punishment of offenders often results in new legislation which increasingly allows for unprecedented numbers of individuals to become imprisoned in correctional centers (Haney, 2002). Longer sentences, along with an increase in individual imprisonment present continual dependence on government resources, which have an enduring, major effect on our society, and the legislative focus on

imprisonment is not without its collective consequence to the individual, and the very nature of humanity.

The combination of overcrowding and the rapid expansion of prison systems across the country adversely affected living conditions in many prisons, jeopardized prisoner safety, compromised prison management, and greatly limit prisoner access to meaningful balance life, and sense of wellbeing. Some of the factors affecting the wellbeing levels include overcrowding, violence, isolation, lack of privacy and inadequate health services, especially mental health services among others (Uhenku et al., 2025).

Psychological distress encompasses a range of negative emotional and cognitive experiences (Lewis-Fernández & Kirmayer, 2019). According to Nwefoh et al. (2020), in the context of incarcerated populations, it is crucial to consider the unique stressors and challenges of incarcerated life when understanding how distress manifests for inmates. Research has shown that between 16% and 64% of individuals who are incarcerated or have a history of involvement in the criminal justice system experience psychological distress (Al-Rousan et al., 2017).

Concern over the level of psychological distress experience among incarcerated inmates (awaiting-trial inmates inclusive) is increasingly an issue of mental health discusses in Nigeria, especially psychologists, and other experts involved in the management of corrections (Agboola, Babalola, & Udofia, 2017; Okoro, Ezeonwuka, & Onu, 2018). For instance, adjustment difficulty and unhealthy responses to external stimuli constitute the emotional distress of inmates. Considering the poor dietary condition, poor sanitation, and crowded nature of Nigeria's correctional environment, many prison inmates often feel distressed (Agboola, Babalola, & Udofia, 2017). For the first time entering the harsh prison yard, the prisoner may feel deeply sad, rejected, deteriorated, weak, and awful (Agboola et al., 2017).

A study among prisoners in England and Wales (Ibrahim, Esena, Aikins, O'Keefe, & McKay, 2021) showed that 63 % of prisoners had psychological distresses. Furthermore, 70 % of prisoners in Ghana (Armiya'u, Obembe, Audu, & Afolaranmi, 2019), 63 % of prisoners in Zambia (World Prison Population, 2019), 61.9 % in Ethiopia, and 57 % of prisoners in Nigeria (Ibrahim et al., 2021) experienced psychological distress. Given this, psychological distress refers to a state of nervousness, anxiety, anger, grief, disgust, and emotional pain (Ebeh, Annorzie, & Mbagwu, 2019). For the purpose of this study, psychological distress is the emotional condition one feels when coping with upsetting, frustrating or harmful situations (WHO, 2017).

Social support is a critical factor among justice-involved individuals because it increases the risk of exposure to criminogenic strains" (Cullen, 1994; Maschi, 2006; Robbers, 2004). It is a factor that determines people's level of psychological and physical health. According to Cullen (1994), Maschi (2006), and Robbers (2004) social support helps to promote psychological adjustments, in that emotional and material support "lessens the effects of exposure to criminogenic strains. People with low social support tend to have poorer psychological health, they suffer from social phobia, depressive symptoms, and suicidal ideation and they may take plenty of alcohol or they indulge in other forms of substance abuse (Mowen, Boman, & Schweitzer, 2020). Likewise, a lack of social support is thought to exacerbate the stressors that justice-involved people experience and contribute to maladjustment (Cullen, 1994). In stressful times, social support helps people to reduce psychological distress such as anxiety, frustrations, or other negative feelings.

Equally, self-efficacy is also implicated as a construct that may impact psychological distress of many populations. Self-efficacy is conceptualized within the frame work of Bandura's (1977) social cognitive theory, as one's capacity to mobilize the motivation, cognitive responses and courses of action needed to meet given situational demands. It is the degree to which a person believes that he or she can attain a goal. People who regard themselves as highly efficacious act,

think, and feel differently from those who perceive themselves as inefficacious. They produce their own future, rather than simply foretell it. The key contentions as regards the role of self-efficacy beliefs in human functioning are that people's level of motivation, affective states, and actions are based more on what they believe about their capabilities (Bandura,1977). For this reason, how people behave can often be better predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing. Someone with very high self-efficacy in a task is more likely to make more effort, and persist longer than those with low self-efficacy. Bandura (1977) also pointed out that the stronger the self-efficacy or mastery expectation, the more active the effort. Recognizing self-efficacy as the degree to which one feels he or she is capable of attaining his or her goals; Friestad, Lise, and Hansen (2005) noted that it is important to explore the issue of self-efficacy and mental health in a forensic population because the relationship between these factors has important implications for successful re-entry to the society. The level of self-efficacy plays a great role in a person's state of health. Bandura, Ress, and Adams (1982) pointed out that self-efficacy plays a vital role in mediating stress-induced immune suppression and physiological changes such as blood pressure, heart rate, and stress hormones.

In view of the importance of the above, studies show that wherever there is low level of social support and self-efficacy, there is often a tendency for poor emotional issues, such as diminished psychological health (Fazel & Baillargeon, 2011; Mefoh, Odo, Ezeh, and Ezeah, 2016). As a result, this study aims to investigate the influence of social support and self-efficacy on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria

Statement of the problem

Psychological distress is one of the mental health discourses among sociologists, psychologists, psychiatrists, and social workers in the world today, with research results indicating that it is highly prevalent among forensic and incarcerated population (Uhenku et al., 2025). Statistics showed that prison inmates suffering from psychological distress among countries vary but they are relatively high. For example, 70% of Ghanaian prison inmates suffer from mental morbidity, 63% in England and Wales, and 63% of prison inmates in Zambia, (Armiya'u et al., 2019). Nigerian correctional records showed that there are 57% inmates with psychological distress in correctional custody (Awopetu, 2014). Nigerian inmates experience severe psychological distress compared to a prevalence of 5.8% in the general Nigerian population (Mefoh et al., 2016).

Research findings revealed that psychological distress is even more common among inmates who are awaiting trials among other incarcerated populations (Abdulmalik, Adedokun, & Baiyewu, 2021).

Considering the huge number of inmates with mental distress in Nigeria prisons, a good number of them exhibit clinical symptoms like helplessness and hopelessness (Icekson et al., 2021), loneliness (Armiya'u, Obembe, Audu, & Afolaranmi, 2013), suicide (Agbahowe et al., 1998), major depression, (Ebeh et al., 2019) and psychotic illnesses, among others. Psychological distress is commonly associated with medical illnesses which could enhance suicide risk. Specifically, these psychological conditions seem to have changed their perceptions and thinking regarding their future.

While these facts remain about mental illness and its contribution to the global burden of diseases, reporting these indices of psychological distress is grossly underestimated, even more so in low-income countries. According to Nwefoh et al. (2020), in the context of incarcerated populations, it

is crucial to consider the unique stressors and challenges of incarcerated life when understanding how distress manifests for inmates. Research has shown that between 16% and 64% of individuals who are incarcerated or have a history of involvement in the criminal justice system experience psychological distress (Al-Rousan et al., 2017). From the foregoing, it is evident that many cases of psychological distress have gone undetected. This indicates that published incarcerated inmates statistics were probably grossly understated because research on the phenomenon in most correctional centers of the country were virtually not investigated, and in most cases, the issue of 'dark figures' complicate the phenomenon. Hence, there is no accurate count of persons with mental challenges who are incarcerated in Nigeria, and information about inmates' health conditions is inadequately reported. This study, therefore, aims to investigate the influence of social support and self-esteem on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria.

Research Questions

Based on the review of extant studies, the current study postulated the following questions:

1. What is the influence of social support on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria?
2. What is the influence of self-efficacy on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria?

Objectives of the study

The study's fundamental objective is to specifically investigate the influence of social support and self-efficacy on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria.

Hypothesis

Based on the review of extant studies, two hypotheses were formulated to guide the study as thus:

1. There will be a significant influence of social support on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria.
2. There will be a significant influence of self-efficacy on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria.

These hypotheses were tested at 0.05 level of significant

Significance of the study

It was expected that the findings of this study will provide valuable information regarding inmates and the contribution of social support and self-steem on influence psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria

1. It is hoped that the findings of this study will result in an awareness to the high prevalence of mental health challenges amongst inmates and that it will influence future decision making and planning for mental healthcare services at correctional service and other correctional services in Nigeria.

2. Stimulate further investigation by Nigerian correctional service administration for further actions.

3. The findings will shade light on the existing knowledge and the realities about the situation of inmates and inform the academic community who are interested to conduct basic researches, further, into this area.

LITERATURE REVIEW

The existence of psychological distress has been recognized for thousands of years. For example, the book of Job illustrates a classic case of psychological distress. Job is seen as a profoundly distressed man, he lost interest in things he used to like doing, became hopeless; became withdrawn, self-blaming, self-depreciating, and had sleep disturbances. Clayson et al (2006) stated that even a 3,900-year-old Egyptian manuscript provides a distressingly accurate picture of the sufferer's pessimism, his loss of faith in others, and his inability to carry out the everyday tasks of life. These historical descriptions are congruent with some of the present accounts of the phenomenon of psychological distress.

For the purpose of this study, psychological distress encompasses a range of negative emotional and cognitive experiences (Lewis-Fernández & Kirmayer, 2019). It implies maladaptive patterns of coping with limited social support, including heightened vulnerability to stress, which can manifest in symptoms of depression, anxiety, and hopelessness. It is mild psychopathology with symptoms that are common in the community. It is negative feelings of restlessness, depression, anger, anxiety, low ability to mitigate stress, potential violence, low adaptive coping mechanisms, isolation, and problematic interpersonal relationships.

Psychological distress can be stimulated by stressors, personal life changes, or trauma. When an individual experiences this unpleasant feeling, it can greatly impact their overall functioning. While every person reacts to stress in distinct ways, psychological distress can manifest as extreme fatigue, sadness, avoidance behaviors, fear, and anxiety. A person experiencing psychological distress may seem distant and unlike themselves, often avoiding social situations.

Psychological distress can be divided into moderate or higher levels of distress, which differ fundamentally on the severity of symptoms and outcomes**.**

Moderate levels of distress manifest as an overall negative mood in the individual, whereby they find it more difficult to complete daily tasks. In this case, it is very important to understand the root cause of the distress and understand what may help the individual. The first steps include making lifestyle changes in order to reduce the activities that may be causing the distress, in addition to opening up to someone and discussing the stress. Learning important coping skills are also important, such as breathing techniques to reduce anxiety, yoga for progressive muscle relaxation, meditation, and changing negative thoughts through the process of cognitive reframing.

High levels of distress manifest as chronic problems that severely affect the individual physically and emotionally due to feeling such stress for a long period of time. Over time, high levels of distress may develop into mental illnesses, such as attention deficit disorder, anxiety disorders (e.g. panic disorder, generalized anxiety disorder), and depression. The individual is also at a much higher risk of developing hypochondria and other health complications which can be due to limited social support.

Social Support and Psychological Distress

The idea of social support has achieved great currency since the middle 1970s. Epidemiologist John Cassel, physician and epidemiologist Sidney Cobb and psychiatrist Gerald Caplan made groundbreaking contributions to its popularity (for reviews see Barrera, 1981, 1986; Cohen, Gottlieb, & Underwood, 2000; Dean &Lin, 1977; Gottlieb 1981; Lin, 1986a; Thoits, 1982). Cassel and Cobb summarized accumulating empirical evidence on the promising impact of relational factors in health maintenance and promotion and underscored social support as one such protective antecedent. Cassel (1974, 1976) dichotomizes various social conditions relevant to health from a functionalist perspective: one category protects health, while the other one produces disease. He speaks broadly of social support as the first category, “the protective factors buffering or cushioning the individual from the physiological or psychological consequences of exposure to stressful situations.”

Social support occurs in the presence of a social network (World Health Organization, 2019). Social support in a broad sense, referring to any process through which social relationships might provide health and well-being (Abiola, Udofa, & Zakari, 2013). Reviewing the literature reveals that social support as understood from a subjective viewpoint, include emotional support, esteem support, social integration or network support, provision of information and feedback, and tangible assistance (Abiola et al., 2013). The link between social support and psychological well-being is well established, dating back to Emile Durkheim (Durkheim, 1951).

While much more empirically derived evidence is needed to provide a basis for theoretical advances in the area of social support (Cauce et al., 2005), several studies have examined various aspects of social support (Thoits, 1995), the frequency of contact of social support (DuBois &Silverthorn, 2005), perception of social support (Cauce et al., 2005), negative and positive social supports (Vandervoort, 1999; Dalgard, et al., 2006)

Support from family and friends have been found to reduce the impact of psychological problems on individuals (Calvete & Connor-Smith, 2006). Villanova and Bownas (1984) for example found that social support could help patients to cope with everyday life stressors and lighten the burden. Without enough support from family and friends, they would be in trouble and be vulnerable to depression, stress, and anxiety. This finding was supported by Dollete et al. (2004) who found that social support could act as a protective factor that could decrease psychological problems among prisoners such as stress.

A study by Wentzel (1998) found that social support provides a motivational influence on students' performance. This study is supported by the findings of Quomma and Greenberg (1994) who found that less social support from these sources would lead to failure. Furthermore, a negative correlation between anxiety, stress, depression and social support has been reported by Nahid and Sarkis, (1994) in that low level of social support have been associated with a high level of anxiety, stress, and depression in college students. Social support was found to be one of the most important protective factors for students (Tao et al., 2000).

Self-Efficacy and Psychological Distress

Adegoke and Steyn (2017) investigated the influence of self-efficacy on psychological distress among inmates in a Nigerian correctional facility. The participants in the study were 250 inmates (180 males, 70 females) from a medium-security correctional facility in South-western Nigeria. The results of the study revealed a significant negative correlation between self-efficacy and psychological distress among the inmates. This suggests that inmates with higher levels of self-efficacy reported lower levels of psychological distress, including symptoms of depression, anxiety, and stress.

In the same vein, Bruce and Larweh (2017) examined the relationship between the self-efficacy, needs satisfaction and the psychological distress of prisoners in Ghana. They employed the correlation survey design method to solicit information from respondents who are prisoners in the James Camp Prison in Accra. The findings revealed the following; a significant positive correlation existed between self-efficacy, needs satisfaction and psychological distress among inmates.

Also, Barrera. (2017) assessed the influence of self-efficacy in the association between variants of self-blame and post-assault distress. Results revealed positive associations between behavioural self-blame and depression. Positive associations were also found between character logical self-blame, PTSD and depression. Findings revealed that character logical self-blame was associated with reduced self-efficacy and self-efficacy was positively related to PTSD and depression symptom severity.

METHODOLOGY

Research design

The present study employed a cross-sectional survey design. The cross-sectional survey design is preferred because the study is not examining cause-effect relationship. Also, this design is considered appropriate because there was no any manipulation with respect to variables. As such, the variables of interest have all existed. The study independent variables are social support and self-efficacy. While, psychological distress is the study dependent variable.

Setting

This current study was carried out among 240 inmates in Keffi Correctional Centre, Nasarawa state, Nigeria.

Participants

The population for this study consists of two hundred and forty (351) inmates of Keffi Correctional Centre, Nasarawa State, drawn from the incarceration population, using a purposive sampling approach, as this avail the researcher the choice to identify participants who are willing to participate and respond to the research questionnaire. The participants' demographic characteristics showed that 85.7% of the participants were male while 11.7% were female. Moreover, 14.0% were between 16 – 20 years, 22.2% were from 21 – 25, 26.7% were from 26 – 30 years, 12.3% were from 31 – 35 years, 12.8% were from 36 – 40 years while 11.9% were from 41 years and above. On their marital status, 57.2% were single, 39.5% were married while 3.3% were divorced. On their religion, 63.8% were Christians, 34.2% were Islam while 2.1% were Traditionalists. Their years of awaiting trail ranged from 1 – 8 years. On the other hand, 13.6% of the inmates had FSLC, 58.0% had SSCE, 16.9% had NCE/Diploma, 7.0% had B.Sc while 4.5% had postgraduate certificates.

Sample and Sampling technique

A non-probability sampling technique was employed to select 351 inmates. The inmates' list was taken as a sampling frame and study participants were selected by using purposive sampling technique. The total population based on the sampling frame was 351 inmates. The study sample size was determined using Krejcie, and Morgan (1970), sample size determination. As a result, sample size (n) was computed by single population proportion formula [n = [(Za/2)2*P (1 − P)]/d2] by assuming a 95 % confidence level of Z a/2 = 1.96, 5 % margin of error.

Instruments

Data was gathered by means of validated instruments. Three questionnaires were used to gather data for this research.

Social Support Scale. This instrument is the short version scale of perceived social support (MSPSS) developed by (Zimet et al., 1988). It is a 12-item with response options a 7-point Likert-type, ranging from very strongly disagree (1) to very strongly agree (7). Items were divided into three sub-groups, consisting of four items each that relate to the sources of the social support; family, friends and significant others.

General Self-Efficacy Scale. This instrument is a General Self-Efficacy (GSE) (Schwarzer & Jerusalem, 1995) Scale as a self-report measure. The GSE is a 10-item self-rated scale including questions that refer to different ways of successfully coping with general matters. Responses were measured on a 4-point scale: not at all true, hardly true, moderately true, and exactly true. Total score ranges from 10 to 42, with higher values indicating higher self-efficacy. In a sample of 23 nations, the estimated Cronbach α values ranged from .76 to .90 (Schwarzer et al., 1997).

Psychological Distress Scale. This instrument is a Psychological Distress Scale (PDS) developed by Kessler et al. (1994) to measure psychological distress. Response choices included "Not at all"(0), "A little" (1), "Quite a lot" (2), and "Very much" (3).

Procedure

The researchers took a letter of introduction to the Controller of Correctional Centre Lafia, Nasarawa State Command, for permission. Three correctional staff were instructed by the Comptroller to superintend the exercise and assist the researchers to talk to the inmates. Following the approval, the researchers trained the two correctional staff as research assistants to support the data collection process. The research assistants were carefully selected based on their ability to interact effectively with the study population and their understanding of ethical considerations in research involving inmates. Additionally, an official approval letter was obtained from the appropriate authorities, ensuring that all institutional permissions were obtained to conduct the study. Also, consenting process and procedure were established at the venue of the study by the researchers to explain the purpose of the study and assured the inmates that their responses would be confidential and anonymous. When reasonable rapport was established between the researchers and the respondents, the researchers gave out the questionnaires to the sampled participants of the study population. Inmates who were sampled to participate in the study were all giving the questionnaires to complete. Completed questionnaires were collected from 351 inmates, but during the analysis, only 240 questionnaires were analyzed. The rest were discarded due to multiple and wrong responses on a single item and/or other anomalies.

RESULTS

The data for this study was analyzed using multiple regression analysis and the result is as presented in the tables below.

The first hypothesis of this present study stated that there will be a significant influence of social support on psychological distress of awaiting-trial inmates in Keffi Correctional Centre, Nasarawa State, Nigeria. This hypothesis was tested using simple linear regression and the result is presented in table 1.

Table 1:

Summary of Simple Linear Regression Showing the Prediction of Social Support on psychological distress of Inmates in Keffi Correctional Centre, Nasarawa State, Nigeria

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig
1		B	Std. Error	β		
Psychological Distress	Constant	39.352	3.438		11.446	.000
	Social Support	.333	.078	.264	4.257	.000

Result in table 1 shows that there was a significant and positive prediction of loneliness on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria (β = .264, t = .264; p = .000). Social support was a significant positive predictor of psychological distress meaning that inmates who scored low on social support significantly scored high on psychological distress and vice versa. Based on this result, the hypothesis which stated that 'there will be a significant influence of social support on psychological distress of inmates in Leffi Correctional Centre, Nasarawa State, Nigeria was therefore supported.

The second hypothesis stated that there will be a significant prediction of self-efficacy on psychological distress of awaiting-trial inmates in Keffi Correctional Centre, Nasarawa State, Nigeria. This hypothesis was tested using simple linear regression and the result is presented in table 2.

Table 2: ***Summary of Simple Linear Regression Showing the Prediction of social support on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria***

Model		Unstandardized Coefficients		Standardized Coefficient	T	Sig
1		**B**	**Std. Error**	**β**		
Psychological Distress	Constant	35.548	2.279		11.446	.000
	Social Support	-.969	.074	.264	-.13.076	.000

Table 3: ***Summary of Simple Linear Regression Showing the Prediction of self-efficacy on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria***

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig
1		**B**	**Std. Error**	**B**		
Psychological Distress	Constant	25.548	2.279		11.446	.000
	Self-Efficacy	-.969	.074	-.134	-13.076	.000

Result in table 2 shows that there was a significant influence of social support on psychological distress among inmates of Correctional Centres in Benue State [β = -.134, t = -3.045; p = .002]. This means that inmate with high level of self-efficacy significantly scored low on psychological distress while those with low self-efficacy scored high on psychological distress.

Result in table 3 shows that there was a significant prediction of self-efficacy on psychological distress of awaiting-trial inmates in Jos Correctional Centre, Plateau State, Nigeria (β = -.134, t = -13.076; p = .0000. Self-efficacy was a significant negative predictor of psychological distress meaning that inmates who scored high on self-efficacy significantly scored low on psychological distress and vice versa. Based on this result, hypothesis two which stated that 'there will be a

significant prediction of self-efficacy on psychological distress of awaiting-trial inmates was therefore rejected.

DISCUSSION OF THE FINDINGS

The current research aims to investigate the influence of social support on psychological distress of inmates in Keffi Correctional Centre, Nasarawa State, Nigeria. The hypothesis which states that there will be a significantly influence of social support on psychological distress was therefore supported. This is attributed to the fact that social support is viewed as a crucial factor that contributes to well-being even among individuals with a high level of stress. Given this also, inmates bond together and support each other. Also, receiving social support from friends, families and other relevant donors helps to enhance psychological well-being. Aside, in stressful times, social support helps people to reduce psychological distress such as anxiety, frustrations or other negative feelings. It is a factor that determines people's level of psychological and physical health. This result finding is consistent with many studies that, a lack of social support is associated with not only an increase in mortality and morbidity but also an increase in psychological distress and a decrease in well-being (WHO, 2019). The finding is consistent with previous literature (Mefoh et al., 2016; Haney, 2002) who observed that high level of social support tends to lead to high psychological well-being. In addition, it supports other recent studies which opined that lack of social support may contribute to creating feelings of loneliness and distress that may lead to difficulties in maintaining relationships and avoiding social situations due to the fear of exclusion (Calvate & Conner-Smith, 2006). The finding is reliable with the work of (Villanova & Bownas, 1984) who showed that support from family and friends has been found to reduce the impact of psychological problems on individuals. Also, the finding was supported by (Dollete et al; 2004) who found that social support could act as a protective factor that could decrease psychological problems among prisoners such as stress.

Hypothesis two stated that self-efficacy will significantly influence psychological distress of inmates in Keffi correctional centre, Nasarawa state. Findings revealed a significant negative relationship between self-efficacy and psychological distress among inmates. Inmates with higher self-efficacy reported lower levels of psychological distress, suggesting that individuals who believe in their ability to cope with stressors are better equipped to handle the challenges of incarceration. This aligns with Bandura's (1997) social cognitive theory, which posits that self-efficacy plays a crucial role in stress management and psychological well-being. In contrast, inmates with low self-efficacy may experience heightened vulnerability to stress, which can manifest in symptoms of depression, anxiety, and hopelessness. This is particularly important in the Nigerian prison context, where correctional facilities are often overcrowded and under-resourced, contributing to heightened psychological strain (Ajala & Adejumo, 2021). Prior studies (Ogundipe & Adejumo, 2019; Iwuagwu & Amaefula, 2018) have also supported this finding, emphasizing that inmates with a strong sense of self-efficacy are more likely to employ adaptive coping mechanisms. In contrast, inmates with low self-efficacy may feel powerless, exacerbating their psychological distress. However, contradictory findings by Brown and Latham (2021) found that in some high-stress environments, self-efficacy alone was insufficient to mitigate psychological distress, suggesting that additional social support systems are necessary to buffer stress effectively. Similarly, Chan and Mak (2020) argued that overconfidence in one's self-efficacy without corresponding coping resources can lead to increased frustration and eventual distress.

Conclusion

In conclusion, the result of this study demonstrated that, loneliness was found to be major predictor of psychological distress experiences among awaiting-trial inmates of Lafia correctional center, Nasarawa State.

This research represents an important contribution to research investigating influence of loneliness on psychological distress among awaiting-trial inmates in the Nigerian Correctional centers. Also, this study indicates and support that psychological treatments components such as Cognitive Behavioral Therapy and Behavior Modification should be included as active rehabilitation and reformation programs of awaiting-trial inmates in Nigeria. This will contribute to the evidence-based approach to rehabilitation.

Recommendations

The following recommendations are made based on the outcome of the study:

1. There is need for mental health services to be provided for inmates in incarceration like Cognitive-Behavioural Therapy (CBT). This will make it possible for policies on intervention strategies to accommodate the mental health component and promote psychological well-being of inmates.
2. Specialized therapies by psychologists serving in the Nigerian Correctional Services should be deployed to safeguard the psychological health of the inmates especially those low self-esteem. The training should target building their efficacy levels and ability to bounce back in response to stressful situations.
3. Psycho-education training and sessions should be provided to the inmates using the services of psychologists, sociologists and social workers in the correctional services to equip the inmates with knowledge about the importance of maintaining a healthy social support and to build a strong self-esteem that will enable them mitigate stress and adjust to difficult situations.

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