

REPORT

HOPE AND DIGNITY BEHIND BARS:

Expanding Mental Healthcare
Access in Prisons in Uganda and Kenya



2026

TABLE OF CONTENTS

A MESSAGE FROM OUR FOUNDER AND CEO.....	2
GLOBAL INCARCERATION AND MENTAL HEALTH.....	4
Overcrowding and its implications.....	4
Mental Health Before Incarceration.....	4
The Impact of Incarceration on Mental Health.....	5
A Human Rights Perspective.....	5
Mental Health and Recidivism.....	5
INCARCERATION IN UGANDA: CONTEXT AND CHALLENGES.....	6
Overview.....	6
Major Challenges Within Uganda’s Prison System.....	6
Overcrowding.....	6
Remand and Pre-Trial Detention.....	7
Limited Access to Healthcare.....	7
Unique Challenges in Women’s Prisons.....	8
Challenges Facing Prison Staff.....	8
STRONGMINDS’ WORK IN PRISONS.....	9
Origins and Inspiration.....	9
Our Therapy Model: Group Interpersonal Psychotherapy (IPT-G).....	9
The Costs of Our Programming.....	9
Why IPT-G Works in Prisons.....	10
RESULTS.....	11
LESSONS LEARNED.....	13
Start Small, Scale with Purpose.....	13
Change Requires Trust—Especially in Closed Systems.....	13
Healing Spreads When People Are Empowered to Lead It.....	14
Preparation for life after custody.....	14
CHALLENGES AND NEXT STEPS.....	15
TREATING DEPRESSION IN KENYA’S PRISONS.....	16
Spotlight: Expanding IPT-G to Men in Mombasa County Remand Prison.....	16
From Punishment to Possibility: Insights from Prison Leadership.....	16
In Their Words: Healing and Change Inside the Prison Walls.....	17
CALL TO ACTION.....	19
FINAL WORDS.....	19

What I've Learned About Depression—and Redemption—in Prison

A MESSAGE FROM OUR FOUNDER AND CEO

Thank you for reading StrongMinds' first-ever report on our work treating depression among incarcerated individuals in Uganda. The need is immense, and the impact of our therapy is profound.

Since 2023, StrongMinds has partnered with Uganda Prison Service to bring mental health treatment to those living and working inside the prison system. I want to share why we do this work.

By its very nature, incarceration increases the likelihood of depression. It cuts people off from their relationships and lives. Many live with grief, unresolved trauma, and conflict—within the prison, with their families, and with themselves.

And yet, prisoners are often forgotten. Hidden behind bars and walls, they're out of sight and out of mind.

Some have broken laws. Some have caused harm. Others are themselves victims of injustice. But no one loses their humanity at the prison gate. Mental healthcare is a fundamental human right—not a privilege reserved for the few. Ensuring access to mental health care for incarcerated individuals affirms their dignity, supports their healing, and recognizes their capacity for positive change.

Time and again, StrongMinds therapy has shown that people can change. Individuals who once felt hopeless rediscover the ability to function, connect, and reflect. Many come to recognize the harm they've caused—and choose a different way forward. We believe anyone can change, if given the tools and support to do so.

You'll read many stories in this report, but let me start with one that has stayed with me: the story of Isaac.

Isaac is incarcerated in a maximum security prison in Kampala. He is imprisoned because of high level indiscipline to his commanders in the army and not respecting his juniors. He is on death row.

His life has been shaped by violence. As a boy, Isaac was abducted by the Lord's Resistance Army. He witnessed the murder of his father and was forced to commit unthinkable acts. He later joined the Ugandan army, but remained filled with rage—mostly at himself.

What Isaac and men like him would tell you is not that treatment for their depression has made all their problems go away – of course it hasn't – but that it has given them the tools necessary to handle their problems, to face their futures, to forgive others, and to forgive themselves.

Isaac now leads therapy groups in prison. He helps other inmates share their stories and come to the same realizations that he did – that they are not alone in what they have experienced and that their futures can be brighter than their pasts. He is now an ordained minister and is respected by both guards and fellow inmates. He spends his free time reading anything he can get his hands on. He thanks StrongMinds for showing him all that’s possible in life, even in his.

There are countless individuals like Isaac in prisons around the world – people who have lived through trauma and inflicted it in turn. But with the right support, they can heal. They can help others heal. They can change.

Imagine what might be possible if we offered these tools to incarcerated people everywhere. We could reduce recidivism, ease overcrowding, and create safer environments for both inmates and staff. People could learn to manage their emotions, advocate for themselves, and—in some cases—gain the confidence and clarity needed to challenge wrongful convictions.

This report outlines our approach, results, and lessons learned. We hope it sparks support and inspires similar programs globally.

As you read, I invite you to look beyond stereotypes. Some of those we’ve treated have caused real harm. Others have not. But all deserve the chance to heal—and to build better futures for themselves and those around them.

Sean Mayberry

Founder and CEO
StrongMinds



Image by Uganda Prison Service.

HOPE



STRONGMiNDS

Image by Karin Schermbrucker.

GLOBAL INCARCERATION AND MENTAL HEALTH

There are more than **11 million people incarcerated worldwide**, including approximately **1.2 million individuals in Africa**.¹ Global incarceration rates have risen dramatically over the past two decades. As the Institute for Criminal Policy Research (ICPR) noted in 2018:²

“In the year 2000, the world’s prison population numbered around 8.7 million; less than two decades on, it stands at well over 11 million. The steady growth in prisoner numbers has given rise to severe prison overcrowding in much of the world, in both developed and less developed countries.”

This increase in incarceration has exacerbated a growing mental health crisis behind bars. Studies show that **prevalence rates for depression in prisons range from 10 percent to over 50 percent**,^{3,4} depending on the country and prison conditions. In comparison, the **lifetime prevalence of major depressive disorder in the general population** is typically around **5 to 10 percent**.⁵

Overcrowding and Its Implications

Prison overcrowding—when inmate populations exceed facility capacity—has become a global issue, affecting **over 60 percent of countries**.⁶ However, capacity definitions vary, as there are no universally accepted standards for space per prisoner. Overcrowding heightens tensions, increases the likelihood of violence, and is a **significant trigger for depression**.

Mental Health Before Incarceration

Mental health challenges often predate imprisonment. As ICPR⁷ explains:

“People who enter prison are already more likely to have poor health than the general population.”

This is largely because incarcerated populations are **disproportionately drawn from the poorest and most marginalized segments of society**—communities that also face greater surveillance and policing. These pre-existing vulnerabilities increase the likelihood of both incarceration and poor mental health.

1. <https://www.prisonstudies.org/news/prison-populations-continue-rise-many-parts-world-115-million-held-prisons-worldwide>

2. <https://www.prisonlegalnews.org/news/publications/institute-criminal-policy-research-world-prison-population-list-2018/>

3. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8187058>

4. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7718061>

5. <https://www.who.int/news-room/fact-sheets/detail/depression>

6. <https://www.ibanet.org/Our-overcrowded-prisons>

7. https://www.prisonstudies.org/sites/default/files/resources/downloads/icpr_prison_health_report.pdf

The Impact of Incarceration on Mental Health

Incarceration itself can create or worsen mental health conditions. The loss of autonomy, separation from loved ones, and exposure to unpredictable and sometimes violent environments all contribute to psychological distress. Many prisoners report **unresolved grief, trauma, and feelings of isolation**. Suicidality is also **markedly higher among individuals recently incarcerated or recently released**.⁸

A Human Rights Perspective

Access to mental health care in prison is not only a public health issue—it is a **human rights imperative**. According to the **Universal Declaration of Human Rights**, all individuals are entitled to the **highest attainable standard of physical and mental health**.

The **UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)** further assert the state's obligation to provide adequate medical and mental health care in detention settings.

As ICPR states:²

"From an ethical and human rights perspective, it is scandalous that people in poor physical or mental health are being detained in inhumane, degrading, and unsafe conditions without adequate medical treatment. The consequences are disease, violence, intimidation, self-harm, and suicide, representing gross infringements of the human rights of prisoners and prison staff. If the state cannot offer decent and humane living conditions in its prisons, or provide healthcare equivalent to that provided in the community, incarceration is open to challenge on human rights grounds."

Mental Health and Recidivism

Failure to treat mental illness during incarceration has lasting consequences. Upon release, individuals with untreated mental health conditions are more likely to **struggle with reintegration**, experience **relapse into substance use**, and **re-offend**.¹⁰

An individual cannot be fully rehabilitated if their mental health remains unaddressed. As ICPR highlights:¹¹

Offenders with untreated mental illness have a higher recidivism rate and a greater number of criminogenic risk factors than those without mental illness.

Investing in mental health care within prisons is not only a matter of dignity—it is critical to breaking cycles of incarceration.

8. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8187058>

9. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0278194>

10. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0278194>

11. https://www.prisonstudies.org/sites/default/files/resources/downloads/icpr_prison_health_report.pdf

INCARCERATION IN UGANDA: CONTEXT AND CHALLENGES

Overview

Uganda's prison system has its roots in the colonial era, with many facilities originally constructed under British rule. Today, the system is made up of hundreds of prisons managed by the Uganda Prison Service, a government department under the Ministry of Internal Affairs responsible for the custody and rehabilitation of inmates .

The prison population is predominantly male, with a significant proportion of individuals held on remand, awaiting trial.¹² Many incarcerated individuals enter the system with limited access to formal education or vocational training, and early school drop-out is common.¹³ Additionally, a large share of inmates are believed to be living with mental health conditions¹⁴ —highlighting the importance of integrating mental health services into the broader framework of correctional care.

Major Challenges Within Uganda's Prison System

Overcrowding

As in many countries around the world, managing population levels in Uganda's prisons is a challenge. As of 2024, the number of individuals incarcerated in Uganda significantly exceeds the system's official capacity. International assessments indicate that Uganda has a relatively high prison population rate and density compared to global averages.¹⁵

The Human Rights Committee of Parliament¹⁶ has noted that overcrowding presents challenges to sanitation, living conditions, and overall well-being. StrongMinds clients and staff have described conditions that can be difficult, such as limited sleeping space and reliance on basic sanitation methods. Although the prison infrastructure continues to expand, the growth in the inmate population places ongoing pressures on the system.

The high number of inmates relative to infrastructure also affects prisoners' mental health by limiting contact with loved ones. **Necessary security protocols—which can result in long wait times and limited visiting hours—along with transportation costs and social stigma, can all restrict visits and contribute to inmates' sense of isolation.**¹⁷

12. https://www.ugandaprison.go.ug/view_report.php?id=38

13. https://www.ugandaprison.go.ug/view_report.php?id=38

14. <https://files.eric.ed.gov/fulltext/EJ1197022.pdf>

15. <https://www.prisonstudies.org/country/uganda>

16. <https://www.state.gov/reports/2023-country-reports-on-human-rights-practices/uganda>

17. <https://www.intechopen.com/chapters/1177917>



STRONGMINDS

Images by Uganda Prison Service.



Remand and Pre-Trial Detention

Pre-trial detention, or remand, contributes to population pressures within the prison system. In Uganda, individuals awaiting trial are held in prison facilities pending the outcome of legal proceedings.¹⁸ A substantial proportion of the prison population consists of individuals on remand, as well as those incarcerated for minor or petty offenses—placing additional strain on facilities that are already under pressure.

Several systemic factors contribute to this situation:¹⁹

- Delays in court proceedings, often linked to limited staffing, can extend the length of pre-trial detention.
- A shortage of affordable legal professionals can hinder timely access to legal representation.
- Both in regards to those on remand as well as those that have received convictions, concerns about integrity within the justice system have been raised, including reports of inappropriate practices during arrests, detentions, and releases, which can affect public confidence and disproportionately impact vulnerable individuals.

Limited Access to Healthcare

Uganda's prison healthcare system faces significant limitations:²⁰

- There is an insufficient number **of mental health professionals**, undermining the system's ability to address mental health needs.
- In many prisons, Ward Leaders may help identify fellow inmates who appear to need medical attention, referring them to prison health staff or infirmaries. While this peer involvement can assist with early identification, it is not a substitute for formal medical assessments and may vary in consistency.
- On-entry medical screening—an important tool for identifying communicable diseases and mental health conditions—is available in a limited number of facilities. These screenings often focus on conditions such as tuberculosis, HIV, and psychiatric symptoms, though other health needs may receive less attention.

18. <https://www.intechopen.com/chapters/1177917>

19. <https://www.intechopen.com/chapters/1177917>

20. <https://parliamentwatch.ug/news-amp-updates/55000-extra-inmates-strain-ugandas-prisons/>

Unique Challenges in Women's Prisons

While Uganda's prison system faces significant constraints across the board, the challenges are especially acute in women's prisons, where social and economic vulnerabilities compound the effects of incarceration.

A recent survey of incarcerated women highlighted the socioeconomic challenges many faced prior to imprisonment, including high levels of poverty and limited access to education relative to the general population. These findings point to the deep-rooted inequalities and systemic disadvantages that often precede a woman's involvement with the criminal justice system. Many incarcerated women come from marginalized backgrounds and face overlapping challenges related to poverty, gender-based discrimination, and restricted educational opportunities.

Mental health triggers for incarcerated women may differ from those commonly experienced by men. Separation from family—particularly from children—is frequently cited as a significant source of emotional distress. Many women express concern about the well-being of their children during their incarceration. In some cases, children live with their mothers inside prison, supported by daycare services; however, this arrangement can be emotionally complex and does not fully alleviate the psychological toll of family separation.

Although women's prisons tend to have less restrictive environments—with more time outdoors and access to childcare—significant

resource limitations persist. Access to social workers remains uneven across facilities, and where present, staff may be responsible for supporting large numbers of inmates, limiting opportunities for individualized mental health care.

Challenges Facing Prison Staff

Staffing constraints continue to present a significant challenge within Uganda's prison system. Many personnel are responsible for overseeing large inmate populations, which can lead to heavy workloads, long hours, and increased risk of burnout.

Conditions for staff remain basic, and junior officers often face difficulties in supporting their families, partly due to limited remuneration and access to support services. The emotional toll of the work is considerable—there have been reports of serious mental health struggles among staff, including instances of suicide and, in rare cases, former staff becoming incarcerated themselves.



Image by Karin Schermbrucker.

HEALING



STRONGMINDS®

Image by Karin Schermbrucker.

STRONGMINDS' WORK IN PRISONS

Origins and Inspiration

The StrongMinds prison mental health program was born out of both professional experience and deeply personal stories. Faith Bothuwok, StrongMinds' Program Coordinator for Prisons and Police, previously worked with the African Center for Treatment and Rehabilitation of Torture Victims. There, she witnessed the extent of psychological suffering inside Uganda's prisons—among both inmates and staff. That experience stayed with her.

Years later, a former client reached out. She had spent seven years in prison—convicted for attempting suicide—and was newly released. Her plea was clear: mental health support was desperately needed behind bars. Her voice, echoed by others, helped catalyze a new StrongMinds initiative tailored to incarcerated populations.

Our Therapy Model: Group Interpersonal Psychotherapy (IPT-G)

StrongMinds uses a talk therapy model called Group Interpersonal Psychotherapy (IPT-G), endorsed by the World Health Organization and designed specifically for delivery in low-resource settings. It's a structured, time-limited form of therapy that focuses on how depression is linked to interpersonal challenges—and how improving relationships can lead to recovery.

In therapy, clients explore four core triggers of depression: grief, unresolved conflict, major life changes, and social isolation. Over six weekly sessions, participants talk through their personal experiences and learn to manage emotions, communicate more effectively, and rebuild trust. The therapy is delivered in small groups of around 12 individuals, guided by trained lay facilitators following a clear, manualized curriculum. It's low-cost, scalable, and has proven results.

In schools and community settings across Uganda and Zambia, we've used this model to treat a million people living with depression. The power of the group setting—combined with structured, culturally sensitive facilitation—helps individuals see that they are not alone, and that change is possible.

The Costs of Our Programming

StrongMinds operates under the belief that for our programs to be adopted around the world, they must be affordable. We are therefore always working to reduce our costs per patient. Under the current model of six-week treatment cycles, there is a \$23 cost per patient. There may also be additional costs per patient for prisons which may include the costs of the space in which the inmates meet, the amount of time, resources, or work required from prison staff to supervise the volunteers working inside the prison. and other miscellaneous expenses.



Image by Uganda Prison Service.

Why IPT-G Works in Prisons

Prisons are environments where the four triggers of depression are not only present—they are often inescapable. That's why IPT-G is especially well-suited for incarcerated populations.

- **Life changes:** The moment a person enters prison, their life is upended. Familiar routines vanish, autonomy is stripped away, and uncertainty sets in. Many new inmates report sinking into depression soon after arriving. In group therapy, participants confront this disruption, share strategies for adjusting, and begin building new sources of structure and stability.
- **Isolation:** Upon incarceration, many individuals withdraw. They stop talking. They stop connecting. "I didn't speak to anyone for weeks," one client told us. IPT-G helps restore connection—inside prison walls and beyond them. Clients learn to build supportive relationships with fellow inmates and even begin mending ties with family members on the outside.
- **Unresolved conflict:** Incarceration often reflects, and intensifies, longstanding interpersonal conflict—whether with partners, communities, or authority figures. Many inmates bring with them histories of violence, betrayal, or abuse. Inside the therapy room, they unpack the roots of these conflicts and learn tools to prevent new ones from forming.
- **Grief:** Grief is ever-present in prison. Some arrive already mourning loved ones. Others experience bereavement while behind bars, cut off from the rituals and support that normally help with healing. In therapy, they are finally given space to process loss and be heard.

In our prison program, group therapy is facilitated by incarcerated individuals themselves with lived experience similar to the group participants. After completing therapy, they receive five days of intensive training and are supervised throughout their first therapy cycles. Many facilitators say leading groups have been transformational—both emotionally and practically. They gain skills in empathy, leadership, and communication. They regain a sense of purpose.

They also receive a modest stipend—80,000 Ugandan shillings (about \$22) every two months. While this amount is not intended to serve as fair compensation for facilitating six weeks of therapy for up to ten participants, many use it meaningfully. Some invest it in legal support, such as hiring a lawyer to file an appeal. Others send it home to help their families, or save it in hopes of rebuilding their lives after release.

By empowering inmates to become facilitators, StrongMinds has created a program that is both sustainable and deeply personal. The peer-led model builds trust, fosters empathy, and allows people to support one another through the long, hard work of healing.

RESULTS

PARAMETER	2023	2024
Average PHQ-9 Score at Pre-group	16.7	17.3
Average PHQ-9 score at termination	2.7	2.3
Percent of treated clients attaining depression-free status at termination	74.4 percent	79.2 percent
Average PHQ 9 score change	14	15
Percent of clients achieving ≥ 10 -point improvement	79.50 percent	84.50 percent

The above chart shows the depression scores for incarcerated clients in Uganda treated by StrongMinds in 2023 and 2024 before and after participating in group therapy.

At the start of therapy, incarcerated individuals reported significantly higher levels of depression than those in StrongMinds' community-based programs. Their average PHQ-9 score—a standard clinical measure of depression severity—was 15.3 (out of a possible 27), indicating moderately severe depression. However, by the end of the six-week group therapy sessions, their scores dropped sharply and nearly matched the improvements seen in community participants, demonstrating that StrongMinds' therapy model is just as effective in prison settings as it is outside them.

Notably, the average reduction in PHQ-9 scores among all StrongMinds clients grew from 14 points in previous years to 15.01 in 2024. The proportion of clients experiencing a significant improvement—defined as a drop of 10 or more points—increased from 79% to 84%.

Beyond these quantitative outcomes, the program has led to several powerful secondary effects:

- Since the launch of the program, prison staff in participating facilities have reported **notable reductions in incidents of suicide**—previously a serious concern, particularly among inmates experiencing extreme emotional distress. Wardens have also observed fewer conflicts and a general improvement in safety and emotional stability, pointing to the broader behavioral impact of group therapy.
- **Therapy is supporting successful reintegration.** Former inmates have reported feeling more emotionally prepared to re-enter their communities. Some have gone on to lead community therapy groups themselves after release.

- **Family reconciliation has emerged as a meaningful outcome.** One woman shared that her father, who had stopped visiting her, began showing up again after learning she was participating in therapy.
- **Therapy participation has even influenced legal outcomes.** In several cases, attendance in StrongMinds groups has been used in parole hearings or cited in sentencing considerations, signaling growing recognition within the justice system of the value of mental health treatment.

The impact has been especially profound for incarcerated women. Many describe therapy not just as helpful—but as life-saving. In a structured, confidential setting, they are finally able to reflect on their experiences and imagine new possibilities. One woman shared, “It was the first time I was able to speak about who I am, not just what I did.” For many, the group becomes a space to access long-buried emotions, reconnect with identity, and cultivate hope.

The positive effects have extended to prison staff as well. Guards who have completed therapy have been observed to perform more effectively in their roles, underscoring the program’s benefits for the broader prison ecosystem. Inmates and staff alike report a noticeable cultural shift: a more open, supportive environment and a greater willingness to seek help.

Finally, some facilities have noted a reduction in the use of psychiatric medications, suggesting that group therapy may serve as an effective alternative or complement to pharmacological treatment.

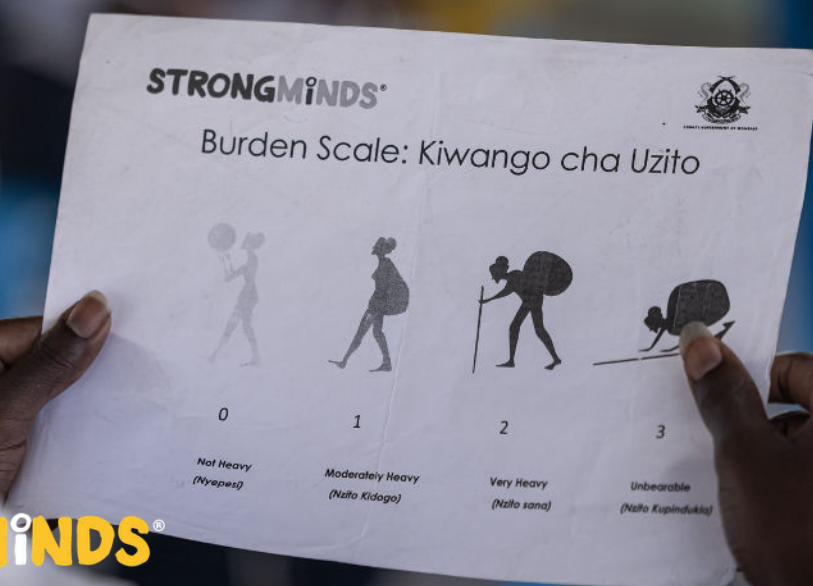
Grace

Grace has spent nearly 12 years in prison for what she describes as a tragic accident. Before her incarceration, she lived a life of wealth and comfort in a large home. Now, she reflects that her journey since entering prison has been anything but easy.

She recalls the night that changed everything—a rainy evening when she mistook the gas pedal for the brake. Her car surged forward into a gate, behind which her husband was standing. He was killed instantly. His parents accused her of murder, and from that moment, Grace says she began carrying an unbearable burden. For years, she felt like she couldn’t breathe under the weight of guilt and grief. Grace has two children who live in the United States, and the distance from them has only added to her emotional pain. For a long time, she didn’t believe anyone would ever listen to her story, let alone understand it. But through therapy, she found a path forward. She learned that healing is possible—that there are ways to move on.

Participating in group therapy changed everything for Grace. She discovered the power of being heard and the relief of sharing her feelings in a safe, confidential space. “Life in prison is hard enough without keeping everything inside,” she said. Therapy offered her a rare sense of freedom and peace. It also helped her realize that the people who still support her—friends, family—are worth fighting for. Today, Grace leads therapy groups herself. She finds deep fulfillment in helping others learn from her experiences and fostering healing within her prison community. She sees how small disagreements can escalate into storms within the prison environment, and she believes that sharing and emotional support can help calm those tensions. “I feel happy in the treatment groups,” she said, “because I feel I am helping.”

UPLIFT



STRONGMINDS

Image by Karin Schermbrucker.

LESSONS LEARNED

Since launching in 2023, the StrongMinds prison mental health program has expanded rapidly—reaching over 14,000 clients in just two years—and taught us important lessons about what it takes to bring healing into some of the country's most difficult environments.

1. Start Small, Scale with Purpose

The program began as a pilot, developed in partnership with the Uganda Prisons Service (UPS), to explore whether our group therapy model—proven in communities and schools—could be adapted to the high-stress environment of prisons. Early results were promising. In the pilot phase alone, StrongMinds treated thousands of clients across five prisons. By mid-2024, the program had expanded to 21 facilities, with an official Memorandum of Understanding (MoU) laying the groundwork for national expansion across Uganda's prison system.

Today, a small but dedicated team—three therapy coaches, one supervisor, and one program lead—supports therapy in prisons across the country. The pace and scale of this growth have been possible because the model is volunteer-driven, cost-effective, and designed to adapt.

Looking ahead, scale will mean more than geographic reach. StrongMinds and the Uganda Prisons Service are working toward a transition in which the program becomes a UPS-led initiative, with StrongMinds Uganda providing ongoing technical assistance. In addition to expanding therapy access across all prisons, the program will pursue strategic opportunities to integrate mental health support into the training curriculum for prison officers and warders. This will help ensure that basic, effective mental health care is available to both inmates and staff, delivered by trained personnel and peer facilitators within the system.

2. Change Requires Trust—Especially in Closed Systems

At the start, prison officials were skeptical. Many were unfamiliar with mental health care and unsure how it aligned with their roles. We learned that building trust was the essential first step.

We begin every new site with sensitization sessions for prison staff, helping them recognize symptoms of depression and understand the goals of our program. Over time, some of our strongest advocates have been former StrongMinds clients who now serve as prison welfare officers.

Today, staff report lower stress, fewer behavioral issues, and even reduced operational costs as a result of our program in the prison. One of the most striking outcomes has been a decline in violence—especially among new inmates, who are often the most reactive. Both officers and inmates now describe feeling safer.

Trust is something we continue to earn. We maintain transparency by meeting regularly with prison leadership to share treatment updates, outcomes, and plans. We follow clear protocols: StrongMinds staff are never allowed to hold private conversations with inmates, and all materials are openly shared with prison authorities.

3. Healing Spreads When People Are Empowered to Lead It

The heart of our program lies in the facilitators—incarcerated individuals who, after completing therapy themselves, choose to lead others. These peer facilitators undergo five days of intensive training, receive close supervision during their first therapy cycles, and meet weekly with peers and coaches to reflect and refine their practice.

Many say the experience is transformative. Some report learning how to forgive themselves. Others have discovered a new sense of purpose—several have even expressed interest in community leadership or politics after release.

Facilitators receive a stipend of about \$22 every two months. It's modest, but powerful. Some use it to pay legal fees or send money to their families. Others save it for reentry. In these actions, we see how therapy's impact extends beyond emotional healing—it builds dignity, motivation, and forward momentum.

4. Preparation for life after custody

We have seen firsthand how therapy changes not only how individuals experience prison, but how they approach life after release. Depression treatment helps inmates confront and process emotional wounds—including trauma, abandonment, and betrayal—that might otherwise harden into rage or a desire for revenge. Left unaddressed, these scars often fuel the cycle of reoffending.

Group therapy helps break that cycle. By learning to manage emotions and reflect on their actions, participants begin to envision a different path forward—one rooted in healing rather than harm. One former client, Lawrence, left prison no longer seen as a criminal, but as a source of strength in his community: an advocate for mental health, a role model, and a healer of others.

These transformations remind us that prison can be a turning point. With the right support, individuals who were once in conflict with the law can return home as resources—not risks—to their communities.

Anima

Anima has been in prison for 13 years under allegations of homicide. During much of her incarceration, she felt isolated, surrounded by noise with no one to truly talk to apart from prison staff. It was hard to make friends. She thought all the inmates were irrelevant to her life. Everything changed when she received therapy through StrongMinds. She shared that it was the first time she had ever received care, and the experience left her feeling deeply empowered. "That is the first time I saw the heart of a human being," she said. This care inspired her to become a facilitator, and she now leads three therapy groups within the prison. While still in prison, Anima has also earned a law degree and has begun to rebuild relationships with her family—her father, who had stopped visiting, has now returned to see her. As someone who initially struggled to find others who spoke her language, Anima is now committed to helping fellow inmates from similar backgrounds find peace and healing. "In the future," she said, "I want to give people smiles."

CHALLENGES AND NEXT STEPS

Despite strong outcomes, delivering mental health care in prison settings remains deeply challenging.

- **Staffing constraints** limit how many new facilitators we can train. Demand for therapy is high, but our small team cannot keep pace with interest across all sites.
- **Limited phone access** prevents clients from maintaining family ties, making reconciliation difficult. Many inmates are given only two to six minutes to speak with loved ones. StrongMinds has proposed purchasing dedicated phones for clients—a proposal already approved by the Uganda Prisons Service—that would enable more consistent, therapeutic contact, but more funding is required to purchase the phones.
- **Physical infrastructure is poor.** Some therapy sessions take place without chairs or signage. Clients often lack basic resources like soap or feminine hygiene products. There is no exercise equipment in most facilities, despite physical activity being critical for mental well-being.
- **Client and staff transfers** disrupt group continuity. When inmates or trained facilitators are moved between facilities, their progress is often lost, and we may lose contact entirely.

Looking ahead, we plan to integrate mental health awareness into the onboarding process for new prison staff. This would equip officers to identify depression early and help connect more inmates to therapy, further expanding access and sustainability.

Akello

Akello was arrested in alleged connection with a child kidnapping case, even though the child was safely returned home and the person responsible confessed to the crime. Remarkably, Akello is now incarcerated with the woman who confessed and has chosen to forgive her. She believes that forgiveness is not a one-time act, but something that must be practiced every day. Through therapy and her role as a group facilitator, Akello has discovered her potential and inner strength. She loves Dolly Parton and finds joy in music, even

within the difficult confines of prison. Akello has children outside of prison, and for a long time, she struggled with guilt because she can no longer be an active presence in their lives. However, thanks to the stipend she receives from StrongMinds for facilitating therapy groups, she can now pay for their school fees. This support has helped her feel more like a real mother again, and she is deeply proud of both herself and her children.



Image by Karin Schermbrucker.

TREATING DEPRESSION IN KENYA'S PRISONS

STRONGMi**INDS**

Image by Karin Schermbrucker.

TREATING DEPRESSION IN KENYA'S PRISONS

Spotlight: Expanding IPT-G to Men in Mombasa County Remand Prison

In addition to the country-wide program treating depression in Uganda's prisons, StrongMinds also provides technical support to the **Mombasa County Health Department in Kenya** to deliver group interpersonal therapy (IPT-G) to men incarcerated at the Mombasa County Remand Prison.

These men are held on remand—awaiting trial—or are serving short sentences for non-violent offenses, typically ranging from a few weeks to three years. The high turnover rate creates a unique challenge for continuity of care—and a powerful opportunity for early intervention.

Empowered by legislation passed in 2021 and by regional reform plans aimed at rehabilitating individuals struggling with drug abuse and crime, the prison established a rehabilitation center where IPT-G sessions were able to begin in 2025.

From Punishment to Possibility: Insights from Prison Leadership

The Deputy Officer in Charge, a veteran of the Kenya Prison Service, described the introduction of IPT-G as transformative for both inmates and staff.

Many inmates arrive carrying the weight of unresolved trauma. "They withdraw, they isolate. Some become defiant. That's when we know something's wrong." The officer also spoke of the unintended consequences of short sentences:

"You come here for six months for something small. But then you make friends, and someone tells you, 'Next time, let's go and rob.' You graduate into a more serious crime. That's why we need mental health programs—to stop that cycle."

Mental health programming has made a visible impact on prison operations. "Before, inmates came and left without any change. Now, they're learning to talk, to think differently, to heal. That's what we want to achieve." He added, "Everything starts with the mind. Even committing a crime—it's about the mind. So when the mind is functioning well, you are good."

Peter

Peter was arrested for transporting ivory on his motorcycle, unaware of the package's contents. He spent a year in prison while his family worked tirelessly to prove his innocence. During that time, he struggled with severe depression. The emotional and financial strain of his imprisonment took a toll on his marriage, and his family suffered in his absence without his income and support.

Through StrongMinds therapy, Peter found a path to recovery. The sessions helped him manage his depression and gave him the strength to survive prison life. It was also through the support network of a therapy group—run by trained inmate volunteers—that Peter received guidance on navigating his legal case. One of the volunteers even connected him with a personal lawyer. As a result, when Peter appealed his conviction, his six-year sentence was overturned, and he was released on court bail. He continues to report to court while actively running community therapy groups with StrongMinds and training new facilitators.

In Their Words: Healing and Change Inside the Prison Walls

Joseph: "I used to keep everything inside."

A clearing and forwarding agent with a young family, **Joseph** was remanded in February 2024 after a business dispute escalated to court. Unable to afford bail or bond, he spent over a year in prison awaiting trial. *"You sit somewhere you're not used to, with no idea when you're getting out. My family kept trying to help, but there was no money, no surety. Everything was upside down."*

He lost weight rapidly under the stress—dropping from 92 to slightly more than 60 kilograms. But after joining IPT-G, his health and mindset began to improve. *"Now I talk to others. I feel free. I share things I never thought I could. I'm back to 90 kilos—and that shows you how much it helped."*

Amos: "Even from in here, I've helped my wife start to heal."

A long-distance truck driver, **Amos** was arrested after his truck was hijacked and the cargo stolen. He was accused of colluding with the thieves. Amos was later convicted and is serving a 10 month sentence. Upon arrival at the prison, he was referred to IPT-G by the welfare office. *"I was angry and closed off. I didn't talk to anyone. But from the first session, something left my body. I felt lighter. I started seeing how to change."*

Today, he feels equipped not only to manage his own life, but to support others. He stays in touch with his family, and shared that his wife recently visited and noticed a visible difference in him. *"She saw the change and said she wanted to do therapy too. Even from inside here, I've helped her take the first step."*



Images by Karin Schermbrucker.

In Their Words: Healing and Change Inside the Prison Walls



Elijah: "If I can forgive my mother, nothing is impossible."

Elijah, 29, was brought to Mombasa Remand Prison by his mother following a domestic conflict rooted in years of family trauma and personal addiction. *"Before therapy, I felt like my life was over. My dad had died. I had let everyone down. And I was brought here by my own mom. It broke me."*

He began therapy through individual counseling, then joined IPT-G. For the first time, he spoke openly about growing up in a violent home and how addiction shaped his actions. He took thorough notes in his therapy sessions, preparing to speak truthfully in court. *"I was ready to admit what I had done. I threatened my mother—she didn't lie. But now I see where it all came from. Therapy helped me understand myself."*

After seeing his progress, Elijah's mother decided to drop the case. They are now rebuilding their relationship. He plans to relocate, return to school, and study automotive engineering. *"Now, I want to help others. In this place, people are going through hard, hard things. But if we talk—if we get support—we can change. 100%."*

Within the walls of Mombasa County Remand Prison, IPT-G is equipping men not just to cope—but to reflect, reconcile, and reimagine their futures. Officer Beto sees the rehabilitation work as essential to Kenya's future. *"If we mess up the youth, we don't have any country. Let the body be confined—but let the mind be free to think about who they can become."*

CALL TO ACTION

Treating depression in prisons is not only possible—it is essential. The results from our Uganda prison program show that structured mental health care can transform individual lives and improve the safety and functioning of entire institutions.

But to scale this work and deepen its impact, three things are urgently needed:

1. **Research.** We need more data on the long-term effects of therapy post-release, its impact on recidivism, and how it can be leveraged to improve prison safety and support justice reform.
2. **Funding.** Additional resources are required to expand staff capacity, purchase supplies, and provide basic essentials that improve the therapy experience. These include phone access, seating, hygiene products, therapy signage, and sporting equipment.
3. **A shift in mindset.** Society must stop dehumanizing incarcerated individuals. As this report shows, they have the same capacity for healing, accountability, and transformation as anyone else.

FINAL WORDS

We invite you to engage with us. The stories and outcomes shared in this report are meant not only to inform, but to spark conversation and inspire action.

If you believe this model could work in another context, we welcome your partnership. If you think a better solution exists for addressing depression in prisons, we invite your ideas. But if treating incarcerated individuals with mental health care isn't a priority—then we must ask ourselves: why not?

We acknowledge that prisons are complex institutions with difficult histories. Our model will need to adapt to different cultural and structural realities. But the truth is simple: people in prison are human beings. They have pasts. They have potential. And they deserve the chance to heal.

Providing therapy behind bars is not just a moral imperative—it's a smart investment in healthier societies, safer institutions, and a more just future for all.



Image by Karin Schermbrucker.

**Clients treated by StrongMinds often create artwork to express their feelings after completing treatment.
This is a poem from an incarcerated individual.**

As the birds of the wind sing the early praise
Of the beautiful sun that comes shining through the earth
And the beautiful outside world shouts for glory and grace
The shadow of fear, shame, and intimidation flows
Round like a striking storm over men and women whom
The world calls offenders
Estranged and fixed, depressed and oppressed with no liberty and freedom
With every moment that comes and seconds that tick
Like a time mobile, we are tortured psychologically, mentally, physically and more so spiritually
With our eyes bulged out like a pig from a slaughtering house
And our tears fall from a drop and forms into a sea and ocean of tears
They are crying for one thing . . . forgiveness and comfort
It was late in the summer when we heard the great footstep coming from the east
The sound made the birds frantic with fear, wind blowing in cross direction
It was too much for us men and women in yellow
We held our hands in our chest counting our last breath in as we waited for our deaths
I am StrongMinds Uganda," the voice roared, looking for prisoners with pain and sorrow and with low self-esteem
I have come to save you... to pick you up from self-bitterness to self-betterness.
It was a joy, What a joy
SMU, your greatness awakens the dead
SMU, your greatness gives sight to the blind
SMU, your greatness causes the deaf to hear and the lame to walk
And sends His mighty power and glory through human power and hands
And his mighty glory is flowing from him through you to us
You didn't only give us support
You offered to us a mechanism for support and life
We are great men because you built us, supported us, and trained us
Today because of your support
We can train our community
Build their hope
And their mechanisms for fighting and avoiding stress and depression
We can build for the hopeless and pessimistic
You make us strong and stronger everyday
You make us see a beautiful tomorrow



STRONGMiNDS

Image by Karin Schermbrucker.