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Research Article

Mental Health and Quality of Life among Persons Deprived of Liberty (PDL) in the Province of Sultan Kudarat: A Descriptive Study

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ABSTRACT

Persons deprived of liberty often experience increased psychological distress and reduced quality of life as a result of incarceration-related conditions such as overcrowding, social isolation, and limited access to healthcare services. This study aimed to assess the mental health status and quality of life of persons deprived of liberty in selected jails within the province of Sultan Kudarat and to determine the relationship between these two variables. A descriptive–correlational research design was employed, utilizing validated instruments: the Adult Mental Health Continuum–Short Form and the WHOQOL-BREF. A total of 247 respondents were selected through stratified random sampling.

The findings revealed that most respondents were classified as flourishing in terms of mental health, with high scores in personal growth, sense of purpose, and emotional resilience. Overall quality of life was rated as good, particularly in domains related to interpersonal relationships and daily functioning, although relatively lower scores were observed in physical health and emotional well-being. A weak but statistically significant relationship ($\rho = .167$, $p = .008$) was found between mental health and quality of life.

These results indicate that, although mental health and quality of life are associated, other factors may also influence the overall well-being of this population. The study supports the development of a targeted mental health enhancement program aimed at improving rehabilitation outcomes and facilitating successful reintegration into society.

Keywords: *Mental health, Quality of life, Persons Deprived of Liberty (PDL)*

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Introduction

Quality of life (QOL) and mental health among persons deprived of liberty (PDLs) have become major concerns in correctional systems worldwide. Existing research has consistently shown that incarcerated individuals often experience increased levels of depression, trauma, and psychological stress due to factors such as overcrowding, isolation, and inadequate healthcare services (Fazel & Yoon, 2020). These conditions not only hinder rehabilitation efforts but may also contribute to higher rates of recidivism. Because mental health is a key determinant of overall well-being, its integration into correctional policies and programs is essential (Smith & Patton, 2019).

In the Philippine context, the provision of mental health services within correctional facilities remains limited, leaving many PDLs with unaddressed psychological needs. International studies have likewise emphasized that socio-cultural and environmental conditions significantly affect the mental health and quality of life of incarcerated populations (Ramesh et al., 2022). However, localized research examining these factors in specific settings, such as the province of Sultan Kudarat, remains scarce. The province presents a unique context due to its cultural diversity and the limited availability of mental health services, making it a relevant site for investigation.

To address this gap, the present study assessed the mental health status and quality of life of PDLs in selected jails in Sultan Kudarat using the Biopsychosocial Theory as its guiding framework. By examining the relationship between these two variables, the study aims to provide empirical evidence that may inform mental health promotion initiatives and quality-of-life improvement programs. Such interventions are essential in supporting the rehabilitation process and facilitating the successful reintegration of PDLs into society.

This study is further anchored on the legal and policy framework of the Philippines, particularly the Mental Health Act of 2018 (Republic Act No. 11036), which mandates the promotion and protection of the mental health rights of all individuals, including persons deprived of liberty. The law emphasizes access to mental health services, humane treatment, and the

integration of mental health care into institutional settings. Despite this policy direction, the delivery of mental health services in correctional facilities remains limited due to structural, financial, and manpower constraints. This study therefore provides localized evidence that may support the implementation of rights-based mental health programs in correctional institutions.

Statement of the Problem

This study seeks to examine the mental health status and quality of life of Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat.

Specifically, this study aims to answer the following questions:

1. What is the mental health status of Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat?
2. What is the quality of life of Persons Deprived of Liberty (PDLs) in the selected city jail?
3. Is there a significant relationship between the mental health status and the quality of life of Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat?
4. What program can be proposed based on the findings of the study?

Hypotheses

Null Hypothesis (H_0):

There is no significant relationship between the mental health status and the quality of life of Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat.

Alternative Hypothesis (H_1):

There is a significant relationship between the mental health status and the quality of life of Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat.

Scope and Limitation of the Study

This study is limited to four correctional facilities in the Province of Sultan Kudarat; therefore, the findings may not be generalized to other correctional institutions with different structural, cultural, or administrative contexts. The use of self-reported survey instruments may also introduce response bias, as some

respondents may have underreported or overreported their experiences. Additionally, participation in the study was voluntary, which may have resulted in volunteer bias, as individuals with more severe mental health concerns might have declined participation. The results are further limited by the specific time frame of the data collection.

Theoretical Framework

This study is anchored on the biopsychosocial theory, which provides a holistic perspective on health and illness. The model proposes that health outcomes are the result of the interaction among biological, psychological, and social factors (Engel, 1977). In the context of persons deprived of liberty (PDLs), this theory offers a comprehensive lens for understanding how physical health conditions, emotional stress, and social isolation interact within correctional environments.

Biological Domain. Biological factors such as chronic illnesses, substance use history, and possible genetic predispositions play an important role in shaping the mental health and quality of life of PDLs. Physical health problems may intensify psychological distress, while prolonged stress can also worsen existing medical conditions, creating a cyclical relationship between physical and mental health.

Psychological Domain. Psychological factors, including emotional well-being, coping mechanisms, and resilience, are key determinants of quality of life. Incarceration exposes individuals to various stressors, such as social isolation, uncertainty about legal outcomes, and separation from family. These experiences may increase vulnerability to anxiety, depression, and trauma-related symptoms, highlighting the importance of psychological support and resilience-building interventions.

Social Domain. Social conditions within correctional facilities, including the quality of interpersonal relationships, sense of belonging, access to treatment services, and overall environmental conditions, directly influence

mental health and quality of life. Limited family contact, overcrowding, and restricted social support may lead to feelings of isolation, hopelessness, and emotional distress among inmates.

The biopsychosocial theory is particularly relevant in guiding holistic and integrated interventions. By recognizing the combined influence of biological, psychological, and social dimensions, this framework supports the development of comprehensive programs, such as the proposed Mental Health Enhancement Program (MHEP). Such initiatives aim to improve the well-being of PDLs, strengthen rehabilitation efforts, and promote successful reintegration into society. This theoretical perspective ensures that the study adopts a holistic approach in addressing the complex and interconnected needs of the incarcerated population.

Within the context of this study, the biopsychosocial model provides a conceptual basis for explaining the interaction between mental health and quality of life. The theory suggests that improvements or deterioration in any of the biological, psychological, or social domains directly affect an individual's overall well-being. For persons deprived of liberty, factors such as physical health conditions, emotional resilience, social relationships, and environmental conditions inside correctional facilities interact to shape both their mental health status and their perceived quality of life. This theoretical perspective justifies the examination of the correlation between these two variables.

Research Methodology

This chapter presents the research design, respondents, sampling procedure, locale of the study, research instruments, reliability and validity measures, data gathering procedures, statistical treatment, and ethical considerations.

It is acknowledged that participation in the study was voluntary. As such, the possibility of volunteer bias exists, wherein individuals with more severe mental health conditions may have declined to participate. This limitation is recognized and discussed to maintain methodological transparency.

Research Design

The study employed a quantitative survey design based on Burke’s typology of nonexperimental research (Burke, 1993). This design focuses on the collection of numerical data through structured questionnaires to examine patterns and relationships between variables, particularly the mental health status and quality of life of persons deprived of liberty.

Sampling Technique and Locale of the Study

The study was conducted in the Province of Sultan Kudarat, specifically in the following correctional facilities:

- Tacurong City District Jail Female Dormitory
- Tacurong City District Jail Male Dormitory

- Isulan District Jail
- Sultan Kudarat Provincial Jail

These facilities were selected because they represent the major detention centers in the province and reflect its unique socio-cultural characteristics, which may influence the mental health and quality of life of persons deprived of liberty (PDLs).

Sample size computation was conducted using G*Power, which initially suggested a minimum of 174 respondents at a 0.05 margin of error and a 95% confidence level. However, using the Raosoft sample size calculator, the final sample size was determined to be 247 respondents to ensure adequate representation and statistical reliability.

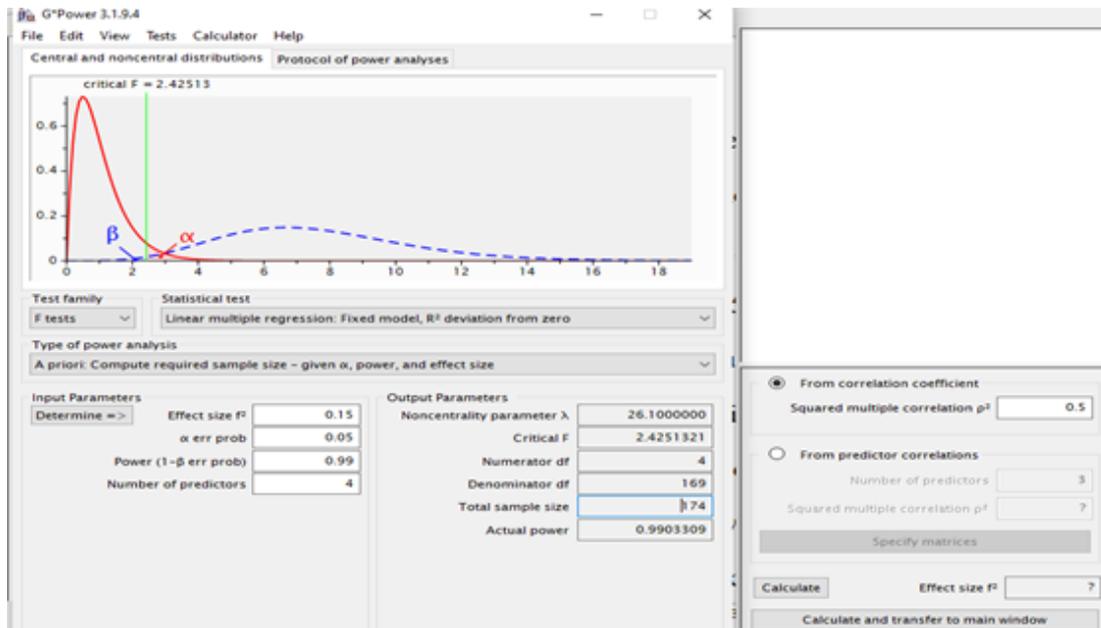


Figure 1: G*Power result for Sample Size among the Respondents

A stratified random sampling technique was used to proportionally distribute the respondents according to the population of each facility.

Table 1. Sampling of the Study

Locale	Total PDL Population	Sample Size	Percentage
Tacurong District Jail Female Dormitory	19	19	7.69%
Tacurong City District Jail Male Dormitory	147	58	23.48%
Isulan District Jail	256	128	51.82%
Sultan Kudarat Provincial Jail	83	42	17.00%
Total	505	247	100%

Respondents of the Study

Table 2. Summary Profile of the Respondents (N=247)

	Profile	Frequency	Percent
Age	64-72 years old	5	2.02
	55-63 years old	10	4.05
	46-54 years old	27	10.93
	37-45 years old	73	29.55
	28-36 years old	85	34.41
	19-27 years old	47	19.03
	Total	247	100.0
Gender	Female	19	7.69
	Male	228	92.31
	Total	247	100.0
Educational Attainment	Illiterate	5	2.02
	Kindergarten Level	1	.40
	Elementary Level	47	19.03
	Elementary Graduate	25	10.12
	High School Level	67	27.13
	High School Graduate	38	15.38
	Senior High School Level	1	.40
	Senior High School Graduate	3	1.21
	Vocational Level	1	.40
	Vocational Graduate	2	.81
	TESDA Graduate	1	.40
	ALS Level	1	.40
	ALS Graduate	5	2.02
	College Level	38	15.38
	College Graduate	12	4.86
	Total	247	100.0
Marital Status	Single	49	19.84
	Married	177	71.66
	Separated	8	3.24
	Widowed	13	5.26
	Total	247	100.0
If Ill?	Yes	15	6.07
	No	232	93.93
	Total	247	100.0

The respondents consisted of 247 PDLs from the four correctional facilities. The average age of the respondents was 36.93 years (SD = 10.36), with most belonging to the 28–36 age group. The majority were male (92.31%), while females comprised 7.69% of the sample.

In terms of educational attainment, most respondents had reached the high school level, followed by elementary level and college level. Only a small portion of the respondents reported being illiterate. Regarding marital status, the majority were married, followed by single, widowed, and separated individuals. Most respondents also reported that they were not currently experiencing illness.

These results indicate that the sample included diverse demographic characteristics in terms of age, education, and marital status.

Research Instruments

The study utilized standardized questionnaires to collect quantitative data. The use of validated instruments ensured the reliability and accuracy of the measurements. A mental health advocate and a statistician were consulted to assist in data interpretation.

1. Adult was used to measure the mental health status of the respondents. The instrument categorizes mental health into three levels:

Table 3. Scoring and Interpretation of Adult Mental Health Continuum.

Raw Scores	Range	Verbal Interpretation	Description
60-70	5.15-6.00	Flourishing	Flourishing is made if someone feels "every day" or "almost every day"
48-59	4.32-5.14		
36-47	3.49-4.31	Moderately mentally healthy	Individuals who are neither "languishing" nor "flourishing" are then coded as "moderately mentally healthy."
24-35	2.66-3.48		
12-23	1.83-2.65	Languishing	Languishing is the diagnosis when someone "never" or "once or twice" among the items
0-11	1.00-1.82		

The classification is based on the frequency of positive mental health experiences, ranging from "never" to "every day." Higher scores indicate better mental health status.

2. WHOQOL-BREF developed by the World Health Organization (WHOQOL Group, 1995; Orley & Kuyken, 1996), was used to measure the quality of life of the respondents. The instrument assesses four domains:

Table 4. Scoring and Interpretation of Quality of Life-BREF.

Raw Scores	Range	Verbal Interpretation
110-130	4.20-5.00	Very Good
89-109	3.40-4.19	Good
68-88	2.60-3.39	Neither Poor or Not Good
47-67	1.80-2.59	Poor
26-46	1.00-1.79	Very Poor

The questionnaire was translated into Tagalog to ensure comprehension. Scores were transformed into a 0–100 scale to measure perceived overall quality of life and satisfaction with health and lifestyle.

Data Gathering Procedure

Data were collected from the four correctional facilities in the Province of Sultan Kudarat. A formal request was submitted to the jail authorities to obtain permission to conduct the study.

Upon approval, the researcher distributed informed consent forms and questionnaires to the 247 respondents. Participation was voluntary, and confidentiality was strictly maintained. The Adult Mental Health Continuum–

Short Form was used to assess mental health status, while the WHOQOL-BREF measured quality of life.

After the completion and retrieval of the questionnaires, the data were encoded and prepared for statistical analysis.

Statistical Treatment of Data

The data were analyzed using statistical software such as JASP. The following statistical techniques were employed:

Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to describe the demographic profile of the respondents and their mental health and quality of life scores.

Reliability analysis using McDonald’s omega (ω) was conducted to assess the internal consistency of the instruments.

Pearson product-moment correlation was used to determine the relationship between mental health status and quality of life among the respondents.

The correlation coefficients were interpreted as follows:

- 0.10 – 0.30 : Weak relationship
- 0.40 – 0.60 : Moderate relationship
- 0.70 – 1.00 : Strong relationship

Ethical Considerations

All respondents were informed of the purpose of the study, the nature of their participation, and their right to withdraw at any time without consequences. Written informed consent was obtained from each participant prior to data collection. The respondents were assured that their participation was entirely voluntary and that their responses would remain confidential and anonymous. No identifying information was required in the questionnaires.

Special consideration was given to the fact that persons deprived of liberty constitute a vulnerable population. Participants were assured that their involvement in the study would not affect their legal status, privileges, or treatment within the correctional facility. All data were securely stored and accessed only by the researchers. The study also complied with the ethical standards of the institution and received clearance from the Ethics Review Committee.

Results and Discussion

This study described the respondents’ profile and assessed the mental health status and quality of life of Persons Deprived of Liberty (PDLs) detained in selected district jails in the Province of Sultan Kudarat. Guided by the Biopsychosocial Theory, the study examined how biological, psychological, and social factors may shape mental health and quality of life, and it determined the association between these two constructs among PDLs.

Mental Health Status of the PDLs

Sub-problem No. 1. Mental health status of Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat.

Mental health status was measured using the Adult Mental Health Continuum–Short Form (MHC-SF), composed of 14 items. Reliability testing using Bayesian scale reliability (McDonald’s ω) yielded a posterior estimate of $\omega = 0.928$, indicating very high internal consistency.

Table 5 presents the respondents’ mental health scores during their period of detention. The overall mean mental health score was $M = 4.61$ ($SD = 11.681$), which corresponds to a verbal interpretation of Flourishing. This finding indicates that the respondents generally reported positive mental health functioning despite the restrictions and stressors associated with incarceration.

Table 5. Summary of Mental Health Continuum of PDLs (N=247).

Mental Health Item	Mean	SD	Interpretation
1. Felt happy	4.36	1.251	Flourishing
2. Felt interested in life	4.56	1.292	Flourishing
3. Felt satisfied with life	4.86	0.924	Flourishing
4. Felt that you had something important to contribute to society	4.43	1.377	Flourishing
5. Felt that you belonged to a community	4.74	1.059	Flourishing
6. Felt that society is becoming a better place for people like you	4.56	1.098	Flourishing
7. Felt that people are basically good	3.92	1.620	Moderate
8. Felt that the way society works makes sense to you	4.47	1.376	Flourishing
9. Liked most parts of your personality	4.04	1.358	Moderate
10. Felt good at managing the responsibilities of your daily life	4.79	1.081	Flourishing

11. Had warm and trusting relationships with others	4.95	0.959	Flourishing
12. Felt that you had experiences that challenged you to grow and become a better person	5.26	0.805	Flourishing
13. Felt confident to think or express your own ideas and opinions	4.67	1.177	Flourishing
14. Felt that your life has a sense of direction or meaning	4.91	1.000	Flourishing
Average	4.61	11.681	Flourishing

Notably, the highest-rated indicators reflected eudaimonic well-being, particularly personal growth, life meaning, and social connectedness. These include: experiences that challenged the respondent to grow and become a better person ($M = 5.26$, $SD = 0.805$), having warm and trusting relationships with others ($M = 4.95$, $SD = 0.959$), and having a sense of direction or meaning in life ($M = 4.91$, $SD = 1.000$). These results suggest that many respondents maintain adaptive psychological resources and interpersonal support, which may serve as protective factors within the correctional setting.

In contrast, two items were interpreted as Moderately Mentally Healthy: liking most parts of one's personality ($M = 4.04$, $SD = 1.358$) and believing that people are basically good ($M = 3.91$, $SD = 1.620$). Although these do not indicate poor mental health, they point to potential areas of vulnerability related to self-acceptance and social trust. Such constructs are important because reduced self-acceptance and interpersonal distrust may interfere with emotional adjustment and rehabilitation processes if left unaddressed.

Importantly, no item fell under the "Flourishing" category, suggesting that the respondents, as a group, did not exhibit severe disengagement, hopelessness, or persistent emptiness. Overall, the findings indicate that while many PDLs demonstrate relatively strong mental health functioning, focused interventions may still be necessary to strengthen self-esteem, social trust, and sustained emotional adjustment.

These parameters do not signify complete stagnation; rather, they indicate specific areas of treatment that may help improve self-esteem and trust in others. Such interventions are

critical because a lack of self-acceptance and confidence in others may aggravate emotional distress and hinder overall recovery (Bonta, 2020).

It is also noteworthy that none of the survey items were categorized as languishing, which may be considered a positive outcome. Languishing is a mental health condition characterized by feelings of emptiness, hopelessness, and disengagement from life (Keyes, 2009). The absence of languishing in this population suggests that although some persons deprived of liberty (PDL) may be experiencing emotional or psychological difficulties, they are not yet in a state of severe despair. This finding may indicate the presence of protective factors such as social ties, personal growth, and a sense of purpose, which help mitigate some of the more negative effects of incarceration.

Quality of Life of the PDLs

Sub-problem No. 2. The quality of life among Persons Deprived of Liberty (PDLs) inside the city jail.

Quality of life (QOL) was assessed using the WHOQOL-BREF, composed of 26 items. Reliability testing using Bayesian McDonald's ω produced a posterior estimate of $\omega = 0.884$, indicating high reliability.

The overall QOL mean score was $M = 3.54$ ($SD = 11.390$), which corresponds to a verbal interpretation of Good. This suggests that, on average, respondents reported a generally acceptable level of satisfaction with their quality of life during the two weeks covered by the instrument.

The highest-rated items indicated relatively better functioning in social and daily activity-related domains, including: satisfaction with

personal relationships (M = 4.09, SD = 0.640), ability to perform daily living activities (M = 4.04, SD = 0.742), ability to get around (M = 4.03, SD = 0.703), satisfaction with support from friends (M = 3.99, SD = 0.653), and satisfaction with capacity for work (M = 3.91, SD = 0.799). These results imply that many respondents retain interpersonal support and functional routines, which may help preserve stability within the correctional environment.

Table 6. Summary of Quality-of-Life Scores of PDLs (N = 247).

Quality of Life Item (Last Two Weeks)	Mean	SD	Interpretation
1. How would you rate your quality of life?	3.07	1.142	Neither Poor nor Good
2. How satisfied are you with your health?	3.36	1.143	Neither Poor nor Good
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	2.81	0.896	Neither Poor nor Good
4. How much do you need medical treatment to function in your daily life?	2.64	0.939	Neither Poor nor Good
5. How much do you enjoy life?	3.60	0.913	Good
6. To what extent do you feel your life to be meaningful?	2.63	1.233	Neither Poor nor Good
7. How well are you able to concentrate?	3.47	0.949	Good
8. How safe do you feel in your daily life?	3.73	0.804	Good
9. How healthy is your physical environment?	3.62	0.972	Good
10. Do you have enough energy for everyday life?	3.79	0.775	Good
11. Are you able to accept your bodily appearance?	3.70	0.889	Good
12. Have you enough money to meet your needs?	3.43	0.870	Good
13. How available is the information that you need in your day-to-day life?	3.73	0.763	Good
14. To what extent do you have the opportunity for leisure activities?	3.65	0.907	Good
15. How well are you able to get around?	4.03	0.703	Good
16. How satisfied are you with your sleep?	3.87	0.660	Good
17. How satisfied are you with your ability to perform daily living activities?	4.04	0.742	Good
18. How satisfied are you with your capacity for work?	3.91	0.799	Good
19. How satisfied are you with yourself?	3.70	0.889	Good
20. How satisfied are you with your personal relationships?	4.09	0.640	Good
21. How satisfied are you with your sex life?	3.68	1.126	Good
22. How satisfied are you with the support you get from friends?	3.99	0.653	Good
23. How satisfied are you with the conditions of your living place?	3.62	1.009	Good
24. How satisfied are you with your access to health services?	3.83	0.841	Good
25. How satisfied are you with your transport?	3.71	1.207	Good
26. How often do you have negative feelings (e.g., blue mood, despair, anxiety, depression)?	2.34	0.886	Poor
Overall Mean	3.54	11.390	Good

However, lower ratings were observed in areas related to health and emotional well-being, particularly satisfaction with health (M = 3.36, SD = 1.143), overall rating of quality of life (M = 3.07, SD = 1.142), and concerns related to pain, discomfort, or medical needs. These findings reflect persistent constraints commonly

associated with detention settings, such as limited healthcare access and physical discomfort, which may negatively affect perceived well-being.

Overall, the results indicate that respondents may experience reasonable satisfaction in social functioning and daily routines, but they

continue to face challenges in physical health and emotional wellness that require attention through targeted institutional programs.

The positive quality of life (QOL) ratings reported by many persons deprived of liberty (PDLs) in certain domains—such as personal relationships, performance of activities of daily living, mobility, reliance on friends, and work capacity—indicate that many have developed adaptive mechanisms that allow them to retain some sense of normalcy and social connection while incarcerated. These elements reflect eudaimonic well-being, which emphasizes living a life that is meaningful, purposeful, and fulfilling (Ryff & Singer, 2008). High levels of positive relationships, the ability to work or engage in productive activities, and the capacity to perform daily tasks contribute significantly to emotional and psychological stability, even under adverse conditions (Hughes & Clear, 2012).

Personal relationships, in particular, represent a major influence on overall well-being. The reported satisfaction with personal relationships highlights the importance of maintaining social connections, which are vital to mental health despite environmental constraints (Bonta, 2020). Positive interpersonal conditions may mitigate the adverse effects of imprisonment by providing emotional support and fostering a sense of community that is essential for coping and recovery.

However, lower scores in domains such as health satisfaction, general quality of life, physical pain intensity, and the need for medical care indicate persistent challenges faced by PDLs in correctional institutions, particularly in relation to physical health and access to healthcare services. These findings are consistent with earlier studies indicating that healthcare in correctional facilities is often inadequate, resulting in poorer physical health among incarcerated individuals (Maruschak et al., 2021). Limited access to appropriate medical treatment and the experience of persistent physical pain may serve as major barriers to overall well-being. This observation aligns with

the biopsychosocial paradigm, which emphasizes the interconnection of physical, psychological, and social dimensions of health (Engel, 1977).

Moreover, the low score related to the perception that life has meaning suggests that some PDLs may be struggling with existential concerns and a lack of purpose in their daily activities, both of which are central to hedonic and psychological well-being (Keyes, 2009). Prolonged incarceration, particularly under restrictive and stressful conditions, may contribute to feelings of fear, isolation, and meaninglessness, which are detrimental to mental health. Research has shown that a lack of purpose and limited engagement in meaningful activities are associated with poorer mental health outcomes and a higher likelihood of recidivism (Ryff, 2014).

In conclusion, the presence of negative emotions such as anxiety, sadness, despair, and low mood indicates ongoing emotional challenges among many PDLs. Although the absence of severe despair or languishing is encouraging, emotional strains remain evident. Given the restrictive and often isolating environment of prisons, such emotional difficulties are not unexpected and are consistent with existing research on mental health concerns among incarcerated populations (Fazel & Luntamo, 2020).

Association Between Mental Health Status and Quality of Life

Sub-problem No. 3. Significant correlation between mental health status and quality of life among PDLs in the Province of Sultan Kudarat.

Assumption testing using the Shapiro–Wilk test showed a significant result (Shapiro–Wilk = .943, $p < .001$), indicating a violation of normality. Due to non-normal distribution, the study employed Spearman’s rho instead of Pearson’s correlation.

Table 7. Assumption check - Shapiro-Wilk Test for Bivariate Normality.

		Shapiro-Wilk	p
MHtot	QOLtot	0.942	< .001

Results showed a weak but statistically significant positive relationship between mental health status and quality of life ($\rho = .167$, $p = .008$). This implies that higher mental health scores tend to be associated with higher quality of life scores; however, the magnitude of the relationship is small. The finding supports the view that mental health contributes to quality of life, but it also indicates that other factors—

such as physical health status, pain, healthcare access, and environmental limitations—may independently shape the respondents' perceived quality of life.

Based on the test results, the study rejects the null hypothesis and accepts the alternative hypothesis, confirming that mental health status is significantly associated with quality of life among PDLs in the Province of Sultan Kudarat.

Table 8. Association between MHS and QOL (N=247).

Correlation Table

Variable		MHtot	QOLtot
1. MHtot	Spearman's rho	—	—
	p-value	—	—
	Effect size (Fisher's z)	—	—
	SE Effect size	—	—
2. QOLtot	Spearman's rho	0.167**	—
	p-value	0.008	—
	Effect size (Fisher's z)	0.169	—
	SE Effect size	0.065	—
	Kendall's Tau B	0.100*	—
	p-value	0.025	—
	Effect size (Fisher's z)	0.100	—
	SE Effect size	0.042	—

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 8 presents the correlation between the respondents' mental health status and quality of life using Spearman's rho. Based on the computed mean scores, the results show a weak but statistically significant positive relationship between mental health status and quality of life ($\rho = .167$, $p = .008$).

This finding indicates that improvements in mental health status are associated with

corresponding increases in perceived quality of life among persons deprived of liberty (PDLs). The effect size, computed using Fisher's z ($z = .169$ or 16.9%), suggests a small practical effect, with approximately 42 respondents contributing to the significant association. These results support the biopsychosocial perspective, which posits that psychological well-being is closely linked to overall quality of life.

Accordingly, the null hypothesis is rejected, and the alternative hypothesis is accepted, confirming a significant correlation between mental health status and quality of life.

The weak magnitude of the relationship may be attributed to concerns related to health and physical pain, which contributed to lower quality-of-life scores among some respondents. Physical illnesses acquired during incarceration, as well as age-related conditions, may generate anxiety, emotional instability, and even depressive symptoms. At the same time, some PDLs may perceive themselves as mentally well despite restrictions on freedom, which may explain the presence of flourishing mental health among certain respondents.

The weak but significant positive relationship between mental health status and quality of life reflects the complex psychological and social dynamics within correctional environments. Although the correlation is modest, it suggests that improvements in mental health are associated with better perceptions of life quality, even under conditions of confinement. Several theoretical and contextual factors help explain this relationship.

The biopsychosocial theory provides a useful framework for understanding the association between mental health status and quality of life. This perspective emphasizes the interaction of biological, psychological, and social factors in shaping health outcomes (Engel, 1977). Among PDLs, flourishing mental health in a restrictive environment may indicate psychological resilience and the presence of supportive social relationships, both of which contribute to perceived life quality. Keyes (2009) noted that flourishing individuals demonstrate positive functioning, which is associated with higher levels of quality of life even in adverse conditions.

Resilience also plays a significant role in this context. Many PDLs adapt to incarceration by reframing their experiences and finding meaning in them. Such coping strategies may foster flourishing mental health despite confinement. Research on resilience suggests that individuals in difficult circumstances can maintain mental well-being by engaging in positive coping strategies and meaning-making processes (Lamers et al., 2011). Some PDLs

may view incarceration as an opportunity for personal growth or rehabilitation, reflecting aspects of Ryff's (1989) dimensions of psychological well-being, particularly personal growth and autonomy.

Furthermore, Keyes' Mental Health Continuum-Short Form highlights the importance of social and psychological well-being in this relationship. Flourishing mental health includes dimensions such as social contribution, social integration, and psychological growth. PDLs may experience these dimensions through community activities, vocational programs, or personal relationships within correctional settings. Such opportunities may compensate, to some extent, for the deprivation of liberty by fostering a sense of purpose and belonging. Participation in structured programs may enhance environmental mastery and social integration, thereby positively influencing quality-of-life perceptions.

However, the relationship between mental health status and quality of life may be moderated by health- and age-related concerns. Physical health problems, anxiety, limited access to healthcare, and the effects of aging are common challenges among incarcerated populations. These conditions may reduce overall quality of life and weaken the strength of the observed correlation. Chronic stress and inadequate health services have been shown to worsen mental health conditions, particularly among older incarcerated individuals (Westerhof & Keyes, 2010).

Despite these challenges, protective factors such as spiritual beliefs, institutional support programs, and strong family ties may contribute to flourishing mental health and improved quality of life among PDLs. Spiritual practices, for example, may provide hope and purpose, helping individuals cope with the negative effects of incarceration (Koenig, 2012). Similarly, family support and participation in institutional programs can offer emotional and social resources that enhance well-being.

Cultural and environmental influences may also shape how PDLs perceive their mental health and quality of life. In collectivist cultures, where social belonging and family support are highly valued, these factors may play a crucial role in sustaining mental well-being.

This aligns with Keyes' (1998) framework of social well-being, which emphasizes dimensions such as social integration and social contribution. PDLs from such cultural contexts may interpret incarceration as a period for reflection and rehabilitation, enabling them to maintain a sense of flourishing despite external constraints.

In summary, the significant but weak correlation between mental health status and quality of life among PDLs reflects a complex interaction of resilience, biopsychosocial factors, and external support systems. While structural and health-related challenges may limit overall well-being, positive coping strategies, institutional programs, and cultural influences may provide pathways for psychological growth and improved life quality. These findings highlight the need to address the health and social needs of incarcerated individuals while recognizing the potential for resilience and flourishing even within conditions of confinement.

Proposed Mental Health Enhancement Program

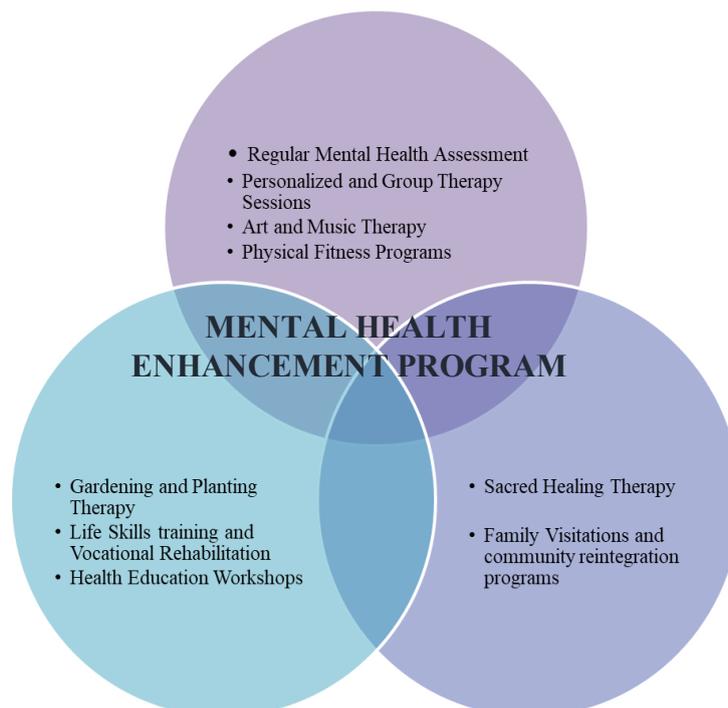
Sub-problem No. 4. Mental health program can be proposed for PDLs in the Province of Sultan Kudarat.

The proposed Mental Health Enhancement Program (MHEP) is designed as a holistic,

evidence-informed intervention for both male and female Persons Deprived of Liberty (PDLs) in the Province of Sultan Kudarat. The program aims to improve mental health and quality of life by integrating therapeutic, psychosocial, physical, and vocational components. Through structured activities and support systems, the program seeks to strengthen emotional resilience, enhance coping skills, and reduce the likelihood of recidivism.

The MHEP emphasizes collaboration among mental health professionals, jail personnel, and community partners. It includes staff training, continuous monitoring, and periodic program evaluations to ensure effectiveness and sustainability. Ultimately, the program aims to create a rehabilitative environment that fosters personal growth, supports emotional stability, and prepares PDLs for successful reintegration into society.

The program focuses on addressing trauma, stress, and related psychological concerns through individual and group-based interventions. It also incorporates recreational, vocational, and educational activities to promote overall well-being. In addition, the program strengthens family and community ties, which are essential for reintegration, while supporting both physical and mental health through fitness, gardening, and health education initiatives.



Program Components Proposed:

1. The program initiates mental health assessments about PDLs to identify their mental health concerns and monitor their progress. They will include psychological screening upon incarceration, mental health check-ups at agreed intervals, and developing individualized treatment plans based on the unique need of each PDL.
2. Personalized and group therapy sessions addressing trauma and building emotional resilience, which include trauma-informed practices, emotional regulation workshops, and peer support groups that create safe spaces for PDLs to share experiences and learn coping strategies.
3. Art and music therapy act as creative escapes for self-expression and emotional release. Painting, drawing, crafting, songwriting, and music offer PDLs a space to express their talents while dealing with their emotions. Exhibitions and performances are avenues for PDLs to present their works, elevating confidence and feelings of purpose.
4. Gardening and planting experiences enhance mental well-being with vocational skills development. The vegetable and flower gardens will be established inside the facility, where this component entails teaching planting techniques and sustainable gardening to grow produce primarily for PDLs' personal consumption or sale. Working with nature reduces stress and improves mood.
5. Life skills training and vocational rehabilitation seek to provide PDLs with tangible skills for reintegration into society. Workshops on communication, conflict resolution, and financial literacy develop essential interpersonal and life skills. Vocational courses such as carpentry, tailoring, and culinary arts provide PDLs with valuable training to increase their employability upon release.
6. Physical fitness programs are included to enhance both physical and mental well-being. The activities will include daily workout routines, yoga and meditation sessions, and games or other recreational activities. In general, being physically active improves mood, diminishes anxiety, and develops discipline.
7. Health education workshops aim at increasing the awareness of mental and physical health. Topics of seminars will include mental health awareness, hygiene, nutrition, and substance abuse prevention, so the PDLs will have the knowledge to live a healthy lifestyle.
8. Family visitation and community reintegration programs intend to lift family ties and prepare PDLs for reintegration into society. Family counselling teams offer organized sessions to restore their input while community-based reintegration support groups advise and motivate them. Coordination with local government units (LGUs) and non-government agencies (NGOs) ensures access to further resources and support networks for the PDLs.
9. Sacred Healing Therapy intends to create emotional healing, resilience, and a sense of purpose in Persons Deprived of Liberty (PDL), achieved through faith-based methods. It aims at leading PDLs into internal peace through guided reflections, spiritual counseling, and community-based worship, thereby achieving moral rejuvenation and personal growth. Activities include one-on-one spiritual mentoring, group meditation sessions, scripture-based discussions, values formation workshops, and the regular conduct of worship services to build emotional strength and facilitate meaningful rehabilitation.

Through the implementation of this comprehensive program, correctional facilities in Sultan Kudarat may foster a more rehabilitative environment that promotes psychological well-being, improves quality of life, reduces recidivism risks, and supports the successful reintegration of PDLs into the community.

Conclusions

Based on the findings of the study, the following conclusions are drawn:

Mental Health Status of PDLs. The results indicate that the respondents generally exhibited a flourishing level of mental health. Many

PDLs reported positive functioning in terms of personal growth, meaningful life experiences, emotional resilience, and social relationships. However, certain aspects—particularly self-acceptance and trust in others—were only moderately rated, suggesting areas that require targeted psychological support to ensure long-term mental health stability.

Quality of Life of PDLs. The overall quality of life of the respondents was rated as good, particularly in domains related to personal relationships, daily functioning, and work capacity. Despite these positive results, lower scores were observed in areas associated with physical health, access to healthcare, and emotional well-being. These findings indicate that improvements in healthcare services and emotional support are necessary to enhance the overall quality of life of PDLs.

Relationship Between Mental Health and Quality of Life. The study found a weak but statistically significant positive relationship between mental health status and quality of life. This suggests that improvements in mental health are associated with better perceived quality of life among PDLs. However, the weak strength of the relationship indicates that other factors, such as physical health conditions, environmental circumstances, and social support systems, also play important roles in shaping overall well-being.

Proposed Mental Health Enhancement Program. Based on the findings, a Mental Health Enhancement Program is proposed to address the identified needs of PDLs. The program integrates counseling services, life skills training, physical wellness activities, spiritual or values-based support, regular mental health assessments, and reintegration initiatives. This comprehensive approach aims to support the physical, emotional, and social well-being of PDLs and to facilitate their successful reintegration into society.

Recommendations

Based on the findings of the study, the following recommendations are proposed for the

Bureau of Jail Management and Penology (BJMP) and related agencies:

1. Implement structured weekly peer-support or group counseling sessions within correctional facilities.
2. Conduct regular mental health screening during intake and periodic evaluations.
3. Increase access to outdoor recreational and physical wellness activities to improve emotional well-being.
4. Develop skills-building and life-purpose programs, including vocational, educational, and spiritual development activities.
5. Strengthen coordination with local government units, health agencies, and mental health professionals to provide counseling and psychiatric services.
6. Provide training for correctional personnel on mental health awareness and psychological first aid.

These measures may help improve the overall quality of life and psychological well-being of persons deprived of liberty, thereby supporting rehabilitation and successful reintegration into society.

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