

**PSYCHOLOGICAL CAPITAL AND MENTAL HEALTH OF
REMAND PRISONERS IN THONBURI REMAND PRISON**

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Thesis
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REMAND PRISONERS IN THONBURI REMAND PRISON**

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ABSTRACT

The purposes of this study were to study the levels of psychological capital (PsyCap) and mental health, to compare PsyCap and mental health by personal and criminal factors, and to investigate the relationship between PsyCap and mental health among remand prisoners. Participants were 356 remand prisoners at Thonburi Remand Prison. Data were collected from a personal and criminal data questionnaire, a Thai Psychological Capital Inventory (TPCI), and a Thai Mental Health Questionnaire (TMHQ). The results found that participants had moderately high levels of PsyCap. There were significant difference in PsyCap by marital status, occupation before confinement, and family responsibilities. More than two thirds (67.8%) of participants had at least one mental health problem (51.7% of depression, 46% of somatization, 45.4% of anxiety, 27.3% of psychosis, and 8.5% of social function). There were significant differences in mental health by age, occupation before confinement, debt, savings in prison, type of prisoner, and number of confinement. Moreover, PsyCap had a negative correlation with all mental health dimensions ($r = -.11$ to $r = -.48$).

KEY WORDS: PSYCHOLOGICAL CAPITAL / PSYCAP / MENTAL HEALTH / PRISONER / REMAND

77 pages

ต้นทุนทางจิตวิทยาและสุขภาพจิตของผู้ต้องขังระหว่างพิจารณาคดีในเรือนจำพิเศษธนบุรี
PSYCHOLOGICAL CAPITAL AND MENTAL HEALTH OF REMAND PRISONERS IN
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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาระดับต้นทุนทางจิตวิทยาและสุขภาพจิต
เปรียบเทียบต้นทุนทางจิตวิทยาและสุขภาพจิตตามปัจจัยส่วนบุคคลและคดี และหาระดับ
ความสัมพันธ์ระหว่างต้นทุนทางจิตวิทยาและสุขภาพจิตของผู้ต้องขังระหว่างพิจารณาคดี ผู้เข้าร่วม
เป็นผู้ต้องขังระหว่างพิจารณาคดีในเรือนจำพิเศษธนบุรี จำนวน 356 คน ข้อมูลถูกรวบรวมจาก
แบบสอบถามปัจจัยส่วนบุคคลและคดี แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย (TPCI) และ
แบบวัดสุขภาพจิตในคนไทย (TMHQ) ผลการศึกษา พบว่า ผู้ต้องขังมีระดับต้นทุนทางจิตวิทยาอยู่
ในระดับค่อนข้างสูง และมีความแตกต่างกันตามสถานภาพสมรส อาชีพก่อนถูกคุมขัง และภาระ
รับผิดชอบในครอบครัว ในด้านสุขภาพจิต พบว่า มากกว่า 2 ใน 3 (67.8%) มีปัญหาสุขภาพจิตอย่าง
น้อย 1 ด้าน (อาการซึมเศร้า 51.7%, อาการทางกายเนื่องจากความผิดปกติทางจิต 46%, อาการวิตก
กังวล 45.4%, อาการโรคจิต 27.3%, และการปรับตัวทางสังคม 8.5%) และมีความแตกต่างกันตาม
อายุ อาชีพก่อนถูกคุมขัง ภาระหนี้สิน เงินฝากในเรือนจำ ประเภทผู้ต้องขัง และจำนวนครั้งที่ถูกคุม
ขัง นอกจากนี้ต้นทุนทางจิตวิทยามีความสัมพันธ์ทางลบกับสุขภาพจิตทุกด้าน ($r = -.11$ ถึง $r = -.48$)

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CHAPTER I

INTRODUCTION

Background and Signification of the Research Problem

Prison is the place of imprisonment or confinement of person convicted of a crime, from misdemeanor to felony. Life in prison, therefore, is full of many hardships. First of all, prisoners must be cut off from their families and outside world and move into the prison which is a congested and uncomfortable place. In the same time, they must face to rigor society in the prison and must follow the regulation strictly. Moreover, they must stay with same sex prisoners and therefore be cut off from heterosexual relationships. The restricted environment could cause them sexual frustration and insecurity from possible harassment both physically and mentally which would cause several mental health problems (Sykes, 1958).

The comparison of mental health between prisoners and general population shows that the prisoners have more mental health problems than general population (Butler et al., 2006). Moreover, many previous studies also shown that mental health problems are critical issues that needed to be taken care of both inside and outside country. In Thailand, the study of mental health among prisoners around country shows that remand prisoners and convicted prisoners have respectively 62% and 53.7% mental health lower than general population (Graipaspong, 2007). In other countries, they found that 43.4% of prisoners in Iran (Sepehermanech, Admadvand, Akashes, & Saei, 2014), 63% in England and Wales (Brooke, Taylor, Gunn, & Maden, 1996), and 78.7% in Greece (Fotaidou, Livaditis, Manou, Kaniotou, & Xenitidis, 2006) have mental disorders. Moreover, they also found that most common problems are depression, anxiety, and at risk of suicide (Fotaidou, Livaditis, Manou, Kaniotou, & Xenitidis, 2006; Sepehermanech, Admadvand, Akashes, & Saei, 2014). Furthermore, Galya Rajanagarindra Institute (2003) also reveals that the prisoners feel anxious, uncomfortable, discouraged, exhausted, and have suicidal ideation. The reasons that cause these feeling are the environment of the prison, regulations of the prisons,

vocational training programs, homosexuality, lack of communication to their families, including possible abusing treatment from the officers and other prisoners to the anticipation of the life after release.

Remand prisoners are the prisoners who are confined in waiting to hear the final judgments from the courts. They must face the negative effects from confinement that their cases have not finished. Facing these situations would provide them more stresses and mental health problems. The uncertainty to hear about their fate cause remand prisoner to be prone to mental health problem than the convicted prisoners who have already known their judgments. Previous studies reveal that remand prisoners have more mental problem than convicted prisoners (Singleton, Meltzer, & Gatward, 1998; Graipasong, 2007). So, being kept in the prison is a major problem both physical and psychological problems. If the prisoners cannot adapt themselves accordingly, this would lead to their mental health problems.

Psychological capital is the positive characteristics and strengths of any individual. It comprised of 4 components: self-efficacy, hope, optimism, and resilience (Luthans, Youssef, & Avolio, 2007). These positive characteristics are key factors in overcoming problems and achieving the goals. When one faces a difficult situation, if he believe in his ability in managing and dealing with that situation, he will not avoid it and see it as a challenging opportunity (Bandura, 1989). This can lead to one's self-revitalize to his normal state of mind, with positive attitude that gives hope for the future. Therefore, a person who has higher psychological capital tend to have a positive attitude that allow them to overcome their problems and thus is less likely to have mental health problems. This support with previous studies that study in work and education context (Riulli, Savicki, & Richards, 2012; Liu, Chang, Fu, Wang & Wang, 2012; Liu, Hu, Wang, Siu, & Ma, 2013; Chonprai, 2014). However, there is no research on the relationship between psychological capital and mental health in the prison context. It would be interesting to study psychological capital which would be essential for the remand prisoners to live in the prison due to the uncertainty of their judgment fate and difficult situation in prison that cause mental health problems. The lack of study in the particular context call to interest that, to what extent, the presence of psychological capital plays an important role to remand prisoner's mental health.

From reasons above, the researcher is interested to conduct the research about psychological capital and mental health of remand prisoners in Thonburi Remand Prison. This prison is established for remand prisoners and has three types of remand prisoners which are awaiting investigation prisoners, awaiting trial prisoners, and pending appeal prisoners. The uncertainty about the judgment in the future and the limited environment are the two main risk factors that make the remand prisoners have mental health problems. The objectives of this research are to study the levels of psychological capital and mental health, to compare psychological capital and mental health by personal and criminal factors, and to investigate the relationships between psychological capital and mental health of remand prisoners. The researcher hopes that this research will be proved useful to the related institutes to plan the most suitable strategies to promote and recover prisoners' mental health, as well as improve the psychological capital of the remand prisoners.

Research Questions

1. Which level of psychological capital and mental health do the remand prisoners in Thonburi Remand Prison are in?
2. Are there any differences in psychological capital and mental health of remand prisoners in Thonburi Remand Prison in accordance to one's different personal factors and criminal factors? How?
3. Are there any correlation between psychological capital and mental health of remand prisoners in Thonburi Remand Prison? How?

Research Objectives

1. To study the levels of psychological capital and mental health of remand prisoners in Thonburi Remand Prison
2. To compare psychological capital and mental health of remand prisoners in Thonburi Remand Prison among ones with varies personal factors and criminal factors
3. To investigate the relationship between psychological capital and mental

health of remand prisoners in Thonburi Remand Prison

Research Hypothesis

1. Remand prisoners in Thonburi Remand Prison with different personal and crime factors will have different psychological capital and mental health.
2. There is a relation between the psychological capital and mental health of remand prisoners in Thonburi Remand Prison.

Research Scope

1. Population and samples in this research are comprised of
 - 1.1 Population are 2,333 remand prisoners in Thonburi Ramand Prison.
 - 1.2 Samples are 360 remand prisoners in Thonburi Remand Prison.
2. Variables used in the research
 - 2.1 Independent variables are
 - 1) Personal factors include age, educational level, marital status, occupation before confinement, family responsibilities, debt, underlying disease, visit, and savings in prison.
 - 2) Criminal factors include type of prisoner, type of offence, length of confinement, number of confinement, the defend of trial, and bail.
 - 2.2 Dependent variables are psychological capital and mental health.

Definitions of Terms

Remand prisoners are defined as the prisoners who are held until a later date when a trial or sentencing hearing will take place. The majority of prisoners on remand have not been convicted of a criminal offence and are awaiting trial following

a not guilty plea. These include prisoners during interrogation in both appeal court and the Supreme Court.

Personal factors are defined as the attributes of prisoners include age, educational level, marital status, occupation before confinement, family responsibilities, debt, underlying disease, visit, and savings in prison.

Age is defined as the year of birth to the year of conducting the research.

Educational level is defined as the highest educational degree in which the prisoners currently obtains.

Marital status is defined as the marital status of the prisoners.

Occupation before confinement is defined as the jobs or works that the prisoners usually do to make a living before confinement.

Family responsibilities are defined as the responsibility of the prisoners to pay the expense for the family member.

Debt is defined as the state of having debt of the prisoner.

Underlying disease is defined as the long unrecoverable illness of the prisoner.

Visit is defined as the frequency of family and friends visit after confinement.

Savings in prison are defined as the money that the prisoner's family entrust to the prison for prisoner's spending.

Criminal factors are defined as the attributes related to the case. Criminal factors include type of prisoner, type of offence, length of confinement, number of confinement, the defend of trial, and bail.

Type of prisoner is defined as kinds of remand prisoners classified by the stages of proceedings which are awaiting investigation prisoners, awaiting trial prisoners, and pending appeal prisoners.

Awaiting investigation prisoner is the person who is accused of guilty and confined by the court's warrant of detention before prosecution.

Awaiting trial prisoner is the person who is accused of guilty and confined by the court's warrant of detention after prosecution and before civil court judges.

Pending appeal prisoner is the person who is accused of guilty and confined by the court's warrant of detention during the judgment of the court of appeals and the Supreme Court.

Type of offence is defined as kinds of lawsuit that the remand prisoners are accused.

Length of confinement is defined as duration since the date that the prisoners have been confined.

Number of confinement is defined as the amount of times that the prisoners have been confined since the first time.

The defend of trial is defined as the act of defending a case in which the lawyers represents the defendant.

Bail is defined as the reason that remand prisoners do not get allowance to set free from the officers, state attorney, or the court.

Psychological capital is defined as specific positive characteristics of an individual that can be measured and improved. It is comprised of 4 aspects which are self-efficacy, hope, optimism, and resilience.

Mental Health is defined as a state of well-being without any psychotic or neurotic symptoms or mental disorders, and being able to adapt to ever changing environments.

Expected Benefits

1. To be able to understand the levels of psychological capital and mental health of remand prisoners in Thonburi Remand Prison.
2. To be able to understand the personal factors and criminal factors which affect the psychological capital and mental health of remand prisoners in Thonburi Remand Prison.
3. To be able to understand the relationship between psychological capital and mental health of remand prisoners in Thonburi Remand Prison.
4. The research outcome can be utilized as a guideline for prisons or related institutes to promote and recover mental health, as well as improve psychological capital of remand prisoners.

CHAPTER II

LITERATURE REVIEW

Researcher has gather information from the documents, ideas, theories and researches which are related to psychological capital and mental health of remand prisoners in Thonburi Remand Prison to form the conceptual framework of this research as sequenced below:

2.1 Concept about prisons and the treatment of remand prisoners

2.1.1 Objectives of punishment

When the guilt occur, society needs a mechanism to handle the guilty or to punish the guilty. The objectives to punish the guilty (Chitsawang, n.d.; Taniyapol, 2013) are as follows:

1) Retribution: The idea of retribution is that whenever someone is found guilty, he shall bear the aftereffect of his action. If anyone gets attacked and that attack caused him to lose his eyes, the injured also hold the right to do the same to his attacker with “An eye for an eye, a tooth for a tooth” concept. In the present day, the importance of this objective has been decreased. However, the punishment is still created to conform with the feeling of the injured and the feeling of general people that want the wrongdoers to get the harsh punishments for their actions.

2) Deterrence: The idea of deterrence is from the Classical School which believes that the guilt take place because normal citizens do not respect the law and men have their own free will to consider to do or not to do anything. People will choose to do what they think is pleasurable and useful; they will not choose to do what they think makes them feel troubled and/or misery. The guilt occur when one think that it is more beneficial to be at risk in committing a crime than not to. In this idea, the

punishments are hereby to deter the guilty action and make others fear in order not to do the same guilt.

3) Incapacitation: The idea of incapacitation is similar to the idea of deterrence as an act of prevention of the crime. The difference is that the punishments from deterrence is to make other people fear and dare not do the same, but the punishment from incapacitation is to fully prevent the wrongdoers to do the same. The forms of these punishment are the death sentence, the prison sentence and the detain sentence which are the sentence to prevent the wrongdoers from the society temporarily or eternally. These punishments bring peace and security to the society. However, these sentences are not always the best way, because eventually the wrongdoers will return to the society. Although he has been sentenced for life, his sentence can be reduced. Moreover, when they return to the society, they may have more grudges against the society; they will cause the problem to the society because they cannot adapt into the current society, or they are rejected by the society.

4) Rehabilitation: The idea of rehabilitation is from Positive School that believes in determinism. It believes that humans do not possess free will. Conversely, humans are under pressure and created from many factors which are biological factors, psychological factors, and social factors. These factors bring defects and cause the guilty. The punishment should not focus on the guilty acts but the punishment should also consider the causes that make the wrongdoers commit the guilt. Rehabilitation is the idea that gives chances for the wrongdoers.

However, the objectives of the punishment in the present day are emphasized on rehabilitation so that the wrongdoers can adjust their thoughts, adjust their behaviors, recover, and do not make the same mistake when they return to the society. Rehabilitation is categorized into vocational training for prisoners, education, moral practice, individual or group counseling, services and entertainment (Chitsawang, 2003).

2.1.2 Classification of prisons by types of prisoners

The prisoners are classified for effective rehabilitation programs. The same types of prisoners need to be in the same prison so that the proper rehabilitation can be

prepared. Classification of prisons by types of prisoners can be categorized as followed (Chitsawang, n.d.):

1) Men's prison is the prison that imprisons many types of male prisoners. Many wings are divided so that prisoners can have proper rehabilitation according to their types of imprisonment such as the prisoners who have offences against property, prisoners who have offences against life and body, and prisoners who have offences against the Drugs Misuse Act. There are many male prisons across the regions because many prisoners are classified into this type of prison.

2) Women's prison or Women's Correctional Institution is the place to imprison only female prisoners because the treatments of women are different from men. All the rehabilitation process would be conducted mostly by female officers. Other male officers in the prison will usually be outside of the wall and do service jobs.

3) Correctional Institution for Young Offenders is the place to imprison young male offenders and will be treated by the specialists. Rehabilitation in this prison is different from other prisons.

4) Correctional Institution for Drug Addicts is a special prison to hold narcotics using prisoners. The specialists need to take better care of them because they require more treatments than prisoner with other crime types.

5) Open Correctional Institution is the prison that prepare the prisoners who are about to set free from their guilt and will be trained to do agricultural works. This kind of prison is different from the closed institution. Open Correctional Institutions mostly have no wall, only normal barbed wire that looks like ordinary farmland.

6) Prison camp is a prison that is used temporarily to detain remand prisoners such as the police stations.

7) Remand prison is a prison to imprison prisoners who are held until a later date when a trial or sentencing hearing will take place. The treatments of remand prisoners are different from convicted prisoners because remand prisoners are still innocent until the judgment proves they are wrong. Normally, they have more rights than convicted prisoners in normal prisons.

This research takes interest in prisoners in waiting to hear their finalize judgment, therefore focuses on remand prison which specifically housed those

type of prisoners. Even though the present-day remand prison tends to also house convicted prisoner, there is a clear separation in imprisonment between the two types.

2.1.3 Treatments of remand prisoners

Correction Act B.E. 2479 states that remand prisoners are prisoners by warrant of detention by the court. The warrant shall be made in cases as followed (Songkroh, 2008):

1) Officers or prosecutor shall ask the court for warranty of detention. There are types of duration in which stated by the law.

2) The court confines the awaiting trial prisoners. In this case, the court can confine prisoners until the court approves temporary release or the defendants are judged to be in jail.

Remand prisoners are the prisoners who are held for judgment from the courts. Remand prisoner can be classified into 3 types as followed:

1) Awaiting investigation prisoner: officers or prosecutor asked the court to provide warranty of detention. The status of that person is an alleged offender.

2) Awaiting trial prisoner: The court has the authority to grant warranty of detention. The status of that person is an accused.

3) Pending appeal prisoner: These are prisoners who the civil court judges them to be in jail already, but they appeal to the court of appeal or the Supreme Court. So, their status of these people are remand prisoners.

It is seen that remand prisoners are still not convicted prisoners because their cases have not yet been finished or found guilty. Thus, the remand prisoners still remain innocent. Ploenjai Taekasem and colleagues' collection of guideline for treatments of remand prison that has shown the vast difference between remand prisoner from convicted prisoner especially in the rights of the remand prisoner is shown as follows:

1) Separation of categories: The remand prisoners are in control of remand prisons. However, if that region has no remand prisons, they shall be confined in central prisons, district prison, or other correctional institutions. The remand prisoners shall be clearly divided from convicted prisoners.

2) Education and work: Education shall be provided to those who want to learn by their own will. Remand prisoners shall work only on their own sanitary work or the sanitary work of the prison. Should the remand prisoner want to do other works, those works shall be considered. However, the remand prisoners cannot work outside the prison except for pending appeal prisoner that needs to work outside as stated by the law of ministry.

3) Clothing: The remand prisoners can dress freely if there are no distribution of shirts, pants or skirts that is stated for the mid-level prisoners. The remand prisoners have to dress the remand prison outfit that is different from other prisoner outfit when they go to the court.

4) Food: The remand prisoners are allowed to eat their private meal; if needed, they will be provided with the high-level convicted prisoners' meal.

5) Visit: The remand prisoners are allowed to be visited in the period that each prison allows and they can also send letters freely. However, they do not get a special visit.

6) Lawyer Visit: The remand prisoners can meet with their lawyers to defend their case in the normal public administration hours. If necessary, they can meet when prison warden allows. However, this meeting is not during the time the officers already took the remand prisoner in to their cells.

7) Medical Treatments: Doctors will examine every remand prisoners since the first date of entry. If the remand prisoners have got an illness during their confinement, the doctors and nurses will provide the medical treatments that is not different from convicted prisoners.

8) Sanitation: The sanitation of the remand prisoners is not different from convicted prisoners. The remand prisoners can voluntarily choose to have their hair cut short or have their hair shaved off or not.

2.2 Effects of imprisonment

Sending the remand prisoners into prison, despite the fact that their cases have not been sentenced, causes several problems of remand prisoners. When prisoners are confined in the total institution, they will be cut off from the outside world and be

under control of the correctional officers. Thus the imprisonment forces them destroy their old self and create their new self. These cause the remand prisoners to lose their usual identities and also their human dignities (Goffman, 1960 cited in Weinstein, 1982). Moreover, imprisonment is also the limitation of rights of the prisoners and would eventually cause pain of imprisonment which Gresham Sykes (1958) explained that imprisonment make the prisoners not only lost their physical freedom but also suffer from psychological pain. Pains of imprisonment consists of five deprivations as follows:

1) The deprivation of liberty: The loss of liberty is the first pressure that remand prisoners have to encounter. Prisoners are cut off from family and outside society. Undoubtedly, they must stay only in the prison. When they enter the prison, they automatically lose the right to travel to any other places. They must have their hair cut short, wear the prisoner outfit, have their own prisoners' numbers and ought to obey and pay respect to prison officers. Moreover, the remand prisoners would feel constraint that they have already lost their status in the society.

2) The deprivation of goods and services: The remand prisoners will be given the basic needs such as meals, dresses, place to stay; their right to purchase goods and services will be kept limited. They do not have their own relaxing places and own time. Even, their forces will be used in vocational training programs.

3) The deprivation of heterosexual relationships: The prisoners will be staying in the prison with same sex prisoners. The cut off from the opposite sex for a long period of time can make the prisoner feel unstable and frustrated. They have a high possibility to become homosexuals.

4) The deprivation of autonomy: The prisoners always need to strictly follow the guidelines and policies under the prison officers. They feel like as if they cannot do anything, as well as feel weak and hopeless. It also makes them think that their freedom are limited.

5) The deprivation of security: The prisoners need to live together with other prisoners which some of them are killers or criminals. They will feel anxious that they can be threatened or bullied by others. They always feel threatened both physically and mentally, especially in the prisons where officers ignore their tasks.

Aside from the pain of imprisonment that the prisoners shall get, Richard Cloward (1960 cited in Wetchwongwan, 1989) stated that the prisoners will have status

degradation since the police officers seized them. When they enter the prison, the prisoners will be condemned and their humanity will be reduced by several means, directly or indirectly. This make the prisoners have low status in the society.

Imprisonment does not only affect prisoners' physical health, mental health, society and human dignity but also other negative effects which will be drawbacks for their changes after their release. Nathee Chitsawang (n.d.) explained that imprisonment will bring negative effects to prisoners' bodies and minds especially for the first imprisonment that will create the most negative effects. The first imprisonment can create prisoners' negative habits, thoughts, and behaviors. When they are in the prison for a long period, the prisonization will happen to them. This will make them feel familiar with the prison and no longer fear again. Moreover, imprisonment also create stigma. The ex-convicts will be seen as forever prisoners. No one wants to befriend with them again. This stigma makes it hard for them to go back to work or study because the society rejects them. Ex-convicts will befriend with ex-convicts and this leads to another crime again. Imprisonment may create the spread of criminal techniques and wrong attitudes about wrongdoing. This may make prisoners who does not have a criminal nature to transform themselves once got influenced by criminal-mind prisoners. It will be hard for them once they absorb this spread and it can be an obstacle for them to change in the rehabilitation stage once released.

From the studies above, the confinement of remand prisoners will make negative effects on prisoners' bodies, minds, thoughts, habits, behaviors and the perception of themselves. These negative effects may damage the psychological capital and mental health of the remand prisoners.

2.3 Concept of Mental Health

Mental health does not only refer to not having any psychotic or neurotic symptoms, but also includes a psychological well-being, self-awareness of one's own capabilities, ability to deal with pressures in life, and working for one's own and society's welfare (World Health Organization, 2005). In addition, Phon Sangsingkeo (1978) defines mental health as a content livelihood with a mental stability, being able to adapt to highly changing environments, and possessing the ability to work and live

contentedly with other people. Therefore, mental health means a state of well-being without any psychotic or neurotic symptoms or mental disorders, and being able to adapt to ever changing environments.

According to DSM-V, psychiatric disorders can be classified into 22 categories (American Psychiatric Association, 2013) as follows:

- 1) Neurodevelopmental disorders
- 2) Schizophrenia spectrum and other psychotic disorders
- 3) Bipolar and related disorders
- 4) Depressive disorders
- 5) Anxiety disorders
- 6) Obsessive-compulsive and related disorders
- 7) Trauma- and stressor- related disorders
- 8) Dissociative disorders
- 9) Somatic symptom and related disorders
- 10) Feeding and eating disorders
- 11) Elimination disorders
- 12) Sleep-wake disorder
- 13) Sexual dysfunction
- 14) Gender dysphoria
- 15) Disruption, impulse-control and conduct disorders
- 16) Substance-related and addictive disorders
- 17) Neurocognitive disorders
- 18) Personality disorders
- 19) Paraphilic disorders
- 20) Other mental disorders
- 21) Medication-induced movement disorder and other adverse effects of medication
- 22) Other conditions that may be a focus of clinical attention

However, this research only aims to screen the mental health status, not to diagnose. Thus, the research has chosen Thai Mental Health Questionnaire (TMHQ) as a tool to classify symptoms accordingly to DSM-IV into five aspects (Phattharayuttawat, Ngamthipwatthana, & Sukhatunga, 1999) as follows:

1) Somatization

Somatization is a form of distress regarding physical concerns, especially in the digestive system, the respiratory system, and the nervous system. There can be other symptoms involved such as headache, pains, and physical aches. This involves a repeated anxiety of various physical conditions over a long period of time.

2) Depression

Some distinctive symptoms of depression include sadness; social isolation; lack of interests in daily activities, concentration and motivation; tired; fatigue; loss of appetite; poor sleep; and other negative thoughts and feelings such as feeling worthless, guilty, bored, discouraged, and despaired, as well as suicidal thoughts.

3) Anxiety

Anxiety shows signs of an anxiety, a frustration, a worry about future events; and may cause some autonomic nervous system symptoms such as palpitations, difficult breathing, nausea, tremor, and panic.

4) Psychosis

Some distinctive signs of psychosis are abnormal thoughts, delusions, hallucinations, and psychotic behaviors.

5) Social function

Social function shows the interpersonal relationships, social engagements, communication, and eagerness in interacting with other people in the society.

This can be understood that mental health problems can manifest in many forms of symptoms which can be physical, cognitive, emotional, social, and behavioral. Many experts define causes of mental health problems; however, according to the bio-psycho-social approach, the causes of mental health problems can be categorized (World Health Organization, 2001) as follows: First factor is biological factors such as genetics, brain and neurotransmitter dysfunctions, and substance abuse. Second factor is psychological factors such as separation, loss, maladaptive learning, and failures of dealing with pressures. Lastly, social factors such as poverty, unemployment, low level of education, societal violence, pollution, social changes, culture, and technology.

Prisoners on remand face many stressful life events including being cut off from the society and family, but put into an uncomfortable prison that is full of rules and restrictions, and may be put together with other inmates whom committed different

types of crimes, in which may lead to physical abuses. In addition, they may face the uncertainty whether they will be judged as innocent or guilty. These circumstances may trigger mental health problems.

2.4 Mental health in prison

A prison is a place for the confinement of people convicted of crimes, so restrictions on some rights are imposed. Being imprisoned thus induces mental health problems. The study of mental health among prisoners convicted of offence against life and body found that both male and female prisoners are aware of their own mental health conditions that they are stressed, frustrated, disheartened, bored, worried, dejected, upset, being pressured, and suppressed, as well as have suicidal ideation. The causes of the stress and mental health problems are the environment, the atmosphere, the rules and regulations, the vocational training, homosexuality, contacting with relatives, the treatment from officers and fellow prisoners, the punishment, and how they see their lives after the release (Galya Rajanagarindra Institute, 2003).

According to the study of mental health of Thai detainees and prisoners in prisons or correctional institutions throughout Thailand using Thai Mental Health Indicator (TMHI-66), it found that most prisoners have lower levels of mental health than the general population. Remand prisoners have lower levels of mental health than the general population at 62%, whereas convicted prisoners have lower levels of mental health than the general population at 53.7% (Graipaspong, 2007).

Moreover, the study of mental disorders among prisoners both in the prisons of Bangkok and in Bangkwang Central Prison implementing the Mini International Neuropsychiatric Interview (M.I.N.I.) found the prevalence of psychosis at 3.4%, major depressive disorder at 10%, severe suicidal risk at 2.3%, and antisocial personality disorders at 15% (Graipaspong, 2002).

The study of depression among prisoners in Uttaradit Prison using Beck Depression Inventory (BDI) found that there is the prevalence of depression at 76.63%, which 8.58% of those have severe depression (Kumkaew, 2005). In addition, the study of mental health among prisoners in Klongpai Central Prison using Symptoms Checklist-90 (SCL-90) found that the mental health levels of various aspects are normal

high, excluding depression and psychosis are higher than average at 61.11% and 47.78%, respectively (Khuntinukoontanon, 1989).

Apart from various types of mental health problems, it found that prisoners also have personality disorders. According to the study of mental health status among sex offenders in Klongprem Central Prison, the prisoners have personality disorders, in which 83.3% are psychopathy (Watiktinkorn, 2006).

Some foreign studies found that in Iran, 43.4% of prisoners have mental disorders, which comprise major depressive disorder at 27.9 %, post-traumatic stress disorder at 17.4%, substance use disorders at 17.4 %, and personality disorders at 28.3%. Moreover, 44.6% of them have suicidal ideation (Sepehrmanech, Ahmadvand, Akasheh, & Saei, 2014).

In England and Wales, 63% of prisoners have mental disorders, which comprise substance abuse at 38%, neurosis at 26%, personality disorders at 11%, psychosis at 5%, and others at 0.5% (Brooke, Taylor, Gunn, & Maden 1996). In Greece, there are 78.7% of prisoners with mental disorders, which comprise anxiety disorders at 37.5%, major depressive disorder at 27.5%, antisocial personality disorder at 37.5%, alcohol dependence at 26.3%, opiate dependence at 27.5%, and schizophrenia or bipolar disorder at 11.2% (Fotiadou, Livaditis, Manou, Kaniotou, & Xenitidis, 2006).

Moreover, the study of mental health in Egypt using Symptoms Checklist - 90 (SCL-90) to study the nine aspects of psychiatric symptoms, that is somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoid, and psychosis shows that 92.5% of the prisoners have at least one mental health problem (Ibrahim, Halim, Wahab, & Sabry, 2014).

It can be understood that prisoners have different types of mental disorders, such as depression, anxiety, psychosis, substance abuse, personality disorders, and suicide risk. Considering the factors related to prisoners' mental health, the results are as follows:

- 1) Age has correlation with mental health (Graipaspong, 2007). It found that young and elderly prisoners have lower levels of mental health than other age groups.

- 2) Educational level has correlation with mental health (Graipaspong, 2007), coping behaviors (Vangpoka, 2005), and adapting to peers, staff, and regulations

(Onkaew, 1996). It found that the prisoners who have higher level of education than primary school can adapt to peers better than those who have lower level of education than primary school. Those who have education level at primary school or lower can adapt to staff better than those who have education level higher than primary school. Finally, those who have education level lower than primary school can adapt to the regulations of the prison better than those who have education level at primary school or higher.

3) Marital status has correlation with coping behaviors (Vangpoka, 2005).

4) Occupation before confinement has correlation with levels of stress. Different occupations reflect different levels of stress (Eakachan, 2006).

5) Family responsibilities have correlation with physical and psychological impacts. Prisoners who have responsibilities to their families have higher impacts than those who do not (Taekasem et. al., 2004).

6) Debt has correlation with economic impacts to family. Prisoners who have debts have more impacts than those who do not (Taekasem et. al., 2004).

7) Underlying disease of prisoners have correlation with the levels of stress (Boonruanglue, 2009).

8) Visit has correlation with levels of stress. Prisoners whose families visit more frequently have lower levels of stress than those whose families visit less often (Eakachan, 2006).

9) Savings in prison have correlation with levels of stress. Prisoners who have savings from their relatives have lower stress than those who do not have any savings from relatives at all (Eakachan, 2006).

10) Type of prisoner has correlation with mental health problems and adapting to the prison's environment. Remand prisoners have higher mental health problems than convicted prisoners (Singleton, Meltzer, & Gatward, 1998). In addition, convicted prisoners can adapt themselves better than remand prisoners (Onkaew, 1996). Furthermore, remand prisoners who are on different stages of proceedings have different levels of stress (Eakachan, 2006).

11) Type of offence have correlation with levels of stress (Eakachan, 2006).

12) Lengths of sentence have correlation with levels of stress (Vangpoka, 2005) and depression. It found that those prisoners who have a long length of sentence

are more depressed than those who have a shorter length of sentence (Motiuk & Porporino, 1991). However, according to the study about depression and suicidal ideation of male prisoners that have tried to commit suicide while being imprisoned, it is found that after one year in the prison, the depression and the thought of committing suicide are lower than during the first period of the detention (Smyth, Ivanoff, & Jang, 1994). In addition, a study in young prisoners found that anxiety and depression decline within six weeks after the detention (Brown & Ireland, 2006). This shows that the longer time spent in prison, the better adjustment the prisoners have (Zamble, 1992).

13) Number of confinement has correlation with stress. The first time prisoners have higher stress than those who used to be imprisoned (Eakachan, 2006). However, the research from Duangta Graipaspong (2007) found that the more frequently they are imprisoned, the more mental health problems they have.

14) The defend of trial and bail have correlation with psychological impacts. Prisoners who seek their own attorneys to defend and those who are denied bail by court have the highest psychological impacts (Taekasem et. al., 2004).

These factors are all associated with mental health problems of prisoners. This is especially important for remand prisoners because they have not only personal factors, but also criminal factors to take into account. Since the trials will prove whether they are innocent or not, their mental health should be related to such factor. Therefore, the researcher decided to study personal factors, that is age, educational level, marital status, occupation before confinement, family responsibilities, debt, underlying disease, visit, and savings in prison; and criminal factors, that is type of prisoner, type of offence, length of confinement, number of confinement, the defend of trial, and bail.

2.5 Concepts of Psychological Capital

Psychological capital arises from two notions, positive psychology and positive organization behavior. Positive psychology is the concept that emphasizes seeking and developing human's strengths more than fixing weaknesses, by encouraging positive experience, individual's positive characteristics, and encouraging them to practice good deeds in order to fulfill life, to have meaningful, quality, and happy life (Seligman & Csikszentmihalyi, 2000). Positive organization behavior

focuses on each individual, applying measurable positive characteristics and strengths that can be efficiently improved and managed in order to achieve expected outcomes, especially in terms of work performance (Luthans, Youssef, & Avolio, 2007).

Psychological capital or PsyCap is specific positive characteristics of an individual that can be measured and improved. Psychological capital has four components: hope, self-efficacy, resilience, and optimism (Luthans, Youssef, & Avolio, 2007). Psychological capital is important for overcoming challenges in order to achieve the desired goals. In other words, an individual has faith in their capabilities to be successful, so he puts his best effort to overcome challenging burdens, and also can explain those situations with positive attributions regarding the current success and in the future. In addition, that person is motivated and has an appropriate means to succeed. Whenever he is faced with obstacles, he can bounce back to moving forward to reach the desired goal. Psychological capital is thus applied in many aspects of life for foremost benefits, such as studying, working, relationship, physical health, and mental health, in order to achieve positive outcomes that are expected (Luthans, Youssef-Morgan, & Avolio, 2015).

Remand prisoners who are cut off from the society and their families to come to spend their time in prison. It is not comfortable, plus danger is around them. There are also fears of the uncertainty of the future. These factors hinder them from living peacefully and achieving their goals of life. Psychological capital thus should be crucial for remand prisoners in living in prison and overcoming obstacles to achieve their desired goals. As a result, it is interesting to study which level of psychological capital of remand prisoners are in, and what are the factors correlated with psychological capital, so that the plan to improve psychological capital of prisoners can be further developed.

The four components of positive psychological capital are defined as follows:

2.5.1 Hope

Hope is a conceptual thought to reach a goal. There are two elements: pathways thinking or way power, which is the ability to perceive a person's own

capability on seeking ways to achieve his goal; and agency thinking or will power, which is the self-motivating approach to follow the plans (Snyder, 2007).

A person shall evaluate the goal's worth and make decision whether to proceed to achieve that goal or not. If he decides to proceed, ways to achieve the goal will be sought. However, unless the sought ways could lead to the goal, alternative ways would be implemented. In addition, he must be able to perform positive self-talk in order to find new alternative ways and motivate himself to get to the goal (Snyder, Lapointe, Crowson, & Early, 1998). Any person who has high hope normally has positive emotions, and is enthusiastic due to the previous successes. On the contrary, anyone who has low hope has negative emotions, and is not lively because he cannot achieve the goal (Snyder & Lopez, 2007). Thus, hope has positive correlation with job satisfaction (Law & Guo, 2015), satisfaction in life, and positive emotions (Madan & Pakenham, 2014). Moreover, hope has negative correlation with anxiety and depression in multiple sclerosis patients and oral cavity cancer patients (Madan & Pakenham, 2014; Rajandram et al., 2011), and has negative correlation with suicidal ideation in students (Thimm et al., 2013).

To develop hope, the first thing to consider is the factors that affect hope, which are goals, motivation, and means to achieve the goals. Therefore, developing hope is derived from setting challenging and worthy goals, and knowing the beginning and the end. In order to develop hope, there are several steps to follow.

- 1) Setting a clear and specific goal that is achievable.
- 2) Setting a more challenging goal to stimulate more effort to seek how to achieve it.
- 3) Splitting the difficult and time-consuming goal into smaller targets. Succeeding each target generates motivation and confidence to find more ways to achieve the goal.
- 4) Allowing people to participate in choosing and making decision at work, as well as giving a reward when the goal is achieved (Luthans, Youssef, & Avolio, 2007).

2.5.2 Self-efficacy

Self-efficacy is a belief that a person is capable of functioning what he wants to do (Bandura, 1997). Self-efficacy affects the following processes (Bandura, 1992a).

1) Cognitive process: A person will set up a goal after evaluating his own ability. Believing in one's ability effects prediction of the future. People who have high self-efficacy are likely to be able to see through the ways to success, but those who doubt their own self-efficacy are likely to see failures, and ponder about possible mistakes. As a result, it is hard to succeed while fighting with those thoughts. So, in order to be successful, it is not only about knowledge or skills, but also believing in one's own ability.

2) Motivational process: When a person anticipates the future, and believes that he can do it; that will motivate him to follow the path to achievement.

3) Affective process: When a person has to face rough situations, if he does not believe that he can control or cope those situations, he will experience with stress, anxiety, or depression; and will keep thinking about that inability to overcome those problems. On the contrary, if a person believes that he can deal with the problems, they will not bother him or trigger any mental health problems (Bandura, 1992b; Bavojdan, Towhidi, & Rahmati, 2011; Maeda et al., 2013; Greco et al., 2014; Blackburn & Owens, 2014).

4) Selection process: A person is likely to select an activity or a situation that he can perform well, while he will try to avoid any situation that is beyond his capability.

Furthermore, self-efficacy also affects other elements of psychological capital. For example, in a context of confinement, those prisoners who have beliefs in their self-efficacy can bounce back after experiencing bad situations. Casio & Luthans (2013) explain that in prison, there are models and persuaders who create self-efficacy among prisoners which leads to other aspects of psychological capital. Prisoners who have high self-efficacy are treated as the models for learning about achievements and motivating fellow prisoners.

According to the study about depression, self-efficacy, and identity of prisoners, it is found that those who have high self-efficacy have low depression (Woods, 2010). In addition, the study about the association of prison adjustment with

belief and cognitive coping style found that self-efficacy is associated with prison adjustment (Sappington, 1996). Some research also suggests that prisoners with high self-efficacy accept prisonization less (Paterline & Petersen, 1999). Prisonization makes prisoners used to being imprisoned. It creates the lack of fears, and that will lead to re-offending.

Apart from mental health, physical health is also associated with self-efficacy. The study about health status, self-efficacy, and health promoting behaviors in elderly prisoners found that prisoners who have higher self-efficacy in health management have a better health and have more involvements in health promoting behaviors than those who have lower self-efficacy (Loeb, 2006).

According to the research, it can be seen that self-efficacy has correlation with depression, physical health, adjustment, and prisonization. These relationships should probably involve with living in prison and remand prisoners' mental health as well.

Self-efficacy can be developed by:

1) Mastery experiences: Self-efficacy mostly comes from past experiences in managing life. Successful experiences shall increase self-efficacy, while failures shall decrease it.

2) Vicarious learning or modeling: Even though being successful by one's own self is utmost important in creating self-efficacy, vicarious learning also triggers self-efficacy, for seeing other people succeed may increase a positive belief that it can happen to the person as well.

3) Social persuasion: Encouraging words give moral support, and if the goal is achieved, the morality increases. Thus, the self-efficacy increases as a result.

4) Psychological and physiological arousal: Being under a pressured and hard circumstance, a person will be stimulated anxiety, stress, and fear. That reduces self-efficacy. On the contrary, a more relaxing circumstance will increase the person's self-efficacy and make him believe he can perform more (Bandura, 1997).

2.5.3 Resilience

Resilience is a positive adaptation process when a person is facing obstacles (Masten, 2001). How well a person can adapt depends on various factors, namely

resilience assets and resilience risk factors. Resilience assets make an individual adapt well, for instance, there are intelligence, self-control, positive self-awareness, problem solving skill, and communication skill. Resilience risk factors are characteristics or situations that make a person adapt poorly, for instance, there are substance abuse, drinking, facing traumatic life events, and unemployment (Masten & Reed, 2002). However, having risk factors do not always automatically lead to failure or the lack of resilience, but it brings out potential, assets, and strengths to cope with obstacles. Thus, it opens to an opportunity for growth and development (Luthans, Youssef-Morgan, & Avolio, 2015).

Developing resilience can be done by avoiding obstacles or preventing causes of anxiety, and developing human assets as follows:

- 1) Human capital - improving experiences, skills, competencies, and education
- 2) Social capital - improving interpersonal relationships and developing social networks
- 3) Other psychological assets such as self-efficacy, hope, and optimism

Developing these aspects makes a person aware of his own thoughts and feelings when facing hardship. It makes a person able to appropriately adapt to any situation (Masten & Reed, 2002). According to some research, resilience has negative correlation with depression (Yu et al., 2014) and anxiety (Min et al., 2013); furthermore, it is a factor that prevents suicidal thoughts (Min, Lee, & Chae, 2015) and Posttraumatic Stress Disorder (PTSD) (Lee et al., 2014).

2.5.4 Optimism

Optimism can be explained by two concepts. The first concept is defined by Scheier & Carver (1987) as optimism is a belief that there are good things more than bad things. People that are optimistic thus have confidence and try to overcome any obstacles until they reach their goals, and they have positive emotions. In contrast, those who are pessimistic and believe there are bad things more than good things are likely to be hesitant to reach their goals, thus there can be anxiety and sadness (Scheier, Carver, & Bridges, 2001). Another concept is defined by Seligman (2011) that optimism is reasoning that all the good things happen because of one's own abilities. They remain

permanent, and can reoccur. On the contrary, they will believe that misfortune happens because of external factors, are temporary, and occur on specific occasion. According to some research, it is found that people who are lower in pessimism have a better mental health than those who are higher pessimism (Colby & Shifren, 2013), and those who are higher optimism have less depression (Horney et al., 2011) and less Posttraumatic Stress Disorder (PTSD) even though they are facing bad circumstances or similar obstacles (Thomas et al., 2011). As for the study about prisoners' optimism, it is found that optimism has negative correlation with depression, anxiety, and negative behaviors after release (the re-offending and substance abuse) (Heigel, 2010).

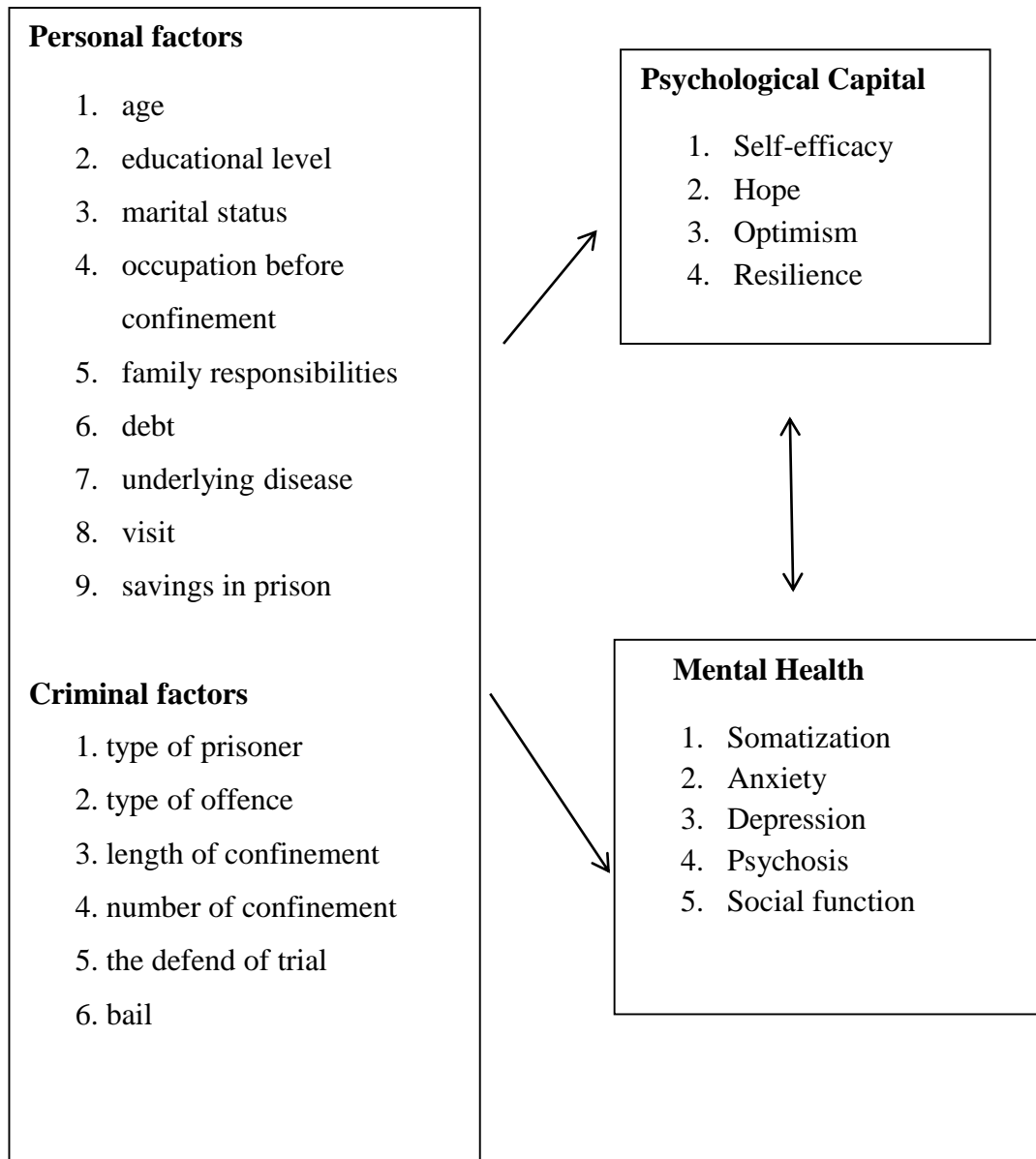
In order to develop optimism, firstly, looking at the past realistically and positively. It means understanding that the unsuccessful events do not happen to him alone, they happened only few times from all the efforts, and even though the goals were not achieved, something good was also gained. Secondly, be content with the present. Being content in the present reduces self-blaming that causes decreasing the spirit to plan and develop oneself. Lastly, looking for opportunities in the future. When a person realistically accepts his true competence, he will be able to seek opportunities by taking his own strengths and weaknesses into account (Schneider, 2001; Luthans, Youssef, & Avolio, 2007).

2.6 Relationships between Psychological Capital and Mental Health

Not only is psychological capital vital for overcoming obstacles in order to succeed, but also for mental health. This can be seen from the research about psychological capital and mental health in workplace, which found that psychological capital has a negative relationship with depression of doctors (Liu et al., 2012) and correctional officers (Liu et al., 2013). Furthermore, in the education field, it is found that psychological capital has negative correlation with stress, somatization, depression, and anxiety of students (Riulli, Savicki, & Richards, 2012). Apart from the aforementioned mental health problems, a study from Chantiporn Chonprai (2014) suggested that psychological capital has negative relationships with psychosis and social function.

Although there are some research about psychological capital in the education and the workplace fields, there is not yet a study about psychological capital and mental health of prisoners, especially remand prisoners who have to face many life problems, including being confined and defending the trials, which all can lead to mental health problems. Thus, the researcher is interested in studying about the levels of psychological capital and mental health in prisoners, and comparing psychological capital and mental health of prisoners with different personal factors and criminal factors. In addition, the research intentionally investigates the relationships between psychological capital and mental health of remand prisoners in order to pave the way to studying and aiding prisoners in terms of mental health and psychological capital in the future.

Conceptual framework



CHAPTER III

METHODOLOGY

The study is survey research. Its objectives are 1) to study the levels of psychological capital and mental health, 2) to compare psychological capital and mental health by personal and criminal factors, and 3) to investigate the relationship between psychological capital and mental health of remand prisoners in Thonburi Remand Prison by employing the survey research methodology.

This research has two approaches.

- 1) Document study, which is the collection of related concepts, theories, literature, and research to construct the conceptual framework.
- 2) Field study, derived from the direct population.

Population and Sample

Population

Because the main objective of this research is to study the levels of psychological capital and mental health of remand prisoners in Thonburi Remand Prison, there is some literature that needs to be reviewed. According to some literature review related to the target population, the research of Wasan Khuntinukoontanon (1989) found that 47.78% of the prisoners in the Klongpai Central Prison have psychosis. Therefore, it is expected that in this study there will be people with psychotic symptoms around 50% (the ratio equals to 0.5).

The population in this study are 2,333 remand prisoners in Thonburi Remand Prison (as of March 2015) (Department of Corrections, 2015).

Sample

The samples are 360 remand prisoners in Thonburi Remand Prison. The sampling and the sample size are derived by the following methods.

1. The sample size is calculated by Yamane (1973) as follows:

$$n = \frac{N}{1+Ne^2}$$

$$n = \frac{2,333}{1+(2,333)(0.05)^2}$$

$$n = 342$$

Whereas, n = Sample size
 N = Total population
 e = Sampling error set at 0.05

From the calculation, the sample size is 342 people. To prevent data loss, an addition of 5% is added. As a result, the sample size of this research is 360 people in total.

2. Quota sampling method was used proportionally to each wing. The data was collected from four wings, that is wings 3, 4, 5, and 6 with the sample of 60, 80, 140, and 80 remand prisoners, respectively. Then, the accidental sampling method was used from the samples who met the requirements, that is being 18 years old or above, understand Thai language, not hearing-impaired, and willing to participate in the research.

Research Instrument

The instrument used to collect data in the research is a questionnaire. This questionnaire is divided into three parts.

Part one consists of questions regarding personal and criminal factors that were constructed by the researcher. Personal factors include age, educational level, marital status, occupation before confinement, family responsibilities, debt, underlying disease, visit, and savings in prison. Criminal factors include type of prisoner, type of

offence, length of confinement, number of confinement, the defend of trial, and bail. This is all check list and open-ended questions.

Part two employs the Thai-Psychological Capital Inventory (TPCI) developed by Haruetaitip Tuntatead (2014). It is an ordinary scale from 1 to 5 of 53 items. It evaluates four aspects of psychological capital: hope, self-efficacy, resilience, and optimism. The reliability coefficients are high (Cronbach's alpha = 0.98). The respondents select their opinions for each item, ranking from 1 to 5, which represent Strongly disagree, Disagree, Agree and/or disagree sometimes, Agree, and Strongly agree, respectively. Mean is used to interpret the meaning. To analyze the data, means at 1.00-1.80, 1.81-2.60, 2.61-3.40, 3.41-4.20, and 4.21-5.00 represent Low, Moderately low, Moderate, Moderately high, and High psychological capital, respectively.

Part three employs the Thai Mental Health Questionnaire (TMHQ) of Sucheera Phattharayuttawat, Thienchai Ngamthipwatthana, and Kanokrat Sukhatunga (1999) as a measure for mental health that was developed accordingly to DSM-IV. It is an ordinal rating scale, 70 items in total. It can differentiate normal people and people with mental disorders with the statistical significance at .001 level. The construct validity can be classified into five aspects: somatization, depression, anxiety, psychosis, and social function. The reliability coefficients for Alpha vary from 0.82 to 0.94. The scores range from 0-4, whereas 0, 1, 2, 3, 4 represent None, Little, Moderate, Quite a lot, and A lot, respectively. However, items 1, 10, 39, 44, 45, 55, 56, 58, 63, 64, 66, 67, 68, 69, and 70 are scored by 4, 3, 2, 1, and 0, meaning None, Little, Moderate, Quite a lot, and A lot, respectively. If the T-score is higher than 65, it means there is a mental disorder in that particular aspect.

Data Collection

The data collection procedures were taken as the following steps:

1. After the research has been approved by the Human Research Ethics Committee, Faculty of Medicine Siriraj Hospital, the researcher contacted the Graduate School of Mahidol University for a request to collect the data at Thonburi Remand Prison, and filed it to the Department of Corrections.

2. The researcher contacted the Prison to arrange for the dates and time for the data collection to take place.
3. The correctional officers announced to the prisoners about the research.
4. The researcher requested for consent from the prisoners, then asked them to answer the questionnaire.
5. The data was collected and statistically analyzed.

Data Analysis

To analyze the data, the questionnaires were collected and examined the completeness of the data. Then the data was processed by SPSS.

The Statistics Used in the Research

1. To analyze personal factors and criminal factors of the remand prisoners in the Thonburi Remand Prison, frequency and percentage are used to explain the data.
2. To analyze the levels of psychological capital and mental health of the remand prisoners in the Thonburi Remand Prison, frequency, mean, and standard deviation are used.
3. To compare psychological capital and mental health of the prisoners in the Thonburi Remand Prison which were categorized by personal factors and criminal factors by using t-test, F-test, and Chi-square test.
4. To investigate the relationship between psychological capital and mental health of the remand prisoners in Thonburi Remand Prison, Pearson Product Moment Correlation Coefficient is used.

CHAPTER IV

RESULTS

This research is a survey research which aims to study the levels of psychological capital and mental health, to compare psychological capital and mental health by personal and criminal factors, and to investigate the relationship between psychological capital and mental health of remand prisoners in Thonburi Remand Prison. The results are shown in four parts as follows:

Part 1 Common characteristics of the sample

Part 2 Levels of psychological capital and mental health of remand prisoners

Part 3 Comparisons of psychological capital and mental health by personal and criminal factors

Part 4 The relationship between psychological capital and mental health

Part 1 Common Characteristics of the Sample

Table 4.1 Personal data (n=356)

Personal data	Total	n (%)
Age (year)	354	
18-25		108 (30.5)
26-39		193 (54.5)
40-59		51 (14.4)
≥ 60		2 (0.6)
Educational levels	356	
< Secondary school		135 (37.9)
Secondary school		196 (55.1)
> Secondary school		25 (7.0)
Marital status	355	
Single		178 (50.1)
Married		105 (29.6)
Divorced/Separated/Widowed		72 (20.3)
Occupation before confinement	356	
Freelance		165 (46.3)
Business/Merchant		97 (27.2)
Unemployed		48 (13.5)
Private employee		32 (9.0)
Farmer		9 (2.5)
Government officer		5 (1.4)
Underlying disease	350	
No		296 (84.6)
NCDs		47 (13.4)
Infectious disease		7 (2.0)

Table 4.1 Personal data (cont.)

Personal data	Total	n (%)
Family responsibilities	350	
No		119 (34.0)
Yes		231 (66.0)
Debt	353	
No		268 (75.9)
Yes		85 (24.1)
Visit	347	
No		72 (20.7)
≥ 1 time/week		108 (31.1)
1-3 times/month		160 (46.1)
> 1 month/time		7 (2.0)
Savings in prison	350	
No		100 (28.6)
Yes		250 (71.4)

The samples comprise male remand prisoners. Their average age is 30.7 ± 8.4 years old, and the age range is from 18 to 67 years old. Most of them graduated secondary school (55.1%). Approximately half of them are single (50.1%), followed by being married (29.6%). Most of them are freelance (46.3%), have family responsibilities (66%), and do not have debts (75.9%) nor underlying diseases (84.6%).

As for visit, most of the prisoners have visitors 1-3 times a month (46.1%), followed by at least once a week (31.1%). In addition, most of them have savings in prison (71.4%).

Table 4.2 Criminal data

Criminal data	Total	n (%)
Type of offence	349	
Drugs		259 (74.2)
Life and body		30 (8.6)
Sex		15 (4.3)
Poverty		34 (9.7)
Others		11 (3.2)
Type of prisoner	282	
Awaiting investigation		118 (41.8)
Awaiting trial		154 (54.6)
Pending appeal		10 (3.5)
Length of confinement (month)	295	
≤ 3		188 (63.7)
3.01-6		24 (8.1)
> 6.01-12		40 (13.6)
> 12		43 (14.6)
Number of confinement	350	
1		213 (60.9)
≥ 2		137 (39.1)
The defend of trial	342	
Yes		73 (21.3)
No		269 (78.7)
Bail	344	
Denied by court		48 (14.0)
No surety/security		149 (43.3)
Plead guilty		133 (38.7)
Others		14 (4.1)

Regarding criminal data, it is shown that most prisoners are alleged for drug charges (74.2%) and are awaiting trial (54.6%), followed by those who are awaiting investigation (41.8%). Most of them have been confined not longer than three months (63.7%), are first time confined (60.9%), and refuse to defend of trial by pleading guilty (78.7%). Moreover, regarding bail, most of them do not have any surety/security (43.3%), followed by those who pledged guilty and did not wish to bail out (38.7%).

Part 2 Levels of Psychological Capital and Mental Health of Remand Prisoners

Table 4.3 Psychological capital level

	n	Min-Max	Mean	SD	Level
Hope	356	1.07-5.00	3.79	0.69	Moderately high
Self-efficacy	355	1.12-5.00	3.75	0.73	Moderately high
Resilience	354	1.00-5.00	3.96	0.75	Moderately high
Optimism	354	1.22-5.00	3.98	0.78	Moderately high
Psychological capital	354	1.09-4.98	3.85	0.68	Moderately high

The remand prisoners have a moderately high level of psychological capital (Mean=3.85, SD=0.68). It is shown that all of them have a moderately high level for each aspect as well. The highest average is in optimism (Mean=3.98, SD=0.78), followed by resilience (Mean=3.96, SD=0.75), hope (Mean=3.79, SD=0.69), and self-efficacy (Mean=3.75, SD=0.73), respectively.

Table 4.4 Mental health status

	Normal	Problem
	n (%)	n (%)
Mental health	113 (32.2)	238 (67.8)
Somatization	191 (54.0)	163 (46.0)
Depression	171 (48.3)	183 (51.7)
Anxiety	194 (54.6)	161 (45.4)
Psychotic	256 (72.7)	96 (27.3)
Social function	323 (91.5)	30 (8.5)

Regarding mental health, the research shown that more than two thirds (67.8%) of the prisoners have at least one mental health problem. The biggest problem is depression (51.7%), followed by somatization (46%), anxiety (45.4%), psychosis (27.3%), and the least problem is social function (8.5%).

Part 3 Comparisons of Psychological Capital and Mental Health by Personal and Criminal Factors

Table 4.5 Comparisons of psychological capital by personal factors

Personal factors	n	Mean (SD)	Statistics	p-value
Age (year)				
18-25	108	3.81 (0.58)	t= -0.867	.387
>25	244	3.87 (0.72)		
Educational level				
< Secondary school	134	3.77 (0.71)	F=1.849	.159
Secondary school	195	3.91 (0.64)		
> Secondary school	25	3.81 (0.78)		

Table 4.5 Comparisons of psychological capital by personal factors (cont.)

Personal factors	n	Mean (SD)	Statistics	p-value
Marital status				
Single	178	3.86 (0.61)	F=5.430	.005 (married > divorced, p= .003)
Married	104	3.98 (0.66)		
Divorced/Separated/ Widowed	71	3.63 (0.80)		
Occupation before confinement				
Unemployed	47	3.53 (0.85)	t = -2.877	.006
Employed	307	3.90 (0.63)		
Family responsibilities				
No	119	3.75 (0.67)	t = -2.004	.046
Yes	229	3.91 (0.67)		
Debt				
No	266	3.86 (0.63)	t = 0.481	.631
Yes	85	3.79 (0.81)		
Underlying disease				
No	294	3.84 (0.64)	t = -1.458	.146
Yes	54	3.93 (0.85)		
Visit				
No	72	3.69 (0.83)	F=2.326	.099
≥ 1 time/week	107	3.95 (0.61)		
1-3 times/month	159	3.84 (0.62)		
Savings in prison				
No	100	3.70 (0.79)	t= -1.925	.055
Yes	248	3.89 (0.62)		

Psychological capital is varied upon marital status, occupation before confinement, and family responsibilities. The research revealed that the prisoners who are divorced, separated, or widowed (Mean=3.63) have lower psychological capital than those who are married (Mean=3.98). Those who were unemployed (Mean=3.53) have

lower psychological capital than those who were employed (Mean=3.90). In addition, those who do not hold any responsibilities to their families (Mean=3.75) have lower psychological capital than those who do (Mean=3.91).

Table 4.6 Comparisons of psychological capital by criminal factors

Criminal factors	n	Mean (SD)	Statistics	p-value
Type of offence				
Drugs	257	3.85 (0.68)	F=0.695	.556
Life and body	30	3.74 (0.79)		
Sex	15	3.67 (0.55)		
Poverty	34	3.85 (0.62)		
Type of prisoner				
Awaiting investigation	118	3.90 (0.59)	t = 0.079	.937
Awaiting trial	153	3.89 (0.64)		
Length of confinement (month)				
≤ 3	187	3.96 (0.54)	F=2.307	.085
3.01-6	24	3.58 (0.75)		
> 6.01-12	40	3.91 (0.68)		
> 12	42	3.81 (0.70)		
Number of confinement				
1	212	3.80 (0.69)	t =-1.624	.105
≥ 2	136	3.92 (0.64)		
The defend of trial				
Yes	73	3.86 (0.75)	t = 0.212	.832
No	268	3.86 (0.63)		
Bail				
Denied by court	48	3.95 (0.62)	F= 1.056	.351
No surety/security	149	3.77 (0.77)		
Plead guilty	132	3.87 (0.56)		

Psychological capital does not vary by criminal factors.

Table 4.7 Comparisons of mental health by personal factors

Personal factors	Normal	Problem	Chi square	p-value
	n (%)	n (%)		
Age (year)				
18-25	20 (18.5)	88 (81.5)	13.721	<.001
>25	93(38.6)	148 (61.4)		
Educational level				
< Secondary school	52 (39.7)	79 (60.3)	5.623	.060
Secondary school	53 (27.2)	142 (72.8)		
> Secondary school	8 (32.0)	17 (68.0)		
Marital status				
Single	59 (33.1)	119 (66.9)	0.788	.675
Married	34 (33.0)	69 (67.0)		
Divorced/Separated/ Widowed	19 (27.5)	50 (72.5)		
Occupation before confinement				
Unemployed	8 (16.7)	40 (83.3)	6.141	.013
Employed	105 (34.7)	198 (65.3)		
Family responsibilities				
No	43 (36.1)	76 (63.9)	1.306	.253
Yes	68 (30.1)	158 (69.9)		

Table 4.7 Comparisons of mental health by personal factors (cont.)

Personal factors	Normal	Problem	Chi square	p-value
	n (%)	n (%)		
Debt				
No	96 (36.4)	168 (63.6)	7.557	.006
Yes	17 (20.2)	67 (79.8)		
Underlying disease				
No	99 (33.9)	193 (66.1)	1.142	.285
Yes	14 (26.4)	39 (73.6)		
Visit				
No	18 (25.4)	53 (74.6)	3.453	.178
≥ 1 time/week	32 (30.2)	74 (69.8)		
1-3 times/month	59 (37.1)	100 (62.9)		
Savings in prison				
No	23 (23.5)	75 (76.5)	4.463	.035
Yes	87 (35.2)	160 (64.8)		

Mental health of the prisoners varies depending on age, occupation before confinement, debt, and savings in prison. Those who are 18-25 years old have more mental health problems than those who are older than 25 years old (81.5% compared to 61.4%). Those who were unemployed have more mental health problems than those who were employed (83.3% compared to 65.3%). Those who have debts have more mental health problems than those who do not (79.8% compared to 63.6%). In addition, those who do not have savings in prison have more mental health problems than those who do (76.5% compared to 64.8%).

Table 4.8 Comparisons of mental health by criminal factors

Criminal factors	Normal	Problem	Chi square	p-value
	n (%)	n (%)		
Type of offence				
Drugs	81 (31.6)	175 (68.4)	3.300	.348
Life and body	12 (40.0)	18 (60.0)		
Sex	2 (13.3)	13 (86.7)		
Poverty	10 (31.3)	22 (68.8)		
Type of prisoner				
Awaiting investigation	30 (25.4)	88 (74.6)	5.075	.024
Awaiting trial	58 (38.4)	93 (61.6)		
Length of confinement (month)				
≤ 3	58 (31.2)	128 (68.8)	3.594	.309
3.01-6	8 (33.3)	16 (66.7)		
> 6.01-12	18 (45.0)	22 (55.0)		
> 12	11 (26.8)	30 (73.2)		
Number of confinement				
1	56 (26.4)	156 (73.6)	8.357	.004
≥ 2	55 (41.4)	78 (58.6)		
The defend of trial				
Yes	24 (34.3)	46 (65.7)	0.122	.727
No	86 (32.1)	182 (67.9)		

Table 4.8 Comparisons of mental health by criminal factors (cont.)

Criminal factors	Normal	Problem	Chi square	p-value
	n (%)	n (%)		
Bail				
Denied by court	11 (23.4)	36 (76.6)	2.736	.255
No surety/security	49 (33.1)	99 (66.9)		
Plead guilty	48 (36.6)	83 (63.4)		

The prisoner’s mental health varies depending on type of prisoner and number of confinement. The awaiting investigation prisoners have more mental health problems than the awaiting trial prisoners (74.6% compared to 61.6%). In addition, the first time prisoners have more mental health problems than those who have been confined (73.6% compared to 58.6%).

Part 4 The Relationship between Psychological Capital and Mental Health

Table 4.9 The relationship between psychological capital and mental health

	Mental Health : Pearson’s correlation (r)				
	Somatization	Depression	Anxiety	Psychosis	Social function
Psychological capital	-.25***	-.11*	-.23***	-.37***	-.48***

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

Psychological capital has a negative relationship with all mental health dimensions. Psychological capital has a relationship with social function the most (r=-.48), followed by psychosis (r=-.37), somatization (r=-.25), anxiety (r=-.23), and has the least relationship with depression (r=-.11).

CHAPTER V

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Discussion

1. The levels of psychological capital and mental health of remand prisoners

There is no previous research that studies about the psychological capital, which is positive characteristics, along with mental health of remand prisoners which is a group of people who have high risk of mental health problems. The purposes of this study are to study the levels of psychological capital and mental health, to compare psychological capital and mental health by personal factors and criminal factors, and to investigate the relationship between psychological capital and mental health among remand prisoners.

Prisoners who live in a prison, which is a restrict place, lose their freedom to live by their own will. These may cause the prisoners think that life is full of unpredictable things and make them feel hopeless, surrender to life, and cannot do anything to improve their performance or to reach their goal according to learned helplessness theory (Maier & Seligman, 1976; Leider, Goodman, & Huys, 2013). Besides, the loss of connection from outside society means the rejection from the society (Sykes, 1958). This may make prisoners feel like a failure and lose self-efficacy. To the point that they cannot explain the situation in a positive way and do not believe they can bounce back. The researcher expects that the psychological capital of remand prisoners should be low. However, this research has revealed that psychological capital of prisoners is a moderately high level. It shows that although prisoners have to face with the difficulty in their life, they believe that they still have potential, motivation, and pathways to reach their goals. Moreover, they can explain the situation in a positive way and can revitalize to a normal state. The inconsistent with the assumption is partly due to the research has specifically been focusing on the remand prisoners that their cases

have not ended yet. The uncertainty of their judgments whether they are innocent or not may make them have hopes and can explain the situation in a positive way. Moreover, they have the rights to consult with their lawyers, in which allow them to predict the possibility of their cases and plan for the future despite the fact that they live in a place that can negatively affect their mental health and cause traumatic events or the situation that can make them have maladaptive behaviors (Masten & Reed, 2002). Nonetheless, these situations do not automatically destroy their resilience. These situations, on the other hand, allow them to bring their potential or other aspect of the psychological capital. This lead to growth and development (Luthans, Youssef-Morgan, & Avolio, 2015). Remand prisoners, therefore, have a moderately high level of psychological capital.

Nevertheless, it is still unclear how the psychological capital of the remand prisoners has changed. The issue should be examined in longitudinal study of the remand prisoners in several stages: Since before they enter the prison, during the time they spend in the prison, during the time they are judged to be convicted prisoners, and before they are released, as well as during each stage of proceeding.

For mental health, this research was conducted by Thai Mental Health Questionnaire (TMHQ), it found that more than two thirds (67.8%) of remand prisoners in Thonburi Remand prison have at least one mental health problem which is close to the research of mental health of prisoners in prisons and correction institutions throughout Thailand that utilized Thai Mental Health Indicators (TMHI-66). It found that 62% of the remand prisoners have lower mental health than normal people (Graipaspong, 2007).

As for prisoners in foreign countries, the researches found that 43.4% of prisoners in Iran (Sepehermanech, Admadvand, Akashes, & Saei, 2014), 63% in England and Wales (Brooke, Taylor, Gunn & Maden, 1996), and 78.7% in Greece (Fotaidou, Livaditis, Manou, Kaniotou, & Xenitidis, 2006) have mental disorders. Those researches considered substance use disorders as well as personality disorders while this research did not conduct on those two disorders. However, from the Egyptian mental health research with Symptoms Checklist – 90 (SCL-90) that considers nine symptoms: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoid and psychosis. It revealed that 92.5% of the prisoners

have at least one mental health problem. This shown that each mental health research methodology in instruments, types of instruments, types of symptoms or mental disorders, and social context can resulted in different outcome of the research.

When considered facets of mental health, this research found that approximately half of the prisoners suffer from somatization, depression and anxiety. Only 8.5% of the prisoners have social function problem. This means that even the prisoners have mental health problems that express through their bodies, depression, and anxiety. They can still interact with other people and can participate social activities. In previous studies, they found that somatization, depression and anxiety are the most common symptoms shown by prisoners (Ibrahim, Halim, Wahab, Sabry, 2014 ; Foutiadou, Livaditis, Manou, Kaniotou, & Xenitidis, 2006). Moreover, they also found that there is a high number of prisoners with personality disorders and substance use disorders (Brooke, Taylor, Gunn, & Maden, 1996; Sepehrmanesh, Ahmadvand, Akasheh, & Saei, 2014). This is an extremely interesting topic to be researched in the future.

2. Psychological capital and mental health by personal factors and criminal factors

When compared psychological capital by personal and criminal factors, this research found that psychological capital of the prisoners are differed by marital status, occupation before confinement, and family responsibilities. The prisoners who are married have more psychological capital than the prisoners who are single, divorced, or separated. It did not find any difference between the prisoners who are single and those two groups. For the research on the teachers, it also found that the married have more psychological capital than the unmarried (Wang, Chen, & Hsu, 2014). For the underground coal miners, it found that the married have more psychological capital than the single, divorced, separated, or windowed (Liu, Xu, Wu, Yang, & Wang, 2015). However, the research on employees in organizations found that marital status is not related with psychological capital (Patapas & Smalskys, 2013). So, the relationship between the marital status and psychological capital is still unclear. It would also be very interesting to conduct the research on the relationship between psychological capital and marital status from other prisons and other groups in the future.

For the occupation before confinement, this research found that the unemployed have less psychological capital than the employed. It may be because employment can indicate the both working and earning skills of the worker. This makes the prisoners who had jobs before confinement have self-efficacy and they also believe in recovery. Those beliefs may make the prisoner create their appropriate goals and explain the situation in a positive way and in reality. This result is consistent with previous research on general population (Lehoczky, 2013). Moreover, psychological capital also has relationship with job performance and job satisfaction (Luthans, Avolio, Avey, & Norman, 2007). This may make the unemployed and the employed have different psychological capital.

For the family responsibilities, this research found that the prisoners who have family responsibilities have more psychological capital than the prisoners who do not possess ones. It might be because the prisoners who have family responsibilities use their responsibilities to be their motivations and goals. Family responsibilities represent the abilities to look after their family members. These can make them feel hopeful and believe in their abilities. Moreover, hopes and beliefs can make them think that they can bounce back and think that better things will come. These reasons can refer that the prisoners who have family responsibilities have more psychological capital than the prisoners who do not have ones. However, it still cannot find obvious causes that make them have different psychological capital. It would be very interesting to conduct researches further.

When compared mental health by personal and criminal factors, this research shown that mental health of the prisoners varies according to age, occupation before confinement, debt, savings in prison, type of prisoner, and number of confinement.

When considered age of prisoners, this research found that the prisoners whose ages range from 18 to 25 or the young prisoners have more mental health problems than prisoners who are above 25 years old. This result is consistent with the mental health research of prisoners in prisons and correction institutions of the United States of America. That research used DSM-IV to diagnose mental disorders. It found that young prisoners have the most mental health problems and the prisoners who are above 55 years old have least mental health problems (James & Glaze, 2006). Moreover,

in the mental health research of the prisoners in Thailand by TMHI-66, it found that young prisoners and elderly prisoners have lower mental health than other groups (Graipaspong, 2007). However, it is still not obvious about the mental health of the elder because there are few elderly prisoners in this research and they are added in the adult group. The mental health research that separate the elder from the adult group would be truly interesting for further study.

For the occupation before confinement, this research found that the prisoners who did not have jobs before confinement have more mental health problems than prisoners who had jobs. This result is consistent with the study of mental health in general population which distinguishes mental health problems for men and women, by using the 12-item version of the General Health Questionnaire (GHQ-12). The research found that the unemployed have more mental health problems than the employed, 2.98 times for men and 1.51 times for women (Artazcoz, Benach, Borrell, & Cortès, 2004). It may be because of two reasons that the employed have higher mental health problems. On one hand, having mental health problems might be obstacles for them to work and to the point that they can no longer work. On the other hand, it is possible that unemployment can cause mental health problems (World Health Organization, 2001). Moreover, financial problem is also one of the factors that create mental health problems (World Health Organization, 2001). From the research of general population, it shown that people who have debt have more mental health problems than people who do not have debt (Jenkinsetal., 2009). So, the result is consistent with this research. Moreover, the researches also show that unemployment and debt have relationship with mental health of prisoners and general population.

The cut off from outside society, family, goods and services is the pain of imprisonment that may leads to mental health problems (Sykes, 1958). This research conducted two factors which are visit and savings in prison. The former is a chance of the prisoners to be able to contact with their families and friends. The latter is that the prisoners can use to buy products in the co-operative stores. The use of money in the prison can reduce the deprivation of goods and services. The previous study found that prisoners who have visit from family and friend have less mental health problems than the prisoners who have not (Kreager, Palmen, Dirkzwager, & Nieuwbeerta, 2016). It is inconsistent with this study which found that visit is not related with mental health. It

may be because of other causes such as the relationship in their families or the story they heard outside of the prison which can make them feel more stressed and anxious (Cochran & Mears, 2013). So, the relationship between visit and mental health is unclear. There should be consideration in the relationship in their families and the regularity of visits included.

For the savings in prison, this research found that prisoners who have savings in the prison have less mental health problems than those who do not have the savings. It is consistent with the study of stress levels among drug offenders. It also found that the offenders who have the savings have lower stress than those who have not (Eakachan, 2006). It might be because the prisoners who have the savings can purchase the products from the co-operative stores. This reduces the deprivation of goods and services. However, the specific causes of the result are still not clear. There should be further studies about the saving in prison.

For the criminal factors, the associated factors of mental health are type of prisoner, which is classified by the stage of proceeding and number of confinement. For the type of prisoner, it found that the awaiting investigation prisoners have more mental health problems than awaiting trial prisoners. It may be because investigation is a stage that needs to collect clear evidences before making a prosecution. It is the first step to find the truth after confinement and the early stage in the prison. However, for the awaiting trial prisoners, the trial is the stage that has clear evidences that can be lead to the guilty of the accused. The court agrees to them. The clearness of evidences and the procedures of the trail may be related to mental health. However, this research did not conduct on the mental health of the pending appeal prisoners because the little quantity of the samples is not enough to compare with other two groups of samples. The mental health research that is related to pending appeal prisoners is a very interesting further research.

For the number of confinement, the prisoners who are confined for the first time have more mental health problems than those who are confined for second times or higher. It may be because it is the first time they are cut off from the family and outside society. They must live in the place that limits their rights and live with the prisoners who commit different cases. These lead to stress, anxiety, and depression (Chitsawang, n.d.). This research is consistent with the research of Ronakorn Eakachan

(2006) that studied the stress of drug prisoners in Central Correctional Institution for Drug Addicts. The research stated that prisoners who are confined for the first time have more stress than the prisoners who were confined before. However, from the research of Duangta Graipasong (2007) that studied about the mental health of the remand prisoners and convicted prisoners in prisons and correction institutions throughout Thailand, it found that the more frequently they are confined, the more mental health problems they have. So, it is unclear about number of confinement and mental health of prisoners. It might be because of other related factors such as the context of prison where the remand prison has more mental health problems than other prisons. The remand prisoners also have more mental health problems than the convicted prisoners (Graipasong, 2007). The mental health problems of remand prisoners and convicted prisoners may occur in different reasons. Remand prisoners have to face the judgments and the uncertainty that would take place in the future whether they are innocent or not. Besides, the stages of proceedings are difficult to understand. These will make the first time prisoners feel unfamiliar with the procedures and feel anxious in the stages of proceeding as well as the result of the trial. This make the first time prisoners have more mental health problems than the prisoners who were confined before. However, for the convicted prisoners, the negative effects of confinement may cause mental health problems. The longer the prisoners stay in the prison, the more negative effects they would receive. However, it is still uncertain about the relationship between number of confinement and mental health of remand prisoners. It should be investigated in longitudinal study.

Overall, there are several factors that are related to mental health which are age, occupation before confinement, debt, savings in prison, type of prisoner, and number of confinement. These are basic information to promote, protect and recover mental health of the remand prisoner in the future.

3. The relationship between psychological capital and mental health

When considered the relationship between psychological capital and mental health, this research found that psychological capital have negative relationship with mental health in all aspects. It goes in accordance with previous study in the studying and work context. In the education context, it found that psychological capital have

negative relationship with stress, somatization, depression, and anxiety (Riolfi, Savicki, & Richards, 2012). Moreover, in the research about psychological capital and mental health of university students by the same questionnaire used in this research, it found that psychological capital also have negative relationship with mental health in all aspects (Chonprai, 2014). For the working context, it found that psychological capital have negative relationship with depression of the doctors (Liu et al., 2012) and the correctional officers (Liu et al., 2013). Furthermore, the previous studies about the relationship between psychological capital and mental health in people who have a high risk of mental health problems. They found that psychological capital have negative relationship with mental health problems which are Posttraumatic Stress Disorder (PTSD), anxiety and depression of the soldier (Krasikova, Lester, & Harms, 2015) and Posttraumatic Stress Disorder (PTSD) of the students after a natural disaster (Li & Huang, 2014). Thus shown that psychological capital is important for mental health in both studying and working context. They are also related for the risk groups. Moreover, they are very essential for the prison context, especially for the social function in relation to the interaction with other people and the participating of the social activities.

The relationship between psychological capital and mental health revealed that the improvement of psychological capital may help reduce mental health problems of the remand prisoners and can help the remand prisoners have better mental health. Inversely, the decrease of mental health problems can lead to better psychological capital.

Psychological capital is the psychological abilities or positive characteristics of human that can be developed. Psychological capital is not just the study of “Who you are”, but it is also related with “Who you are becoming” (Avolio & Luthans, 2006; Luthans & Youssef, 2004). Although psychological capital of remand prisoners is a moderately high, the improvement of the psychological capital will also help the remand prisoners discover their strengths or psychological capacities and get those strengths to overcome the obstacles and achieve their goals. This improvement will help enhancing the psychological capital level (Luthans, Youssef-Morgan, & Avolio, 2015). Psychological capital can be developed by training through video clips, exercises, and positive self-talk (Luthans, Avey, Avolio, Norman, & Combs, 2006). Moreover, psychological capital can be applied to practical working.

For the remand prisoners whose their duration of confinement is uncertain, they also need to take their time to the court and meet the family. The improvement of psychological capital needs to take short duration e.g. 2 – 3 hours (Luthans, Avey, Avolio, Norman, & Combs, 2006) or within 1 day. The purpose of the improvement is for the prisoners to understand about psychological capital and can apply them to overcome many obstacles in daily life and outside the prison. It is also a protection for mental health problems. Besides, psychological capital can be applied with working for the success (Luthan, Avey, Avolio, Norman, & Combs, 2006). Prisons may improve prisoners' psychological capital through the practical working and the vocational training programs for the remand prisoners. The improvement program should be voluntary. The prisons should have different type of vocational training programs to meet the prisoners' desires and interests. Those improvements will make the remand prisoners have more psychological capital and they can use the knowledge from the vocational training programs to work after they are released from the prison. Moreover, when they have better psychological capital, they will have better mental health.

Prisons need to have the improvement of psychological capital together with the promotion of mental health and the recovery of mental health problems, so the prisoners can have better psychological capital and mental health.

Conclusions

1. Psychological capital of remand prisoners is in a moderately high level. There are differences of the psychological capital by marital status, occupation before confinement, and family responsibilities.
2. More than two thirds of remand prisoners have mental health problems. There are differences of mental health by age, occupation before confinement, debt, savings in prison, type of prisoner, and number of confinement.
3. Psychological capital has negative relationship with mental health in all aspects.

Research Limitations

1. The samples are only the male remand prisoners in Thonburi Remand Prison, so it cannot refer to the women remand prisoners or other prisoners in other prisons. Moreover, there are slight quantity of the elder and the pending appeal prisoners. These are the limitations for this research when considered age and type of prisoner.

2. The quota sampling by each wings' proportion is utilized as a data collecting process of this research. However, the researcher was not able to collect the data from the Wing 2 because there were few remand prisoners in this wing and the security was concerned. However, the samples in this research are familiar to the target population. In short, the samples can represent the target population.

3. The instruments are self-rating scale. They are self-perceptions of the samples that could answer better or worse the reality. Moreover, the duration of their confinement also affects their answers. If they have just entered the prison, the scores of their answers would be higher than reality. It is because they were in adjustment period. Moreover, there are also limitations on the understanding of the questionnaire, because the samples do not possess high educational level.

4. The incompleteness of the questionnaire about type of prisoner and length of confinement is a problem to the questionnaire. There are also 79.2% of the samples who answered their type of prisoner and 82.9% of the samples who answered their length of confinement. Moreover, the answering of information on their cases may make them feel distressed and do not want to answer the information. Furthermore, they may not really know the information. These may create the limitations for the answered questionnaire because they worry that it can have effects on their cases.

5. Mental health problems in this research are only basic problem screening. It cannot specifically state that the remand prisoners have mental disorders or not. There should be more diagnosis or specific tools to conduct further research.

Recommendations for future research

1. They should cover all types of prisoners and any ranges of ages.
2. There should be researches about other factors that may affect psychological capital and mental health of remand prisoners such as the use of drugs, cigarettes, and liquor.
3. There should be the plan for deeper and further research such as the questionnaire for the diagnosis process after the mental health screening was done on prisoners. This is to understand the mental health problems of the remand prisoners more clearly. Moreover, there should be a research on common mental health problems of the remand prisoners that can affect psychological capital and mental health such as Substance use disorders, Personality disorders, and etc.

Recommendations for the use of the research

Most remand prisoners have mental health problems, so the prison authority need to focus on the protection and the recovery of those mental health problems. For the protection, there should be much more activities such as recreations, exercises, music, sports, and other activities that make them feel relax, not overstress and spend their time wisely. Moreover, the prisoners should receive psychoeducation for their mental health care. They should be able to know about their mental health more and can take care of their mental health. They should aware their mental health problems and can manage those problems by themselves such as knowing relaxation techniques e.g. breathing exercise for relaxation, thought stopping, thought distraction, and etc. The prisoners should have the information about the relaxation clinic for their mental health advices in the case that they cannot manage those mental health problems by themselves.

In addition, there should be further watching on the groups of remand prisoners who have a high risk of mental health problems such as the groups of young prisoners, group of prisoners who had no jobs, group of prisoners who are confined for the first time, and etc. Those groups may have different needs for their mental health than other groups. For examples, the first time prisoners who have to be confined in the unfamiliar place may have adjustment problems and they cannot predict their future.

Group consulting programs or promoting mental health programs may help the first time prisoners adjust themselves more easily. Moreover, the mental health care management of remand prisoners is not just the management for those who have mental health problems. It should take the differences of each group of prisoners into consideration to have proper management and wise promotion of mental health for further recovering guidelines for each problems and disorders.

Apart from the management and promotion of mental health, the improvement of psychological capital also plays an essential part for the remand prisoners. In early stages in the prison, the prisoners should get the short time training which may take 2-3 hours or within one day to understand about the psychological capital and can utilize each psychological capital effectively. Psychological capital be applied to overcome many obstacles in daily life and outside the prison. It is also a protection for mental health problems.

For the life in the prison, psychological capital should be developed through the practical working and the vocational training programs for the remand prisoners. Prisons should have several types of jobs to meet with prisoners' desires and interests. Moreover, psychological capital can be applied to other activities such as music and sports for the full potential. However, the previous development of psychological capital is in the development of working context. Prisons should adjust accordingly depending on each prison context. Moreover, the participating of remand prisoners for each programs should be voluntary and the prison should consider limitations such as the uncertainty of the length of confinement, the irregularity of the participating, and etc. because the prisoners need to go to the court, meet the lawyers, visit family and friends, and etc.

The improvement of psychological capital may be a helping part for the remand prisoners to overcome life in prison and overcome their obstacles to reach their goals. It may be useful for the remand prisoners in the prison and their occupation after they are released. It may help reduce re-offending and prisonization. Additionally, the improvement of psychological capital may improve mental health of remand prisoners and thus the remand prisoners should improve psychological capital along with the protection and intervention of mental health problems.

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APPENDICES

APPENDIX A

THONBURI REMAND PRISON

Thonburi Remand Prison was built to serve the criminal prisoners in Thonburi district. Its sphere of influence covers Thonburi Criminal Court, Talingchan Provincial Court and Thonburi District Court. The prison control convicted prisoners whose their charges are below 15 years.

Thonburi Remand Prison can be divided into 6 wings as followed:

Wing 1 is the area for the prisoners who are about to be released.

Wing 2 is the high security wing for the prisoners who have serious offences.

Wing 3 is the area for the narcotic prisoners who were charged for the first time.

Wing 4 is the area for the narcotic prisoners who were charged again.

Wing 5 is the area for the new entry prisoners and the area that have vocational training programs.

Wing 6 is the area for the general prisoners.

Prisoner Visit or contact the prisoners

Outsiders can visit or contact the prisoners as stated in the principle of Department of Correction about the visit of the outsiders and the contact with the prison B.E. 2547. Outsiders have to get the permit from the warden or the appointed person by the warden and can visit only when the prison allows.

Thonburi Remand Prison allow the outsider to visit every day from 8.30 to 14.30 (except for the public holiday). One round of visit is 30 minutes. 10 rounds a day. Lunch break is from 12.00 to 13.00 and they can visit only by the schedule of the prison.

Monday for prisoners in Wing 3, 5, 6; Tuesday for prisoners in Wing 2, 4, 6; Wednesday for prisoners in Wing 1, 3, 5; Thursday for prisoner in wing 1, 2, 6; Friday

for prisoner in Wing 1, 3, 5; The new entry prisoners can be visited every day within the first 7 days except for the public holiday.

The savings in prison

Outsider can make a deposit for prisoner as stated in the principle of Department of Correction about the saving of prisoners in prisons and correction institutions B.E. 2529. The prisoners can withdraw the money for 2 cases which are:

1. Normal withdraw for daily usages: Prisoners can withdraw the saving for daily usages 1 time a day for up to 200 Baht. If any prisons or correction institutions desire prisoners to withdraw more than as stated in the principle, those prisons or correction institutions need to ask for the permission of the dean of the department.

2. Special withdraw: If any prisoners want to withdraw the saving for special activities other than daily usages, each prisoner needs to make a request and ask for the warden's consideration.

The prison will create the card instead of the cash for the normal withdraw. The prisoners can use those cards to buy things from the co-operative stores.

The deposit service is open every day (except for the public holiday) from 8.30 to 15.00.

APPENDIX B APPROVAL

2 WAN LANG Rd. BANGKOKNOI
BANGKOK 10700



Tel. +66 2419 2667-72
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Siriraj Institutional Review Board Certificate of Approval

COA no. Si 389/2015

Protocol Title : Psychological capital and mental health of remand prisoners in Thonburi Remand Prison

Protocol number : 295/2558(EC4)

Principal Investigator/Affiliation : Miss Thanaporn Poophalee / Department of Psychiatry
Faculty of Medicine Siriraj Hospital, Mahidol University

Research site : Faculty of Medicine Siriraj Hospital

Approval includes :

1. SIRB Submission Form
2. Proposal
3. Participant Information Sheet
4. Questionnaire
5. Curriculum Vitae

Approval date : July 21, 2015

Expired date : July 20, 2016

This is to certify that Siriraj Institutional Review Board is in full Compliance with international guidelines for human research protection such as the Declaration of Helsinki, the Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP).

Handwritten signature of Prof. Jarupim Soongswang.

(Prof. Jarupim Soongswang, M.D.)

Chairperson

Handwritten signature of Prof. Prasit Watanapa.

(Prof. Prasit Watanapa, M.D., Ph.D.)

Dean of Faculty of Medicine Siriraj Hospital

24 JUL 2015

date

27 JUL 2015

date



ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล
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Chalempakhet Building 8 Floor Siriraj Hospital Bangkok - noi, Bangkok 10700 Thailand. Tel. 662 - 4127542, Fax. 662 - 4113430

ที่ ศร 0517.071/จว 1232

6 ตุลาคม 2557

เรื่อง การขออนุญาตใช้แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย (Thai-Psychological Capital Inventory)

เรียน นางสาวนาภรณ์ ภูผาลี

ตามที่ท่านได้ขออนุญาต ใช้แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย (Thai-Psychological Capital Inventory) เพื่อประกอบการทำวิทยานิพนธ์เรื่อง "Psychological capital and mental health of remand prisoners in Thonburi Remand Prison" โดยมีรศ.นพ. เข็รชัย งามทิพย์วัฒนา เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์ นั้น

มีความยินดีให้ใช้แบบวัดดังกล่าวประกอบการทำวิทยานิพนธ์ และถ้าต้องการทราบรายละเอียดเพิ่มเติมในการนำไปใช้สามารถติดต่อข้าพเจ้าได้ตามเบอร์โทรศัพท์ หรืออีเมลล์ดังที่ใต้ระบุไว้ด้านล่าง

ขอแสดงความนับถือ

(รศ.ดร. สุชีรา ภัทรายุทธวรรณ)

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Chulomphrakiet Building 8 Floor Siriraj Hospital Bangkok - noi, Bangkok 10700 Thailand. Tel. 662 - 4127542, Fax. 662 - 4113430

ที่ ศช 0517.071/ จว 12.31

6 ตุลาคม 2557

เรื่อง การขออนุญาตใช้แบบวัดสุขภาพจิตคนไทย (Thai Mental Health Questionnaire:TMHQ)

เรียน นางสาวนาภรณ์ ภูผาลี

ตามที่ท่านได้ขออนุญาต ใช้แบบวัดสุขภาพจิตคนไทย (Thai Mental Health Questionnaire:TMHQ) เพื่อประกอบการทำวิทยานิพนธ์เรื่อง "Psychological capital and mental health of remand prisoners in Thonburi Remand Prison " โดยมีรศ.นพ. เร็วรัชชัย งามทิพย์วัฒนา เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์ นั้น

มีความยินดีให้ใช้แบบวัดดังกล่าวประกอบการทำวิทยานิพนธ์ และถ้าต้องการทราบรายละเอียดเพิ่มเติมในการนำไปใช้สามารถติดต่อข้าพเจ้าได้ตามเบอร์โทรศัพท์ หรืออีเมลดังที่ได้ระบุไว้ด้านล่าง

ขอแสดงความนับถือ

(รศ.ดร. สุชีรา ภัทรายุทธวรรณ)

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APPENDIX C PARTICIPANT INFORMATION SHEET

เอกสารหมายเลข 3ก

เอกสารชี้แจงผู้เข้าร่วมการวิจัย/อาสาสมัคร
(Participant Information Sheet)

ในเอกสารนี้อาจมีข้อความที่ท่านอ่านแล้วยังไม่เข้าใจ โปรดสอบถามหัวหน้าโครงการวิจัยหรือผู้แทนให้ช่วยอธิบายจนกว่าจะเข้าใจดี ท่านอาจจะขอเอกสารนี้กลับไปอ่านที่บ้านเพื่อปรึกษาหารือกับญาติพี่น้อง เพื่อนสนิท แพทย์ประจำตัวของท่าน หรือแพทย์ท่านอื่น เพื่อช่วยในการตัดสินใจเข้าร่วมการวิจัย

ชื่อโครงการวิจัย ต้นทุนทางจิตวิทยาและสุขภาพจิตของผู้ต้องขังระหว่างพิจารณาคดีในเรือนจำพิเศษธนบุรี

ชื่อหัวหน้าโครงการวิจัย นางสาวธนาภรณ์ ภูมาลี

สถานที่วิจัย เรือนจำพิเศษธนบุรี

สถานที่ทำงานและหมายเลขโทรศัพท์ของหัวหน้าโครงการวิจัยที่ติดต่อได้ทั้งในและนอกเวลาราชการ

ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล หมายเลขโทรศัพท์ 084-742-8730

ผู้สนับสนุนทุนวิจัย ทุนบัณฑิตศึกษา ประเภทที่ 2 คณะแพทยศาสตร์ศิริราชพยาบาล มหาวิทยาลัยมหิดล

การมีส่วนได้ส่วนเสียกับแหล่งทุน ไม่มี มี ระบุ.....

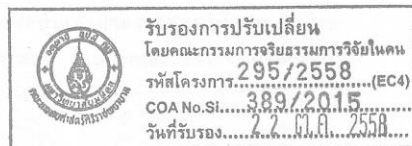
ระยะเวลาในการวิจัย 1 ปี

ที่มาของโครงการวิจัย โครงการวิจัยนี้จัดทำขึ้นเพื่อศึกษาต้นทุนทางจิตวิทยาและสุขภาพจิตของผู้ต้องขังระหว่างพิจารณาคดีในเรือนจำพิเศษธนบุรี เนื่องจากการถูกคุมขังเป็นการจำกัดสิทธิในด้านต่างๆของผู้ต้องขัง ซึ่งอาจมีผลกระทบต่อสุขภาพจิตได้ ทางผู้วิจัยจึงได้ศึกษาร่วมกับต้นทุนทางจิตวิทยาซึ่งเป็นคุณลักษณะเชิงบวกที่สำคัญในการพัฒนาศักยภาพและก้าวผ่านปัญหาที่มีความสัมพันธ์กับสุขภาพจิตหรือไม่ อย่างไรก็ตาม เพื่อเป็นข้อมูลให้กับหน่วยงานที่เกี่ยวข้องในการส่งเสริมฟื้นฟูสุขภาพจิต และพัฒนาต้นทุนทางจิตวิทยาของผู้ต้องขังต่อไป

วัตถุประสงค์ของโครงการวิจัย ศึกษาระดับต้นทุนทางจิตวิทยาและสุขภาพจิต, เปรียบเทียบต้นทุนทางจิตวิทยาและสุขภาพจิตของผู้ต้องขังที่มีข้อมูลส่วนบุคคลและคดีแตกต่างกัน และหาความสัมพันธ์ระหว่างต้นทุนทางจิตวิทยาและสุขภาพจิต

ท่านได้รับเชิญให้เข้าร่วมการวิจัยนี้เนื่องจาก เป็นบุคคลที่มีคุณสมบัติตามเกณฑ์คัดเลือกเข้าศึกษาวิจัย คือ เป็นผู้ต้องขังระหว่างพิจารณาคดีในเรือนจำพิเศษธนบุรี อายุ18ปีขึ้นไป สามารถฟัง พูดและเข้าใจภาษาไทย ไม่มีปัญหาในการได้ยิน และสมัครใจเข้าร่วมการวิจัย

จะมีผู้ร่วมวิจัย/อาสาสมัครนี้ทั้งสิ้นประมาณ 360 คน



หากท่านตัดสินใจเข้าร่วมการวิจัยแล้ว จะมีขั้นตอนการวิจัยดังต่อไปนี้คือ ให้ท่านตอบแบบสอบถามจำนวน 3 ชุด ได้แก่ แบบสอบถามข้อมูลส่วนบุคคลและปัจจัยด้านคดี แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทยจำนวน 53 ข้อ และแบบวัดสุขภาพจิตคนไทยจำนวน 70 ข้อ โดยใช้เวลาประมาณ 20-30 นาที กระบวนการทั้งหมดจะทำให้เสร็จสิ้นในวันเดียวกัน หลังจากตอบแบบสอบถามเสร็จแล้วให้ท่านนำแบบสอบถามไปส่งในกล่องที่ผู้วิจัยเตรียมไว้ โดยให้คว่ำหน้าแบบสอบถามลงไปในกล่องเพื่อไม่ให้สามารถระบุตัวบุคคลได้

ความเสี่ยงที่อาจจะเกิดขึ้นเมื่อเข้าร่วมการวิจัย จากการศึกษาที่คล้ายกัน คือการทำแบบสอบถามประเภทรายงานตนเอง มีโอกาสที่จะเกิดเหตุการณ์ไม่พึงประสงค์น้อย เช่น ข้อคำถามบางข้ออาจก่อให้เกิดความไม่เข้าใจ สงสัย หรือเกิดความกังวลในการตอบ นอกจากนี้ข้อคำถามทั้งหมดยังมีจำนวนค่อนข้างมาก อาจทำให้ท่านรู้สึกเหนื่อย เมื่อยล้าสายตาและเสียเวลาจากการทำแบบสอบถามได้ หากท่านมีอาการเหนื่อยล้าระหว่างการทำแบบสอบถาม ท่านสามารถพักแล้วกลับมาตอบแบบสอบถามต่อได้ ทั้งนี้ข้อมูลที่ได้จากแบบสอบถามจะรายงานผลเป็นภาพรวมจึงไม่สามารถระบุถึงตัวท่านได้ และผลการประเมินจะไม่กระทบต่อความเป็นอยู่และสิทธิด้านอื่น ๆ ของท่าน

หากมีข้อสงสัยที่จะสอบถามเกี่ยวข้องกับกรวิจัย หรือหากเกิดผลข้างเคียงที่ไม่พึงประสงค์จากการวิจัย ท่านสามารถติดต่อ นางสาวนาภรณ์ ภูผาสี หมายเลขโทรศัพท์ 084-742-8730

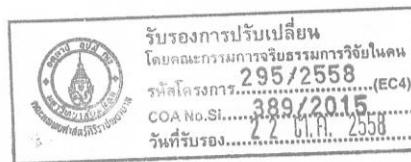
ประโยชน์ที่คิดว่าจะได้รับจากการวิจัย ท่านอาจจะไม่ได้รับประโยชน์โดยตรง แต่ผลการวิจัยที่ได้จะเป็นประโยชน์ต่อส่วนรวมในอนาคต คือสามารถนำไปใช้เป็นแนวทางสำหรับเรือนจำหรือหน่วยงานที่เกี่ยวข้องในการส่งเสริมฟื้นฟูสุขภาพจิต และพัฒนาต้นทุนทางจิตวิทยาของผู้ต้องขังต่อไป

ค่าตอบแทนที่ผู้ร่วมวิจัย/อาสาสมัครจะได้รับไม่มี.....

ค่าใช้จ่ายที่ผู้ร่วมวิจัย/อาสาสมัครจะต้องรับผิดชอบเองไม่มี.....

หากมีข้อมูลเพิ่มเติมทั้งด้านประโยชน์และโทษที่เกี่ยวข้องกับการวิจัยนี้ ผู้วิจัยจะแจ้งให้ทราบโดยรวดเร็วและไม่ปิดบัง

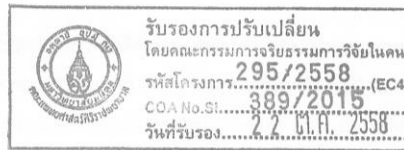
ข้อมูลส่วนตัวของผู้ร่วมวิจัย/อาสาสมัคร จะถูกเก็บรักษาไว้เป็นความลับและไม่เปิดเผยต่อสาธารณะเป็นรายบุคคล แต่จะรายงานผลการวิจัยเป็นข้อมูลส่วนรวม กรณีเป็นการวิจัยทางคลินิก ผลการวิจัยในภาพรวมนี้อาจดูได้จากเว็บไซต์(<http://www.ClinicalTrials.gov> / <http://www.ClinicalTrials.in.th>.) ข้อมูลของผู้ร่วมวิจัย/อาสาสมัครเป็นรายบุคคลอาจมีคณะบุคคลบางกลุ่มเข้ามาตรวจสอบได้ เช่น ผู้ให้ทุนวิจัย ผู้กำกับดูแลการวิจัย สถาบันหรือองค์กรของรัฐที่มีหน้าที่ตรวจสอบ รวมถึงคณะกรรมการจริยธรรม



การวิจัยในคน เป็นต้น โดยไม่ละเมิดสิทธิของผู้ร่วมวิจัย/อาสาสมัครในการรักษาความลับเกินขอบเขตที่กฎหมายอนุญาตไว้

ผู้ร่วมวิจัย/อาสาสมัครมีสิทธิ์ถอนตัวออกจากโครงการวิจัยเมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมการวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบต่อค่าบริการและการรักษาที่สมควรจะได้รับตามมาตรฐานแต่ประการใด

หากท่านได้รับการปฏิบัติที่ไม่ตรงตามที่ได้ระบุไว้ในเอกสารชี้แจงนี้ ท่านสามารถร้องเรียนไปยังประธานคณะกรรมการจริยธรรมการวิจัยในคนได้ที่ สำนักงานคณะกรรมการจริยธรรมการวิจัยในคน อาคารเฉลิมพระเกียรติ ๘๐ พรรษา ๕ ธันวาคม ๒๕๕๐ ชั้น 2 โทร.0 2419 2667-72 โทรสาร 0 2411 0162



APPENDIX D QUESTIONNAIRES

แบบสอบถาม

วิทยานิพนธ์ “ต้นทุนทางจิตวิทยาและสุขภาพจิตของผู้ต้องขังระหว่างพิจารณาคดีในเรือนจำพิเศษธนบุรี”

ส่วนที่ 1.1 ข้อมูลทั่วไป (ปัจจัยส่วนบุคคล)

คำชี้แจง โปรดทำเครื่องหมาย ลงใน ที่ตรงกับตัวท่าน และเติมข้อความลงในช่องว่าง

1. ปัจจุบันท่านอายุ.....ปี

2. ท่านจบการศึกษาในระดับใด

- | | |
|--|--|
| <input type="checkbox"/> 1. ไม่ได้ศึกษา | <input type="checkbox"/> 2. ประถมศึกษา |
| <input type="checkbox"/> 3. มัธยมศึกษาตอนต้น | <input type="checkbox"/> 4. มัธยมศึกษาตอนปลายหรือประกาศนียบัตรวิชาชีพ (ปวช.) |
| <input type="checkbox"/> 5. อนุปริญญา/ประกาศนียบัตรวิชาชีพชั้นสูง (ปวส.) | |
| <input type="checkbox"/> 6. ปริญญาตรี | <input type="checkbox"/> 7. อื่นๆ โปรดระบุ..... |

3. สถานภาพสมรส

- | | |
|--|---|
| <input type="checkbox"/> 1. โสด | <input type="checkbox"/> 2. สมรส/คู่ |
| <input type="checkbox"/> 3. หม้าย | <input type="checkbox"/> 4. หย่าร้าง |
| <input type="checkbox"/> 5. แยกกันอยู่ | <input type="checkbox"/> 6. อื่นๆ โปรดระบุ..... |

4. อาชีพก่อนต้องโทษ

- | | |
|---|---|
| <input type="checkbox"/> 1. ไม่ได้ประกอบอาชีพ | <input type="checkbox"/> 2. ข้าราชการ/รัฐวิสาหกิจ |
| <input type="checkbox"/> 3. พนักงานเอกชน | <input type="checkbox"/> 4. ค้าขาย |
| <input type="checkbox"/> 5. ธุรกิจส่วนตัว | <input type="checkbox"/> 6. เกษตรกร |
| <input type="checkbox"/> 7. รับจ้างทั่วไป | <input type="checkbox"/> 8. อื่นๆ โปรดระบุ..... |

5. ท่านมีภาระในการดูแลหรือเลี้ยงดูสมาชิกในครอบครัวหรือไม่

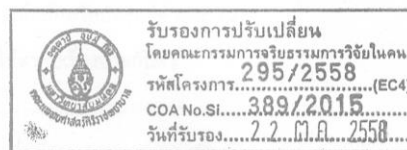
- | | |
|--------------------------------|--|
| <input type="checkbox"/> ไม่มี | <input type="checkbox"/> มี โปรดระบุจำนวน.....คน |
|--------------------------------|--|

6. ท่านมีภาระหนี้สินหรือไม่

- | | |
|--------------------------------|---|
| <input type="checkbox"/> ไม่มี | <input type="checkbox"/> มี โปรดระบุจำนวน.....บาท |
|--------------------------------|---|

7. ท่านมีโรคประจำตัวหรือไม่

- | | |
|--------------------------------|---|
| <input type="checkbox"/> ไม่มี | <input type="checkbox"/> มี โปรดระบุ..... |
|--------------------------------|---|



8. ท่านมีญาติมาเยี่ยมหรือไม่และบ่อยเพียงไร

ไม่มี

มี

..... ครั้งต่อสัปดาห์

..... ครั้งต่อเดือน

..... ครั้งต่อปี

..... ปีต่อครั้ง

อื่นๆ โปรดระบุ.....

9. ญาติได้ฝากเงินให้ท่านหรือไม่

ไม่มี

มี โปรดระบุ บาทต่อเดือน

ส่วนที่ 1.2 ข้อมูลเกี่ยวกับคดี (ปัจจัยด้านคดี)

10. ท่านถูกกล่าวหาว่ากระทำความผิดใด

1. ความผิดตามพ.ร.บ.ยาเสพติดให้โทษ พ.ศ.2522

1.1 เสพ 1.2 มีไว้ในครอบครอง 1.3 มีไว้ในครอบครองเพื่อจำหน่าย 1.4 จำหน่าย

1.5 อื่นๆโปรดระบุ.....

2. ความผิดเกี่ยวกับทรัพย์สิน

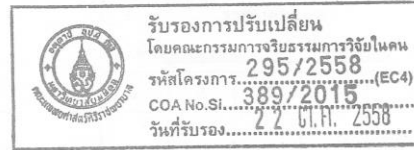
3. ความผิดเกี่ยวกับชีวิต

4. ความผิดเกี่ยวกับร่างกาย

5. ความผิดเกี่ยวกับเพศ

6. ความผิดเกี่ยวกับการปกครอง

7. ความผิดอื่นๆ โปรดระบุ.....



11. ขณะนี้คดีของท่านอยู่ในขั้นตอนใด

1. ระหว่างสอบสวน

2. ระหว่างพิจารณา-ไต่สวน

3. ระหว่างอุทธรณ์-ฎีกา

12. ท่านถูกคุมขังในเรือนจำเป็นเวลาประมาณ.....

13. ท่านเคยต้องโทษในเรือนจำมาก่อนหรือไม่ และการต้องโทษในเรือนจำครั้งนี้เป็นครั้งที่เท่าใด

1. ไม่เคย

2. เคย ครั้งนี้เป็นการต้องโทษครั้งที่.....

14. ท่านต่อสู้คดีความหรือไม่

1. ต่อสู้คดีและจัดหาทนายด้วยตนเอง

2. ต่อสู้คดีและใช้ทนายอาสาหรือทนายขอแรง

3. ไม่ต่อสู้เนื่องจากรับสารภาพ

4. อื่นๆ โปรดระบุ.....

15. เพราะเหตุใดท่านจึงไม่ได้รับการประกันตัว

1. ศาลไม่อนุญาตให้ประกันตัว

2. ไม่มีหลักทรัพย์หรือผู้ค้ำประกัน

3. รับสารภาพว่ากระทำความผิด

4. ไม่ทราบเรื่องประกันตัว

5. อื่นๆ โปรดระบุ.....

ส่วนที่ 2 แบบประเมินต้นทุนทางจิตวิทยาสำหรับคนไทย

คำชี้แจง โปรดทำเครื่องหมาย ✓ ลงในช่องที่ท่านเห็นว่าตรงกับตัวท่านมากที่สุด

ระดับคะแนน 5 หมายถึง เห็นด้วยอย่างยิ่ง

ระดับคะแนน 4 หมายถึง เห็นด้วย

ระดับคะแนน 3 หมายถึง เห็นด้วยและ/หรือไม่เห็นด้วยในบางครั้ง

ระดับคะแนน 2 หมายถึง ไม่เห็นด้วย

ระดับคะแนน 1 หมายถึง ไม่เห็นด้วยอย่างยิ่ง



ส่วนที่ 2.1 ความหวัง

ข้อ	ข้อความ	ระดับคะแนน				
		ไม่เห็นด้วยอย่างยิ่ง		เห็นด้วยอย่างยิ่ง		
		1	2	3	4	5
1.	ฉันมีเป้าหมายในชีวิตที่ตั้งไว้ของตนเอง					
2.	ฉันจะกำหนดเป้าหมายที่ต้องการก่อนที่จะวางแผนทำสิ่งต่างๆ					
3.	ฉันมีเป้าหมายในชีวิตที่ชัดเจน					
4.	ฉันสร้างเป้าหมายเล็กๆก่อน เพื่อนำไปสู่เป้าหมายใหญ่ที่ตั้งไว้					
5.	ฉันวางแผนได้อย่างชัดเจนที่จะไปถึงเป้าหมายที่ตั้งไว้					
6.	ฉันสามารถสร้างหรือค้นหาหนทางที่จะนำไปสู่เป้าหมายที่ตั้งไว้ แม้จะพบกับอุปสรรค					
7.	ฉันสามารถหาวิธีที่จะหลีกเลี่ยงอุปสรรคที่ทำให้เกิดความรู้สึกเครียดได้					
8.	ฉันสามารถหาหนทางที่จะทำให้ตนเองรู้สึกสบายใจได้					
9.	ฉันสามารถหาวิธีข้ามผ่านอุปสรรคต่างๆได้จากประสบการณ์ที่ดีในอดีตของตนเอง					
10.	ฉันมุ่งมั่นที่จะทำสิ่งต่างๆให้บรรลุเป้าหมาย					
11.	ฉันรู้สึกท้อแท้ในการไล่ตามเป้าหมายที่ตั้งไว้					
12.	เมื่อมีปัญหาเกิดขึ้น ฉันก็ยังมุ่งมั่นที่จะไปถึงเป้าหมายที่ได้ตั้งไว้					
13.	จากประสบการณ์ที่ผ่านมา ทำให้ฉันมีแรงจูงใจที่จะพบกับอนาคตที่ดี					
14.	เมื่อเหตุการณ์ไม่เป็นไปตามที่หวังไว้ ฉันยังคงสามารถให้กำลังใจกับตัวเองได้					
15.	ในสถานการณ์ที่มีข้อจำกัดมากมาย ยิ่งทำให้ฉันเกิดพลังที่จะมุ่งไปถึงเป้าหมาย					

ส่วนที่ 3 แบบวัดสุขภาพจิตในคนไทย

คำชี้แจง ข้อความต่อไปนี้ เป็นข้อความที่ให้ท่านสำรวจสุขภาพจิตของท่านในช่วง 1 เดือนที่ผ่านมาว่า ท่านมีอาการดังต่อไปนี้หรือไม่ โดยสำรวจระดับความมากน้อยของอาการที่ปรากฏ ตั้งแต่ระดับ ไม่มี เล็กน้อย ปานกลาง ค่อนข้างมาก และมาก โดยทำเครื่องหมาย ✓ลงในช่องที่ตรงกับตัวท่านมากที่สุด


ไม่มี หมายถึง ท่านไม่เคยมีหรือไม่เคยรู้สึกเลยในตลอดช่วงระยะเวลา 1 เดือน

เล็กน้อย หมายถึง ท่านเคยมีหรือเคยรู้สึก คือประมาณครั้งหรือสองครั้งในช่วง 1 เดือน

ปานกลาง หมายถึง ท่านเคยมีหรือเคยรู้สึกพอประมาณ คือประมาณสัปดาห์ละครั้ง

ค่อนข้างมาก หมายถึง ท่านเคยมีหรือเคยรู้สึกหลายๆครั้งใน 1 สัปดาห์

มาก หมายถึง ท่านเคยมีหรือเคยรู้สึกบ่อยมาก คือเกือบทุกวัน



รับรองการปรับเปลี่ยน
โดยคณะกรรมการจริยธรรมการวิจัยในคน
รหัสโครงการ... 295/2558 (EC4)
COA No. Si... 389/2015
วันที่รับรอง... 22 มิ.ย. 2558

6

ข้อความ	ไม่มี	เล็กน้อย	ปานกลาง	ค่อนข้างมาก	มาก
1.ฉันรู้สึกกระปรี้กระเปร่าและเต็มไปด้วยพลัง					
2.ฉันถูกรบกวนด้วยอาการปวดศีรษะ					
3.ฉันมีความลำบากในระบบการย่อยอาหาร					
4.ฉันรู้สึกมีอาการผิดปกติในกระเพาะอาหาร					
5.ฉันมีอาการปวดตามส่วนต่างๆของร่างกายเกือบตลอดเวลา					
6.ฉันรู้สึกเหนื่อยเกือบตลอดเวลา โดยหาสาเหตุไม่ได้					
7.ฉันไม่มีเรี่ยวแรงเกือบตลอดเวลา					
8.ร่างกายของฉันมีความผิดปกติในระบบต่างๆ					
9.ฉันกังวลเป็นอย่างมากกับอาการทางร่างกาย					
10.ฉันรู้สึกเป็นปกติ					
11.ฉันรู้สึกเศร้า					
12.ฉันรู้สึกไม่มีสมาธิกับงานหรือสิ่งต่างๆที่ทำในชีวิตประจำวัน					
13.ฉันรู้สึกหมดความสนใจกับงานอดิเรกที่เคยมี					
14.ฉันรู้สึกไม่สนุกกับสิ่งต่างๆเหมือนเช่นเคย					
15.น้ำหนักของฉันลดลงประมาณ 1-2 กิโลกรัม ในช่วง 1 เดือนที่ผ่านมา โดยที่ฉันไม่ได้พยายามควบคุมหรือมีการเจ็บป่วยทางร่างกาย					
16.ฉันรู้สึกเบื่อหน่ายและท้อแท้					
17.ฉันรู้สึกเซื่องซึมและเซื่องซึมไม่ยอมทำอะไร					
18.การนอนของฉันผิดปกติและรบกวนฉัน					
19.ฉันใช้เวลามากกว่าเดิมในการนอนตอนกลางคืน					
20.ฉันรู้สึกหมดกำลังใจ					
21.ฉันรู้สึกไม่มีค่าและละอายใจตนเอง					
22.ฉันรู้สึกผิดเกือบตลอดเวลา					

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