Parc Prison
An evaluation of peer-led self-management training within a prison setting
The Mental Health Foundation, incorporating the Foundation for People with Learning Disabilities (FPLD), is the leading UK charity working in the field of mental health and learning disability. We combine policy, research, campaigning and service development to promote good mental health and to improve services for anyone affected by mental health problems or with a learning disability.
1. Introduction

1.1 The Mental Health Foundation in partnership with G4S delivered self-management with peer support courses to vulnerable prisoners at HMP & YOI Parc between October 2013 and December 2016. It was a challenging project to develop and deliver, eliciting a great deal of new learning for the Foundation and HMP & YOI Parc, as well as some positive improvements for some prisoners. This report presents the findings from an evaluation of prisoners who took part in the self-management training as well as facilitators and other key stakeholders involved in the development of the project. Hearing from prisoners directly gives us an insight into how self-management can give them an opportunity to see beyond the boundaries of their current situation, support them to achieve realistic goals and build positive relationships that all work towards improving wellbeing.
Question?

What is self-management?
It’s learning how to cope
Making informed decisions everyday
And never giving up hope.

Realising you can help yourself
With commitment and with stealth
Everyone should understand
You can manage your mental health

It isn’t a magic solution
There is no special plan
It’s taking things one step at a time
And becoming the ‘Better Man’

It’s taking back control again
No time to whinge and moan
You can make this work for you
No-one else – just you alone

It’s adapting to a lifestyle
But always thinking things through
And with a better understanding
The rewards will come back to you

The journey starts with little steps
And your life is one big stroll
Stand tall and repeat these words
“I’m taking back control”

Written by prisoner HMP/YOI Parc
2. Summary

2.1 It is well documented that the prevalence of psychiatric morbidity and substance misuse is higher among prisoners than the general population.1,2 Indeed, the growing prison population means that there are now more people in prison with mental illnesses than ever before.3

2.2 The Mental Health Foundation, in partnership with G4S, piloted a self-management and peer support project for adult male prisoners within HMP & YOI Parc. The project took place over three years and aimed to improve the wellbeing of participants through goal setting, problem solving, planning, decision making and self-intervention.

2.3 Mental health: Fifty percent of our sample stated that they had concerns with mental ill-health. At both T2 and T3 many of the participants felt that attending the programme had directly impacted positively upon their own mental health.

2.4 Wellbeing: Participants felt that their wellbeing had improved due to taking part in the self-management programme and wellbeing scores showed a significant from T1 to T2. However, due to the small sample size, tests performed were underpowered, which reduces the likelihood that a statistically significant result reflects a true effect.

2.5 Goal setting: Goal setting was initially challenging for the participants, however, throughout the course of the training they began to appreciate goal setting as a tool for improving positivity and sense of control, despite living in custody.

2.6 Peer support. The constraints of the prison environment meant that it was difficult to develop peer support beyond the life of the course. Taking part in the course however appeared to have emphasised the importance of establishing supportive relationships and the participants began to seek out peer support within their own prison wing.

2.7 Studies show that a high proportion of the prison population have mental health problems, for which they need appropriate care and support.4,5 The prison environment can be particularly tough for those with mental health problems, as factors such as distance from family and isolation can make coping particularly difficult. With the stresses of prison life, and disparity in the prevalence of mental health problems amongst detainees compared to the community, it is essential that prisons are properly supported to provide comprehensive mental health care.

2.8 This report recommends further research and development of peer-led self-management across a range of prison populations that can build on the positive outcomes and distil the considerable amount of new learning that has accrued from the Parc project.
3. Background

3.1 What is self-management?

3.1.1 Self-management in general refers to the methods, skills and strategies by which individuals can effectively manage their own activities towards the achievement of their objectives.\(^5\) It is only in recent years that self-management programmes have been developed to help individuals with mental health problems.\(^7\)

3.1.2 Self-management of mental health and wellbeing refers to individuals having direct control of their symptoms and effectively taking care of themselves through goal setting, problem solving, planning, decision making and self-intervention.\(^6,9,10\) Despite evidence supporting the utility of self-management models in mental health problems there are limited studies evaluating the efficacy and effectiveness of the self-management model, furthermore little is known about the use of such programmes in criminal justice settings.\(^11\)

3.1.3 In 2009, the Mental Health Foundation launched a self-management training intervention in Wales, which was developed and delivered by people with a range of mental health conditions (typically schizophrenia, personality disorders, bipolar disorder or severe chronic depression). Whilst the self-management approach had already proved successful in supporting people with chronic physical health conditions, this project pioneered its use in applying it to severe mental health conditions and was successful in supporting people to better manage their condition. The findings also suggested that self-management could also be effectively used by other population groups to maintain good mental health.\(^12\)

3.1.4 The Mental Health Foundation approach to self-management includes peer support and can be summarised as:

- **Control** – people should be in as much control of their lives as possible and able to make their own decisions and choices as far as possible.

- **Life orientated, not condition orientated** – the focus is on people’s lives, minimising the negative impact that a condition/diagnosis may have on their lives.

- **Asset/Strength based** – peoples’ experience can be turned into expertise. The facilitators share direct experience with the participants.

- **Working Together to find solutions (peer support)** – recognising that we are all part of a community and relationships are a key element of everyone’s existence (peer support).

- **Developing new skills**: building individuals capacity to manage and improve their lives through goal setting, action planning, problem solving.\(^13\)
3.2 HMP & YOI Parc

3.2.1 HMP & YOI Parc is a category B prison and young offender institution holding male adults, young adults and young people. HMP & YOI Parc is operated under contract by G4S Care and Justice Ltd.

3.2.2 Located in Bridgend, South Wales, Parc was the first prison to be built in the UK under the private finance initiative (PFI) and opened in November 1997. G4S Care & Justice Ltd has a 25-year operating contract to manage the prison on behalf of HM Prison Service, which has six years left to run.

3.2.3 The prison accommodates 1038 convicted male adult prisoners and remand prisoners, convicted young offenders and young people in a secure but modern environment.

3.2.4 The prison also has a separate, purpose designed Vulnerable Prisoner Unit (VPU), with its own regime and facilities for prisoners which opened in January 2015 to accommodate vulnerable prisoners. The block can accommodate 387 prisoners within three units.

3.2.5 The Three units within the VPU has a total of 216 cells holding a mix of convicted and remand adults and young adults: X1 and X2 hold standard- and basic-level prisoners; X3 holds enhanced- and standard-level prisoners, and includes the assisted living unit and older prisoners unit.

3.2.6 The Self-management training programme (apart from one course) was based within the Vulnerable Prisoner Unit (VPU) at Parc Prison and therefore the majority of participants were all categorised as ‘vulnerable’.

3.3 What categorises a prisoner as vulnerable?

3.3.1 Prisoners at risk of bullying, suicide or self-harm are categorised as ‘vulnerable prisoners’ and may be segregated from the main prison population for their own protection.

3.3.2 ‘In Safe Hands’, the Welsh Assembly Government Guidance on the Protection of Vulnerable Adults in Wales (2000) defines a ‘vulnerable adult’ as anyone over the age of 18 who “is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation”.

3.3.3 Vulnerable prisoners based in the VPU at HMP Parc tended to be predominantly those who had committed sexual offences, however our sample included others who were also considered ‘at risk’, for example an ex police officer, a number of transgender prisoners and ‘high-profile’ offenders.

3.3.4 In March 2014, 16% of the sentenced adult male prison population in the UK had been convicted of a sexual offence. Despite several studies suggesting that they are uniquely victimised in prison, almost no research has been undertaken in their unique prison experiences.

3.3.5 The Howard League for Penal Reform undertook some research into
the experiences of sex offenders at Whatton prison, which is a therapeutic environment solely for those who have committed sexual offences. They found that the experience of imprisonment in Whatton was remarkably different to that in a mainstream prison. The drugs economy was underdeveloped, contributing to its sense of safety. The lack of a culture of ‘hypermasculinity’ allowed prisoners to display weakness and friendships to develop. The struggle however of managing their identities against the pressure of their offences, the condemnation of the outside world and the concealed judgement of other prisoners constituted an additional pain of imprisonment for Whatton’s residents.

3.3.6 Vulnerable prisoners therefore, not only experience the difficulties of mainstream prisoners, such as being separated from family and friends, they may also experience additional pressures, which would be likely to impact upon their mental health and wellbeing.

3.4 Mental Health and Prison

3.4.1 It is well documented that the prevalence of mental ill-health (and substance misuse) is higher among prisoners than the general population. In 1997, the Office of National Statistics published a landmark report on the mental health of prisoners. This took samples from all prisons in England and Wales, interviewing over 3,000 prisoners. It confirmed that levels of psychiatric morbidity, ranging from common mental disorders to psychosis, personality disorder and drug and alcohol problems, were greatly in excess in prisoners, in comparison to the general population. The highest estimation is that up to 90% of prisoners suffer mental ill health.

3.4.2 The Bradley review called for a repeat of the national survey to provide up-to-date data for treatment provision strategies. The government accepted this recommendation, but no such study has yet been commissioned.

3.4.3 Recent research was carried out in two London prisons. The research found that the use of psychiatric services was strikingly high in the year before imprisonment. Findings showed that 25% had been in touch with mental health services in the year prior to being detained, of those 7.4% reported a period of admission to a psychiatric hospital, and 38% had a keyworker (not necessarily provided by mental health services).

3.4.4 The table below highlights the percentage of prisoners who met diagnostic criteria for a mental health problem, in comparison to the general population.
Table 1 Proportion of respondents who had met diagnostic criteria.

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prison population</th>
<th>General Population (Singleton 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>14%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>78%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>36%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>32%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Drug Dependency</td>
<td>55%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

3.4.5 The relationship between mental ill-health and criminal behaviour is extremely complex. An Inquiry by the Equality and Human Rights Commission found that many people enter the criminal justice system as a result of not receiving adequate treatment for a mental health problem beforehand.21

3.4.6 However, there is widespread concern that the prison environment, with its rules and regimes, may have a detrimental impact on the mental health of prisoners, and those with mental health conditions in particular.22 Factors such as overcrowding, separation from family and friends, boredom and loss of autonomy have all been recognised as being potentially damaging to mental health.23, 24

3.5 What is the current picture of life in prison in the UK?

3.5.1 A 2015 prison inspectorate report presented a very negative portrait of life in prisons across England and Wales.25

3.5.2 The report found that more prisoners were murdered, killed themselves, self-harmed and were victims of assaults than five years ago. The number of self-harm incidents involving male prisoners had risen steadily over the last five years to 18,995 incidents in the year ending December 2014. This was almost a third higher than the year to December 2010.

3.5.3 Purposeful activity was only considered adequate in 25% of adult male prisons and in a survey carried out by the inspectorate 35% of male
prisoners reported experiencing issues regarding wellbeing or mental ill-health.

3.5.4 The latest report from an unannounced inspection of HMP & YOI Parc also reflected these adverse findings; the number of violent incidents had increased significantly since the previous year and in a survey carried out by the inspectorate one in five prisoners said they felt unsafe and a third had been victimised by other prisoners. ‘Legal highs’ were found to be a significant threat to the safety of prisoners and the stability of the prison.

3.5.5 Mental health provision within the prison was found to be inadequate. Funding for secondary mental health support had not increased since the prison population had expanded, and consequently provision was too limited. Prisoners were overwhelmingly negative regarding the support they received within the prison, particularly concerning prescribing, mental health support, waiting times for internal and external appointments, and the quality of care.

3.5.6 The report also found that primary mental health services within Parc had no access to psychologically informed therapies, clinical psychology or psychiatry. A dual diagnosis pathway (for prisoners with both mental health and substance misuses needs) was developing, but was restricted by nurse capacity.

3.5.7 The inspectorate found that 25% of vulnerable prisoners and 26% of mainstream prisoners felt they had suffered mental ill health whilst in custody. This represents an increase on the national picture of 35% of adults. Only 14% of prisoners felt that they were being properly supported by someone within the prison.

3.5.8 The inspectorate concluded that staff shortages, overcrowding and wider policy changes have had a significant impact on prison safety and the wellbeing of prisoners.

3.6 Peer support and Friendship

3.6.1 Research suggests that prisoners rarely develop meaningful friendships while they are in prison. Limitations on trust and the risk of transfer are among the reasons for the difficulties in developing such relationships. Although friendships may develop in prison, it has been found that prisoners refer to these friends as ‘associates’, ‘acquaintances’ or ‘prison friends’.

3.6.2 A particular restriction on the development of friendships is the fact that prison life is almost always temporary and almost everyone will be released or transferred.

3.6.3 Evidence suggests that the shallow nature of many relationships also results from the protective masks worn by prisoners to help them survive their sentences.

3.7 Parc peer-led self-management training.

3.7.1 The self-management training programme was developed as a partnership between the Mental Health
Foundation and G4S and funded by Big Lottery Cymru. The aim of the project was to improve prisoners’ mental health through self-management and peer support.

3.7.2 Desired Project Outcomes:

1. That participants of self-management training from amongst the young offenders and older prisoners will be skilled and better able to manage their own mental health and lead more fulfilling lives whilst in custody and afterwards.

2. Increased understanding of the long term impact of self-management training on the health and social functioning of prisoners and young offenders.

3. Learning from self-management training within offending and custody will demonstrate that the approach can be applied to other mental health contexts including other offending institutions and elsewhere.

4. That up to 20 participants of the training will volunteer for and be guided through a Train the Trainer process

3.7.3 The project was managed by the Mental Health Foundation and the project facilitators were seconded from third sector organisations which specialised in supporting people with mental-ill health. A research officer was employed by the Mental Health Foundation for two days a week to carry out an outcomes evaluation of the project. The project was supported by the Safer Custody Manager from G4S who acted as liaison and supported the administration of the programme, within the prison.

3.7.4 Course development. The project started in October 2013 and during the first year was delayed by the resignation of the project manager, applications for security clearance and the research ethics process. During this period the research officer adapted self-management course materials from a previous self-management programme delivered to people with severe and enduring mental health conditions. This was done in consultation with prisoners and ex-prisoners.

3.7.5 Two pilot courses were delivered between October 2014 and December 2014, then due to disruptions with new developments at HMP/YOI Parc the courses were once again delayed. At this stage the project went through two unsuccessful recruitment attempts to appoint a project manager. An interim project manager was appointed in April 2015 and began negotiating with third sector organisations experienced in working in prison settings to appoint course facilitators. The first course was advertised in August 2015 and was delivered in September 2015.

3.7.6 Courses ran from September 2015 through to December 2016 with some interruptions due to prison ‘lock downs’, issues with prisoner security clearance and other logistical problems. In total 12 courses were delivered in the prison plus 2 facilitator training courses. A total of 120 prisoners received self-management training plus 16 prisoners received facilitator training.
3.7.7 Course participants initially received leaflets to inform them about the programme and application forms were left on the wings for the prisoners to express an interest in attending the programme.

3.7.8 The names of those who had expressed an interest were then taken and security checks were carried out by G4S, to ensure that the prisoners did not represent too much of a risk to staff or other participants within the group. ‘Interruptions’ from work or education also needed to be arranged by G4S, for the four weeks of the programme, in order for the prisoners to be allowed to attend.

3.8.9 The self-management programme ran on one day a week, for approximately two to three hours. The course lasted for four weeks, with up to ten participants. Programme topics included; positive thinking, goal setting, managing wellbeing and behaviour, working with professionals and problems solving. Participants were encouraged also to develop a personal ‘tool box’, which contained ideas for coping during challenging times.

3.7.10 As the programme became more developed within the VPU, participants who had already attended were encouraged to promote the training and support the recruitment of further participants. A number of participants were ‘Listeners’ trained by the Samaritans and were able to promote the training to those who they felt would most benefit. Other participants had responsibilities for helping to ‘settle in’ new prisoners and were able to utilise this as an opportunity to promote the course to new prisoners. The prisoners took greater ‘ownership’ of the training programme as it became more established. They appreciated that this was a programme designed especially for them, with the aim of improving their own personal wellbeing. They felt that it was important that the pilot programme was successful and wanted to promote the benefits of the programme to other prisoners.

3.7.11 Facilitators underwent training on the Mental Health model of peer -led self-management and the particular approach to learning and facilitating the courses. The key elements of the course were:

- A holistic approach
- Participation and recognition are as important as content
- Value the importance of making our own decisions about the next steps
- Respect different views about health and wellbeing
- Recognise that each of us knows what works for us as individuals
3.3.5 Facilitators were encourage to debrief regularly after the course and reflect on what aspects worked and what needed changing or improving. Below are some examples of issues that the facilitators have discussed:

Examples/Memorable Moments:
- Offering to teach another member how to play guitar
- Long term prisoner goal to take up long distance learning
- Prisoner due to be released working ensuring he gets resettlement support
- Course member highlighting the working together agreement to peer who was ‘hogging’ session
- Peers reassuring course member that officers will listen to a particular problem, so worth addressing it.
- Talking to each other and checking each other outside of course setting.
Things that haven’t worked so well:

- Logistical problems with keys and radios not being available/working
- Smaller number of attendees than hoped for
- Some prisoners not released from work to attend
- Not much group work (small numbers)
- Access to kettle and water for refreshments

Things that are working well:

- Peer support/peer led
- Opportunities for talking and sharing stories – improves communication outside course
- Good range of ages and backgrounds taking part make for diverse experiences
- Goal setting and action planning – helping to focus on improvements
- Course members prepared to help with recruitment to next course
- Willing to give verbal feedback to promote course
4. Evaluation Methodology

4.1 Qualitative and qualitative data were collected from group participants and analysed using SPSS and Excel. We used a mixed methods approach to collect and analyse both quantitative and qualitative data.

4.1.2 The following quantitative measures were used to collect data from group participants:

4.1.3 Baseline demographic characteristics and mental health status: Participants were asked to complete a questionnaire, designed by the evaluation team, about their demographic details, mental health status and previous service use (see Appendix 1).

4.1.4 Wellbeing: Mental wellbeing was assessed using the Warwick-Edinburgh Mental Wellbeing (WEMWBS) Scale: a self-completed measure of mental wellbeing developed by researchers at the University of Warwick and Edinburgh. The scale comprises 14 items, answered using a five-point scale. The minimum score is 14 and the maximum is 70, with higher scores corresponding to higher mental wellbeing (see Appendix 1).

4.1.5 Check in ladder: During every session of the 4 week self-management training the participants would complete a ‘check-in ladder’ as a group. A ladder was drawn with numbers on the rungs from 1 to 10 and the participants were asked to rate how they were feeling that day 1 being the lowest score and 10 being the highest score.

This was not originally designed for research purposes, but as a tool for the trainers to assess the mood of the group participants during that session and to allow the participants to share any issues they may have been experiencing during the previous week. It was apparent however that these scores would be a useful indicator of any changes in wellbeing from T1 (week 1) to T2 (week 4).
4.2 Study design Table 2 study design and methods used:

<table>
<thead>
<tr>
<th>Time</th>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 (Baseline)</td>
<td>Baseline demographic questionnaire</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>WEMWBS questionnaire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Check-in ladder</td>
<td></td>
</tr>
<tr>
<td>T2 (post training)</td>
<td>WEMWBS questionnaire</td>
<td>Focus group</td>
</tr>
<tr>
<td></td>
<td>GAS questionnaire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Check-in ladder</td>
<td></td>
</tr>
<tr>
<td>T3 (6 months post training)</td>
<td>WEMWBS questionnaire</td>
<td>Individual interviews/ questionnaires posted to those who have left the prison</td>
</tr>
<tr>
<td></td>
<td>GAS revisited</td>
<td></td>
</tr>
<tr>
<td>T4 (project end)</td>
<td></td>
<td>Art evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behaviour Analysis</td>
</tr>
</tbody>
</table>

4.3 Quantitative data was collected at three time points: baseline (T1), post-intervention (T2) at 6 months (T3).

4.3.1 Qualitative data has been captured by carrying out focus groups with group participants to gain more in-depth information about participants’ experience of the programme directly after the training course (T2). Individual interviews were conducted six months following participation (T3) or in cases where participants were unable to participate in a face-to-face interview, questionnaires containing the interview questions were posted to participants who had left the prison. An art evaluation was also carried out at the end of the project (T4).

4.3.2 Qualitative data were also captured using interviews with stakeholders including group facilitators and the Safer Custody Manager from G4S.

4.3.3 Consent was collected prior to participation in the programme. Those with language or reading difficulties were supported to complete the questionnaires by the group facilitators.
4.3.4 Art Evaluation: In order to supplement the qualitative information an art evaluation workshop was carried out, to provide an additional opportunity for the participants to provide their feedback regarding the self-management training.

4.3.5 Behaviour Analysis: To investigate evidence of any changes in participant behaviour due to the self-management training we initially planned to interview personal officers of the participants who had taken part. Due to the staff turnaround and the movement of prisoners between wings however this would not have been a reliable method of obtaining information. As an alternative, we analysed individual prison records, to identify if there had been any reduction in warnings, incidents or adjudications, since taking part in the training (see Appendix 2).
5. Evaluation Findings

5.1 Descriptive Statistics

5.1.1 Number of Participants
Sixty-eight adult male prisoners participated in this evaluation process were. The majority of whom were housed within the VPU within Parc Prison (n=60: 88%).

5.1.2 Age
Average age of the participants was 44 years old and ages ranged from 20 to 73 years, with over half the participants (59%) being over 40.

Table 3 age breakdown of participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>9</td>
<td>13.2</td>
</tr>
<tr>
<td>31-40</td>
<td>13</td>
<td>19.1</td>
</tr>
<tr>
<td>41-50</td>
<td>20</td>
<td>29.4</td>
</tr>
<tr>
<td>50-60</td>
<td>15</td>
<td>22.2</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
<td>7.3</td>
</tr>
<tr>
<td>Missing</td>
<td>6</td>
<td>8.8</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100</td>
</tr>
</tbody>
</table>
5.1.3 Sexual Orientation  Fifty-six people responded to the question regarding their sexual orientation. The majority of participants (n=52; 87%) were heterosexual, two participants described themselves as homosexual and two of the participants also described themselves as transgender.

5.1.4 Ethnic Background  Table 4 and figure 1 highlight the ethnic background of those who participated in the Self-Management training. The majority of participants identified as being British(i.e. Welsh, English, Scottish and British)(83.7%) with 52.5% of these participants identifying as Welsh.

Table 4 Breakdown of cultural background of participants

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welsh</td>
<td>32</td>
<td>52.5</td>
</tr>
<tr>
<td>English</td>
<td>15</td>
<td>24.6</td>
</tr>
<tr>
<td>Scottish</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>British</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Any other White background</td>
<td>4</td>
<td>6.5</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Caribbean</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Any other Chinese background</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
5.1.5 Mental Health Status Sixty participants responded to the question regarding their mental health status and 50% (n=30) of our sample described themselves as having a mental health problem.

Twenty-four of these (80%) reported having a mental health diagnosis Figure 2 illustrates the breakdown of diagnoses. The category ‘other’ includes symptoms of mental ill health including presence of hearing voices, feelings of claustrophobia and paranoia.

5.1.6 Physical Health Eighteen people (30%) identified themselves as having a physical disability. Physical disabilities ranged from heart problems to deafness and mobility issues. Types of health issues identified reflects the age of the sample, as 59% of the population were over 40 years of age.

5.1.7 Reading Ability Participants were asked to assess their reading ability from ‘Good’, ‘Quite Good’ or ‘Poor’. Seventy-five percent of participants felt that their reading ability was ‘Quite Good’ or ‘Good’. Ten percent of participants felt that they had a ‘Poor’ reading ability and fifteen percent did not answer the question.
Table 5 Reading ability of participants

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>Quite Good</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Poor</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100</td>
</tr>
</tbody>
</table>

5.2 Data Analysis

5.2.1 Quantitative data analysis Hard-copy questionnaire data were input by the researcher. Participants’ personal details were anonymised and each participant was provided with a unique ID code linked to all responses on the questionnaires.

Quantitative data were stored and analysed using Statistical Package for Social Sciences (SPSS) for Windows. The primary outcomes were wellbeing (measured by WEMWBS) and goal attainment (measured by GAS).

Missing item data were coded within the dataset as ‘88’ to ensure that these items would not skew the results. Where participants missed a single item on a questionnaire, mean scores were computed to allow valid overall scores to be calculated. However, where a participant had missed three or more item responses, the participant was deleted from the analysis. Nonparametric Wilcoxon matched pairs signed-rank tests were used on wellbeing data to ascertain the significance of changes in wellbeing outcomes. Pairwise means were computed.

5.2.3 Wellbeing Outcomes Fifty participants provided sufficient information on the WEMWBS questionnaire at T1 (baseline) and at T2 (post-training) and 13 at T3 follow-up (6-months).

At T1 the scores for wellbeing were wide ranging from 12 to 60 with an average mean score of 37.46 (n=50). At T2 the scores remained wide ranging and ranged from 14 to 70 with an average of 51.18 (n=50) and at T3 they ranged from 36 to 68 with a mean score of 49.50 (n=13).

These mean wellbeing scores are highlighted in figure 3.
Using a Wilcoxon signed ranks test, the differences between wellbeing scores at data collection time points were explored.

The results show that the mean mental wellbeing scores increased significantly between T1 and T2 from 37.46 to 51.18 respectively (Z=-6.040, p<0.05). This increase in wellbeing was sustained at T3 compared to T1 scores (Z=-2.825, p<0.05). However, it is important to note that as the sample size was small, tests performed were underpowered and thus caution must be taken when considering statistically significant findings.

**5.2.4 Check-in ladder analysis.** We were able to examine the scores of thirty-seven participants. The mean score for these participants at T1 was 5.14 in comparison to the mean score at T2 which was 7.69 which demonstrates an increase in perceived participant wellbeing.

Using a Wilcoxon signed ranks test, the differences between check-in ladder scores at data collection time points were explored.

The results show that these mean check-in ladder scores increased significantly between T1 and T2 (Z=-4.174, p<0.05) however an err of caution must be taken when interpreting these findings.

**5.2.5 Goals Analysis** Participants completed the scale at T2 on the completion of the self-management training (n=37) and identified up to three goals. Goals were defined by the
individuals themselves with the support of the course facilitator who helped the participants break the goals down into manageable objectives.

Participants were asked to indicate three goals to work towards over the following six month period.

As the goals set were personal to each individual the range of the goals varied considerably.

Upon analysing the data for those who had completed the GAS (n=37), five categories emerged;

- Behavioural activities (read bible, stay in touch with friends and family)
- To get out of prison/transfer to a different prison
- Aspirational (e.g. lose weight, finish first year of degree)
- Helping others (e.g. help others cope with also being in custody)
- Improving wellbeing and mental health (e.g. to be happy/stress free, cope with anxiety, cope with others)

Table 5 Reading ability of participants

<table>
<thead>
<tr>
<th>Goals</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 4</th>
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</thead>
<tbody>
<tr>
<td>Behavioural goals</td>
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<td>10</td>
<td>27</td>
</tr>
<tr>
<td>Get out of prison/transfer</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td>22</td>
</tr>
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<td>Aspirations</td>
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<td>Improving Wellbeing/ mental health</td>
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<td>3</td>
<td>14</td>
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<td><strong>Total</strong></td>
<td><strong>37</strong></td>
<td><strong>34</strong></td>
<td><strong>29</strong></td>
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</tr>
</tbody>
</table>
5.2.6 Goal Attainment Participants completed a goal attainment questionnaire at T3, during the follow-up interviews. In total sixteen participants therefore gave us information regarding the achievement of their goals, however it is worth noting that other participants that we were unable to follow-up due to being transferred or released from prison before follow up could take place may have also achieved their goals.

Ten out of the sixteen people had achieved at least one of their goals (62.5%). Of those that weren’t achieved the majority of those were aspirational goals which were unattainable within the six month follow-up period (such as leaving prison and getting married).

Examples of the goals achieved during the course of the evaluation were;

“Going to the gym – achieved and have joined the outdoor walking club. I still set goals in relation to the gym.” Participant 49

“One of my goals was to do my artwork. I was hoping to be the new Art Technician on the wing but have not got there yet – that is my goal. I now draw pictures for other inmates so that they can send it to their loved ones in their letters, for their kids or for birthdays. It makes me feel better that people recognise me for my artwork.” Participant 32

Some individuals who were unable to achieve their goals during the timeframe of the evaluation modified their goals, creating short-term for themselves which followed the principles of being ‘SMART’. ‘SMART’ goals are defined as those which are specific, measurable, achievable, realistic and timely.

“I didn’t write this as my goal, but I have been working on my goal to get my ‘enhanced’ [prison status]33 so I can get a playstation. I have worked toward it and I am eligible for that now. The other guys in the [self-management] group helped me out with how to get it.” Participant 10

5.3 Qualitative data analysis

Qualitative data were collected in the format of focus groups at T2 and individual interviews at T3. This data was analysed thematically and in relation to aspects of the Self-management model.

5.3.1 Post Course Focus groups. Seven focus groups were carried out with 65 participants upon completion of a course at T2. Due to health and safety regulations in the prison the group facilitators remained in the room during the focus group sessions. As prison rules prevented focus groups from being recorded, facilitators took notes of the discussion.

Notes were analysed and a number of themes were identified.

5.3.2 Participants experiences after the training

Mental health. Some of the participants felt that attending the programme had directly impacted upon their own mental health and management of their mental wellbeing.
“I have got depression and I have stopped taking my medication – I have started talking to people more.” Participant 31

There were mixed opinions from participants of the healthcare that they had received within prison. Some participants felt that they had received better care, since being in prison.

“I tried to commit suicide outside of prison. I have had a lot more help with mental health problems in prison than outside.” Participant 3

Whilst the majority felt that support for their mental health had been lacking within the prison.

“I have Asperger’s and I used to go to Cardiff to a support group to meet other people with Asperger’s too. I don’t have support for that here.” Participant 14

“Yes I suffer with depression and I did before coming to prison. I have tablets here but nothing else.” Participant 6

Others described how their mental health had deteriorated by going into custody.

“I have been really low here so they have given me tablets – but I didn’t have anything before coming in here.” Participant 11

Wellbeing One of the most important outcomes evidence from the self-management programme appeared to make for their participants was the ability to understand how to manage their own behaviour and understanding the situations which would trigger a negative response.

“Before the group I would just hit people if things annoyed me but I am learning about how to ease off” Participant 5

“I am noticing when something makes me angry and managing not to react” Participant 33

“I found myself walking away from a bad situation” Participant 12

They began to understand that through developing strategies to help them to manage their behaviour it had helped them to feel better within themselves.

“The course helps me to deal with things, I can sleep better” Participant 21

“The toolkit is helpful, I carry the toolkit with me mentally” Participant 43

“I now feel more confident, it is the best thing I have ever done.” Participant 9

Relationships As well as learning to manage their own behaviour, participants also began to understand the impact of their behaviour on their relationships with others.

“I think it has made me realise that other people have issues too. It is easy in here not to think like that like my partner has difficulties at home so when she doesn’t call there is a reason for it. It helps me not to get so down when she doesn’t call and stops me from thinking that she has gone off with someone else because I am in here.” Participant 16
“I am more confident now in dealing with people” Participant 27

Peer support Participants felt that it was beneficial to attend the programme with fellow prisoners. They had established trust within the group and felt able to share their feelings and experiences with group members.

“I opened up to people and I felt like a dick head but no-one in the group shared what I had said on the wing so I know that I can talk to these guys.” Participant 9

“It takes a couple of weeks and then you can “open up” Participant 41

“I will miss them next week” Participant 33

During one of the focus groups the importance of friendship was discussed and one of the participants stated;

“I have no-one. No-one sits with me or talks to me on the wing.” Participant 52

The facilitator responded to this declaration by asking the group “Who else is on your wing?”

A number of the men responded that they were and committed to making the effort to sit with this participant and spend time with him.

One of the greatest benefits of working as a group was sharing issues regarding prison life and strategies for dealing with these issues.

“I had a problem and I shared it with these guys last week and we all talked about the different ways of dealing with it. That was really useful.” Participant 17

“Yes that was really good working through problems and different ways of looking at things.” Participant 43

Role of facilitators: The facilitators were viewed as supportive to the participants and treated them with respect and equality. This was highly valued by the prisoners as they had often experiences of stigma and discrimination from staff.

“Yes can talk to staff as they not part of the prison, they’re really helpful and they listen.” Participant 33

“We can trust the facilitators as they are not prison staff.” Participant 27

“These guys are alright. They treat us as equal. Most of the people in here don’t (prison staff)” Participant 17

“The facilitators were good, they have a laugh with you.” Participant 12

“They help explain things to you” Participant 14

“And they give us biscuits and coffee” Participant 21

Improvements. Most participants wanted the course to be longer. As well as enjoying the self-management training they also felt that it had taken them time to develop trust and to feel comfortable within the group.

“It takes a few weeks before you get your confidence so it should be about 6 weeks!” Participant 19
5.4 Participants experiences 6 months after the training

Sixteen follow up interviews were carried out at T3 (6 months after completing the training). The interview was designed to establish whether participants achieved long-term benefits from taking part in the programme and to assess whether they had accomplished their goals set during the training.

The participants felt that there were many benefits to taking part in the self-management training:

Sharing Problems The participants felt that one of the benefits was being able to share issues and feelings with other members of the group. Themes emerged around helping each other to cope with life in prison.

“It was interesting hearing other people’s opinions and how they cope with some of the stresses of being in prison” Participant 6

“Through my life I haven’t been in the ‘nick’ so this is my first time. I was on the course with people who had been here longer so they were able to help me.” Participant 8

Also participants were able to discuss specific issues with the other group members and receive ideas and support regarding how to manage these problems.

“Being on the course and meeting people helped me to build my confidence so that I could reply to those who were picking on me. “People helped me with what to do and what to say.” And by advising me it gave me strength to respond and challenge. This has helped me and people stopped picking on me.” Participant 14

Sharing with others also helped people to recognise that other people were experiencing difficulties, whilst in prison.

“The best thing about it was feeling that it wasn’t just you” Participant 9

Participants recognised that the sharing of issues would not have been possible without establishing trust within the group.

“You could trust people and share views” Participant 6

Talking is a good thing. Being locked in prison – but also locking yourself away in your head. You are trapped and who do you talk to? Who do you trust? I felt like I could talk to and trust people in the course. Participant 11

Developing a ‘Tool box’ One of the aspects of the training was the introduction of a personal ‘tool box’ of resources which was aimed to improve their resilience and to utilise in times of difficulty. (This could include items such as photos, music or happy memories).

The participants felt that this had been useful for when the course had ended and that they had been able to refer to their ‘tool box’ during difficult times.

“The Tool box was useful – putting things aside – which you can use for later” Participant 9

Positive Thinking Participants felt that learning about the benefits of challenging negative thoughts and
thinking more positively was also very beneficial.

“I am quite a negative person but now I look on the bright side. I am here (in prison) for six years, six months but I am not here as long as others. That is the way I look at it.” Participant 16

“The course helped a lot, made me see things a lot differently.” “I am going to be an enhanced prisoner and am happy.” “I worked toward it after doing the course and got my head together.” Participant 8

“Since being on the course I feel better in myself” Participant 11

Peer Support

5.5.1 One of the difficult aspects of the peer support model within a prison setting is that prison is a transient environment. The Self-management training however appeared to support the participants in understanding the benefits of seeking social support, even if they were unable to continue the relationships that they had developed within the group.

“The course helped me to make friends and engage with other people” Participant 2

“I am a highly distressed person so I bottle it up a lot, so it was good to talk in a group. I keep talking to people now.” Participant 5

“I have been interacting more since being on the course” Participant 6

As the training became more familiar with prisoners within the vulnerable prisoner unit the participants began to recognise and bond with other people who had attended the training, even if they had not attended their own course.

“Now I am friends with Toby and Derek who were on other courses. We can communicate with each other because they have been on the same course. We have formed a mini-membership club because we have some things in common with other people who have been on the course.” Participant 12

Goal setting

Many participants had initially found it challenging to set goals, believing that they had no control over their lives whilst remaining in custody. Through the self-management training the participants learned that despite their position there were ambitions that they could aspire to and goals that they could achieve.

Participants told us that they appreciated the opportunity to set goals and found it useful to focus on the positive aspects of being in prison, such as access to training and education.

“I am learning to read and write whilst in prison and my aim is to be able to write a letter to my family without support.” Art evaluation participant 4

“It was useful to set goals and think about what you could achieve, even in this place.” Participant 37
5.7 Facilitator feedback

Sharing of experience The facilitators felt that an essential element of the self-management training was the sharing of experiences. One of the facilitators had previously worked as a prison officer within Parc prison and brought a wealth of experience to the training.

“I enjoyed sharing good practice with inmates, seeing them self-manage. When they first come in they are apprehensive and not very helpful but then seeing them change over the four weeks as they learn to manage themselves.” Facilitator 1

“I bring anecdotes from when I was a prison guard and that helps, particularly if they are having problems with certain officers. I explain that everyone has a positive and negative cycle and officers are under a lot of pressure.” Facilitator 2

5.7.2 The sharing of personal problems from the participants themselves was also important.

“The sharing of experience works really well. The prisoners support each other through their problems and give each other ideas to solve any issues that they may have.” Facilitator 1

“It helps the participants to hear that other people within the group have experienced some of the same anxieties and issues as themselves. They will often express that they felt they were the only one having difficulty with relationships, or adapting to prison life until they spoke out within the group.” Facilitator 3

Behaviour change

The facilitators felt that the participants learned to manage their behaviour, through employing techniques such as thinking first about how best to react to negative situations.

“They are changing their thought pattern - they are breaking a problem down and thinking it out. The same thing with issues with prison officers as well – if they have a certain prison officer who they have an issue with – they are thinking about the consequences before they actually react.” Facilitator 2

“A participant was going to get sacked from working in the prison gardens as he was having issues with other people who he worked with. He told us that he had made up his mind to attack one of the other blokes but he said that as a direct result of thinking things through and the consequences of his actions that he didn’t. He went to the officer and told him that he needed to get out of there and he didn’t lash out.” Facilitator 4

“One participant when he came onto the course was reluctant to get involved, he was upset with his offender manager and he was saying that she wasn’t going to be able to tell him how to live or where he could live. He completed the course and at the end he made a leaflet highlighting his future plans and goals. He was excited that he was going to develop a pottery workshop. That was very encouraging. He used to go to bed in the afternoon and he would be unkempt and since the training he is pristine. We could see massive
differences in him and I think we have reduced the risk of him reoffending.” Facilitator 3

Peer support
The development of formal peer support activities has not been possible within the prison, due to the environment, particularly due to the size of Parc prison. The prisoners were often on different wings and therefore were unable to socialise outside of the group. The facilitators expressed that they felt this was disappointing.

“It is difficult that after four weeks there is nothing after.” Facilitator 1

Facilitator training
A number of the participants were also trained to support the self-management training courses.

“It was good that we managed to provide some people with facilitator training. Those who attended felt that they had achieved something additional and enjoyed supporting other people through the training.” Facilitator 3

“It was really useful when we had a prisoner facilitating with the group, as they had personal experience of living within those units. They were able to give the participants the benefit of their own journey and provide direct support.” Facilitator 1

External Facilitation
The facilitators recognised the value of being distinct from G4S. They felt that the prisoners would not have responded as positively to the training if it had been an internally managed training course.

“The participants felt that they could talk in confidence about any issues that they had with the running of the prison or with particular aspects of prison life. It was important for them to be able to share these issues as these were the issues which may have been causing them the most difficulty and affecting their mental health and wellbeing.” Facilitator 2

Difficulties
The facilitators expressed frustration regarding the difficulties of working within the prison system, particularly as they were not based within the prison and were unable to manage the administration of running the training programme directly, such as booking rooms and ensuring security clearance.

One day we went to pick up the guys from the office and the guys weren’t cleared (interruptions) so there is a problem with a lack of communication.” Facilitator 1

“Another time we turned up to do the course during the football World Cup. The prisoners were on ‘lock down’ during the afternoon due to the added risk from the tensions which may have arisen during the game.” Facilitator 3

“These issues are all understandable but as we were working within the prison system and not the community it was not easy to simply rearrange the training for another time and therefore weeks were lost and courses delayed.” Facilitator 3
5.8 Prison perspective

5.8.1 Our liaison, within the prison was the Safer Custody Manager, who helped to support the administration of the project, such as obtaining security clearance for the participants and obtaining suitable training facilities. She provided some valuable insight for the evaluation, as to how the programme had worked, from the perspective of the prison.

5.8.2 She felt that the project had initially been very challenging to set up, due to some difficulties in appointing a Project Manager. In order to work within Parc Prison it is necessary to obtain security clearance, through both G4S and NOMS, which usually takes several months. G4S training must then be undertaken in order for staff to understand how to work safely, within the prison environment. She recalled how Self-management project staff had been cleared and then left their position, which meant recruiting new staff, who then also needed security clearance. This led to unnecessary delays in properly commencing the project.

5.8.3 Since obtaining committed staff the project had flourished within the Vulnerable Prisoner Unit, and a decision was taken to remain within the VPU until the project completion date. She felt that self-management had been very beneficial for these prisoners, as due to the nature of their crimes; they often lose everything important to them, particularly their relationships with family members, including partners, parents and children. This can have a devastating impact upon their mental health and wellbeing. She also felt that it was generally more difficult for the prison to support these prisoners appropriately, as unlike for mainstream prisoners; the establishment often receives very little information regarding the individuals’ background, when they enter into custody.

5.8.4 The success of the project relied on a team approach, with facilitators working closely with the G4S liaison and Parc management team to plan, administer and develop the project. Indeed our liaison felt that the project facilitators were integral to the success of the project. She felt that they had a non-judgemental approach to the participants and were “not easily groomed” by the prisoners. It was important for the project to be successful that the prison trusted the facilitators to be professional in their approach to the participants and would support prisoners within the appropriate boundaries.

5.8.5 The liaison officer felt that she would very much like to see the project continue within the prison for the VPs and for ‘first timers’ within both VP and the mainstream prison units. She told us “often coming into prison for the first time causes mental breakdown and this is the time prisoners are most vulnerable and need support. The project could also help support us to stop the cycle of leaving prison, committing more crimes and ending up back in prison.”

5.8.6 An additional perspective was from the facilitator of the Healthcare Champions within the prison. She felt that the training was incredibly worthwhile for the Healthcare Champions themselves, but also to help
them to support other prisoners who they come into contact with because of their role. “It has helped give them an understanding of what people might be going through when first come into prison, or if they have had a bad phone call or something and they can support them better now they have that understanding.” “I think it will give them more empathy.”

5.8.7 She also took part in the training course, with the healthcare champions and felt that it also supported her role. “I have never had any mental health training before so I found it really interesting and really helpful with my role.”

5.9 Art evaluation

An additional evaluation was carried out with a number of participants (n=5) through the medium of drawing. The participants were given further opportunity to discuss self-management and their future goals.

The participants in this workshop felt that the self-management had enabled them to think more positively about life in prison and the opportunities that they have been able to embrace;

“Since being in here I have done my Art GCSE and Art A level. Before I came in here I couldn’t read or write and so I was so chuffed with the A * at GCSE.” Participant 32

“Now I am learning to read and write so I can send a letter to my wife in my own handwriting.” Participant 32

They spoke about how the training had enabled them to open up and support one another;

“A problem shared is a problem halved.” Participant 33

“We were learning from each other.” Participant 11

They also spoke at length about the goals they had set for themselves;

“I want to work with the homeless - I used to run pubs and now I want to run a café for the homeless, where people can drop in and keep warm.” Participant 11

“Get back to the wife and kids and never look back. I want to be anger free and learn to read” Participant 32

Get back into kayaking – I trained to a pretty high level so I would like to continue that and teach kayaking. I would live somewhere by the river so I could do this.” Participant 8

“I want to get tattoos to cover up my scars on my arms (from self-harming), get married, have kids and learn to drive.” Participant 33
5.10 Behaviour analysis

A total of 58 prisoner records were analysed at the end of the project (T4). Based on analyses of individual prison records, no change in behaviour was found for the majority of the participants who took part in the training. However it is important to note that participants on the training were all compliant prior to attending the training. For 11 participants however, improvements were seen in their behaviour. These participants had incidents such as assault on another prisoner on their prison records prior to taking part in the training with no recorded incidents noted afterwards at T4. Behaviour deteriorated for three participants, two of whom were diagnosed with severe mental health issues, including self-harming. For 11 participants we were unable to access their records, or there was not sufficient information on these records to analyse.

Table 7 highlights the behaviour of self-management participants.
Table 7 Behaviour change

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<thead>
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<th>Behaviour</th>
<th>Number of participants</th>
</tr>
</thead>
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<td>No change (no issues with behaviour)</td>
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<tr>
<td>Behaviour improved</td>
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<td>Behaviour deteriorated</td>
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6. Discussion

6.1 Mental Health

The most recent Parc prison inspectorate report found that 40% of vulnerable prisoners within Parc prison reported an issue with their mental health, compared to 50% of the participants in our sample. Participation in the self-management training was voluntary and therefore our sample was self-selecting. Our participants were more likely to be those who were concerned about their mental health or wellbeing and were seeking support and it follows therefore that we would have a higher representation of those with mental health concerns than a more random sample of vulnerable prisoners in Parc prison. Nonetheless this research confirms that there are a high percentage of prisoners, within the VPU who are suffering with mental ill-health and are seeking support.

6.2 Wellbeing

The participants indicated that their wellbeing had improved from the beginning of the training to the end of the training and also this improvement was sustained six months after the training had been completed. From these results we can infer that improved sense of wellbeing is likely due to taking part in the self-management training, also corroborated by the positive responses received through focus groups and follow-up interviews.

6.2.1 Mean wellbeing scores increased from 37.46 to 51.18 from T1 to T2 respectively which demonstrates an increase in scores over four weeks to a mean score similar to the mean of the general UK adult population. This is particularly striking, considering that 50% of the sample had indicated concerns with their mental health. After 6 months the wellbeing scores continued to show a significant increase from T1 with a mean score of 49.5. However due to small sample involved and the need to perform underpowered tests for statistical significance caution must be taken when interpreting these positive findings.

6.2.2 These results highlight that self-management training is a promising approach which can support participants to reframe their thoughts, attitudes and behaviour. Compared with self-management training programs within community settings, little can be achieved in the way of changing the circumstances of the participants, as most will remain in custody for an extended length of time. However the self-management training at HMP & YOI Parc taught how participants could reframe their present circumstances and develop coping techniques which was important and enabled them to feel more positive, develop a greater sense of personal control and improve their sense of wellbeing.

6.2.3 Goal setting. Goal setting was initially challenging for the participants within custody, as they often experienced a sense of loss of control over their lives. In the end however, it was found to be an extremely useful tool
to help them to gain mastery over their situation, and to find positives in their circumstances.

6.2.4 Peer Support. The peer support approach was an essential part of the self-management training. During the training the participants shared personal experiences and concerns. They were also able to share solutions with one another to issues which they had been experiencing. In doing so the participants built up trusting relationships with one another during the training. In the community the peer support approach encourages these supportive relationships, which have developed within the group to continue and grow upon completion of the training.

6.2.5 As highlighted within previous research, within prison continuing friendships was much more challenging. Participants for each course were taken from the three wings within the VPU and they were not permitted to socialise within the different wings. They were unable therefore to continue as a group as a whole, however they were able to continue their relationship with other participants who were on their own wing. Prison life however is also incredibly transient, with prisoners often changing wings or transferring to different prisons. This meant that even when these trusting relationships had developed, they were often broken by a change of circumstances for the prisoners. In fact prison transfer was the biggest challenge to obtaining follow up interviews from the participants, and those who remained within the prison and were interviewed often spoke about being unable to continue the friendships which had developed during the training.

6.2.6 An interesting development however was that, contrary to previous research on the social situations of prisoners, the participants of the self-management training appeared to recognise the importance of seeking out social support and despite the challenges of life in custody sought to build friendships within their unit. As the training programme became more established in fact, one of the criteria for becoming friends appeared for some to be also having taken part in the training programme. It seemed that the participants felt a connection with others who had attended the training and felt that they could trust the other participants of the self-management training. This was due to an understanding that all participants had kept confidentiality for the other members of their group.

6.3 Challenges

Project challenges

6.3.1 Security clearance. The security clearance procedures for working within HMP & YOI Parc are exhaustive. Clearance needs to be obtained through both G4S and NOMS which takes, on average several months. If there are any irregularities however, such as having lived abroad, then this makes the checks much more complex. In some cases by the time the clearance came through staff and volunteers had moved on to other jobs. This gave an additional dimension of difficulty to developing and delivering the project.
6.3.2 Recruitment. The project struggled to recruit suitably experienced and qualified staff to manage the project. After the original project manager left in the early stages of the project, two recruitment rounds took place with no success. This caused several months delay on the time-table for delivering the courses and in fact jeopardised the continuation of the project. This problem was addressed by combining the management of Parc with another self-management project in Wales under the same project manager. The challenge of recruiting staff that were able to access the prison was addressed by seconding experienced facilitators from two other mental health charities that worked with offenders and ex-offenders. The secondments were very successful and enabled the project to be sustained with a reliable and committed delivery team.

6.3.3 Communication. Working within the confines of the prison system has proved to be extremely challenging, particularly as an external agency. Communication has proved to be the greatest challenge. As an external agency the facilitators, although allowed to access the prison were addressed by seconding experienced facilitators from two other mental health charities that worked with offenders and ex-offenders. The secondments were very successful and enabled the project to be sustained with a reliable and committed delivery team.

6.3.4 Prison regime. There have also been many challenges to the consistent running of the programme. Issues of physical safety are of course, of utmost priority within the prison and there have been many interruptions to the running of weekly sessions, due to potential challenges to safety within the prison. Lack of access to keys or radios meant that facilitators were unable to run some sessions, and during one week the course could not run due to the prisoners being on ‘lockdown’ (unable to leave their cells) because of the additional risk of a potentially contentious televised football match.

6.3.5 Recruitment of participants
Recruitment of participants was an issue at the beginning of the project. Leaflets were left on the VPU, and application forms for the prisoners to identify themselves as interested in attending the training. Facilitators found it difficult to engage with staff on the VPU to encourage them to promote the training (which again was largely due to increasing their already challenging workload). At least two courses were cancelled or delayed due to lack of staff to conduct prisoner security clearance or interruptions.

6.3.6 Length of self-management training.
Both the facilitators and the participants felt that the programme should have been a few weeks longer. The participants very often did not know each other and given their situation, were apprehensive ‘opening up’ and being able to trust the other inmates in a relatively short time. They felt that it took a number of weeks before they were established as a group and felt confident in sharing their concerns and issues.
Outcomes evaluation challenges

6.4 Data limitations. The findings are based on a very small sample of prisoners and therefore positive impact evidenced on wellbeing scores is likely to be reduced. The evaluation was also unable to record focus groups or interviews with prisoners, as recording equipment is prohibited within the prison. The group facilitators also attended the focus groups for reasons of safety within the prison, which is not considered best practice in research and may have influenced participants’ ability to share honestly.

6.4.1 Due to the transient nature of the prison, obtaining follow-up data proved difficult. If participants had been transferred or released then the project did not have the capacity to track them and therefore valuable information was unfortunately unobtainable.
7. Conclusion and Recommendations

7.1 Prisons are home to large numbers of people with mental health problems. Provision of mental health services to these people is a challenge. The transfer of acutely ill prisoners who require inpatient psychiatric care from prison to hospital is only part of the solution. The provision of appropriate treatment within prisons equal to provision of services for outpatient and community care is also a vital requirement. External organisations, in particular those in the third sector, could play a pivotal role in helping to alleviate the growing pressure on the prison system to meet its responsibilities in safeguarding the mental health and wellbeing of prisoners.\(^{37, 38}\)

7.1.1 Self-management with peer support has shown that it can have a a positive impact on prisoners’ wellbeing and behaviours. However further research is needed with more prisoners and in a variety of prison settings. In spite of this, interventions such as this one, offers a low-cost, high-volume model that enables prisoners to receive support in a timely manner, allowing intensive interventions to be targeted at those in greatest need.

7.2 Recommendations

7.2.1 The engagement and active involvement of prison staff should be built into the development of the project in order to address the challenges and barriers for external organisations working within a prison setting. It is not sufficient to have just the backing of senior staff members; in addition prison officers working on the wings, offender supervisors, members of healthcare teams etc., should all be fully aware of the benefits of such interventions to prisoners’ wellbeing and be actively involved in the development and delivery of the project.

7.2.1 Working with vulnerable prisoners presented its own challenges, these are individuals who are often most at risk of self-harming or experiencing poor mental health. There needs to be more research focussed on how this particular group can be better supported to maintain mental health and wellbeing in prison.

7.2.2 A comprehensive and pragmatic approach to evaluation of projects working in prison settings is needed which taking into account obstacles to data collection of prisoners particularly in the collection of data on participant behaviour and risk of re-offending. Clear agreement and cooperation with prison management at the outset for research purposes needs to be strengthened.

7.2.3 Self-management with peer support has been successfully adapted across a range of communities outside of prison (single-parents, young parents, people with long term mental health conditions) with positive outcomes for mental health and wellbeing and achieving personal goals. This feasibility study shows promise of self-management training being adaptable for working with prison populations including prisoners on the main wings,
first-time prisoners, prisoners with long sentences, and those who are about to be released. Further resources should be sought to work with these groups.

‘Before I attended this course I felt like I’m crap at everything, now I feel more positive and I’m not so critical of myself’

Prisoner, HMP Parc

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