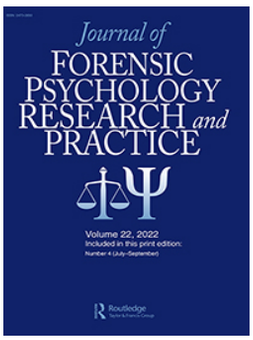

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Evaluating the Feasibility of Prison Officers Providing Guided Self-Help Support to Adult Male Offenders Experiencing Stress

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ABSTRACT

With substantial mental health needs, United Nations guidelines recommend prisoners should have access to healthcare of the same standard as non-prisoners. CBT-based self-help is recommended for anxiety and depression; one approach is Living Life To The Full (LLTTF™). This study evaluated the feasibility of Prison Officers providing guided self-help support to adult male offenders experiencing distress in a Scottish prison. Prison Officers attended training in delivering LLTTF books and worksheets. Seven prisoners completed four one-to-one sessions of LLTTF. A large effect size was associated with improving depression self-ratings pre- to post-treatment. Pre-treatment anxiety and social function were associated with non-significant change. Feedback from Prison Officers and prisoners indicated LLTTF materials would benefit from adaptation for prison, which could be revised with Prison Officers and prisoners. Results suggest further research on guided self-help in prison is worth pursuing. Designated guided self-help workers may be better placed to deliver LLTTF in this or an educational setting.

KEYWORDS

Prisoners; anxiety; depression; guided self-help; Prison Officers

Introduction

Prisoners have substantial mental health needs, with high rates of comorbidity (Gillies et al., 2012). Mental health problems are risk factors for adverse outcomes in prison and on release; including self-harm (Hawton et al., 2014), suicide (Fazel et al., 2008), violence (Goncalves et al., 2014), and recidivism (Baillargeon et al., 2009). The Basic Principles for the Treatment of Prisoners (the Mandela Rules) stipulate that prisoners should have access to healthcare of the same standard as non-prisoners (United Nations, 2015). National Institute for Health and Care Excellence (NICE) guidelines recommend Cognitive Behavioral Therapy (CBT) based self-help as part of stepped care for depression and anxiety (National Institute for Health and Care

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Excellence (NICE), 2011a, 2011b). Previous studies in prison have shown self-help materials effective in reducing anxiety (Maunder et al., 2009) and depression (Pardini et al., 2014) in prisoners.

Living Life To The Full (LLTTF) is a CBT-based self-help educational life skills approach involving a series of booklets aimed at developing common life skills, including understanding feelings and problem solving. Usually delivered within a class-based setting, LLTTF reduced anxiety and depression, and improved social functioning in adults within the community (Williams et al., 2018). LLTTF has not been piloted within prison, nor has one-to-one supported delivery been tested in this setting.

The utility of written self-help materials partly depends on their readability. It is estimated that 50% of the prison population have reading abilities below an 11-year-old (Clark & Dugdale, 2008); however, self-help materials often assume a reading age significantly higher than this.

In line with the MRC Complex Interventions Framework (Craig et al., 2008), this study evaluated the feasibility of using LLTTF in adult male offenders serving a long-term prison sentence. The research questions are:

(1) Will Prison Officers and prisoners take part in and engage with LLTTF?
(2) Do the LLTTF booklets and linked worksheets need to be adapted for prisoners?
(3) Does LLTTF suggest a treatment effect of reducing anxiety and/or depression?

Method

Participants

This study took place in Her Majesty's Prison (HMP) Shotts, a Scottish prison for adult male offenders serving a sentence of four or more years. Prison Officers were recruited via an e-mail with details of the study.

Prisoners were recruited via posters. Eligible prisoners were adult males (aged 21+) who experienced mild-severe levels of distress (defined as a Patient Health Questionnaire (PHQ) score of 5+), were prepared to attend four sessions of LLTTF, able to read and write, and able to engage in LLTTF. Prisoners were excluded if deemed, by Prison Officers or healthcare staff, to pose a direct risk of harm to the field researcher (or were at risk of imminent and significant self-harm). It was intended to recruit prisoners from four prison landings that LLTTF trained Prison Officers worked across. Due to staffing issues, this was reduced to the three landings where the trained Prison Officers were based.

Intervention content

Four LLTTF booklets were used; "Why do I feel so bad?" covered formulation/understanding feelings, "I can't be bothered doing anything" centered on activity scheduling, "Why does everything always go wrong?" focused on thought-challenging, and "How to fix almost everything" incorporated problem solving. All were unadapted 3rd editions standard editions of the books. Linked worksheets were adapted following feedback from Prison Officers.

Readability

To assess readability, two pages of each booklet were inputted into Readability Studio, Oleander Software.

Procedure

Prison Officers attended a 3.5-hour session of LLTTF training delivered by CW. A Clinical Psychologist (CS) offered teaching support/supervision sessions once per month. These were open access and Prison Officers were expected to attend at least one session.

Recruitment posters were distributed to prison cells and placed at the front desk of each landing. Interested prisoners placed their name in a ballot box at the front desk. The researcher met prisoners individually to obtain written informed consent and complete measures. They were shown example worksheets to confirm they felt they could complete these with guidance from staff, if not, they were excluded from the study. The prisoner's Personal Officer completed a questionnaire assessing the prisoner's wellbeing.

Once trained, Prison Officers met with prisoners individually for four 20–30 minute sessions to discuss booklets and linked worksheets. They were asked to deliver sessions on a weekly basis, where practical given the prison regime. Prisoners placed completed questionnaires in sealed envelopes for data anonymity. Post-treatment outcome data were collected within two weeks of intervention completion.

Measures

Primary outcome measures

In line with a feasibility study design, these comprised information on the recruitment and retention of Prison Officers and prisoners, rates of and reasons for attrition, and qualitative feedback on LLTTF.

Secondary outcome measures

Prison officers. Staff completed a modified Training Acceptability Rating Scale (Davis et al., 1989) and a questionnaire evaluating views of LLTTF developed for this study.

Prisoners. There are no validated measures of mental health symptoms for prisoners. The following were selected as they appeared the most suitable of available standardized tools.

The Patient Health Questionnaire-9 (PHQ-9) assessed depression. With good psychometric properties (Cronbach's alpha = 0.89; Kroenke et al., 2001), it has been used in prison studies (Adamson et al., 2015; Randall et al., 2019; Riley et al., 2019).

The Generalized Anxiety Disorder-7 (GAD-7) measured anxiety. With good psychometric properties (Cronbach's alpha = 0.92; Kroenke et al., 2007), it has been used in prison studies (Adamson et al., 2015; Randall et al., 2019).

Questionnaires were developed for specific areas of interest to be explored. One assessed prisoners' views of their functioning on a Likert scale; including ability to talk to others confidently. A questionnaire on Personal Officers' views of the prisoner's wellbeing was developed using a Likert scale.

Results

Readability

The average Flesch Reading Ease (FRE) score of the four books was 87.5, indicating "good" readability. The average Simple Measure of Gobbledygook (SMOG) Grade Level was 7.5, suggesting that 7.5 years of education was required to understand the booklets (Table 1).

Prison officers

Of 103 Prison Officers invited to participate, nine (8%) volunteered and six (5%) attended LLTTF training; one did not attend due to sickness and two due to staff shortages. Prior to prisoner recruitment, two withdrew; one due to promotion and one moved to a position with no prisoner contact.

Table 1. Readability of LLTTF booklets.

LLTTF booklet	FRE scale value	SMOG grade level
Why do I feel so bad? (Understanding why we feel as we do)	86	7.4
I can't be bothered doing anything (activity scheduling)	81	8.2
Why does everything always go wrong? (thinking)	99	6.3
How to fix almost everything (problem solving)	84	8.3
Mean (SD)	87.5 (7.9)	7.5 (0.9)

Staff training feedback indicated that some materials required adaptation for prison, with suggestions to modify the worksheets prior to use with prisoners. Consequently, worksheets were amended based on feedback; selected illustrations were removed from worksheets (as staff perceived some illustrations as childish) and content amended to include activities available in prison. The revised worksheets were then used with prisoners throughout this feasibility study. As many staff anticipated that prisoners would not be receptive to the booklets, they were given the option to solely use the linked worksheets.

Prisoners

Of 240 prisoners invited to participate, 29 (12%) indicated interest and, of these, 14 (48%) were not eligible. Fifteen completed pre-treatment assessment and four were excluded. Four did not commence LLTTF due to limited staff time to begin the intervention. Seven completed LLTTF. No participants who commenced LLTTF dropped out of the study (Figure 1).

As ballot boxes for prisoner recruitment went missing from the landings, NHS triage boxes, which prisoners use to self-refer to health-care services, were used for prisoners to indicate interest in the study.

Demographics

All eligible participants were Caucasian (median age 36 years; IQR: 29–42). Two-thirds (n = 10) were employed in prison. A psychiatric diagnosis was self-reported by 87%; including depression (n = 7), Post-traumatic Stress Disorder (n = 5), Obsessive Compulsive Disorder (n = 1), and Schizophrenia (n = 1). Personality disorder was self-reported in 26% (n = 4). The majority were prescribed psychotropic medication before imprisonment (67%) and 80% were currently taking psychotropic medication.

Anxiety and depression

During assessment, some prisoners gave inconsistent responses; e.g., describing recent experiences of anxiety/depression while indicating no experiences of anxiety/depression in psychometrics. In the eligible participants, the median PHQ-9 was 13 (moderate depression; IQR = 10–19) and the median GAD-7 was 10 (moderate anxiety; IQR = 6–17). The median for the functioning questionnaire was 6 (IQR = 6–8).

In completers (n = 7), reduction in PHQ-9 scores pre- to post-treatment, was associated with a large effect size (r = 0.71) and improved outcome in 5/7 prisoners (see Table 2 and Figure 2). There was no significant change in GAD-7 scores from pre- to post-treatment; scores varied, with some deterioration

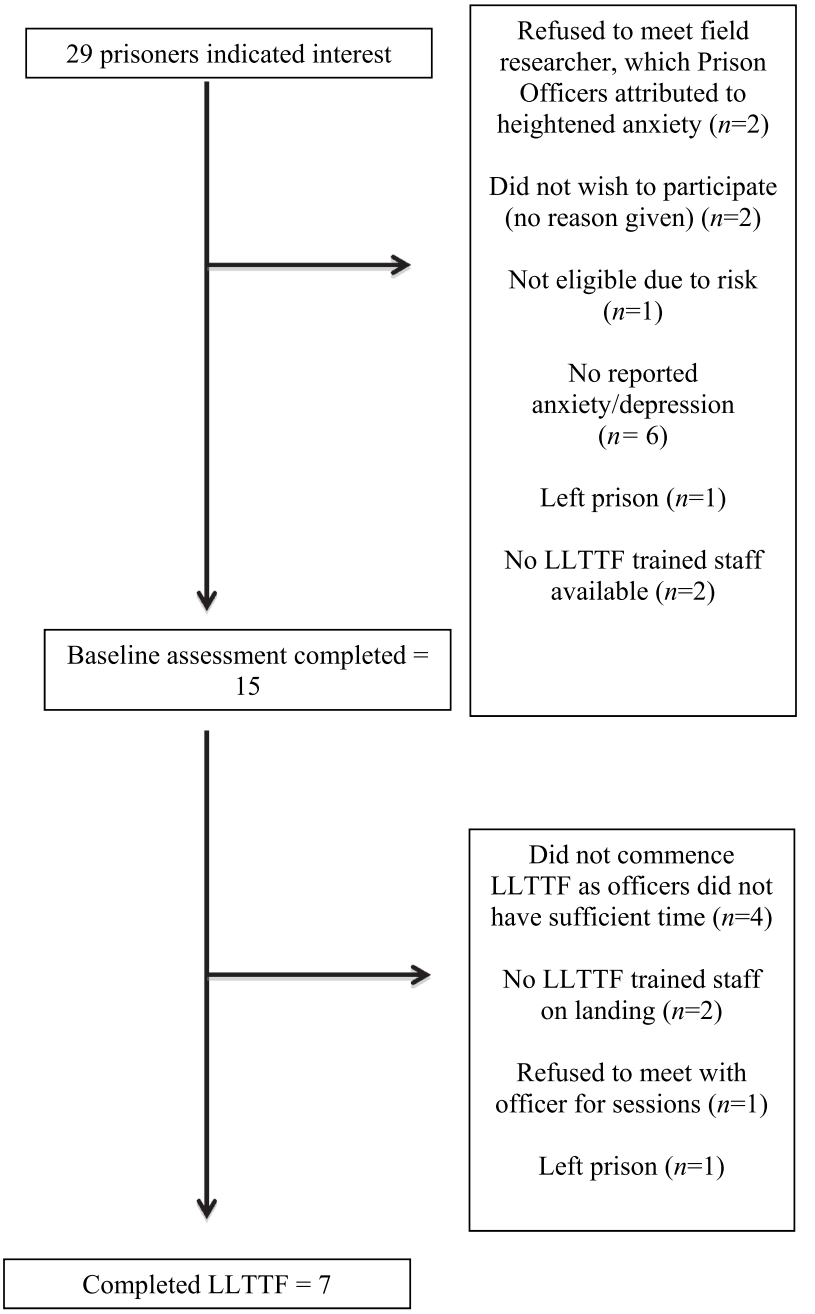

Figure 1. Flowchart of prisoner participants.

and some improvement across individuals. Change in social functioning was associated with a small positive effect size. These differences were not statistically significant ($p > .05$) (Table 2).

Table 2. Pre-treatment and post-treatment scores for completers (n = 7).

	Pre-treatment (Median, IQR)	Post-treatment (Median, IQR)	Statistical significance *(p)*	Effect size *(r)*	Test statistic *(z)*
PHQ-9	19 (11–23)	15 (6–19)	0.06	0.71	−1.876
GAD-7	10 (6–19)	12 (2–18)	0.31	0.39	−1.022
Functioning	6 (5–7)	7 (4–8)	0.5	0.026	0.682

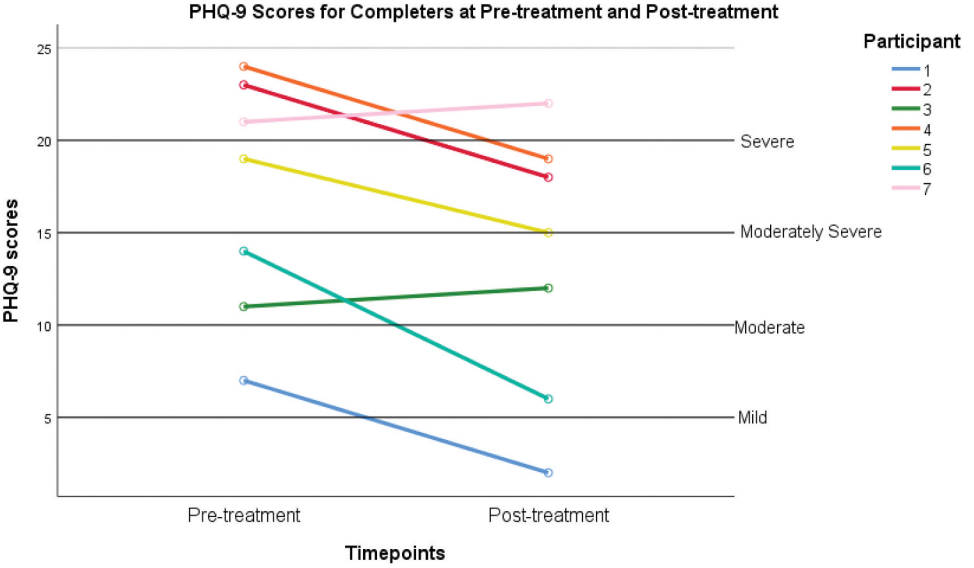

Figure 2. PHQ-9 scores for completers at pre-treatment and post-treatment.

Weekly PHQ-9 and GAD-7 questionnaires were missing for one participant. Another prisoner completed the GAD-7 in only three out of four sessions. Six completers had data for pre-treatment and Week 4. Medium and large effect sizes were associated with reductions in PHQ-9 and GAD-7 scores, respectively, from pre-treatment to Week 4 and were not statistically significant ($p > .05$) (Table 3 and Figures 3 and 4).

There was a deterioration of depression and anxiety for two prisoners from Week 4 to Post-treatment.

Five prisoners perceived improvement in functioning following treatment, and two a decrease in functioning (Figure 5).

Table 3. Pre-treatment and week 4 scores for completers (n = 6).

	Pre-treatment (Median, IQR)	Week 4 (Median, IQR)	Statistical significance *(p)*	Effect size *(r)*	Test statistic *(z)*
PHQ-9	20 (10–23.25)	7 (1–15.5)	0.058	0.77	−1.892
GAD-7	13.5 (6.5–19.25)	4.5 (1–13.75)	0.115	0.64	−1.577

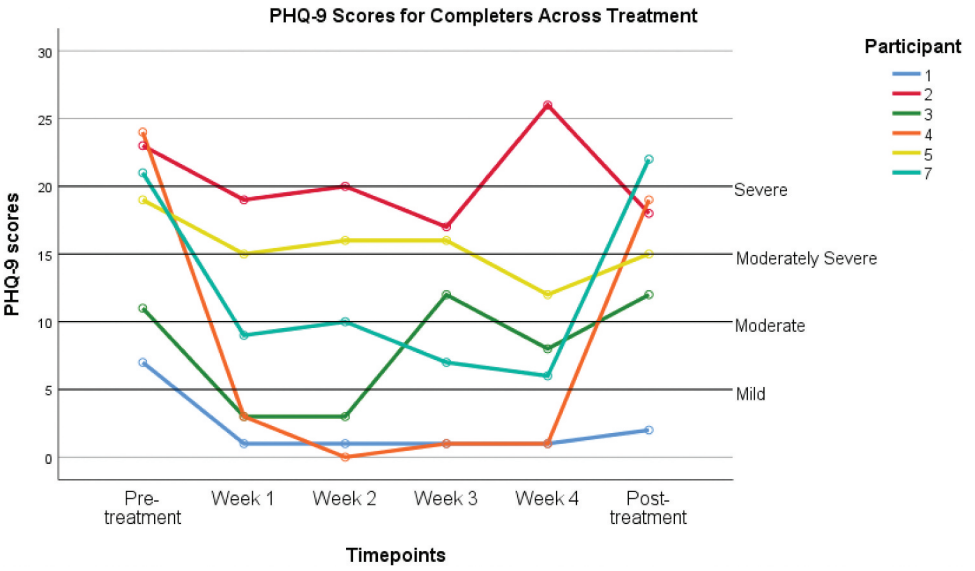

Figure 3. PHQ-9 scores for completers across treatment.

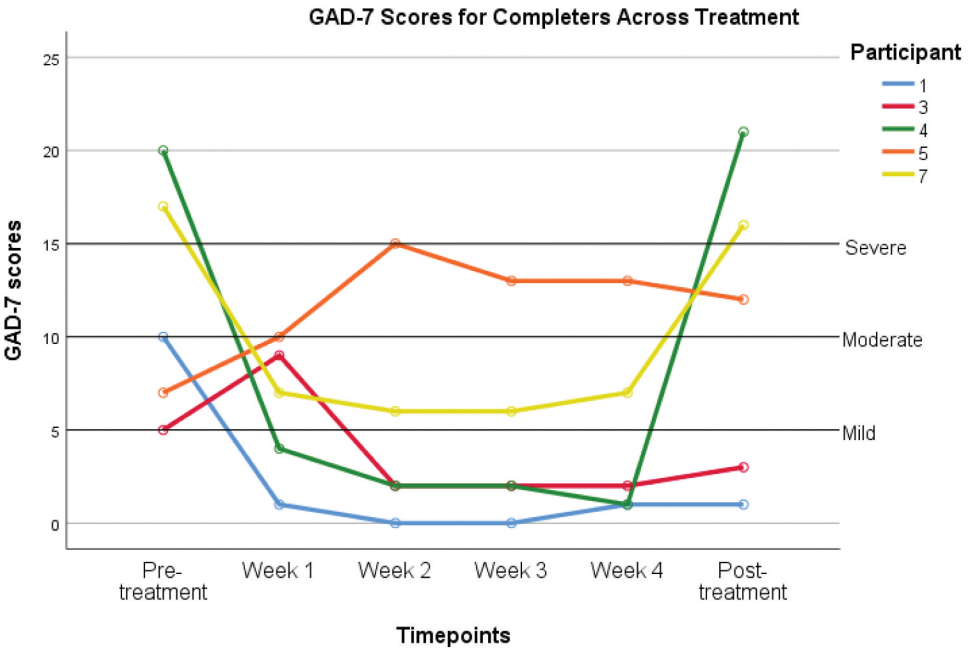

Figure 4. GAD-7 scores for completers across treatment.

Personal officer feedback

Four Personal Officers (57%) completed questionnaires about prisoners' functioning pre-treatment and post-treatment. Figure 6 shows views of prisoner functioning increased from pre-treatment to post-treatment for three prisoners.

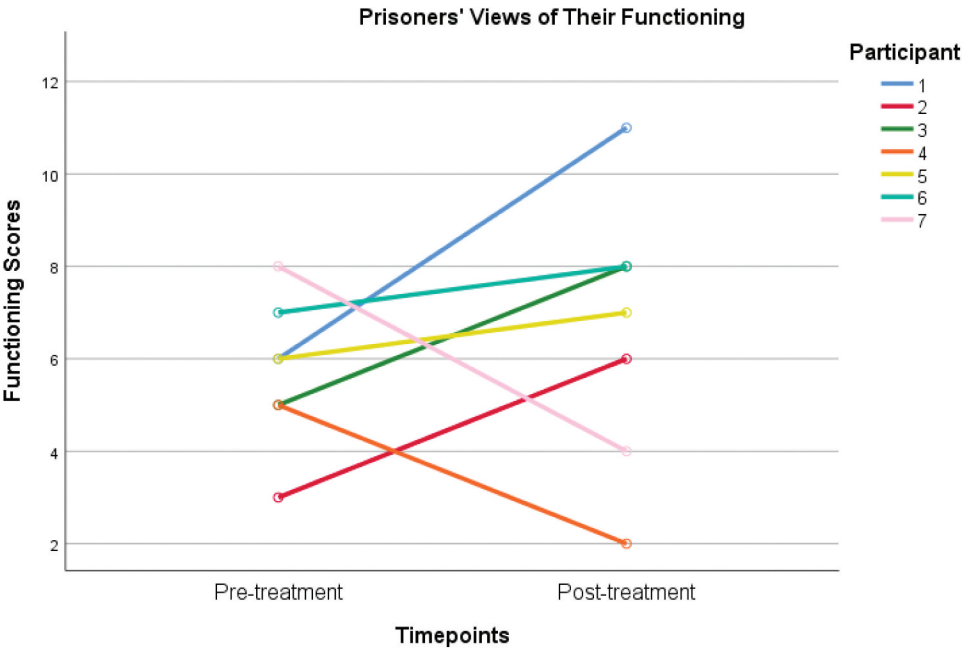

Figure 5. Prisoners' views of functioning.

Prisoner feedback

Seven prisoners provided feedback about the LLTTF intervention. Responses indicated that the majority completed the worksheets (n = 6), perceived materials as easy to follow (n = 6), would use the booklets again (n = 6), and would recommend the booklets (n = 4). Some examples were highlighted as not feasible in prison (n = 4) and content was perceived as childish (n = 3). Two prisoners commented on the impact of Prison Officers on sessions, including one Officer appearing embarrassed by the booklets and another covering content too quickly.

Six prisoners reported positive changes due to LLTTF, including changes in thinking (n = 2), feeling more able to speak to Prison Officers (n = 1), normalizing mental health problems (n = 1), and improved self understanding (n = 1) and awareness that activities improved mood (n = 1).

Suggested changes to LLTTF booklets were to include examples of activities available in a prison (n = 2) and for more directive content (n = 1). One commented on the popularity of fitness and sports in prison and suggested incorporating illustrations or examples based on these.

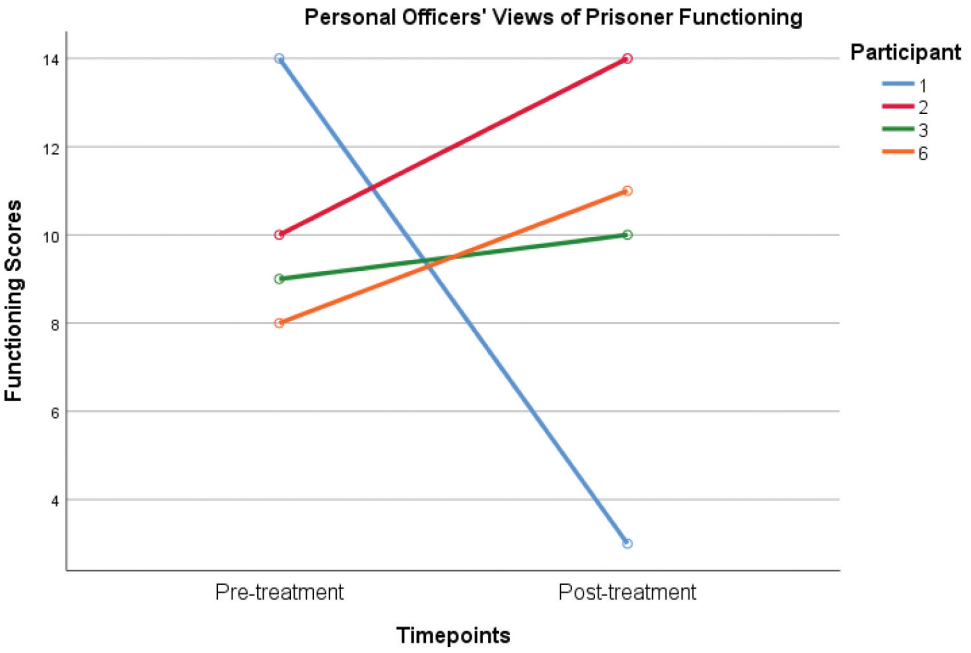

Figure 6. Personal officers' views of prisoner functioning.

Prison officer feedback

The three Prison Officers who delivered LLTTF provided feedback on the approach. Views were that materials required adaptation for prison ($n = 3$) and although some felt the materials were perceived as patronizing and childlike ($n = 3$), the content was viewed as important ($n = 2$). One perceived that sessions improved the relationships between prisoners and staff.

Lack of ring-fenced time to deliver the intervention was viewed as a barrier, with a need for more prison staff to cover core duties ($n = 3$) and more LLTTF training/supervision ($n = 1$). Suggestions for change included a more anonymous method of recruitment to the study ($n = 1$). Suggestions to facilitate recruitment were to include prisoners in training sessions ($n = 1$), deliver awareness sessions to show prisoners LLTTF materials ($n = 1$), and revise materials with Prison Officers and prisoners ($n = 1$).

None of the Prison Officers attended the offered teaching support/supervision sessions as the times did not fit with shift patterns ($n = 2$) and e-mails were lost in the inbox ($n = 1$).

Discussion

We believe this is the first known feasibility study to investigate provision of guided self-help to prisoners experiencing stress delivered by Prison Officers. In line with the MRC Complex Interventions Framework (Craig et al., 2008),

this study achieved its aims by assessing key uncertainties, including testing procedures, exploring recruitment and retention, and evaluating acceptability. This is important information for future studies.

Only a small proportion (12%) of the 240 prisoners offered to take part and of these, 14 (48%) were not eligible. This may be due to prisoners not being aware of mental health problems and consequently not coming forward. Including the assessment of suitability for self-help support during screening prisoners for mental health problems on admission to prison would allow identification of those who require support and intervention. Prison Officers, education and health-care staff could be involved in identifying prisoners who may benefit from LLTTF. As an alternative to the recruitment ballot box, prisoners could have instead indicated interest to Prison Officers or submitted an interest form in the box for NHS input requests, the latter may improve confidentiality. Awareness sessions would allow prisoners to view materials and ask questions, to promote engagement. These changes may promote recruitment in future studies. Stigma relating to seeking mental health support may deter prisoners and conceptualizing LLTTF as a form of "self-learning" with one-to-one tutor support through the education department may promote engagement.

Only a small proportion (5%) of the 103 Prison Officers volunteered to be trained, which may reflect their numerous competing demands that make mental health training more challenging to prioritize. An initial step may be to increase mental health awareness and psychological thinking of Prison Officers through systemic working, including consultation with the mental health team and staff training.

The readability of the booklets was "good," which indicates acceptability in the context of low literacy levels in the prison population (Clark & Dugdale, 2008). Prisoners and Prison Officers did not consider some aspects of the booklets that referred to everyday community activities such as shopping appropriate to prison. Activities available in prison are limited and prisoners are a complex population who may disengage with interventions they dislike or perceive as not relevant. The booklets used were standard ones used in communities, with examples of activities that were not available in prison (e.g., visit friends). Materials could in future be revised in conjunction with prisoners and Prison Officers, which is consistent with Dvoskin and Spiers (2004) and Maunder et al. (2009). Due to their popularity in prison, fitness/sports could be incorporated into the materials to promote engagement. Future studies could evaluate different options of delivery, such as LLTTF in a group setting, in a computerized or classroom format accessed through the education department, or as information provided on a DVD or on the prison TV information channel.

Overall, effect sizes signal large reductions in depression associated with the intervention (p = .06), despite the modest sample size. Pre-treatment anxiety and social function found no significant differences. This may reflect individual variability as some prisoners experienced an increase and others a decrease in anxiety. Prison itself leads to varied challenges and stressful life events. Increasing the sample size in a larger RCT would help randomly allocate these experiences across a treatment arm and control arm to identify any benefits or not of the intervention. This indicates the need for further research. Some prisoners showed improvement in mood, anxiety, and function, which is in contrast with deterioration in a minority. This indicates a signal of a treatment effect, which is consistent with previous research (Maunder et al., 2009; Pardini et al., 2014; Williams et al., 2018). However, this should be interpreted with caution as some prisoners provided inconsistent responses during assessment, which highlights a limitation of self-report. Prisoners may have responded to perceived demand characteristics, with a belief that responding favorably may improve their status within prison or affect their sentence. This underlines the importance of collecting objective data and data from other sources.

Prison officers

Prison Officers' initial negative perceptions of materials may have influenced their delivery of LLTTF and consequently prisoners' views. This highlights the need for regular supervision to support delivery; however, no Prison Officers attended teaching support/supervision sessions, in contrast to their expressed desire to receive additional support. This may have been due to problems with how this support was set up and accessed or result from timetable/work roster clashes. Prison Officers' motivation to engage in the study possibly decreased with time, demonstrated by missing recruitment ballot boxes. Furthermore, Prison Officers had limited time to deliver LLTTF and frequently move positions as required, which has implications for training and those able to deliver guided self-help. These practical barriers suggest that testing the impact of specific guided self-help worker roles, based within health or education, would be beneficial, and Prison Officers may be better placed to provide prompts to prisoners.

Study limitations include a small sample size and lack of control for non-specific effects. No follow-up data make it uncertain whether effects are maintained. Treatment fidelity was not measured. Questionnaires used are not validated in prisoners.

In the context of research that demonstrated reductions in anxiety and depression in prisoners following self-help (Maunder et al., 2009; Pardini et al., 2014) and the high prevalence of mental health problems in prisoners, guided

self-help in prison is worthy of further investigation. It is recommended that materials are revised in conjunction with Prison Officers and prisoners, and piloted prior to future studies. Dedicated guided self-help workers may be better placed to deliver this intervention, with Prison Officers providing support. Future studies should use a mixed methodology, including quantitative and qualitative analysis, involve a larger sample, a control group, and follow-up.

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We would like to acknowledge the contribution of Dr Joy Ross for the initial idea and development of this study. We would like to thank the Prison Officers and prisoners who participated in this study, and the Scottish Prison Service for their support. JL was funded by NHS Education Scotland.

Disclosure statement

No potential conflict of interest was reported by JL, FM or TM. CW is principle author of the materials used and is Director of Five Areas, a Limited Company that commercialises these resources, and of which Professor Williams is a shareholder

Ethical statement

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975. This project was approved by the Scottish Prison Service and the South East Scotland Research Ethics Committee 02 (REC reference: 19/SS/0044).

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