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# The Implications of Imprisonment on the Mental Health of Prisoners: An Exploration from the Perspective of Staff who Work with (Ex) Prisoners

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# <u>Acknowledgments</u>

# **Abstract**

This research will entail an investigation into the implications of imprisonment on the mental health and wellbeing of (ex) prisoners, explored from the perspective of professionals who have experience in working with this cohort. This research strives to provide a deeper understanding into factors within the prison context that lead to the development or exacerbation of mental health problems amongst all prisoners. The literature review highlighted an array of themes, including gym, drug use and parental imprisonment in affecting the mental health of prisoners, of which were also widely explored in the participants responses. The research serves to investigate these (and further) issues in order to tailor better services to approach the specific mental health needs of the prison population.

Qualitative analysis in the form of semi-structured interviews have been used in the data collection process. The sample achieved consisted of seven participants, all of whom have relevant and valued experience working with (ex) prisoners. Because of this, each participant was able to engage in an in-depth discussion of the impact imprisonment has on the mental health of (ex) prisoners. Braun and Clarke's (2006) thematic analysis template was used in the analysis process of the data collected, which led to the generation of 5 main themes and 11 sub-themes.

The research succeeded in highlighting key issues within the prison system that exacerbate, if not cause, mental health problems amongst prisoners. In particular, drug misuse and challenges of adjusting to the prison environment have been attributed to negative mental health outcomes. As well as this, gym and exercise within the prison environment was highlighted to positively impact the mental health and wellbeing of prisoners. A noteworthy limitation concerns the overall diversity of the sample. All participants were female, and this therefore may have affected the nature of the responses given. For future research, it is suggested that a more diverse participant sample be used in order to see how this effects the nature of the collected data.

## Chapter 1: Introduction

Since the 1990s there has been a significant change in public recognition and perceptions of mental health, illness and wellbeing (Time to Change, 2015). Mental health is now considered integral to human functioning, as it determines our ability to deal with life's pressures (WHO, 2018). Additionally, the expanding network of mental health charities highlight the importance of mental health, illnesses and wellbeing in efforts to reduce stigma surrounding mental illness (Mind, 2020).

The World Health Organisation regards mental health as "a state of wellbeing" (WHO, 2001b, p1, cited in WHO, 2005, p2), whereby an individual can recognise and cope with everyday stresses appropriately to ensure effective societal contributions. As stated by the Department of Health (2014, p6), wellbeing refers to "feeling good and functioning well (…)". Further, the American Psychiatric Association acknowledges mental ill health as abnormalities in the emotional, thinking or behavioural processes which impair functioning and interfere with work and relationships (APA, 2018). These definitions are crucial to this thesis as they will be explored in the context of prison and its impact on mental health, illness and wellbeing.

It is estimated that approximately 1 in 6 adults across England and Wales experience mental health disorders, such as anxiety and depression, on a weekly basis (HCL, 2020). Additionally, prisoners are at an increased risk of experiencing mental ill health (HCCPA, 2017) because of problematic prison conditions, drug misuse and the struggles of adapting to imprisonment. These can all lead to mental health struggles, and engagement in self-destructive behaviour and can impact on their ability to social network, partake in rehabilitative programmes, and successfully reintegrate into society post imprisonment (WHO, 2005).

Research into the extent of which prisoners experience mental health issues has been neglected, with widely reported figures on the matter outdated by 20 years (NAO, 2017). However, existing literature on the subject forms the foundation of the present thesis and is indicative of the scale of the problem and the need for further research.

This research will therefore focus on the implications of imprisonment on the mental health of prisoners from the perspective of those who work in close proximity with prisoners or ex-prisoners (hereafter referred to for ease of reading as (ex) prisoners). The fundamental aim of this study is to investigate the implications of prison on the mental health of (ex) prisoners from the perspectives of 7 practitioners in this field. Research objectives will be generated in accordance with relevant themes that have emerged from the literature review, presented in chapter 2 following this chapter 1. Chapter 3 will detail the methodology, justifying the use of semi-structured interviews in this research and the qualitative approach to research will be considered and critically discussed. The analysis and subsequent discussion on the collected data will then be presented in chapter 4, using relevant theory that is reflective of both the literature review and participants responses. Finally, a conclusion, chapter 5, will summarise the findings from the report and the importance of this research in contributing to the growing body of literature on this topic.

## Chapter 2: Literature Review

For this literature review, a narrative analysis on each theme has been conducted. Relevant search engines including 'Summon' and 'Google Scholar' were used to acquire pertinent literature. Boolean parameters such as 'AND' and 'OR' were also applied in the research process to narrow down the searches to specific literature. An interrelationship between the web of topics has been identified. Despite challenges in allocating each topic to a suitable theme, the topics have been thematically organised into the following categories, each with relevant subthemes:

- Gender and Identity
- Prison Conditions
- Coping Strategies to Improve Mental Health and Wellbeing

By no means are these themes mutually exclusive, but they are represented in this way for easier reading. Before this, it is important to explore patterns and trends of certain prison characteristics which greatly impact prisoners' mental health and wellbeing.

### 2.1: Mental Health, Illness, and Wellbeing Amongst Prisoners

To date, literature on the prevalence of mental health issues amongst prisoners remains scarce (NAO, 2017). However, common consensus is that prisoners are more susceptible to experiencing mental health issues than the general population (HCCPA, 2017). Singleton et al (1998, cited in NIHR, 2010), provided the most comprehensive exploration into the mental health and wellbeing of prisoners, noting that 90% of prisoners "had one or more psychiatric disorder (…) namely psychosis, neurosis, personality disorder (…) and drug dependence" (Singleton et al, 1998, cited in NIHR, 2010, p6). Since 1990, the prison population in England and Wales has seen a 60% expansion, with the House of Commons Library (2019) reporting 90,000 prisoners in 2019, likely attributed to political and sentencing changes (Lord Carter, 2007). Such rapid expansion impacts on the accessibility of essential mental health services to prisoners, subsequently leading to poorer mental health outcomes amongst prisoners (HCHSCC, 2018).

As a consequence of their psychiatric morbidity, prisoners are at an increased risk of engaging in self-harm than the general population, (HCCPA, 2017; HCHSCC, 2018; MoJ, 2019). Over 44,600 prisoners were reported to have harmed themselves in 2017 (HCHSCC, 2018), rising to over 50,000 incidents of self-harm reported in 2018 (MoJ, 2019). Increased mental health issues amongst the prison population can be attributed to the abrupt removal of desired goods, relationships, liberty and security, otherwise referred to as pains of imprisonment (Sykes, 1958), and struggles in adjusting to prison life can lead to self-injury as a means of coping and dealing with their mental health struggles (HMPPS, 2018).

## 2.2: Gender and Identity

Prison can restrict the performance of gender expression and identity which can affect the mental health and wellbeing of prisoners adversely. The first focus is maternal imprisonment, having been identified as a significant contributor to mental health problems amongst imprisoned mothers.

### 2.21: Maternal Imprisonment

Much of the research on this topic confirms a negative outcome, with increased self-harm rates amongst female prisoners than male prisoners (Hawton et al, 2014). This is potentially attributed to infrequent contact with their children and the abrupt removal of maternal duties, and a lack of knowledge on the care their children will receive (Corston, 2007; Douglas, Plugge & Fitzpatrick, 2009; Baldwin, 2018).

This claim is exemplified by Baldwin (2018) who conducted interviews with 20 mother's post-imprisonment and documented their personal experiences of prison's impact on motherhood. Despite a small sample size, the interviews unveiled feelings of shame, guilt, anxiety and frustration due to a lack of maternal activity and familial visits. These findings are further corroborated in a US study by Poehlmann (2005), which highlighted feelings of intense distress and depression amongst 68% of 98 imprisoned mothers, again, attributed to infrequent contact and face-to-face interactions. Poehlmann (2005) also noted the presence of suicidal feelings amongst 6% of the sample, most prominently experienced during the initial stages of separation.

Whilst the use of semi-structured interviews in both studies enriched the quality of the responses, reliance on participants accounts can be problematic as they may exaggerate mental health struggles, thereby affecting data quality (Poehlmann, 2005; Baldwin, 2018). Research bias is also possible if more than one interpretation can be derived from the data, in this case the notion that "maternal depression caused children to visit less" (Poehlmann, 2005: 356).

However, simply having more visits from children (as could be reasonably concluded from these findings), does not necessarily improve imprisoned mothers' mental health. Houck and Loper (2002) identified a correlation between increased levels of stress and anxiety and familial prison visits. This could be attributed to the length of the prison visit, a lack of physical contact throughout the visit and the reactions of children and their caregivers to the prison environment (Houck & Loper, 2002; Corston, 2007). A concern applicable to all the presented studies is that a lack of access to the mental health records of the participants increased the difficulty in determining the origin of the mental health issues, in essence, whether they derived from a lack of familial visits or if they existed prior to imprisonment (Houck & Loper, 2002).

These conclusions, however, are underpinned by motherhood in the context of feminist theory (Gross, 1998). It is contended that prison interferes with a woman's ability to fulfil her social and self-expected role as a parent and primary caregiver to her children (Kennedy, 2012). Maternal imprisonment can be considered societal proof of their incapability to fulfil their maternal duties (Kennedy, 2012; Corston, 2007), leading to the "poor mothers" image (Kennedy, 2012: 185). Moreover, infringements to familial support such as the financial and travel struggles caregivers encounter to maintain contact can negatively affect the mental health and wellbeing of imprisoned mothers (Corston, 2007), with some female prisoners transferred up to 60 miles from their home due to a shortage of female prisons (Raikes & Lockwood, 2011), therefore limiting face-to-face interactions which heightens stress and anxiety levels amongst imprisoned mothers (Kennedy, 2012). Further, strained relationships between mothers and caregivers also impact a child's ability to visit their mother in prison which again, worsens the mother's mental health (Raikes & Lockwood, 2011).

In summary, increased stress and anxiety levels amongst imprisoned mothers can be attributed to poor communication and contact between a mother and her child as well as fear of rejection if contact is not maintained (Baldwin, 2018). However, it should be noted that imprisoned fathers also struggle with infringements to familial contact, which challenges aspects of self-esteem and self-identity, presented below.

2.22: Paternal Imprisonment

Whilst approximately 32% of male prisoners across England and Wales are fathers (Clarke et al, 2005, as cited in Reeves, 2016), insufficient statistical figures on this marginalised population highlights an apparent area of neglect, with greater concern paid to researching imprisoned mothers. Further exploration into imprisoned fathers is therefore required, as, similar to imprisoned mothers, this cohort is likely vulnerable to negative mental health and wellbeing outcomes upon imprisonment as a result of abrupt removal of fatherhood duties (Martin, 2001).

US research by Loper et al (2009) compared levels of parenting stress amongst a cohort of 100 mothers and 111 fathers across 11 prisons in the United States. The study determined a higher level of parenting stress amongst imprisoned fathers than imprisoned mothers, attributed to longer prison sentences (as fathers are normally charged with more violent offences), which leads to longer periods of separation from their children (Sabol & Couture, 2008, cited in Loper et al, 2009). The study also identified a correlation between the inability to maintain contact with children and frequent outbursts of violent and aggressive behaviour amongst the cohort (Loper et al, 2009). Whilst the comparative nature between imprisoned mothers and fathers is a significant contribution to the literature (Loper et al, 2009), the study only focused on the relationships involving one child, suggesting that distress levels may vary across imprisoned fathers with one child compared to imprisoned fathers with multiple children (Loper et al, 2009).

Imprisoned fathers also experience heightened levels of depression and anxiety compared to their noncustodial counterparts, attributed to infrequent contact (Lanier, 1993), as previously identified when exploring maternal imprisonment. Using systems theory, Lanier (1993) explored this finding by hypothesising that the involuntary removal of a father from the modern-day family unit (as a result of

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imprisonment) negatively impacts on family dynamics (Broderick & Smith, 1979, cited in Lanier, 1993). This inevitably leads to fathers experiencing depression and anxiety (Lanier, 1993). The findings confirmed heightened depression and anxiety levels amongst imprisoned fathers compared to non-imprisoned fathers (Lanier, 1993). However, the study failed to identify a correlation between the sentence length and heightened levels of common mental health issues (Lanier, 1993). This finding appears to refute common assumption, and findings from the study by Loper et al (2009), that longer sentences will have a negative impact on the mental health and wellbeing of imprisoned fathers, resultant of separation from their children. The study concluded that separation from the "child's developmental matrix" (Lanier, 1993: 51) is associated with increased depression and anxiety amongst imprisoned fathers, which in turn has the potential to hinder effective prison adjustment and rehabilitative success.

The inability of prisoners to express and perform fatherhood whilst imprisoned is also linked to identity struggles. A Chinese study by Hong Chui (2016) highlights the importance of fatherhood to male prisoners and how difficulties in preserving this identity negatively impacts their mental health. Semi-structured interviews were conducted wherein participants disclosed feelings of guilt, shame, humiliation and worthlessness regarding the lack of knowledge and participation in their children's lives (Hong Chui, 2016), a finding which corroborated Lanier's 1993 study. In different to previous studies, however, the theoretical basis for this study stems from the works of Burke and Reitzes (1991) and identity theory.

The theory posits that if an individual's internalised self-identity does not reflect their external identity portrayal then they are likely to develop "negative emotions such as sadness and low self-esteem" (Hong Chui, 2016: 62). In the prison context, the inability to perform fatherhood due to prison culture and pressures to supress this paternal role increases the risk of the development of mental health issues such as depression and anxiety amongst this population (Lanier, 1993; Hong Chui, 2016). A notable finding from this study was that, post-release, all participants made positive efforts to reinstate their role as a father which overall improved their mental health and wellbeing (Hong Chui, 2016). This finding supports the notion that prison greatly

hinders the ability for fathers to parent, or in some cases co-parent, which ultimately requires further research (Hong Chui, 2016).

Issues with self-esteem and self-identity can also be associated with the prison culture, the notion that prisoners adopt cultural norms inherent to the prison system during their process of prisonisation (Theerathitiwong, 2017). In doing so, prison culture prioritises a particular kind of masculinity, leading to mental health struggles as a result of identity interferences.

2.23: Masculinity

Perceptions of masculinity amongst the male population are greatly challenged upon imprisonment (Morse & Wright, 2019). The inability for all men to subscribe to, or present themselves as, the prison ideal of masculinity promotes vulnerability and subsequent negative mental health outcomes for a significant proportion, estimated at over 90% of the entire prison population (GOV.UK, 2019). The influence of specific contexts helps configure the type of masculinity adhered to by male prisoners (Connell, 1995, cited in Haywood & Mac an Ghaill, 2003; Ricciardelli, Maier & Moffat, 2015). As demonstrated in the context of imprisonment, male prisoners undergo a "mortification of the self" (Goffman, 1961, cited in Capps, 2016: 103), during which previous identities are dispossessed and recreated to allow prisoners to adhere to prison social hierarchies (Goffman, 1961). Additionally, prisoners who perform hegemonic masculinity are able to attain a higher social status within prison as a means of avoiding conflict and rejection through establishing hierarchal superiority (Haywood & Mac an Ghaill, 2003).

A Canadian study by Ricciardelli, Maier and Moffat (2015) documented prisoner's challenges when experiencing identity interferences. Common consensus amongst the small-scale sample of 56 male ex-prisoners was that the complexities of adapting to the prison environment is detrimental to the mental health of prisoners, with the process subsequently promoting "insecurity, uncertainty and emotional exposure" (Ricciardelli, Maier & Moffat, 2015: 503). Again, this suggests that "the 'pains of imprisonment' shape prison masculinities" (Ricciardelli, Maier & Moffat, 2015: 494), as the removal of opportunities, social networks and heterosexual relationships lead to the prisoner undergoing an identity change and, along with these deprivations, the

development of mental health problems is exacerbated due to the disempowering nature of the prison culture (Sykes, 1958; Ricciardelli, Maier & Moffat, 2015).

Similar conclusions were drawn from an earlier English study by Evans and Wallace (2008), who found that male prisoners are more inclined than female prisoners to supress feeling vulnerable in order to ensure successful adaptation to the prison environment. As a result, however, many prisoners find themselves distancing away from their "inner private world" (Evans & Wallace, 2008: 486), which subsequently leads to feelings of guilt, shame, vulnerability and depression in their struggles to channel their true identity to the outside world (Evans & Wallace, 2008).

In addition to hegemonic masculinity, both studies draw upon the performance of hypermasculinity, the exaggeration of masculinity which is more commonly associated with prisoners who struggle to conform to traditional prison masculinities (Evans & Wallace, 2008; Ricciardelli, Maier & Moffat, 2015). This includes homosexual prisoners (Evans & Wallace, 2008) and prisoners of a lower social status, such as convicted child sex offenders who are "at the bottom of the status hierarchy" (Ricciardelli, Maier & Moffat, 2015: 492). These types of prisoners perform hypermasculinity to prevent the exposure of true identities which increases their vulnerability to homophobic comments, bullying and rejection from other prisoners, exacerbating mental health struggles with worthlessness, depression, fear and anxiety (Evans &c Wallace, 2008). Both studies also highlight the social construction of prison masculinities, with Ricciardelli, Maier & Moffat (2015) documenting that prisoners convicted of financially motivated or organised crimes maintain heightened superiority amongst the rest of the prison population. Additionally, both studies indicate the importance for prisoners to assert their "ability to fight, power and dominance" (Evans & Wallace, 2008: 486) in successfully demonstrating their masculinity. However, Evans and Wallace (2008) also note that hegemonic hypermasculinity encourages prisoner's engagement in violence and bullying, something which may be used to supress vulnerable feelings as some prisoner's associate reaching out for emotional support with a "loss of masculine power" (Evans & Wallace, 2008: 486). Furthermore, both studies obtained data through flexible interviews, allowing the obtainment of core narratives concerning the feelings and

experiences from both sets of cohorts (Evans & Wallace, 2008; Ricciardelli, Maier & Moffat, 2015).

## 2.3: Prison conditions

In conjunction with Syke's (1958) Pains of Imprisonment, the inability for all prisoners to conform to the ideal gender image can increase levels of stress, anxiety, bullying and violence amongst prisoners, and contributes to poor mental health. However, prisoner interactions are also highly dependent on prison conditions, of which some exacerbate mental health struggles and are explored below.

### 2.31: Overcrowding

Overcrowding is considered a significant issue within prisons across England and Wales and is linked to negative mental health and wellbeing outcomes amongst prisoners (Criminal Justice Alliance, 2012). According to the Howard League for Penal Reform (2020), prisons are not designed to hold more than approximately 74,000 prisoners. With a current figure of 83,000 prisoners across England and Wales (GOV.UK, 2019), over 7,000 prisoners are imprisoned above the recommended amount (Howard League for Penal Reform, 2020). In addition, the House of Commons Library (2019) noted that as of May 2019, "62% of prison establishments were overcrowded" (House of Commons Library, 2019, p12). As a result, crucial prison resources such as cell occupancy levels, access to rehabilitative programmes and staff responsibilities are strained (Criminal Justice Alliance, 2012).

Studies confirm that overcrowding contributes to increased levels of stress and anxiety amongst prisoners (Kupers, 1996; De Viggiani, 2007; Ginneken, Sutherland & Molleman 2017). English research by De Viggiani (2007) for example, determined that prison conditions are a significant contributory factor in poor mental health and wellbeing outcomes amongst prisoners. The study, conducted in a Category C adult male prison, found a direct correlation between poor mental health and "limited opportunity for purposeful activity" (De Viggiani, 2007: 124), something exacerbated through overcrowding and the inability to access education and employment resources within prison (De Viggiani, 2007). This, according to Kupers (1996), is

likely to negatively implicate prisoner's mental health struggles, exacerbated upon release.

Whilst it is important to consider the small sample size of 35 prisoners and 4 prison officers, the data was obtained from prisoner's and prison staff from a low security wing which allowed prisoners to open up more about their prison experiences (De Viggiani, 2007). These findings are further corroborated by Leese, Thomas and Snow (2006), who identified a correlation between high rates of overcrowding in male and female local prisons across England and Wales and heightened rates of suicide and self-harm amongst these cohorts over a 2-year period. An inevitable by-product of overcrowding is cell-sharing, which limits prisoners' privacy and can subsequently lead to poorer mental health and wellbeing (Leese, Thomas & Snow, 2006). Another interesting finding was that overcrowding in the local male prison was associated with an increase in positive drug tests (Leese, Thomas & Snow, 2006). However, due to the use of the cross-sectional data collection method, observing longitudinal trends could not be achieved and this should, therefore, be considered when conducting future research (Leese, Thomas & Snow, 2006; Ginneken, Esther, Sutherland & Molleman, 2017).

Contrary to this, however, Ginneken, Esther, Sutherland and Molleman (2017) found overcrowding to offer a level of protection against self-inflicted deaths. High prison populations unavoidably weaken staff-prison relationships, yet interactions with cell-mates increases levels of emotional support, and an environment where prisoners can closely monitor fellow inmates who may be likely to engage in self-destructive behaviour (Ginneken, Esther, Sutherland & Molleman, 2017), something valued considering the current strain on mental health services in prison.

It is clear that overcrowding can, to some extent, contribute to poor mental health and wellbeing amongst prisoners due to their inability to engage in fundamental activities which have been identified to improve their quality of life in prison as well as future opportunities. Nevertheless, poor staffing levels prevent prisoner's from receiving adequate levels of emotional and practical support from crucial prison services, another factor that has been identified as a detriment to the mental health and wellbeing of prisoners.

2.32: Staff-Prisoner relationships

As documented in Penal Reform International (2018), positive interpersonal relationships between staff and prisoners are fundamental in improving the mental health and wellbeing of prisoners, as well as ensuring the identification of mental health problems and potential evidence of self-destructive behaviour amongst prisoners that would otherwise go unnoticed. Staff can provide a degree of emotional support which is considered "at the heart of prison life" (Liebling, 2011, cited in Molleman & Ginneken, 2015: 1032), and improves prisoner's quality of life, which is especially important when such resources are limited and strained in the current prison climate (Penal Reform International, 2018).

Whilst the impact of staff-prisoner relationships has not been extensively researched, existing evidence indicates a correlation between positive interpersonal relationships and improved mental health amongst the prison population, specifically in relation to lowering rates of self-destructive behaviour amongst inmates and ensuring rehabilitative success (Crewe, 2011). Crewe, Liebling and Hulley (2015) also found a more positive relationship between staff and prisoners in private rather than public prisons, however, this is likely a result of strained staffing levels within public prisons and the inadequate training and experience of prison staff due to the shortages and high demand for prison staff (Crewe, Liebling & Hulley 2015). Therefore, inconsistencies in providing positive attitudes towards prisoners can result in poorer mental health as they are unable to establish rapport with the prisoners and provide them with an appropriate level of emotional support that they require in their vulnerable state (Crewe, Liebling & Hulley 2015).

Staff shortages also negatively affect the mental health of prisoners. As well as inconsistencies in the provision of emotional support, Nurse, Woodcock and Ormsby (2003: 1) noted a "circle of stress", in which staff shortages are consequential of the current prison dynamics. This contributes to prisoner's spending more time solitary confined in their cells, leading to increased feelings of frustration, stress and vulnerability amongst prisoners. The study involved focus groups conducted in a Category B prison in England which highlighted contributory factors to poor mental

health amongst the prison population and identified poor staff-prisoner relationships as a significant issue (Nurse, Woodcock & Ormsby, 2003).

 Whilst these relationships are not considered the sole cause of mental health problems amongst prisoners, in conjunction with poor prison conditions, lack of family relationships and drug use, the decline of prisoner's mental health and wellbeing is unavoidable.

2.33: Drugs in exacerbating mental health issues amongst prisoners

Drug use amongst the prison population in England and Wales is considered a rife and serious issue that significantly contributes to exacerbating violent behaviour and mental health issues amongst all prisoners (HMPPS, 2019). Figures on the misuse of drugs in prison continue to rise, with the HM Prison and Probation Service (2019) reported a 50% increase in positive drug tests between 2012 and 2018. Moreover, the rise in psychoactive substances such as Spice continues to worsen the drug problem (HM Prison & Probation Service, 2019). Key motivations for drug use in prison include boredom, escaping reality and distorting time, mental health issues are a consequence of this drug use. Despite this, prisoners continue to endure a vicious circle of misusing drugs to cope with the prison environment yet worsening their mental health issues as a direct result of this (Keene, 1997; Strang et al, 2006; Ralphs, Williams, Askew & Norton, 2016).

An English study by Boys et al (2002) concluded that prisoners who misused cannabis, cocaine and amphetamines were at significant risk of developing psychosis amongst a cohort of 3,142 prisoners (Boys et al, 2002). Additionally, Ralphs, Williams, Askew and Norton (2016) noted that above 80% of the prisoner cohort reported first time exposure to synthetic cannabinoids whilst imprisoned and were also more likely to misuse drugs that produce "depressant effects" (Ralphs, Williams, Askew & Norton, 2016: 58) in coping with prison life.

Findings from the latter study also highlight that drug use is more common during the weekends when activity is limited, prisoner interactions are more frequent, and prisoners are more vulnerable to mental health issues (Ralphs, Williams, Askew & Norton, 2016). Frequent interactions with fellow inmates are reflective of social

learning theory, whereby behavioural patterns are determined through observing behavioural patterns of those whom the individual is in close contact with (Bandura, 1971), in this case referring to prisoner interactions and misusing drugs as observed by other prisoners.

Durjava, Visick and Banbury (2018) adds to these findings through a study concerned with heroin use and the development of mental health issues. The scholars argue that social isolation is a key contributor to a prisoner's decision to engage in drug use as a way of coping with the struggles of the prison environment. Fear of manipulation and the inability to maintain positive relationships in prison engenders feelings of loneliness, depression and anxiety, and the pains of imprisonment (Sykes, 1958) ultimately results in prisoners resorting to drug use to improve their mental health (Durjava, Visick & Banbury, 2018), when in actual fact it serves as a further detriment. The small-scale sample size of four participants involved in this study is also important to consider in terms of generalisability, however. Moreover, all participants are ex-prisoners, therefore they may have exaggerated their recollection of their experiences whilst imprisoned (Durjava et al, 2018), and using interviews could bias data due to a heavy reliance on personal experience (Durjava, Visick & Banbury, 2018), a limitation also noted in the study by Ralphs, Williams, Askew and Norton (2016).

## 2.4: Coping strategies to improve mental health and wellbeing of prisoners

As noted above, substance misuse can be used as a maladaptive coping strategy to the pains of imprisonment, but other strategies are also used.

### 2.41: Exercise and gym as coping strategies in prison

Limited physical activity of prisoners appears to be linked to negative psychological outcomes including stress, depression and low self-esteem amongst inmates (Plugge, 2006, as cited in Psychou et al, 2019).

 Buckaloo, Krug and Nelson (2009) determined a connection between reduced levels of stress, anxiety and depression amongst prisoners who exercised regularly whilst imprisoned. Findings from this study suggest a significant improvement in the mental

health and wellbeing of prisoners through any form of exercise, specifically targeting depression and anxiety which are considered the most prevalent mental health disorders amongst the prison population (NAO, 2017). Moreover, the study adds to existing literature in asserting the importance for prisoner's suffering with mental health conditions to exercise as this is something they can maintain control over, even when other coping strategies such as seeing family members, are more restricted (Buckaloo, Krug & Nelson, 2009). Moreover, low-security prisoners are considered more likely to experience emotional distress as they are dealing with the pains of imprisonment for crimes that are considered "nothing serious" (Buckaloo, Krug & Nelson, 2009: 338), which therefore affects their mental health further.

Similarly, a recent Greek study by Psychou et al (2019) established a relationship between exercise in a low-security prison and improved mental health and wellbeing amongst prisoners. The random sample of 60 inmates displayed an increase in "energetic and vigorous" (Psychou et al, 2019: 379), feelings when compared to the controlled sample of inactive participants, indicative of a positive improvement to their psychological wellbeing and quality of life when imprisoned (Psychou et al, 2019). In improving the mental health and wellbeing of prisoners through physical exercise, prisoners are more inclined to form wider social networks with other prisoners who share similar interests, in this case physical activity, thus limiting levels of social exclusion amongst prisoners which also subsequently improves their mental health and wellbeing (Baybutt & Chemlal, 2016).

It is clear that exercise amongst inmates is a crucial coping strategy which has been understood to improve the mental health and wellbeing of an already disadvantaged and vulnerable prison population. From enabling the formation of wider social networks to allowing prisoners to channel feelings of stress, anxiety and frustration appropriately, exercise is considered fundamental to ensuring the improvement to the quality of life of prisoners, ultimately leading to reduced levels of self-harm and suicide amongst the prison population.

## Chapter 3: Methodology

This chapter will entail a discussion on the chosen methodological approach to the research question, including the design and conduct of qualitative fieldwork in the form of semi-structured interviews. Further, integral considerations will be explored in relation to this study.

### 3.1: Research Approach

As evidenced in the literature review, the majority of previous studies employed qualitative (instead of quantitative) fieldwork. To achieve the aims and objectives, qualitative analysis will be adopted to obtain high quality and rich research data.

Qualitative social research involves gathering data from human subjects to ensure that, the purpose of understanding the complexities of the social world, is achieved (Bryman, 2012). This, according to Lune and Berg (2017, p12), is observed through the "meanings, concepts and characteristics" of each unique and individual perspective. The key ontological underpinning of qualitative analysis is constructionism. Adhered to by interpretative researchers, constructionism is the belief that reality is socially constructed (Bryman, 2012), and thereby can be "understood subjectively" (Rahman, 2017: 102). Further, the epistemological approach underpinning this qualitative research is interpretivism, a notion which enables the researcher to observe different interpretations of reality and the social world as perceived by the human participants involved (Bryman, 2012). From this, it can be argued that this research is empirically phenomenological as relying on experiences enables the researcher to obtain a greater understanding and appreciation of the social world (Aspers, 2009; Ochieng, 2009).

The qualitative paradigm is further accredited for ensuring the collection of data in the "research participants' own words" (Bryman, 2012, p400), something unachievable through quantitative analysis. For this study, it is important to explore the perspectives of each participant thoroughly to ensure that the fundamental aim of the research, 'investigating the implications of imprisonment on the mental health of prisoners', is met, by exploring the experiences of the participants as they have understood them. This therefore enables an easier understanding of the emergence

of the issues and how they are interlinked. Furthermore, qualitative fieldwork produces in-depth data which explores the differing perspectives on the topics. This, when accumulated together, enables deeper understanding and thus ensures research success.

According to Bryman (2012), researcher subjectivity is possible and may affect the outcome of the data collected. This can be a result of misinterpretations of the participant's responses by the researcher, or could be biased by researcher characteristics, including age, gender, or researching experience, which affects data reliability (Bryman, 2012). Additionally, qualitative methodology is criticised for generalisation challenges attributed to the use of small sample sizes (Bryman, 2012). Because of this, emphasis is placed on the importance of "theoretical inferences" (Bryman, 2012, p406), generated from the data which is considered "crucial to the assessment of generalisation" (Bryman, 2012, p406). Having said that, however, a small sample size is beneficial as it enables easier identification of key issues and concerns in detail, forming the basis for future research (Bryman, 2012).

## 3.2: Research Design

As mentioned previously, semi-structured interviews will be undertaken in this research. This flexible interview structure enables participants to respond accordingly to the questions asked, thereby promoting in-depth discussions without "pigeon-holing" (Bryman, 2012, p471) participants' responses, yet still allows the researcher to probe, and maintain control over the questions and adhere to the interview schedule (Bryman, 2012; McIntosh & Morse, 2015). Unlike structured interviews, prompts and questions in semi-structured interviews are not fixed, and therefore can be refined and tailored accordingly to suit each interview (Bryman, 2012). The use of focus groups was rejected in this study as individual interviews allow for rapport to be built between the researcher and the participant, and the participant is able to engage in a one-on-one discussion without interferences from other participants (Bryman, 2012), as well as to talk more openly about personal experiences.

Questions from the interview guide have been formulated in accordance with relevant and re-occurring themes that emerged from the literature review. To

encourage conversational responses, open-ended questions have been designed (Bryman, 2012), often starting with 'to what extent' and 'what type'. The interview guide begins with a discussion into the participant's profession and their experience with prisoners or ex-prisoners. An exploration of their opinions on the prevalence of mental health issues amongst the prison population then proceeds, particularly in relation to contributory factors within the prison environment that lead to poor prisoner mental health and wellbeing. It is important to note that the interview guide adheres to the "funnel approach" (Roller, 2015, p18), whereby the initial interview questions are broad, before the topics narrow down to address core elements of the research and ultimately achieve the aims and objectives (Roller, 2015). (Please see appendices for the full interview schedule).

To reiterate, seven participants were interviewed as part of this study. These subjects were purposively chosen as they have relevant experience with either prisoners or ex-prisoners. Purposive sampling ensured that informative and relevant data was yielded (Palinkas et al, 2015), in this case those who work closely with prisoners and can therefore comment, in confidence, on the implications of prison on the mental health of prisoners. However, this purposive sampling was within the context and convenience of snowball sampling (Bryman, 2012), in which personal contacts meeting the criteria were approached, and then asked to suggest or put the researcher into contact with other potential participants. This resulted in a diverse sample of participants, reflective of a number of different sectors within the prison system. This included two participants from a prison charity organisation, ex-prison officers and academic researchers with previous experience working with, and researching, both high-risk and low-risk prisoners to help them achieve employment and accommodation.

A pragmatic approach will be adopted in the conduct of data collection. The semi-structured interviews were conducted via face-to-face, skype and phone calls. Face-to-face interactions are the preferred approach to data collection as the researcher can observe the participant's body language, as well as their verbal communication (McIntosh & Morse, 2015). Additionally, conducting the interviews in the participant's presence allows for easier clarification of questions if the participant misunderstands something, and prompts are also easier to convey through face-to-face interactions

(McIntosh & Morse, 2015). Furthermore, face-to-face interactions and skype calls encourage the building of rapport between the researcher and participant which ensures higher quality responses as the participant is willing to open up more to the researcher (McIntosh & Morse, 2015). Nevertheless, telephone interviews prove advantageous in cases where personal commitments prevent accessibility for participants to engage in face-to-face interviews and are also considered less time consuming (McIntosh & Morse, 2015), allowing more participants to partake in the research. Having said that, inaudible material is more probable through phone interviews which is likely to compromise the clarity of the responses given (Bryman, 2012).

### 3.3: Research Ethics

Ethical considerations are a significant element of social research. In accordance with the British Society of Criminology Ethical Guideline (2006), addressing ethical issues when conducting social research is indicative of the researcher's core principles and ability to conduct appropriate research that adheres to societal standards of good practice.

Obtaining informed consent from each participant was crucial in this research. According to Bryman (2012), the participant must be aware of the context surrounding the discussion they are about to engage in. This issue was addressed at the start of the interviews, whereby information sheets were handed to the participant. This detailed the research, who was involved and what the project and interviews entailed. A subsequent consent form was given (a blank copy is presented in the appendices), which the participant signed.

It was also essential that the research participant's rights were not violated, especially the rights to remain anonymous and maintain confidentiality and privacy (British Society of Criminology Ethical Guideline, 2006; Bryman, 2012). In conjunction with informed consent, the right to privacy asserts the importance for the research participants to be aware of their involvement in the research project (Bryman, 2012). For the purpose of this research, the information sheet detailed that the researcher and supervisor are the only ones able to access the collected data, with no other party involvement, therefore addressing confidentiality concerns. Also

evidenced in the information sheet was that names and other identifying features of each research participant would be anonymised, and specific elements of their profession (in essence, their place of work), would not be recorded, again, to ensure privacy and anonymity.

Furthermore, after the information sheet and consent form had been distributed to the participant, they were introduced and thanked by the researcher for their involvement in the research, before the recording commenced. A recording app on a mobile phone was used during all interviews, and the research participant was informed of when the interview started and stopped recording. These files, and subsequent transcriptions, were stored securely and privately.

### 3.4: Analysis

Thematic analysis will be used in this study. Braun and Clarke (2006) define thematic analysis as the "identifying, analysing and reporting of patterns (themes) within data" (Braun & Clarke, 2006, p6). This type of analysis is useful for this research, as, for researchers who are relatively new to conducting qualitative research, it is a less complex yet flexible form of analysis that does not require the researcher to be informed of "detailed theoretical and technical knowledge of approaches" (Braun & Clarke, 2006, p9).

Braun and Clarke (2006) approach thematic analysis using a six-stage coding process. The first stage involves the researcher's immersion into the data, during which the data is read numerous times whilst the researcher actively makes notes. The initial coding then begins, whereby areas of interest within the data are raised and identified for further investigation (Braun & Clarke, 2006). After this, the codes previously identified are thematically organised throughout all the data into main themes and sub-themes, depending on the evidence that emerges from the data. The themes are then labelled and defined in accordance with what is presented in the data. Finally, a full report detailing the findings from the analysis process will be produced and supported using relevant theory and conclusions drawn from this process, indicative of inductive thematic analysis (Braun & Clarke, 2006).

## **Chapter 4: Analysis and Discussion**

The below table presents a general overview of the seven research participants:

**Table 1: Participant Sample Characteristics**

| **Participant** | Gender | Age Range | Do they currently work with (ex) prisoners? | Type of work done with (ex) prisoners? | High-risk or low-risk prisoners? |
|---|---|---|---|---|---|
| 1 | Female | 30-40 | No | Worked with ex-prisoners in a probation hostel | High-risk |
| 2 | Female | 20-30 | No | Rehabilitating ex-prisoners & ex-prison officer | Both |
| 3 | Female | 20-30 | Yes | Intervention programmes with female prisoners | High-risk |
| 4 | Female | 30-40 | Yes | Working with prison charities | Both |
| 5 | Female | 30-40 | Yes | Working with prison charities | Low-risk |
| 6 | Female | 30-40 | No | Ex-prison officer | Both |
| 7 | Female | 40-50 | No | Worked with Circles of Support and Accountability | Both |

Through analysing each interview, the following themes and sub-themes have been generated:

4.1: The Prevalence and Types of Mental Health Problems Amongst Prisoners

4.2: The Impact of Prison Conditions on the Mental Health of Prisoners

- o 4.21: Entry Stress and Anxiety
- o 4.22: Deprivation of Liberty
- o 4.23: Deprivation of Goods and Impact on Self-Expression

4.3: The Effect of Relationships on the Mental health of Prisoners

- o 4.31: Staff-Prisoner Relationships
- o 4.32: Family Relationships
- o 4.33: Forced Contact with Other Prisoners

4.4: Drug Use on the Mental Health of Prisoners

- o 4.41: Use of Psychoactive Substances on Mental Health

These five main themes, in the order presented, form the structure of this chapter.

## 4.1 The Prevalence and Types of Mental Health Problems Amongst Prisoners

All participants acknowledged that prisoners are more vulnerable to experiencing mental health issues than the general population. For example:

> I would say that probably, a good 90% of my service users suffer with mental health problems. (Participant 5)

These perceptions correlate with conclusions made by Singleton et al (1998, cited in NIHR, 2010), and were also identified by participants working with ex-prisoners, indicating that prisoners continue to experience mental health problems post imprisonment.

All participants also commented on the types of mental health disorders experienced by both high-risk and low-risk prisoners, with a shared consensus that common mental health disorders amongst the general population are also the most prevalent amongst all prisoners:

> Anxiety, depression or schizophrenia, stuff like that. And then they're like in the top 3. (Participant 4)

These conditions also tended to be suffered at a "low level" (Participant 1). In working specifically with female prisoners, Participant 3 elaborated on the differences between the types of mental ill health experienced by male and female prisoners:

Definitely not the same for men and women. Women present a lot more mental health issues (…) a lot of our prisoners definitely suffer with depression, anxiety, schizophrenia, bipolar, personality disorder that's a massive one. Some of them do have eating disorders.

The reference to eating disorders corresponds with findings from Tyler et al (2019) of female prisoners being at a significantly increased risk of experiencing eating disorders than male prisoners. Further, the study concluded that female prisoners were 9.5% more likely than the general female population to suffer from an eating disorder, suggesting this issue is exacerbated upon imprisonment (Tyler et al, 2019).

Plausible explanations for this increase in prison concern the immediate constraints of imprisonment on the behavioural patterns of prisoners (Milligan, Waller & Andrew, 2002; Farber, 2013). Engaging in an eating disorder could be considered a form of self-expression, to prison staff, of the prisoner's ability to maintain control over basic human functions, reinforcing "a sense of power and competence" (Farber, 2000, cited in Farber, 2013: 40). Furthermore, whereby fundamental resources are strained in the prison environment, eating disorders are likely to generate widespread attention within the prison, leading to easier accessibility of these resources for such vulnerable prisoners (Farber, 2013).

Milligan, Waller and Andrews (2002) offer another perspective, suggesting that anger levels are likely to increase during imprisonment, of which eating disorders become a coping mechanism to channel anger relating to the inability to cope with the prison environment, as well as coping with family separations and the removal of goods (Sykes, 1958).

Furthermore, participants working throughout the sector with prisoners and ex-prisoners agree that there is a very high percentage of mental health problems amongst this population which begs the question as to how their mental health issues may be exacerbated in the prison environment.

**4.2 Impact of Prison Conditions on the Mental Health of Prisoners**

All participants raised concerns over the conditions of the prison environment in contributing to negative mental health outcomes amongst prisoners. From these discussions, key deprivations of goods, services and liberty were referenced.

4.21 Entry Stress and Anxiety

The initial stages of imprisonment were considered to generate higher levels of stress and anxiety due to the unexpected nature of the prison environment and adapting to certain aspects of it:

> When they first go in there, after the first couple of days, I think they do develop some kind of mental illness. (Participant 6)

The way in which prisoner's entry may be particularly affected has been noted in existing literature. For example, Crawley (2007, cited in Chu, 2017), identified that first-time prison entrants experienced relocation stress and trauma. Whilst her research concerned older prisoners, findings here indicate that this may, at least to some extent, extend to other prisoner groups. The reason why first-time prison entrants are particularly impacted by imprisonment is also considered here:

> All the things she loses, that she faces, it has a massive impact. The isolation, the fear, a lot of first timers are definitely really worried because the prison environment, it's horrible, you know. (Participant 3)

These comments reflect those of Ricciardelli, Maier and Moffat (2015), in that prisoners' mental health suffers as early as the point of entry. This also relates to Goffman (1961) and his theory on self-mortification upon imprisonment, of which is likely attributed to adjusting to the pains of imprisonment (Sykes, 1958).

Additional concerns link to the deprivation and removal of parental duties, of which are negatively impactful on this cohort's mental health and wellbeing (as noted by Baldwin, 2018). The discourse has also highlighted the significance of assessing the mental health of prisoners based on their adaptions to the prison environment, as it is clear that the initial entry into prison is likely to trigger mental health problems

amongst prisoners. Therefore, future research could explore the extent of which mental health deteriorates in the first few stages of imprisonment and the initial adjustments to these deprivations.

4.22 Deprivation of Liberty

The participants explored the freedom restrictions of prisoners as a result of overcrowding:

> A lot of the prisons don't have single cell occupancy. A lot of them, I know one of the wings we've got, they've got four prisoners in a cell. And then, you know, some prisoners steal things, so that irritates other women, that gets them more annoyed, violent, you know. (Participant 3)

This perception supports De Viggiani's (2007) research that overcrowding causes prisoners to become more stressed and anxious. As a result, and through limited privacy, overcrowding can lead to the adverse effect of negative social interactions amongst prisoners, of which may result in violence, bullying, and therefore negative mental health outcomes (Corston, 2007). Further, overcrowding limits the accessibility of fundamental goods and services, because of high demand, which is likely to frustrate prisoners and heighten stress levels.

4.23 Deprivation of Goods and Impact on Self-Expression

The immediate removal of goods and valuables upon imprisonment is likely to induce poor mental health amongst prisoners:

> They've been brought into prison so suddenly that um, they've not been able to bring any of their belongings like clothing and things like that (…) the minorities like African women, their hair products, skin products (…) that impacts on them because it stresses them out not being able to, like you said, look right and things like that. (Participant 3)

This reference to ethnic minorities is significant as the removal of valued goods will impact on their self-expression, which in turn affects their self-esteem, both of which interlink in forming the prisoner's identity (as explored by Evans and Wallace, 2008). Thus, Goffman's (1961) self-mortification theory is applicable here in that, as a result of prisonisation (Clemmer, 1958), identities are tailored to fit the prison environment. In this case, the inability for ethnic minorities to self-express rejects their culture and this can lead to poor mental health if this is a large part of their identity.

The initial stages of imprisonment therefore appear to negatively impact on the mental health and wellbeing of all prisoners differently. Because of this, the quality of relationships whilst imprisoned becomes significant due to the frequent contact between prisoners, staff, and their ability to maintain family relationships.

## 4.3 Relationships and Their Impact on the Mental Health of Prisoners

For the majority of prisoners, maintaining relationships upon imprisonment is essential. Frequent contact has been noted to motivate prisoners to partake in training and education programmes within prison, something likely to have a positive impact on their mental health.

### 4.31 Staff-Prisoner Relationships

The importance of positive staff-prisoner relationships was explored in depth by participants 2,3, and 6, all of whom have close experience working within the prison estate. The nature of this contact was considered a key determinant of an individual's prison experience, and a motivator for them to thrive during this time:

> If they're getting on well, they've got more motivation, they've got more… like they just feel better about themselves and what they can do and can achieve, which then means, once more, they're more likely to want to get a job and extra qualifications. (Participant 2).

This comment in particular supports findings from Crewe (2011) that good interpersonal relationships between staff and prisoners form the foundations for

positive mental health amongst prisoners. Positive staff-prisoner relationships are important in "shaping prisoner life and culture" (Crewe, 2006: 396). Whilst these relationships are beneficial in both male and female prisons, Crewe (2006) noted of the dynamic between the male prisoner and the female office which, as a direct result of reversed power roles, may further affect the masculine image, particularly of macho prisoners. This, along with a lack of heterosexual relationships (Sykes, 1958) and identity interferences, can further negatively impact the mental health of these types of prisoners.

Despite the benefits of positive staff-prisoner relationships, the reality of the prison climate is likely to hinder these expectations, mainly as a result of overcrowding and poor staffing levels:

> We've got a million and ten things to be doing (…) There are two officers to 40 prisoners, so it's a lot in terms of ratio wise (…) so the relationship just isn't there. (Participant 3)

Staff shortages were also documented by Nurse, Woodcock and Ormsby (2003) in relation to increased periods of solitary confinement for prisoners, of which staff-prisoner contact is limited, again negatively impacting on the mental health of prisoners. Because of this, maintaining positive family relationships becomes of equal importance in helping to preserve the identity of prisoners and provide them with some normality, improving their mental health and wellbeing.

Family Relationships

The significance of positive family relationships whilst imprisoned was acknowledged by all participants, yet different types of relationships were explored. Participants noted of the affect imprisonment has on the mental health of the parental prison population:

> If they're not having access to visitation to see their children then, I guess a lot of them would be like (…) What have I got to look forward to? What have I got to live for? So, definitely I do think it impacts on their mental health greatly.

(Participant 5)

Collectively, the removal of visitation opportunities between children and both maternal and paternal prisoners is likely to be a detriment to their mental health, arguably worse for imprisoned mothers. The existence of 12 female prisons across England (Women in Prison, 2017) means imprisoned mothers are much more likely to be moved further away from their hometowns, thus limiting face-to-face interactions and child visitations. This is less likely to be experienced by imprisoned fathers due to an increase of male prisons across the country. Moreover, because 66% of imprisoned mothers have dependent children (HLPR, 2014), they are more likely to experience heightened levels of stress and anxiety associated with the separation from their children. Ethnic minority women are also vulnerable to experiencing greater challenges as imprisonment leads to social exclusion from their cultures, of which caregivers are less inclined to ensure contact between the mother and child is maintained (PRT, 2017). This therefore links back to Kennedy's (2012) image of the bad mother and the inability to carry out maternal duties which is likely to negatively impact their mental health.

Whilst seeing children remained significant for some prisoners, other prisoners regarded seeing their intimate partner as more valuable:

There were some people that had kids and really all they wanted, even when they came to visit, spent all their time with their partner cause it's the partner that they were missing. It's the partner they wanted to be with the most. (Participant 2)

According to the Centre for Youth and Criminal Justice (2015), the need to see their partner is greater due to wanting to maintain the romantic attachment that has been strained as a result of imprisonment, in conjunction with the absence of financial and family involvement (RTI International, 2008). Furthermore, prisoners with longer prison sentences are likely to feel these affect greater.

Failure to maintain contact with family is likely to further negatively impact prisoner's mental health, as well if only socialisation is forced contact with the rest of the prison population.

4.33 Forced Contact with Other Prisoners

Violence, bullying and victimisation are all heightened within the prison environment due to the array of prisoners that are forced into frequent contact with one another. In particular, Participant 1 noted how sex offenders are the most vulnerable to experiencing victimisation, even in the hostel post imprisonment:

  People were just wanting to beat the sex offenders up because no one likes sex offenders.

These findings correspond with the work of Ricciardelli, Maier and Moffat (2015) that, due to the nature of their offences, sex offenders are the most vulnerable category for vicitimisation within the prison environment from both staff and other prisoners (HLPR, 2014). It is important to acknowledge this group as sex offenders account for 16% of the prison population (HLPR, 2014) and recent trends indicate a steady increase in the number of older individuals imprisoned for sexual offences, likely the result of recent sentencing for older crimes. Thus, a lack of socialisation and rejection within the prison is likely to be a detriment to their mental health and wellbeing (HLPR, 2014).

Moreover, in bullying fellow prisoners, participants also noted the way prisoners bully other prisoners into consuming drugs, as a result of the forced contact in prison:

    Then those that don't have a drug habit may be coerced into having the drugs because they're asked to keep them, and it might entice them to try it and see what's going on. (Participant 2)

As evident from the participants, a relationship exists between drug use and victimisation, both exacerbated within the prison environment. This suggests that, not only are prisoners vulnerable to developing mental health problems from being

victimised, but also as a result of their engagement in drug use, which is also likely to negatively impact their mental health and wellbeing further. This also relates to social learning theory (Bandura, 1971), previously outlined in the literature review in that exposure to the behavioural patterns of other individuals leads to learnt behaviour, of which drug use becomes a more prevalent issue amongst prisoners.

## 4.4 Drug Use on the Mental Health of Prisoners

### 4.41 Use of Psychoactive Substances on Mental Health

All participants reported the prevalence of spice amongst the prison population in relation to its negative effect on the mental health of prisoners:

> Especially with spice itself, it really makes people kinda psychotic (…) so, it's quite a dangerous one. (Participant 2)

The Home Office (2019, p17) noted that men are "twice as likely" than women to use psychoactive substances in the general population. This trend was also identified in a study by PREPARE (2018) amongst both male and female prisoners. Moreover, these findings correspond with Ralphs, Williams, Askew and Norton (2016) study of spice inducing psychosis into prisoners who use it.

Participant 4 also referred to prison as being a "trigger" for using psychoactive substances, with many prisoners experimenting with different drugs within the prison environment. This also links to Ralphs, Williams, Askew and Norton's (2016) findings in that many first-time prison entrants engage in spice for the first time upon imprisonment, indicating that "prison does not contain addiction; it creates it" (Norton, 2017, p12). Key motivations for prisoner's use of drugs include the hardships and emotional and mental struggles prisoner's face and as a means of coping with the pains of imprisonment (Sykes, 1958), which only increases the likelihood of developing mental health problems.

### 4.42 Drugs in Self-Medicating Prisoners

The use of drugs as a coping strategy to the harsh nature of the prison environment was recognised by all participants. Due to the lack of accessibility to mental health and rehabilitative services within the prison and extended periods of solitary confinement, engaging in drug use acts as a "quick fix" (Participant 3) to alleviate boredom and mental health struggles.

> When it comes to programmes, you have to be in custody for a certain amount of time before you get put on that programme cos it, the waiting list could be like 6,7, or 8 weeks, whereas someone could've got a custodial sentence for 4 weeks, and they're not gonna be able to access those certain, those things. (Participant 4)

These perceptions indicate that short-term prisoners are at a heightened risk of engaging in drugs for self-medication purposes. This is confirmed by a 2008 study from the Ministry of Justice (cited in Parliament.uk, 2012) who found that short term prisoners had drug rates 9% higher than those of long-term prisoners. This is likely due to the unavailability of fundamental health and rehabilitative services as a result of the length of their sentence and priority for long-term prisoners. However, in terms of drugs, Participant 6 notes that "short term, it helps. But long term it just makes things worse", suggesting this is a maladaptive strategy to the mental health struggles which are, exacerbated in prison and further through drug misuse. Therefore, this is significant as future research could explore the benefits of allowing short term prisoners in accessing fundamental rehabilitative and mental health programmes to assess their success. Aside from using drugs, however, prisoners also engage in other forms of coping strategies to deal with the hardships of imprisonment.

## 4.5 Other Coping Strategies

### 4.51 Self-Isolation and Withdrawal of Prisoners

Prisoners choosing to isolate themselves as a coping strategy to imprisonment was also drawn upon by all participants. Participant 7 details the impact of this:

That also has quite a big impact because, they're isolating themselves so then they're not getting to speak to other people and share how they're feeling.

Self-isolation can be of particular importance to sex offenders who, as mentioned in an earlier theme, struggle with victimisation in prison and are therefore more inclined to self-isolate due to fear of judgement and distrust, significant factors which affect the need for prisoners to disclose their true feelings which thereby negatively affect the mental health of these prisoners. Participant 1 also believed prisoners who had little contact with their family and "those who were more lonely" tended to isolate more as a result of family contact being "too upsetting" (participant 1) for them to deal with, further supporting the impact of family relationships on the mental health of prisoners.

Having said that, however, another participant recognised that, for introverted prisoners, self-withdrawal from the prison community may be of a benefit to their mental health:

I'm working with a lady at the moment (…) who does not interact at all with prisoners like whatsoever. She just sits in her cell. That works for her though. that works for her mental health, and she sort of enjoys her own time. (Participant 7)

The Assistant Secretary for Planning and Evaluation (2001) asserts that long-term prisoners are at an increased risk of socially-isolating in coping with the prison environment.  This is also indicative of prisonisation (Clemmer, 1958), whereby the inmate undergoes a personality transformation in adapting to imprisonment, and this is dealt by many prisoners through self-isolation (ASPE, 2001).

Through self-withdrawal, some prisoners may find themselves engaging in forms of self-destructive behaviour, such as self-harming, brought upon through self-withdrawal and a lack of emotional support within the prison.

4.52 Self-Harm Amongst Prisoners

Participant 3 explored the way in which self-harming was used by prisoners as a coping strategy as a way of reinforcing their control:

> It's definitely a cry for help, it's definitely a coping strategy and it's a way of
> Gaining control again, of their lives.

Statistical figures from the National Institute for Health Research (2019) from the general population indicate that women are 11.8% more likely to engage in self-harm than men, also reflected in the work of Hawton, Linsell, Adeniji and Sariaslan (2014). Rates of self-harm are also noted to be more prevalent amongst white women than those of ethnic minorities by Borrill et al (2003). It should be noted here that statistics on the extent of which imprisoned mothers self-harm is limited. Therefore, it may be beneficial for future research to explore the extent of which self-harm is worse amongst imprisoned mothers compared to the general female population.

As well as self-injury, prisoners also engage in exercise as a way of coping with the pains of imprisonment (Sykes, 1958), and a way of bettering their mental health and wellbeing.

4.53 Gym and Exercise

All participants acknowledged the benefits of partaking in gym and exercise activity in the prison environment. The biological benefits of exercising in leading to positive mental health was explored by Participant 3:

> Exercise releases endorphins, endorphins make you feel better (…) they
> always tell even just the general population, you know, to, if you have mental
> health problems to do forms of exercise cos it's good for you and it helps to
> improve your mental health.

These insights support conclusions made by Buckaloo, Krug and Nelson (2009) that exercise positively improves the mental health and wellbeing of prisoners. Despite still being within the prison environment, engaging in this activity allows prisoners to channel their anger and aggression into something other than violence and

aggression towards other prisoners (Buckaloo, Krug & Nelson, 2009). Moreover, the endorphin hypothesis postulates that reductions in anxiety and stress levels as a result of exercise are attributed to the "release and binding of $\beta$-endorphins" (Anderson & Shivakumar, 2013: 1), thus supporting the above comment.

## 4.6 Reflection

A key strength of this study was the diversity of the participant's professional backgrounds. Through this, different perspectives on the impact of imprisonment on the mental health of (ex) prisoners were given. This proved interesting as, undoubtedly, imprisonment is impactful on the mental health of prisoners and according to those who work in sectors dealing with ex-prisoners, the mental health problems manifest in prison and are still being dealt with post imprisonment.

A notable limitation was that research participants were female, therefore likely to affect the responses given. For example, the literature review highlighted the effect of imprisonment of masculinity and a more in-depth discussion on paternal imprisonment, areas relatively neglected in this data set.

Another limitation was that half of the discussions were conducted via phone interviews whilst face-to-face interviews would have been the preferred option. However, due to the current pandemic of Covid-19, conducting these types of interviews was not possible. Also, inaudible comments were much more frequent which had a slight impact when transcribing the interviews.

## **Chapter 5: Conclusion**

This research strived to investigate the implications of imprisonment on the mental health of (ex) prisoners. Common consensus across the literature review and the participants responses indicate that imprisonment leads to negative mental health outcomes for all of the prison population. Through the generation of relevant themes and sub-themes, a general overview of the participant's discussions highlighted how each factor, in conjunction with one another, contributes to the development of mental health problems amongst the prison population. In essence, stress and anxiety levels elevated upon imprisonment are made worse during the process of prisonisation (Clemmer, 1958) and the prisoner's adjustment to life inside as well as their coping strategies in dealing with the pains of imprisonment (Sykes, 1958).

The semi-structured interviews led to in-depth discussions during which participants referenced child separation and drug misuse in significantly contributing to the development and exacerbation of mental health problems within the prison context. Regarding maternal imprisonment (and as discussed in chapter 4), the removal of maternal opportunities and frequent movement to different prisons may be linked to heightened rates of self-harm amongst the female prison population, through anxiety over childcare and loss of contact. However, lack of statistical evidence on this suggests the need for future research on the extent of self-harm of imprisoned mothers in comparison to the wider female prison population.

Moreover, chapter 4 explored drugs in relation to the use of synthetic cannabinoids and self-medication. Findings reflected those of Ralphs, Williams, Askew and Norton (2016) in prisoner's using this drug for the first time in prison, potentially linked to the forced prisoner relationships and overcrowding. These factors encourage widespread prevalence of drug use amongst the prison population, therefore supporting the notion that imprisonment hinders the rehabilitation of former drug users, instead leading to further addicts (Norton, 2017) which then creates a toxic prison environment, of which further negatively implicates the mental health of the wider prison population.

As well as this, the research highlighted the importance of gym and exercise in leading to positive mental health amongst prisoners through social networking and adopting a hobby of interest whilst in prison.

Finally, findings from this thesis serve as a significant contribution to existing literature on this subject, and the study has recognised the way in which certain prison groups are affected by imprisonment. From this, it is suggested that particular services be tailored to the mental health needs of these prisoners to improve the quality of their prison experience to promote positive their mental health and wellbeing of prisoners.

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# **Appendices**

# **Appendix A: Ethics Approval Form**

# FINAL YEAR PROJECT ETHICS APPROVAL APPLICATION
# FORM A – PROJECTS WITH HUMAN PARTICIPANTS

**NB. ALL projects MUST receive ethical approval, regardless of their aims, methodology and methods.**
The forms:
FORM A: projects that will be collecting data **of any kind** with human participants.
FORM B: projects that will **not** be collecting data with human participants (i.e. they are desk-based or media/ documentary analysis).

**THIS FORM IS FORM A. ENSURE YOU ARE COMPLETING THE CORRECT FORM.**

Before completing this form, please refer to the Division of Criminology, Politics and Sociology - ethics protocol for potentially sensitive research

**Title of project:** Implications of prison on the mental health of prisoners: An exploration from the perspectives of prison staff

**Name of student:** India Papathanasiou

**Name of supervisor:** Selina Copley

**Date:** 27th November 2019

| | | YES | NO | **N/A** |
|---|---|---|---|---|
| 1 | Will you describe to participants what will happen in your study (e.g. experimental procedures) in advance, so that they are informed about what to expect? | √ | | |
| 2 | Will you tell participants that their participation is voluntary? | √ | | |
| 3 | Will you obtain written consent for participation? | √ | | |
| 4 | If the research is observational, will you ask participants for their consent to being observed? | √ | | |
| 5 | Will you tell participants that they may withdraw from the research at any time and for any reason? | √ | | |
| 6 | With questionnaires, will you give participants the option of omitting questions they do not want to answer? | | | √ |
| 7 | Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs? | √ | | |
| 8 | Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)? | √ | | |
| 9 | Will your project involve deliberately misleading participants in any way? | | √ | |
| 10 | Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If Yes, give details | | √ | |

| | | | | √ | |
|---|---|---|---|---|---|
| | on a separate sheet and state what you will tell them to do if they should experience any problems (e.g. who they can contact for help). | | | | |
| 11 | Does your project involve work with animals? | | | √ | |
| 12 | Do participants fall into any of the following special groups? If they do, please refer to BSC and BSA guidelines. Note that research within these categories will need full approval from the School's ethics panel (and, if relevant, approval from external bodies, e.g. NHS) Note that you may also need to obtain satisfactory DBS clearance (or equivalent for overseas students). | | | √ | |
| | | Schoolchildren (under 18 years of age) | | | |
| | | People with learning or communication difficulties | | | |
| | | NHS patients | | | |
| | | People in custody | | | |

| **Please provide all the further information listed below. Make this as long as you need, but try to aim for approximately 500-1000 words.  (If any of information is missing, your application may be returned to you.)** | |
|---|---|

| | |
|---|---|
| Title of project | The Implications of prison on the mental health of prisoners: An exploration from the perspective of prison staff |
| Purpose of project and its academic rationale | To investigate the implications of prisons on the mental health of prisoners from the perspective of 4/6 prison staff members. |
| Brief description of methodology and methods of data collection | Qualitative: semi-structured interviews Interviews approx. 20-30 mins, recorded on recording device, transcribed & analysed using Braun & Clarke's model of basic thematic analysis |
| Description of participants: recruitment methods (including organisations, if relevant), number, age, gender, exclusion/ inclusion criteria, etc. | Purposive sampling of 4/6 prison staff members (preferably equal ratio of males & females) Exclusion criteria: anyone who does not work in close proximity with the prison population |
| Documentation: information sheets, consent forms, debrief forms, interview schedules (questions) Please attach all documents to this application. (If you are not able to provide full interview schedules, then please provide a clear indication of topic areas that you will cover. | My supervisor and I are currently constructing the information sheet, interview schedules and consent forms at present. When finished, all of these forms will be provided to my participants. However, the focus of the interview is to explore practitioner's general impressions of the effects of prison on the mental health of prisoners. At no point during these interviews will the participants' own mental health be explored due to ethical considerations, but I aim to extract as much information on professional opinions of prison staff as possible.<br><br>The literature review so far has identified a variety of elements within the prison environment that potentially exacerbate mental health issues amongst prisoners (i.e. drug use, separation from children etc.). I am hoping this study will provide interesting information |

| | from the perspective of those who engage in frequent interactions with prisoners and delve into what they have identified as factors associated with the prison environment that have an impact on prisoner's mental health. |
|---|---|
| A clear but concise statement of the ethical considerations raised by the project and how you intend to address them | Anonymity & confidentiality: participants will be informed that information retrieved from interviews will only be discussed between Selina and I and will be destroyed after its use in my write up. <br> Right to withdraw: participants will be informed that they have the opportunity to withdraw from my study prior to the assignment write up in January 2020 <br> Participants will be asked for their own general (professional) opinions and will at no point be asked about individual cases or any ethically sensitive material. Personal experiences will not be explored. |

| I confirm that I will abide by the University's/ Society's ethics policy (including ethical guidelines for research with human participants) | **yes** |
|---|---|
| I verify that my supervisor has approved this application for submission to the Ethics Panel. You do not need to send proof of supervisor approval to the Ethics Panel, but you are strongly advised not to submit a form that has not been approved by your supervisor. <br><br> **My supervisor has approved this application for submission to the ethics panel: yes** | |
| **I verify that all of the information contained in this form is correct.** <br><br> **Signature:** I. Papathanasiou    **Print name:**    India Papathanasiou          **Date:** 27/11/19 | |

## Appendix B: Interview Schedule

Brief introduction:
- Welcome them

*Thank you for agreeing to this interview. Your contribution is very much appreciated.*
- Go through information sheet
- Go through consent form
- Check everything is okay and let them know when recording starts

1) **Your roles working with prisoners and ex-prisoners**
   a. *What type of professional work have you done with prisoners and ex-prisoners?*

   b. *What types of prisoners and ex-prisoners have you worked closely with? For example, high-risk, low-risk etc.*
   c. *How long have you been doing this kind of work?*

2) **Prisoners and mental health**
   a. *To what extent do you think prisoners suffer with mental health problems?*
   b. *What types of mental disorders are most prevalent amongst prisoners and ex-prisoners?*
   c. *How severe do you think the mental illnesses are that are experienced by prisoners?*
   d. *In your experience, what mental illnesses are the most common amongst prisoners and ex-prisoners?*

3) **Impact of prison on mental health**
   a. *To what extent do you think prison conditions impact on the mental health of prisoners? Prison conditions is anything from overcrowding, regimes etc.*
   b. *What do you feel the implications of prison are on the mental health of the prison population as a whole?*

4) **Impact of family relationships on prisoners' mental health**
   a. *More specifically, to what extent do you think family relationships impact on the mental health and well-being of prisoners?*
   c. *How do you think separation from children whilst imprisoned affects the mental health of parents who are prisoners?*
   d. *Staying on the topic of relationships, how do you think staff-prisoner relationships affect the mental health and well-being of prisoners?*
   e. *Drug use is also considered a prevalent problem amongst the prison population. To what extent do you think taking drugs affects the mental health of prisoners?*

5) **Impact of coping strategies in prison on the mental health and well-being of prisoners**
   a. *To what extent do you think prisoners engage in drug use as a coping strategy to the prison environment?*
   b. *How do you think prisoners' withdrawal and social isolation as coping strategies to the prison environment impacts their mental health?*

    c. *In contrast, how do you feel a prisoner's immersion into prison culture and prisoner networking affects their mental health and well-being?*

    d. *How do you feel the gym & regular exercise in prison affects prisoner's mental health & well-being?*

    e. *To what extent do you think prisoner's engage in suicide & self-harm as a coping strategy?*

## 6) Ending comments

    a. *Is there anything else you would like to add?*

**Thank you for your time and cooperation in this interview.**
**End of interview.**

## Appendix C: Information Sheet

**Student's name:** India Papathanasiou (Hons)

**Course of study:** Criminology BSc

**Title of research project:**

### The implications of imprisonment on the mental health of prisoners: An exploration from the perspective of staff who work with (ex) prisoners

You are being invited to take part in this study to explore the implications of prison on the mental health of prisoners, from your perspective as someone who has worked with prisoners or ex-prisoners. Before you decide to take part, it is important that you understand why the research is being done, what it will involve, and what will happen with the data you provide.

Please take time to read the following information carefully and discuss it with me if you wish. Please do not hesitate to ask if there is anything that is not clear or if you would like more information.

### WHAT IS THE STUDY ABOUT?

This study aims to investigate the implications of imprisonment on the mental health of (ex) prisoners through explorations provided by staff who have worked closely with prisoners and ex-prisoners.

### WHO IS CONDUCTING THE RESEARCH?

I am India Papathanasiou, a final year student on the BSc (Hons) Criminology course at the University of Huddersfield and I will be conducting the research. However, the project will be overseen by Dr Carla Reeves. Our contact details are below.

### WHO IS THE TARGET AUDIENCE?

The project will be read by my supervisor and markers as it forms part of my assessment for the degree. There are no plans for academic publication of my research at this stage, however, should this become a possibility in the future no identifying information would be included.

### WHAT WILL I NEED TO DO?

You are being asked to take part in a semi-structured interview using a recording device. It would last between 20 and 30 minutes in a quiet room and at a time convenient for you. However, if you are unable to do this, a skype or phone call can be used for the conduction of the interviews.

### DO I HAVE TO TAKE PART?

It is entirely up to you if you decide to take part in this study. If you wish to participate, you will be asked to sign a consent form. A decision to not take part will not affect you in any way.

You are also free to withdraw your data from the research after data collection without giving a reason for doing so. If you decide to withdraw your data, please do so by contacting me on u1659730@unimail.hud.ac.uk and before the write up period in late March 2020.

## WHO WILL HAVE ACCESS TO THE DATA?

My supervisor and I are the only people who will have access to the data collected from this study. The final project report will be seen and assessed by my supervisor and other examiners from the department. They will not have access to the raw data collected.

## WHAT WILL HAPPEN ONCE THE DATA COLLECTED?

Personal data shared by participants will be held confidentially by the University of Huddersfield in accordance with the requirements of the General Data Protection Regulation (GDPR) and Data Protection Act 2018. The University is the Data Controller and is responsible for its secure management. The research team (student and supervisor) are the data processors. No information provided will be shared in a way that would allow participants to be personally identified (except where legal obligations would necessitate disclosure by the researchers to appropriate personnel).

The University of Huddersfield is the Data Controller. Complaints should be addressed to the University Solicitor (the Data Protection Officer): data.protection@hud.ac.uk. Appeals can be made to the Information Commissioner's Office if a participant is not satisfied with the response from the University.

The interviews will be audio-recorded to aid accuracy. The University standard retention period for these interviews is 10 years.

Quotes used will be anonymised using a pseudonym and your true identity will not be revealed.

## ETHICAL APPROVAL

This project has obtained ethical approval from the School Research and Ethics Panel (SREP)

## WHO CAN I CONTACT FOR FURTHER INFORMATION?

If you require any further information about the research, please contact me on: u1659730@unimail.hud.ac.uk or my supervisor Dr Reeves: c.reeves@hud.ac.uk

# Appendix D: Consent Form

**Student's name:** India Papathanasiou BSc (Hons)　　　　　**Course of study:** Criminology

**Title of research project:** Implications of prison on the mental health of prisoners: An exploration from the perspective of staff who work with (ex) prisoners

Thank you for considering taking part in my study. The purpose of this consent form is to ensure that you know the aim of the study and that you are freely agreeing to take part. Please answer the following questions (circle your response):

*I agree that…*

| | |
|---|---|
| I have read the information documentation and understand the purpose of the research. | YES/NO |
| I understand that if I decide to no longer take part in this interview, I can leave at any point. | YES/NO |
| I understand that I am free to choose not to answer any question asked of me without giving a reason. | YES/NO |
| I understand that I can withdraw my data from the research by late March 2020. | YES/NO |
| I understand that my personal information will be processed only for the purposes of this research. I understand that such information will be treated as confidential, except where legal obligations require information to be shared with relevant personnel and handled in accordance with the provisions of the General Data Protection Regulation (GDPR) and UK Data Protection Act 2018. | YES/NO |
| I understand that the information I share, including anonymised direct quotes, may be included in any resulting report. | YES/NO |
| I consent to the research team (student and supervisor) having access to any results derived from this study for any subsequent analyses or publications in the future. I understand that any identifying information would be kept confidential (except where legal obligations require information to be shared with relevant personnel), and access limited strictly to the original study team. | YES/NO |
| I understand that my participation will be audio recorded for accuracy. | YES/NO |

I give my consent to take part in the study and for the use of my data.　　　YES/NO

| | |
|---|---|
| Participant's signature | |
| Participant's name (block letters) | |
| Date | |
| Researcher's signature | |

## **Appendix E Participant Sample Characteristics Table 1:**

## **Table 1: Participant Sample Characteristics**

| **Participant** | Gender | Age Range | Do they currently work with (ex) prisoners? | Type of work done with (ex) prisoners? | High-risk or low-risk prisoners? |
|---|---|---|---|---|---|
| 1 | Female | 30-40 | No | Worked with ex-prisoners in a probation hostel | High-risk |
| 2 | Female | 20-30 | No | Rehabilitating ex-prisoners & ex-prison officer | Both |
| 3 | Female | 20-30 | Yes | Intervention programmes with female prisoners | High-risk |
| 4 | Female | 30-40 | Yes | Working with prison charities | Both |
| 5 | Female | 30-40 | Yes | Working with prison charities | Low-risk |
| 6 | Female | 30-40 | No | Ex-prison officer | Both |
| 7 | Female | 40-50 | No | Worked with Circles of Support and Accountability | Both |

## **Appendix F: Original Transcript (Participant 2)**

**Interviewer:** India Papathanasiou
**Tuesday 10th March 2020** (21 min interview)
**Face-to-face interview**
**Q:** India
**P2**

**Q:** So, what type of work have you done with prisoners or ex-prisoners?

**P2:** Um.... I first started doing some volunteering with [community service] which was with [prison]. Um, I did a 4-month placement with [rehabilitation service], the probation….

**Q:** Nice

**P2:** Side and then when I finished Uni went into working in the prison as a prison officer and then regraded into security operation, so it was more with … frontline, contact with the public and families and then left there and now work with the police.

**Q:** Oh, very good so have you had any experience with high risk or low risk prisoners or a bit of both?

**P2:** Um, it was a Category C prison I was working with, so it was kind of a mix…...

**Q:** yeah

**P2:** So, you'd still get those that were classed as high risk but had been risk assessed down categories based on things such as good behaviour during their sentence, length of sentence. There were still people there that were lifers, murderers and things like that. It was just that they'd been risk assessed and changed because of various factors in the sentence.

**Q:** Yes, thank you. Um, so to what extent do you think prisoners suffer with mental health problems?

**P2:** Um… it is quite high.

**Q:** Yeah.

**P2:** Like working in the prison itself you would find that a lot of the time there was mental health problems, but the reasons for it is not necessarily easy to explain. You may get some people that have come in with mental health issues, because we had quite a few people that were getting into prison or slipping through the nets that I didn't feel should be in prison…

**Q:** Yeah.

**P2:** They were coming in with things like psychosis, um, schizophrenia, things like that...

**Q:** So quite severe ones...

**P2:** Yes, where you would think that they should really be in a mental health institute rather than be in a prison cause the criminality was more than likely going to be a product of the mental health in that stage.

**Q:** Yeah.

**P2:** Others were finding themselves self-isolating, self-harming, um… developing more deteriorating mental health conditions based on things like not being able to see their families anymore, traumatic life events such as anniversaries of deaths and being inside prison and not being around families, go to graves.

**Q:** Yeah.

**P2:** Um, so that was, a lot of that I think was separation with them from their personal life.

**Q:** Yeah. Do you think children as well, like when they are separated from their children that had a significant impact on their mental health?

**P2:** ……. Just anybody really. It, it really depended person to person on who to be fair. Because you'd have some people in there didn't have a particular bond with their children, but had a significant bond with their other half or their mum and it was them so for each person it is difficult to say that if it's to do with children or partners cause it depended very much on … their bond before coming into prison, like who it was that they were feeling depressed about. There were some people that had kids and really all they wanted, even when they came to visit, spent all their time with their partner cause it's the partner that they were missing, it's the partner they wanted to be with the most, so there were the problems around it. Then other people that just wanted to see their kids didn't want, weren't particularly interested when full family visited instead of the kids so it's difficult to answer that one to be fair.

**Q:** Yeah, no worries thank you. Did you also find a difference between male and female prisoners?

**P2:** Uh, I'm not sure cause I didn't work with female prisoners.

**Q:** No worries. Um, so to what extent do you think the actual prison conditions so like, affected the mental health of the prisoners, so this is like you know the regimes and overcrowding and solitary confinement, just the general prison environment?

**P2:** Again, I think that's a difficult one to answer and it's probably kind of two-fold. So, for some people in there it was difficult in that they were told they had to be behind their door like, locking up at times where regime they were supposed to be in their cells and it was locked, was a nightmare. They wanted every single second they could out of their cell. Not necessarily being in the prison was an issue cause for quite a few of them, it was a social circle as well, they were seeing their peers

and people they had, new regular faces of, so they were still doing things like playing pool, making food together. It was still very social.

**Q:** Yeah.

**P2:** So I wouldn't say so much being in the prison itself was an issue, but especially for locking up, that times of the regime, they didn't want to come out. But then on the other side of it, I've worked very closely with a few prisoners that, we saw a dramatic change in their behaviour to the point where, to be quite fair, they were a bit of a pain to start with. They were constantly getting themselves into trouble with the regime, going against what they should be doing, the rules, um, influence of drugs, making efforts to get drugs into the prison and use them. Um, so we saw a massive change in their behaviour working closer with them. They stopped using the drugs, started following the regime, and then, to be fair ended it cause that was someone on their life sentence, ended up getting the parole signed off and got out, so you think they've done really well for themselves, they wanted to be out… but very quick turn over within, I think it was within about a month and a half, was back inside because he missed the regime.

**Q:** Yeah.

**P2:** He missed being told that, wake up at 8'o clock, now you go to work for a few hours, now you come back and have your dinner and dinner is provided. He couldn't cope with the fact that when he went out, he didn't have that regime there so it's a bit difficult to answer that with the straight 'it's restrictive' and 'everyone doesn't like it' kind of thing. So, I wouldn't say he necessarily loved the idea, but he couldn't particularly cope with anything else cause he didn't know anything else. So getting out and getting told he had to get up himself and find himself somewhere to work and find himself something to eat and make it, he just didn't deal very well with and came straight back in.

**Q:** Yeah.

**P2:** And, he didn't come in and cause any other problems when he came back in… he still stuck to the changes he had made beforehand. It was just he wanted that regime.

**Q:** Yeah. That's what sort of suited him. No definitely. Um, so you said earlier about drug use and things, so, to what extent do you think taking drugs in prison affects the mental health of the prisoners? Cause sometimes they can come in can't they with pre-existing drug and mental health problems.

**P2:** Yeah, well, the drugs that they're getting access to in the prison are completely different to the drugs they'd be taking outside so they may come in for example, with use of heroin and end up on methadone programmes so they do still have the methadone programmes on there which is predicated by healthcare professionals. They have 'subi-text' for people that have been on other forms of drugs. So, they'll do all that treatment but then they're not getting access to, no one's chucking over heroin into a prison or smuggling heroin. Nobody's smuggling cannabis into prison. It's very, very rife at the moment for them to be trying to get spice in cause it's easier

to get in. You can have it in a liquid form or you can have it in like the tobacco form. So especially before tobacco was banned, it was coming in like the tobacco form.

**Q:** Right.

**P2:** Cause you wouldn't notice the difference particularly much apart from the smell. Um, after tobacco was banned, tobacco joined the list and they were trying to get things like that in but, with spice in particular, cause it can be in liquid form, and they've got access to, um, smoking treatments now, so they've got the vapes, so they're getting a small capsules of liquid in which they're putting into the vapes and smoking through the vapes. Um, they're getting drugs sprayed on paper. There's a wide range of ways they're getting it in at the moment…. And you couldn't even discuss some of the ways they are getting it in, and that's the problem. They're coming in, potentially with a drug habit, and they are getting the medication for that drug habit but then taking on this other drug which is, it's dangerous. We don't know what it's mixed with, like the base of it is this spice, but then what is mixed with it to make this element, to make it so it's produced on mass level and it's gonna be cost effective to the people getting it in. Cause there is a chain and it's a drugs market. They're selling it within the prison but then, who they are getting it supplied for, they owe them a cut as well, so it is a big drugs market going on with them getting it into prisons. Um, but then, like I say, they don't know what it's been cut with. They don't know what's inside of it. And then those that don't have a drug habit may be coerced into having the drugs because they're asked to keep them and it might entice them to try it and see what's going on. I've seen prisoners almost bully someone else into taking it because it's funny to see the effects of what it does to someone that's not taken it before, and then it's, if they don't do it, there's the threats of potential violence or, well… 'you've got it now', like if they hand it to them and even if they don't take it 'well you've got it now. You either take it or we're reporting you' kind of thing. So there's that threat there that if they don't get involved within the drugs, that they may potentially come to some harm.

**Q:** Oh gosh it's quite frightening then isn't it. Um, so to what extent do you think prisoners engage in drugs as kind of a coping strategy to the conditions in prison. Do you think a lot of them take drugs to cope with the fact that they aren't with their families or to cope with the conditions, sort of, cause you said you think they just do it for a bit of fun, or funny to watch the other person taking the drug?

**P2:** …… I'm not sure to be honest. I think, there was quite a few that took it because that's the supply that was there, like it's a habit that they've got. So like smoking, if you were a smoker and told you couldn't smoke but then someone brought cigs in, you'd smoke it if you were already, I don't know, inhaling drugs, taking drugs, smoking drugs…. And you've not got that anymore, you've not got that supply, the supply comes in and it's not quite what you wanted but got similar effects…

**Q:** Yeah.

**P2:** Like it gives you the high, it takes the edge off things, I think they're gonna take it cause that's, that's the supply what's there, that's what they've got access to.

**Q:** Yeah.

**P2:** And say a few maybe took it for, to help with their struggles and to cope, cause a lot of people that have been involved .. I'm only speaking for when I was there but, some people that got involved with it were those that were, maybe already stressed. And things like a cigarette or like a bit of alcohol would've helped ordinarily on the outside, but, were unable to do that now so… I don't know, I think that, I was gonna say I think people just took it cause it were fun.

**Q:** Yeah.

**P2:** Especially with spice itself, it, it, it really makes people kinda psychotic. It's given people, some people that have taken it have gained like ….. unordinary strength that they didn't even know they had, that kind of thing. There's been stories that, I've not witnessed any of these ones but there's been stories from other prisons that you hear about why people have taken it and they've done things like dived off a landing head first, thinking that they're diving into a pool because that's what they are seeing down there, they're seeing the blue floor on the top of a railing thinking that they're diving off a board and they've injured themselves. On the other side of it, it's made other people quite violent towards themselves and others. There's been things where people have maybe seriously self-harmed, and not felt the effects of it, they've… they've felt absolutely nothing when doing so. And then come around to find themselves in hospital getting treatment. So it's, it's quite a dangerous one, the drugs. I'm not sure, I can't answer particularly straight why someone's taken, there's…

**Q:** Multiple reasons, yeah.

**P2:** A number of reasons.

**Q:** So, going back to the topic of relationships, how do you think staff-prisoner relationships affect the mental health of prisoners?

**P2:** Um, quite well. I mean when I was in there, I never got involved with any of the control and restraint. There was never an instance where I needed to to be fair. Um… my approach to prisons, cause obviously I was quite a young member of staff at the time.

**Q:** Yeah.

**P2:** And most of the people I was working with were well over the age that I was and when I started I was on a wing that was predominantly over 45 in age so it was difficult for me thinking to go in there, young, in my early 20s, and expect everyone to just listen to everything I'm saying.

**Q:** Yeah.

**P2:** So, I just kept it quite chill, had a chat with people about general things. Um, say firm but fair. So you'd get, if you had the regime you had to do feeding, you had to lock them up at certain times but there was no need to be particularly harsh or ignorant, stop and have a chat about anything, what's going on, have a joke with

them. That was fine with me. And, um, and I found, to be fair, that if there was problems or bullying going on or anything like that, I did get quite a few people coming and speaking to me and telling me. Which, you need that information, you need the intel to safeguard people, safeguard other prisoners but also to know what's going on.

**Q:** Yeah.

**P2:** On your wing cause you know if someone's at risk and they're not saying anything, and they are struggling with their mental health, you don't know anything about it, you're not getting them, you can't really signpost them and get them the correct mental health staff to come down. You can't really get them on some sort of treatment or counselling. You also, if you don't know what's going on and they self-isolate from everyone else, they're self-isolating from you. There's not an awful lot you can do in that position until, effectively, it's too late and they get to the point where they are self-harming, or they are attempting to take their own life so, it was quite useful that they came and spoke to me quite a bit. Um, but then… I've seen, cause I've ..done some like training in different prisons and things like that, I've seen other members of staff, which I wouldn't say they're not doing their job or anything like that but other members of staff that are a bit more… harsher on the firm side… and when you're listening to prisoners, cause like I say I used to have a chat about general stuff, you would get them often saying 'don't speak to him, he's a ….' And then some sort of obscenity. You'd say 'why, why what's wrong with him?' 'Oh, he's just an arse'. Like, 'but why though?'. And they just, they wouldn't give you an answer, it's the experience that they've had and interaction with them. I mean granted some people would complain that, officers were this, that and the other anyway because they just didn't like them for how they looked or because they'd had an altercation with them before where they've had to be restrained or something like that which, fair enough that's part of the job that you would have to do and you can't make everybody like you but …. I think the relationship between, staff and prisoners is important. If you've not got that relationship, you're not gonna wanna talk to you. They're not gonna wanna tell you things.... and as part of working with prisoners and ex-prisoners, it's very important that you know, not necessarily the ins and outs but what's going on in their life, that they've got a good interaction with peers and family and friends. That they're looking after themselves, that they're particularly happy in mood, um, that they understand what they're doing, they understand what's right and what's wrong at the time, um, and just generally that they're getting on well. Cause if they're getting on well, they've got more motivation, they've got more … like, they just feel better about themselves that they can do and they can achieve, which then means, once more, they're more likely to go and want to get a job and extra qualifications. Um, they're more likely to want to… change things around because they've got the families and friends that they want to impress and that they want to do things better next time. Those that don't feel like they can talk and are mulling in, the mental health and the negative experiences, are more likely to self-internalise that they can't do anything and they can't and they won't, and will be stuck in that cycle of self-deteriorating, harming themselves emotionally, physically but then also harming themselves in terms of the family and the relationships because they are more likely then to say 'what's the point? I'm only gonna keep doing this. This is only gonna be for me again, and again and again' and they're more likely to carry on the ways that they do which is gonna be like a revolving door.

**Q:** Yes, definitely, I can understand that. Um, yes because the next question is how do you think prisoner's withdrawal and social isolation as a coping strategy affects their mental health, but you have pretty much addressed that, so I think… Oh so, how do you think, how do you feel the gym and exercise in prison affects prisoner's mental health and wellbeing? Do you think it improves it any at all?

**P2:** Um…… that's a difficult one because, with it being the gym and obviously you've got the gym staff, so it would be like any ordinary class, you've got to account for prisoner to staff ratios. So, you may have a gym class with one instructor and he can only take, you know 30 prisoners at a time. And now, based on regime and things like that, you'd normally only have, maybe one or two gym classes in a morning or one or two in the afternoon, and it would likely only be on set days.

**Q:** Yeah.

**P2:** As well so like…. I think… the wing that I was working on was maybe a Monday and a Wednesday evening, for hours. And now even that, that was.. uh.. 50 odd capacity, but it was for the whole side of that prison, which had several hundred, and so you can only pick 30 odd people for a class, so the waiting lists were horrendous. There was always people wanting to wait on there. It, it's very, very strict. You had to… you had to, behave basically. If you got a strike, you're out and you're at the bottom of the list again, so the next person gets your place, so it was difficult. It was good in terms of motivating people to stay within regime and to behave and it was like a perk of being in there. They still got the normal exercise, so in exercise periods they still got to go on the yard to do their own forms of exercise like the running, walking, meeting, the social side of it. But in terms of actual gym facilities as well, it was more like… a perk as such. You had to be on the waiting list, you had to be approved, you had to have good behaviour, recommendations, things like that. Um, they did do extra classes when smoking stopped because it was, sort of like a replacement therapy to go and do a bit of physical exercise. So they had a separate gym for like, different things, so they had like the smoking gym and then they had the ordinary gym and stuff. Um, I think it worked quite well because, for anybody anyway. I mean, I know myself, if I'm stressed out, going to the gym it's the release of endorphins. You might feel tired and achy but you feel good afterwards. You've achieved something, you've gone there and spent your time. Um, I think for a lot of people that went to the gym, a lot of it was good for their self-image as well, because they didn't have the regular communication with their partners, their families, like they would do if they were outside and seeing them everyday. A lot of them were working on their own physical appearance so they felt better in themselves, and so that families were more physically attracted to them and they saw that as kind of a reward, that when partners were coming in, they were commenting that they were looking physically better, um. And it helped as well with peer groups within the prison cause those that went to gym would gather and talk to each other about regimes, what they're gonna do, if they're gonna do legs, shoulders, chests. Yeah they'd make meals together, do diet plans together and it built social connections within as well with the shared interests and a hobby cause it's very difficult within a prison, as a prisoner to have a hobby in there cause everyone's doing the same thing, the same regimes so it was nice for them to have a shared hobby and interest, for them

to speak about that wasn't talking about an offence or talking about everyday things like going to the workshop or, you know.

**Q:** Thank you. Is there anything else you would like to add?

**P2:** No, I think that's it (laughs).

**Q:** Okay (laughs). Well thank you very much for your time and cooperation in this interview.

## Appendix E: Transcript with Coding (Participant 3)

**Thematic analysis coding:**
**Step one: identify the base codes (the main themes or topics that they are talking about)**

**Theme 1: prevalence of mental health (the amount of mental health problems their think prisoners experience, and the type)**
**Theme 2: impact of prison conditions on MH (any prison conditions/regime – overcrowding, security, forced contact with other prisoners, solitary confinement etc....)**
**Theme 3: Relationships and impact on MH (to include all relationships internal with other prisoners and staff, outside with family etc)**
**Theme 4: services or interventions to improve MH (including any services or interventions at all)**
**Theme 5: Drugs and MH (include impact on MH and use as a coping strategy)**
**Theme 6: other coping strategies (non-drugs)**

**Step two: identify the sub themes within each code (across all interviews)**

**Interviewer:** India Papathanasiou
**Interviewee:**
**Wednesday 11th March 2020: (4.15-** 20-minute interview)
**Interview took place in HW3/33**
**Q/I:** India
**A:** P3

Q: So, what type of work have you done with prisoners or ex-prisoners?

P: Um, so in the prison, I work in an intervention programme, so I support the women in terms of, um, any sort of support needs that they have in the prison and then once they're in the community as well. So, we'll do like 'through the gate support', pick them up on the day and then take them to where, we liaise with all the people that they work with, probation officers, prison officers, all of that sort of stuff. And um, we, the multidisciplinary approach so we work with all of them to give the best support to that woman to get her resettled, reintegrated and deal with all the things, so like her sentence plan for example, things that she needs to do in order to get back out.

Q: Yeah, that's really good. Um, do you work with high risk or low risk..?

P3: High risk. So, they're all high risk offenders, um female offenders, who have committed things like murder, robbery, sexual offences, um, the juicy crimes basically yeah. So, they're all high risk that we work with.

Q: Fab. And how long have you been doing this kind of work?

P3: I have done this since, oh gosh, how many years now… um, I think it's since 2013.

Q: Oh, wow a long time then.

A: Yeah. So yeah, since 2013, pretty sure it's 2013. So, a long time, but before that I was volunteering with male offenders, um, working in the community, just um, it was more around employment and education, helping them to get back into that. And then I did do the [charity work] which was with sex offenders for a year as well, which was quite good.

Q: Yes, thank you. So, to what extent do you think prisoners suffer with mental health problems?

A: To what extent… um.…

Q: Yes, so what kinds, how severe, sort of the most prevalent, if they are the same in men and women?

A: Okay so, pretty much what I talked about today (laughs). Definitely not the same with men and women. Women present a lot more mental health issues. Um, a lot of men you know tend to …. De, like devalue what they have, what their experience like they don't talk about their emotions whereas women are very vocal. They love to talk about what's going on with them, what's wrong with them, their mental health and stuff. Um, a lot of them in our prison definitely suffer from depression and anxiety, schizophrenia, bipolar, um personality disorder that's a massive one. Um, some of them do have eating disorders, um, I'm trying to just think of all the other personality stuff that goes on but yeah, they're like the main ones that you always hear of. I think every single prisoner that we've got definitely suffers from depression and anxiety that is like the biggest common one, but a lot of them do have PD um as well, that personality disorder.

Q: Do you find a lot of them suffer with bipolar?

A: … If they've got personality disorder some of them, a very minority do have um, bi-polar as well, but not all of them. I think depression and anxiety are the biggest ones and then it's personality disorder, um, they're, they're the ones that all entwine with each other as well. So they all go, I think I've only ever met two of them who have got bi-polar, along with all them other ones as well. Um, there's a lot of ADHD as well.

Q: Yeah, so like where they're restless and things… Yeah, thank you. So to what extent do you think prison conditions impact on their mental health? So this is anything from overcrowding, solitary confinement, regimes etc.

A: (laughs) do you just want my lecture? (laughs) Well yeah, because in terms of when a woman comes into prison, all the things that she loses, that she faces, it has a massive impact, the isolation, the fear, a lot of first timers are definitely really worried because the prison environment, it is horrible, you know, I'm happy to walk out of the gates at the end of the day to be honest, but yeah it has a massive impact. [CR1]There's a lot of lock ups [CR2]because of staff levels and staffing and stuff. Um, a lot of them are locked in 24 hours a day, especially if they don't have a job or an education or programm[CR3]e to go to, they have to be behind their door, so um, that impacts on them a lot in terms of being just confined in one little room and a lot of

them do have things like um, what's it called, phobia of, you know, everyday they need to speak to their family or something and not being able to do that. They've been brought into prisons so suddenly that um, they've not been able to bring any of their belongings like clothing and things like that[CR4]. There's restrictions on what they can and can't bring in so if they're here for a short time they can't have parcels sent in. It's only lifers that can have a parcel sent in. So they're having to wear prison issued clothing. Sometimes they don't have the sizes that they need and all these sorts of things impacts on their mental health because the woman is consistently like badgering on and on and on saying 'I need this, I need this, I need that'. And even things like, um, the minorities like African women, their hair products, skin products, it's something that they need like the humidity that makes their hair, like that impacts on them because it stresses them out not being able to, like you said look right and things like that. Having you know, their personal hygiene and what not, having what they're used to, it impacts everything. You think it's just because they've got mental health it'll impact them but it doesn't. It's every little thing impacts on them, you know, if a woman next door is banging away all night, that has a severe impact on their sleep which then makes them feel really moody and shit and if they've got an intervention programme the next morning or they need to go to work, that impacts them really, a lot, so yeah, even the surroundings[IP5]. And obviously, because it's a prison, they can't like, we can just walk away and you know move away from people that we don't want to hang out with, they're in that area 24 hours a day. They can't get away from that person and then it impacts them a lot being around that person that could be bullying them, harassing them, a lot of that goes on in prison of bullying and harassment and stuff, wanting drugs, trying to get you to pass drugs around the prison, things like that as well.

Q: Yes, it sounds as though that would be made worse from the overcrowding as well.

A: A lot of women are overcrowded, a lot of the prisons don't have single cell occupancy. A lot of them, I know one of the wings we've got, they've got four prisoners in a cell. And then, you know, some prisoners steal things, so that irritates the other women, that gets them more annoyed, violent, you know.[IP6]

Q: Yeah so it's like a vicious circle really.

A: Yeah, definitely.

Q: Um, so more specifically, in terms of relationships, to what extent do you think family relationships impact on the mental health and well-being of prisoners?

A: A lot. A lot of the women lose their children, and that is a big, big thing. Um, a lot of them can't see their kids because of the distance, um, social services get involved as soon as they hear the words 'social services' their backs are straight up. The women will just not want any involvement with the social services because they fear the worst which is that their kids are gonna be taken away, they're seen as bad mothers, um, they don't know how to parent, they're not gonna get their kids back, they have all these sorts of rules and regulations that they need to do and have before they can have their kids back. And it is a big thing, um.[IP7] In terms of families like our governor now in the prison is promoting a lot of family stuff. We're having

loads of family days, children days, lifer days, where families can spend the entire day um, with their loved ones that are in prison, um to help with rehabilitation, it makes them feel more happy, they've got that support, you know having something to work towards, so it does have a massive impact. We also have um, a house, a little house that we've got in the prison where it's been converted and they've got like kitchen and play areas and they can invite their family to come and spend the entire day, make a meal with them, sit and watch a movie with the kids and help them understand you know, what prison is because obviously kids don't understand, so it's about giving them a little bit of information and just doing it a safe way and to show them that it's not all bad stuff because it does impact the kids as well[IP8]. So, um, the relationship side of things with family is very, very important because it's one of the things that will motivate the woman to desist from crime as well.

Q: Yeah, I can imagine that definitely. Um, so staying on the topic of relationships, how do you think staff-prisoner relationships affect the mental health of prisoners?

A: A lot because, obviously with less staff, the prisoners don't get that interaction with the staff. I know from my experience, prison officers, you would expect them to be walking on the landing, have interactions with the women, they tend to just sit in their offices and the women will constantly be coming to the door, to the office door and the prison officers will get irritated with them, 'stop coming here, stop asking, stop doing this. We've got a million and ten things to be doing, we can't just follow your needs. There are two officers to 40 prisoners, so it's a lot in terms of ratio wise. Um, so, the relationship just isn't there and a lot of prison officers um, let's just say they're not professional. They're not professional, um, some of them, if they know that you're in for, what they call a 'nonce', um, for child sexual offences, other prisoners won't like that person therefore prison officers won't like that person. They'll get treated differently, they won't get the same level of support or acknowledgement or been asked 'are you okay' or anything like that. Um, and also, in terms of um, their relationship with others so if you're what they'd like to call a 'top dog' or a well-known prisoner you sort of run that wing. Um, prison officers get very cosy towards that person because it''ll help them to settle the wing and what not, like you see on TV pretty much. But that's what it's like and therefore if that person, that prisoner is not liking another prisoner or has got issues against that, the prison officer won't like that person either. So it's very much dictated by the prisoner and I pretty much think that the prison is run by the prisoners, not the prison staff. [IP9]Prison staff are so overworked, the pay isn't that great, they just can't be bothered sometimes, all they wanna do is just go home or just get through their shift and that's it. They don't want to know about their issues or anything, they just wanna get on with what they need to do and just leave them alone. I mean, there are some, obviously officers that are quite good and interact and stuff like that but a lot of newbies that are coming in just don't know how the system works, they don't know what is needed, they've not had that level of training because they've just had to get them in so quick because of the staffing levels, that um, it impacts the mental health even more cos they're so isolated and they're not having that sort of interaction and support that they need.

Q: Yeah, thank you. So you said before obviously about drug use and that is considered a prevalent problem amongst the prison population. Um, so to what extent do you think taking drugs affects the mental health of prisoners?

A: Oh massively. It definitely has an impact. Like I said before, obviously, it is the mental health that needs supporting and the drugs are self-medicating, but it just adds more to that because drug use, it only gives them that high for that amount of seconds, it doesn't take it away forever sort of thing, so it has a massive impact um, there's definitely a correlation in terms of, you know, how much it does impact but I think, more importantly, it's, it's the availability. If the drug availability wasn't there then I think mental health would be, they'd be able to address it better like, a bit more better[IP10]. But then there's no services in the prison, like they're so stretched. They only have like one psychiatrist which isn't really enough for 350 women that are in that one prison. So being able to um, yeah, just tryna think of your question again to see if I've answered everything.

Q: Yeah no worries, so any drugs in particular you think worsen the mental health of the prisoners, cos you mentioned spice?

A: Spice yeah. Spice oh definitely because it's a mixture of like fertilisers, pesticides, whatever, my gosh, all mixed into one and no one knows how to… like, work with that or what's exactly in it or what's been manufactured in there to be able to recognise it and because it's so undetectable, it doesn't have a smell like weed does for example or anything like that, um, that it's easily bought in so it has a massive impact and, I think sometimes, women are so pressured into taking the drugs, even if they don't want to touch it, um because they're being bullied or whatever and someone's told them 'no you need to carry this for me' or 'no take it. I want you to take it', that they're forced into doing that and then that just aids in the you know, being bullied so then they're already depressed and what not. And then they're having to now take drugs because they're bullied into taking them.

Q: It's a massive vicious circle isn't it, like everything is so interrelated. Um, so thinking about coping strategies now, so to what extent do you think prisoners engage in drug use as a coping strategy?

A: What percentage? 100! (laughs) 100%. Definitely. Because they're not getting the support, because there's such a lack of mental health support in the prisons, in communities um, in order to try, like it's a quick fix. They can get the drugs within a couple of minutes and have that sort of, self-medication, [IP11]whereas tryna get mental health support is going to take them months, and then having to do things like do coping strategies, and like I mentioned it's a, it's a process that you need to keep practicing and practicing and practicing in order for it to work. It's not a quick fix. Which all they're looking for is a quick fix sometimes. And because of the impact of the prison environment and stuff, they can't afford to wait. They need something to get out of that funk within seconds so, yeah, I'd say the percentage is 100 massive.

Q: Fab, um, and how do you think prisoners withdrawal and social isolation as a coping strategy um impacts on their mental health?

A: Definitely. A lot of them time, um, they withdraw if they're being bullied um.

Q: Is that in relation to specific prisoners do you find?

A: Yeah. Um, in terms of, just thinking…. I think they self-withdraw do you know when something's going on, when it's quite... Say for example, if it's the anniversary of the person they've killed for example is coming up, or something is happening within the family, they're being bullied in prison, something's happening with a member of staff, if they've gone to an intervention and they've found that particular session quite hard, they do tend to self-withdraw, and they go into isolation. They don't want to talk to anyone, and it's mainly when their mental health is really, really like at it's like highest point at the time. Like as I mentioned about my client, when she's going through one of her episodes, she likes to be behind a door, no one talk to her, she doesn't want anything to eat, nothing. She just wants to be alone and she will then try and form some sort of self-harm, try and create some sort of self-harm. [IP12]

Q: So that's when she's at her most vulnerable isn't it?

A: Yeah, definitely.

Q: Um, so in contrast, how do you feel a prisoner's immersion into prison culture and prison networking impacts their mental health? The one's that get involved in the prison environment.

A: It's, I think it's really positive because it gives them a sense of responsibility, it gives them purpose and that's what leads to desistance. When they're given some form of purposeful activity, when their life is given a bit of meaning, that is when they, it's like um, that self-identity sort of theory that they've got something positive to look forward to, they're getting all these um, enhancements and stuff so they have a … what's it called, like a… a status level so basic is like when you've literally got nothing, then you've got an enhanced prisoner who gets all the privileges who will get more visits a month with family, who will get more… more phone calls, will be allowed to move freely within the prison, they'll have a trusted job, things like that. And that helps with their mental health obviously because they're doing things that they enjoy, they're going out, they're not stopping in stuck behind their door all the time, they've got all these things to look forward to and it gives them a sense of you know, worth, which is what they need in order to desist from crime. And it helps with their mental health obviously, doing good things makes you feel good.

Q: Exactly. Do you find that certain groups of prisoners kind of mingle together? And that that improves their mental health?

A: Yes. So the ones that are enhanced and the ones that are doing good and are seen as some, sometimes they're seen as like the 'do-gooders' ' the brown noses' who are really cosy with the officers who get like what they want. But that's because they've got to a position where they've been trusted, they have good relationships they articulate themselves well, they do what's told they follow the rules.

Q: So essentially the ones that tick the boxes?

A: Yes. Basically, they are the 'model prisoner'. And um yeah they do tend to hang out with each other because they are normally placed within the same environment, so they have wings where they are enhanced wing where they'll all live together, so they'll share, they'll have pro-social identities, they'll do pro-social things and they'll

build on that sort of thing and live that sort of life, whereas, you'll get mainly your sex offenders will tend to stick together because they're seen as the vulnerable group and no one will want to interact with them so they have to interact with each other, or they'll isolate themselves, it's either one or the other. So yeah you get your ones that hang around with each other and then you have the ones that you know, are known as the 'drug ones', that run the drugs in the prison, so they'll hang around together. But, it's good in a way because that's how security finds out, gets their intel from. So when we know that that, she's known for giving drugs, but now she's made friends with all these other people that she normally doesn't really hang out with, they're definitely involved in something, they're probably the runners that run the drugs forum.

Q: Yeah thank you. Um, and how do you feel like the gym and regular exercise in prison impacts their mental health?

A: Oh lots. I think I'm gonna cite Legally Blonde here, 'endorphins make you feel good'. Exercise releases endorphins, endorphins make you feel better and happy people just don't shoot their husbands (laughs). So, yeah, no it definitely does. It gets them out, the exercise, they always try and promote to do some form of exercise. When they do have the right level of staffing, they always make sure they get women out for at least half an hour a day, each wing will get them out to, even if it's just to do a bit of walking, the gym will do run activities like um, Zumba and all them sorts of things and have um, what's it called, they'll do 'race for life' as well, prison do race for life. They do sports days, things like that, just to try and help boost their confidence and get them out and about and doing stuff so yeah it has a massive impact on mental health and I think, even in the community, I think they always tell even just the general population, you know, to, if you have mental health problems do forms of exercise cos it's good for you and it helps to improve your mental health[IP13].

Q: Yeah exactly. Um, is there anything else you would like to add?

A: I don't know, is there anything else I should add? (laughs)

Q: Well, I have a tag on question which we've kind of covered. It's um, to what extent do you think prisoners engage in self-harm/suicide as a coping strategy?

A: Yeah. Definitely. Like I said it is a coping strategy, it is definitely a cry for help. Sometimes, um, I know a lot of prisoners in the prison that I work with especially, a lot of prisoners get really annoyed with self-harmers. They don't understand, and there's like a 'them and us' sort of thing. Um, they get really annoyed because they think 'oh, they're just self-harming because they want this; cos their tv has been taken away from them, I'm gonna self-harm'. But it's not. It's because if they've not got that tv, they're bored. They've got nothing to do. It impacts on their mental health and … to help with this they cut themselves, that's what they do. But a lot of the time, other prisoners are thinking 'oh if I cut myself, they're just doing it because if they cut themselves they'll get what they want' and they'll get their tv back, so there's a bit of a thingy[IP14]. But, it definitely is a cry for help, it's definitely a coping strategy and it's a way of gaining control again, of their lives.

Q: Aw well thank you very much for your time and cooperation in this interview.

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