

## **COLLABORATION FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE SOUTH WEST PENINSULA (PENCLAHRC)**

### **Case Studies Showcasing the Value of CLAHRC Funding 1 January 2014 to 31 March 2015**

#### **2. Offender Mental Health**

In our initial work on offender mental health we found that distrust of medical professionals and other authority figures contributes to prisoners failures to seek help when experiencing mental distress. Our “Care for Offenders: Continuity of Access (COCOA)” study (HS&DR funded 2008-2012 with additional support from the pilot CLAHRC) was the first to examine in a systematic way healthcare received by offenders across the criminal justice system. We concluded that service configuration along with individual attitudes and lifestyles contribute to poor access to mental health support. This raised the question: what can be done to help recently released prisoners successfully re-enter society and break the cycle of mental illness and re-offending?

We are now in year two of a five-year follow-up programme to develop and evaluate a system of care to address the problems of obtaining mental health care on release (“Engager2”, an NIHR Programme Grant of c.£2 million). In the first phase of the project we developed a theoretical model for intervention delivery and how practitioners should work with offenders using a Realist Review, focus groups, and brief case studies. The intervention follows the principles of collaborative care to support individuals with anxiety or depression as well as substance misuse, suicidality, and other poor coping strategies. It avoids use of diagnostic language, identifies individuals’ strengths, and incorporates a mentalisation-based approach to support individuals to understand the links between patterns of emotion, thinking and behaviour. Engagement and development of trust prior to release, a ‘through the gate’ package, and links with primary care, housing, substance use and employment providers help ensure that individuals continue to engage with following their release from prison.

The research team is working in collaboration with eight local men who have lived experience of serving prison sentences. As peer researchers they have been able to use their experiences of being in prison, and of the problems experienced when they were released, to challenge, support and inform the research.

*“There is no help for prisoners with mental health problems. Prison didn’t fix my mental health issues and did nothing to help them. That’s why I’m involved in this project – there needs to be a better understanding of where and how people can get help. There needs to be better sharing of information between prisons and outside agencies – no more ‘out the door and see you later’. We need places where we feel safe. Doing this makes you feel good.” Julian (peer researcher)*

We are confident that we are laying the groundwork for a revolutionary new way to support prisoners with mental health issues when they are released. This should be of benefit to the individuals involved, to their families and communities, and, ultimately, to society as a whole.

### **Main publications**

- Howerton A, Byng R, Campbell J, Hess D, Owens C, Aitken P. Understanding help seeking behaviour among male offenders: qualitative interview study. *BMJ* 2007; 334:303
- Byng R, Quinn C, Sheaff R, Samele C, Duggan S, Harrison D, Owens C, Smithson P, Annison J, Brown C, Taylor R, Henley W, Qureshi A, Shenton D, Porter I, Warrington C, Campbell, J. (2012) Final Report, Care for Offenders: Continuity of Access. NIHR June 2012.

### **Forthcoming publications**

- Byng R, Howerton A, Owens C, Campbell J. Pathways to suicide attempts among male offenders: the role of mastery and agency – forthcoming, *Sociology of Health & Illness*
- Pearson M, Brand S, Quinn C, Shaw J, Maguire M, Michie, S, Briscoe S, Lennox C, Stirzaker A, Kirkpatrick T, Byng R. Using realist review to develop theory about collaborative care for offender mental health: Concept map for achieving sustainable change – submitted.

## **CONTRIBUTION OF PenCLAHRC TO PROJECT**

The PenCLAHRC contribution to this work has been very important. The project involves collaborative working between Plymouth University and the University of Exeter, draws on expertise from various PenCLAHRC academics, and is led by Professor Richard Byng (PenCLAHRC Deputy Director). Richard's non-clinical time is primarily funded by the CLAHRC.

Both before and since receiving programme-grant funding from NIHR we have drawn on the knowledge and expertise of other CLAHRC staff. The PenCLAHRC model of building human infrastructure to support project development and delivery suited our needs very well. Both before and after receiving support through our NIHR Programme Grant we have received support from PenCLAHRC in:

- Statistical advice and analysis
- Developing evaluation protocols
- Intervention modelling work
- Health Economic evaluation and economic modelling
- Peer Researcher mentoring and training
- Patient and Public Involvement.

## **WHAT HAPPENED NEXT?**

We are conducting a pilot trial with the intervention being delivered to 40 prison leavers with mental health problems allocated to the intervention in the North West and South West of England. Of the 25 leavers who have been released for a month or more, 22 have met with their practitioners in the community. Among those interviewed as part of the formative evaluation, comments regarding the acceptability and benefits of the intervention have been positive:

*“...[Engager Practitioner] knows what he's talking about. He's, like, been there, seen it, done it. He can explain things to you and he understands what I'm saying, you know. You're not, like, just talking to a brick wall... he doesn't bullshit you, you know what I mean... You know, I find, so I haven't been able to talk to other people...”*

We have also interviewed practitioners and supervisors. They report feeling engaged with the model and motivated by the possibility of working in ways that are in line with their own beliefs and with how they would ideally like to work but are prevented from doing in their usual roles. Practitioners report feeling listened to and supported by the research team.

We are preparing for the main randomised control trial, which will begin in late 2015. Addressing prisoners' mental health problems has the potential to deliver considerable gains to prisoners' general health, to the wellbeing of their families and communities, and to bring wider economic and social benefits.

Other work being carried out in tandem with the main research project includes:

- A weekly clinic in Plymouth Probation as part of Plymouth Community Healthcare's outreach GP service – this has now been running for five years
- Support provided to the National Offender Psychological Therapy Network (National Conferences held in 2013 and 2014)
- Formalisation of the Plymouth Zone Icebreak Teams model for managing emerging personality disorder – a model which had itself been an inspiration for Engager

Development of joint work between Dorset Partnership NHS Trust (who run health care in Devon Prison Cluster) and the outreach service to manage psychotropic polypharmacy (such as analgesics, antipsychotics, and antidepressants) between the prison and community.