



Cross-sectoral awareness building on
mental health needs in the criminal justice
system and on release
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IO 3 Tool to assess current mental health provisions for (former)
prisoners with mental health needs, to assess their experience
and needs as they perceive them

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**TOOL TO ASSESS CURRENT MENTAL HEALTH PROVISIONS FOR (FORMER) PRISONERS
WITH MENTAL HEALTH NEEDS, TO ASSESS THEIR EXPERIENCE AND NEEDS AS THEY
PERCEIVE THEM**

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**THE FRAMEWORK METHODOLOGY FOR
INTELLECTUAL OUTPUT 3
TOOL TO ASSESS CURRENT MENTAL HEALTH PROVISIONS FOR (FORMER) PRISONERS
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[1]. Introduction to the Aims and Objectives of Output 3

The aim of this output is an in-depth examination of the effects of joint efforts of multi-agency stakeholders and civil society awareness as a factor in the successful social and vocational resettlement and (re)inclusion of (ex)offenders.

In terms of data, the focus of Output 3's tool to assess current mental health provisions for (former) prisoners with mental health needs, to assess their experience and needs as they perceive them was to develop a working assessment which works within the many barriers of logistics, low literacy, and reluctance to engage which might be present when soliciting information from (former) prisoners directly. In terms of implementation, the tool should also fulfill the many required criteria for a direct response from prisoners (as wards of the state) and for this survey to take place within very different prisons in a wide range of European countries. Each of these foci provided their own challenges, which will be identified in this report.

The assessment tool aimed to identify:

- [a]. each stakeholder's range of mental health treatment experience in the criminal justice system (covering diagnosis, assessment, critical points, treatment pathways)
- [b]. his/ her experience of support structures (pre- and post-imprisonment, multiagency support, family and community support, third sector and volunteers)
- [c]. mental health needs of prisoners (in terms of prison environment, access to clinical and non-clinical support staff, preparation for release)
- [d]. social and vocational inclusion and an impression of wider social awareness (within and between multi-agency support structures and in wider, adult society)
- [e]. what works in terms of mental health initiatives

This framework document reports on the methodology used for the provision of this stakeholder consultation. It details how and why we made key decisions and occasionally slight revisions from our original application.

Firstly, we will detail how we drew on the expertise of the network begun by IO1 and the framework agreed in our state of the art review, looking into mental health needs all along the pre- and post- imprisonment criminal justice pathway. Secondly we will detail development of a screening tool to consult prisoners, in 5 European Member State prisons. Finally, we will detail these mental health facilities, how their services work with one another to reduce the dual stigma of a criminal record and mental health needs. Finally, in our analysis of the data we have so far, we ask whether and in what way awareness of mental health needs are a barrier to former prisoners' social and vocational (re)inclusion needs?

As a final output we will deliver an analysis on which our awareness raising training curriculum is built. We will also make micro-analysis available on our key AWARE themes to support people and organisations within the criminal justice system to improve their engagement strategies and actions. The final output could become a key policy document to be spread among different officials and also to be used to benchmark countries' civil societies. Such an active community of policy-level stakeholders is already well under development in our IO1 Community of Practice on LinkedIn.

[2]. Activities and Tasks of Output 3

Output 2 deals with a series of activities and tasks as described below:

Phase 1: Desk Research

The aim of the desk research is to draw upon existing research and reports, to inform the development of the questions, how they are posed, how the questionnaires were designed and deployed and precisely which mental health topics had been already covered and what had been done in terms of analysis and dissemination of the results.

Phase 2: Development of the Screening Tool

The aim of the screening tool is to produce an accessible, analog questionnaire which could tell us more about the needs and voice of mental health service users in prison.

The screening tool should follow the standard on this area and should specify:

- [a]. the research design,
- [b]. the objective pursued,
- [c]. the sampling issue,
- [d]. the methods for data collection
- [e]. pre-tests and post-feedback review
- [f]. data collection – strategies and limitations in specific partner countries

Phase 3: Report on the Contemporary Picture

This last activity has the aim to analyze and report on the contemporary picture of mental health in prison from the perspective of the user, and to disseminate this widely along our growing community of practice through European umbrella groups, on LinkedIn and on Facebook.

Below follows a detailed analysis of the three (3) phases.

Phase 1: Desk Research

Stage 1:

a. Objectives of the Literature Review

This phase of the output was led by Bremen Ministry of Justice and co-lead by the University of Beira Interior but contributed to by all partners. It was also opened up to the expertise of the first members of the IO1 Community of Practice who were contacted via linked in and asked to contribute to a literature review of tools to assess experience of (ex) offenders with mental health needs pre-, during, post-imprisonment. Here we invited partners and wider contributors to share:

- Country or regional reports
- Former or ongoing projects, national or European
- Academic papers and professional conference proceedings

After 3 months, a total of 35 papers were submitted to a matrix on a Google Drive accessible via the Teamwork Platform as title, author, country of origin, date and short abstract in English. These break down into:

- Academic papers which undertook general surveys in prison, with a mental health and wellbeing component to the questionnaire.
- Reports

The results of this review are available in Annex 1 of this report.

b. Research Design, data sources and sample

The desk -based research aimed to collect interesting data and information related to mental health, surveys in the justice system and surveys on participants with low educational achievement. We broadened our desk research to in English and all AWARE partner languages (Romanian, Portuguese Greek, Bulgarian and German), published internationally from 2008 onwards. In reality the greatest extent of this Phase will have already taken place in the context of Intellectual Output 1, and IO2 (stakeholder survey) and IO3 (prisoner survey) lead and co-lead partners communicated directly on sharing relevant outcomes of this extensive literature review to inform progress right across the AWARE project.

Following, the guidelines of Intellectual Output 1, we too suggest the following data sources for retrieving practices in the field:

- journal articles,
- national reports,
- books,
- web-clips

- training manual etc.

were important data sources.

As per Intellectual Output 1, search engines such as Google, Google Scholar and any academic or training databases (eg., SCOPUS; Web of Science) partners have access to were suggested.

The following keywords are suggested to be maintained [as in Intellectual Output 1] with additional keywords on data covering methodological papers:

- mental health in prison
- mental health in probation
- mental health and offenders and/or prisoners
- mental health and ex-offenders and/or probationers
- mental health and social/ vocational inclusion
- Questionnaires and/or surveys in prison
- Questionnaires and/or surveys on non-native speakers

c. Analysis of data

A simple template was proposed for consistent collection of data, and for translating those reports with the most significant impact on AWARE's work into English as an abstract. Then a narrative review was conducted according to the above keyword criteria. Each document was read and analyzed by partners for:

- General findings and impressions, and relevance to mental health in criminal justice and/or questionnaires directed at the same or similar target group
- Extract unique concepts and methodologies of similar studies.
- Looking for similarities or differences between methodologies

d. Conclusions of narrative review

The following conclusions guided further work on developing a survey tool on current mental health provisions for (former) prisoners with mental health needs, to assess their experience and needs as they perceive them:

- We across studies of questionnaires and survey tools, depending on the target group and the conditions and circumstances of implementation, responses varied. No specific 'right' and 'wrong' way to implement was discovered, rather researchers had tested implementation on a specific target group in a specific environment. Conditions and resources for implementation were also dependent on the aims of the research. (Bishop 1987, Bogner/Landrock 2015, Menold/Bogner 2015, Porst 2014: 88)
- In our case we had narrowed our study to male adult prisoners (see C. Sampling Issues). According to what we know about general prison population, we must expect that many of them have little education and low cognitive skills. For example, in Portugal, statistics from 2018 show us that from a universe of 12.039 male inmates, only 1.739 (14%) have

received secondary education or more, while 3.635 (31%) have received a maximum of 4 year of education (DGRSP, 2018).

- Survey respondents that have little education and low cognitive skills may also get easily frustrated with long and/or badly designed questionnaires, so are more prone to negative response effects than the others (Bogner/Landrock 2015, Menold/Bogner 2015, Porst 2014: 88, Bishop 1987)
- Common response effects are: social desirability, tendency for the middle, tendency to give extreme answers, acquiescence, problem of pseudo differentiation of answers (Bogner/Landrock 2015, Porst: 88)
- Respondents often face difficulties differentiating between the categories on a Likert scale (Porst 2014: 88) Independent from content or actual attitude respondents tended to answer in the middle, this tendency is strongest if there is a middle category (Bishop 1987)
- The range of a scale should be chosen due to intellectual abilities of the respondents, if intellectual abilities are low the range of the scale should be as short as possible, otherwise (Porst 2014: 88).
- Naming the middle category (e.g. 'neither agree nor disagree') does not give any information about whether the respondent agrees or disagrees. It is the same naming the middle 'don't know' or 'no opinion', plus the middle no longer represents a middle opinion (Porst 2014: 82, Menold/Bogner 2015: 5). We tried to avoid this in a previous research study by using a 6-point Likert and tried to avoid nonresponse by leaving the option of 'don't know' or 'not applicable' at the end of the scale.
- Respondents need to give informed consent, and the partnership must be able to guarantee each respondent's anonymity, both in the implementation and the analysis of results.

Phase 2: Development of the Screening Tool

A. The Objective of the Study

Two overarching objectives drove the AWARE project's study:

- To assess the user perspective in mental health provision in criminal justice, so that the training we develop is responsive to user needs (the needs of service providers are assessed in a parallel study).
- To allow us to hear the user voice directly, so that lived experience can be used as a powerful awareness raising tool.

The analysis of this data will provide a crucial baseline data to ensure that the learning needs of mental health provision providers is aligned with the actual mental health needs of inmates, when we develop our basic mental health training curriculum in IO4. It will also allow us to have fresh, pan-European dissemination materials to raise awareness of the need for basic mental health training in criminal justice and promote the use of this free AWARE training course.

B. Research Design

The proposed method of study is comprised of:

500 responses from 5 EUMS (100 per AWARE partner country)

Bremen Ministry of Justice is responsible for developing and testing the survey questionnaire guide for the implementing the research and recording and coding the data. Partners are responsible for translating the survey questionnaire, implementing 100 responses in prison and coding and recording the data.

From our literature review, and from the previous experience of AWARE partners of implementing questionnaires in prison, we established:

- Questionnaire design: The questionnaire should take no longer than 20 minutes to complete and have a user-friendly format to be completed in pencil (provided) and paper.
- Support anonymity: Some of the questions could allow for critical observations of a participants' situation in prison. Whilst not every AWARE partner would be allowed to remain in prison whilst the questionnaires were completed, as many steps as possible would be undertaken to reassure participants that responses would not be seen or acted upon by prison staff.
- Support accessibility: Adult male prisoners are likely to have low literacy skills and/or be a non-native speaker of the language of the questionnaire. If possible, a researcher and/or translator could be present to support these participants.
- The range of experience of offenders should take in how their mental health is factored into prison diagnosis, assessment, critical points, treatment pathways and social and vocational inclusion measures.
- The range of experience of support structures inside and outside of prison, of multi-agency support from statutory, third sector and voluntary groups, and how their families and communities support their mental health.

- Wider societal awareness of mental health as it is experienced in the criminal justice system.

C. Sampling Issues

Adult male prisoners

At first, our aim was to represent the four distinct groups present in our justice systems: adult males, adult females, juveniles and former-offenders on licensed probation. However, by our first partner meeting in Bremen, AWARE partners had approached their contacts and could share that they could not gain access to female and/or juvenile prisons within their jurisdictions or mandated prisons. Partners such as Romania and Bulgaria further noted that their probation service is currently in its infancy, therefore gaining access to former offenders on licensed probation would be difficult and require significantly more time than available. Finally, from a practitioner point of view, the partnership noted that women and juvenile inmates have both different mental health needs and approaches to provision. According to Council of Europe Annual Penal Statistics (better known as SPACE: **S**tatistiques **P**énales **A**nnuelles du **C**onseil de l'Europe), of the approximately 673,000 European detainees (perhaps better understood as an average adjusted prison rate of 117.7 per 100,000 of Europe's citizens) the adult male prison population represents an average of 94% of all inmates in European prisons. This leaves an average of 0.9 juvenile and 5.1 female detainees (SPACE Final Report 2018, Table 7). Taking our scope and resources into account, AWARE partners therefore decided to conduct this study only on adult male prisoners as providing training to support this target group would have the biggest impact.

Anonymity and Informed Consent

The questionnaire was designed so that partners (and prison staff) had no way of associating any survey response with the person who submitted that response either in the implementation of the survey (when we collected paper responses) or in the analysis of results (particularly in reporting personal characteristics). This is to allow confidence of respondent that no sensitive data would be used against him or in any way identify him in the reporting of results.

Partners put up posters and handed out leaflets about the aims and objectives of the AWARE project at least two weeks prior to implementing the questionnaire. Respondents were given an information sheet (or leaflet) along with a privacy notice to explain how their data will be collected and used, and be asked to give their consent to participate (see annex 2). This, as the questionnaire itself, should be written in simple non-technical language.

D. Summary of Thematic Research

Drawing on this work, the AWARE partnership decided on the following survey sub sections, according to our stated objectives of developing responsive, service user-led training and of

raising awareness within our Community of Practice of key mental health issues in prison. The final version of the precise questions in all five partner languages can be viewed in annex 2.

1: 'About you'

- Sociodemographic questions
- Mental health experience
- Other variables that may have an impact on mental health

2: 'Please, tell us about your contact to people outside prison':

- Assesses the perception on how prison encourages support structure outside
- Original scale is 5-point Likert ranging from totally agree to totally disagree (Molleman & van der Broek 2014). However, the response scale was changed to a yes/no dichotomic scale.
- The limitations of the study mention the high nonresponse quote amongst prisoners (p: 45)
- To avoid nonresponse, the scale will be tested in the pre-test
- The last item "The institution makes it possible to maintain contact with my family/partner/friends." from the original scale was deleted because it's almost the same as item c
- The item "The evening and weekend programmes allow me to better maintain contact with my family/partner/friends." Was deleted because not every prison has weekend/evening programmes
- Item "It is easy for me to import items (for example a radio, a TV or clothing) from outside the institution." was deleted because this might lead to confidentiality problems

3: Perceived Support

- Perceived support from family/friends
- "Hiding" the sensitive question about addiction problems between other questions, hoping to avoid nonresponse

4: 'Do you think people here in prison care about your wellbeing?'

- About how inmates feel their (mental) health needs are met in prison
- Reasons why prisoners think their needs are met/not met

5: 'If you felt sad or depressed, who would you turn to?'

- We can learn from that who a prisoner would turn to if he needs mental health support, whether he is relying more on formal or informal sources
- The scale is based on a scale from Mitchell and Latchford (2010)
- We deleted the Item "Listener" since this is a concept from the UK
- We added to Item "I don't know who to turn to" since could provide important information for analysis and training
- Originally offenders were asked who they would turn to with several problems such as not-coping with bang up, drug problems, bullying. Although this is an interesting approach, we did not replicate it, because we want to (or need to) keep our questionnaires short. The original survey had a nonresponse quote of 50%, and we are hoping to avoid this using a shortened assessment-tool (p. 784)
- Mirrored question to compare with IO2

6: What do you think about the use of mental health services in prison?

- Question to assess possible barriers to the use of mental health services
- The question is based on a scale from Morgan et al. 2007
- Some items were deleted because they were already covered in similar questions before
- The original scale was a 5-point Likert scale *1: Very likely, 2: Somewhat likely, 3: Neutral, 4: Somewhat unlikely, 5: Very unlikely*. The remaining items can probably be answered with yes and no, but we will ask offenders in the pre-test which version they prefer

7: Do you think prisoners requesting mental health services are taken seriously?

- Information on perception of access to mental health support
- Mirrored question to compare with IO2

8: Please, tell us about your current day-to-day concerns

- Exploring the grey area (would be useful in a training to be able to have numbers)
- Self-assessment for the questions about how much mental health issues may affect involvement in activities in prison and social or vocational inclusion on release

9: 'In general, I am satisfied with this institution'

- One partner suggested to ask this, since this was also asked in other research studies
- Some partners were concerned about inmates feeling offended by this question, we placed it at the end, so it won't affect the motivation

D. Pre-test in Bremen Prison

Objectives and Planning

Given the potential barriers flagged extensively in our literature review, and as the lead partner in this IO, Bremen Ministry of Justice planned a pre-test for a class of 10 inmates. This was facilitated by the Bremen Prison School, who allowed us to attend school during an integration course preparing for German Level A2, considered representative since currently more than half of Bremen's prisoners use German as a non-native or second language. Our researchers planned that:

- Respondents should complete the questionnaires by themselves
- Each should have a highlighter, so they could mark words they did not understand
- 20 minutes was allocated for the questionnaire
- Time was allocated afterwards to discuss the pre-test questions and to allow for comment. Review questions were drafted in advance (see Annex 3)
- Assistance would only be given if a participant encountered issues which prevented him from answering the questions.

Pre-Test and subsequent changes to the questionnaire

On the day allocated for executing the test, one inmate was sick, and one had just been deported so that the test was undertaken on 8 participants. Despite the questionnaire having been designed to an A2 standard of German, it was immediately clear that most of them could not understand the questions. After some discussion, individual support was offered by researchers in understanding words and phrases. These were then noted and highlighted. The first participant completed the questionnaire in 20 minutes, the last in 45 minutes, so that the average completion

time was 30 minutes, 10 minutes more than anticipated. Once all participants had finished, the planned review questions were asked, and the following comments collected:

- *Conceptual wording* standardly-employed phrases such as ‘mental health issue’ or ‘mental health support’ were not understood.
- *Phrasing and formatting* needed attention (use of subjunctive was problematic, sentences were too long and the sense of what was being asked was not immediately accessible)
- *Transferability between different prison realities* whilst there were no problems participants refused to answer, but were confused by specific contexts (such as, in Bremen Prison if you go to school you are paid a nominal ‘wage’, does this then count as ‘having a job’?)
- *Questionnaire design* could be improved, giving more space for the open questions and reducing the ‘difficult to differentiate’ Likert scale questions to ‘yes’ and ‘no’ answers. Comparing our experience to that of the literature of response effects, one could conclude that our respondents tried to avoid extensive reading and put effort in the questions.

This brought us to the end of our review questions, but – as they became more familiar with the topic and the aims of AWARE - participants offered further comment in a more open session, which gave further insight into what we should ask and why. These were that:

- The prison environment is a major stressor which could be better covered in the questionnaire. Old, dirty and noisy cells impact on, for example, sleeping problems
- Waiting times for appointments with psychologists and social workers are too long
- The issue of high telephone costs was stressed as a major issue in losing contact with people on the outside

Following this feedback, we decided to make the following changes to the assessment-tool:

- To avoid confusion, we collated work and school as ‘activities’
- We added a statement about telephone costs to the question regarding ‘contact to the world outside’ (see above no. 2)
- The question ,3: Perceived Support’ above was deleted in order to reduce time taken to complete the questionnaire. The question about addiction problems was placed with the ‘day-to-day’ concerns (referred to as question no. 8 above).
- Questions 4: ‘Do you think people here in prison care about your wellbeing?’ and 7: ‘Do you think prisoners requesting mental health services are taken seriously?’ above are now combined in order to reduce response time. This also helps us compare the answers.
- **Within this question** we also consider what the test-group stated as their concerns. To the question why respondents think prison staff cares about their wellbeing, we present now closed options. This includes being taken seriously when having MH issues and having access to MH services (former question no. 7), as well as being taken seriously with physical health issues and having access to doctors and access to social workers. In the end we leave the option of ‘other’ in case we are missing something that affects if respondents perceive they are cared about or not.

We have added to the questions about day-to-day (no. 8 above) concerns a statement considering sleeping problems because the cell is too noisy.

E. Data Collection Techniques

The difference statuses of AWARE organizations in national contexts, on the one hand, and the nature of penitentiary life on the other meant that great care was taken in the design and methodology of this study to ensure equivalent sampling procedures and questionnaires, in order to enhance the comparability of the results: AWARE partners and leaders on this IO are experienced researchers in the criminal justice context, and as such also acknowledged that a completely unified approach may not be feasible in the context of this pan-European research. Where compromises were made, partners have agreed to preserve the integrity of this study by documenting these wherever we discuss the analysis of our results.

The following data collection techniques are expected to be used:

- The survey should be given out at a time which allowed participants the free time to think about and complete it (such as during social time or just before being closed in for the day)
- One AWARE researcher should – if allowed by the justice authorities – be present to hand out the questionnaire and during completion, to answer any questions and to reassure participants
- Care would be taken to show that the anonymous responses would not be used against participants. In most collections, a locked box was put in a public place on the station.

F. Analysis of Data

A. Introduction to the aims of the data analysis

This section of the report of AWARE's IO3 work stream gives descriptive statistics to highlight basic features of the data in our study, where relevant relating these back to the data preparation phase described above.

After the data collection in the 5 partner countries and before the actual data analysis (descriptive statistics and cross tabulation procedures), partners coded the received questionnaires. That is, each responsible partner, per country, transcribed the answers from the paper questionnaires to an Excel spreadsheet that was shared by the Output leader, based on a coding scheme that allow answers to be transformer to quantitative data (e.g, yes and no answers were coded as ones and zeros, respectively). After that coding phase, Bremen Ministry of Justice and UBI/BSAFE Lab teams checked the data for completion and accuracy and made minor adjustments, going back to the responsible partners when any doubts arise. Data was then pasted into IBM Statistics SPSS database, in order to be properly analysed. Considering the kind of data that was collected, as well as the current IO and project's goals, descriptive statistics were done as well as cross tabulation, that allow us to cross two variables.

Here we present what the data shows, and in further Intellectual Outputs we will use these descriptive statistics to infer more general conclusions from our sample data. The aim of these inferential statistics is to support Intellectual Output 4 (Training Course in Basic Mental Health Awareness), and AWARE partners will agree precisely which inferences about the national and aggregated prison population are required to support the mental health first aid training programme we are developing. In addition, some of these descriptive statistics will be pulled together into themed, easy-access infographics, for use in the Communities of Practice that are now heavily populated with our target audience. The aim with these infographics is to simplify and summarise the large amount of data we have, and to create compelling, easily-shareable narratives for our CoP audiences. Some examples of these are in this report, but building these will continue for the length of the AWARE project.

B. Data analysis of IO3 Survey Tool

The following results are presented as aggregated across responses from all five partner countries. Each partner also has access to – and will utilise – data exclusively from their country.

On total, 546 questionnaires were collected, with 139 being collected in Portuguese Prisons, 111 in Bremen Prison, 100 in Romanian Prisons, 108 in Greek Prisons and 88 in Bulgarian prisons.

Non-representative sample

The low number of responses from prisoners collected in this study and the limited geographical coverage both underline the fact that this study was not designed to deliver a representative sample of AWARE partner countries' prison populations or criminal justice mental health support structure. Therefore, we cannot confidently generalise our findings to national or European prison populations. To make sure that no false conclusions are drawn about the scientific validity of this data, each time it is reprinted by partners, it will be accompanied by the following caveat:

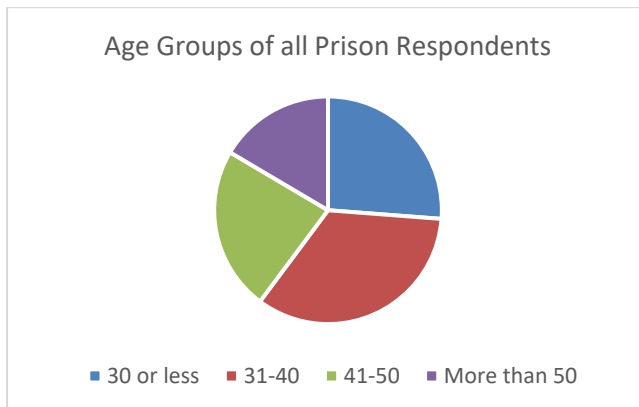
At 100 responses per partner country, the sample in this AWARE study is too small to draw conclusions about that country's prison population or mental health support structure. Instead, this data should be viewed in the context of its purpose, to inform the development of a prison mental health-training tool in a field where the user voice is under-represented. For more information visit www.aware-project.org

Personal Characteristics

To ensure the anonymity of our respondents we created groups for certain sociodemographic characteristics of our sample. This way no person can be identified by age, nationality or by their sentence length.

After having created the age-groups our sample consists of 27% respondents being 30 years or less, 35% ranging between the age of 31-40, 24% between 41 and 50 years old and 17% being older than 50 years.

Figure 1 Age Groups of All Prison Respondents



In terms of nationalities 22% of our sample have the Portuguese nationality, 19% have a Romanian nationality, 16% Bulgarian, 13% German, 8% Greek, 7% Albanian and 2% Turkish and 11% summed up as 'other' nationalities.

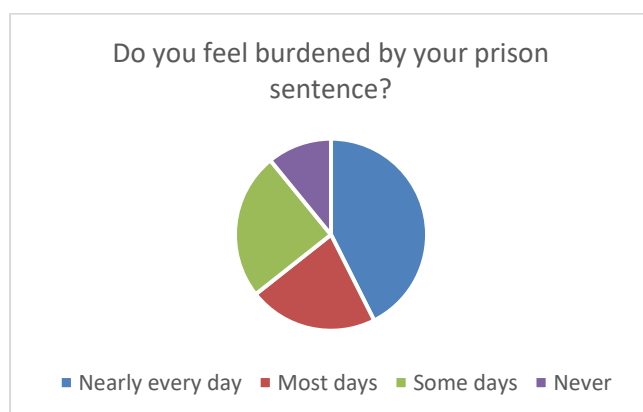
Following are some questions linked to the respondent's biography. These questions can function as control variables for further analysis, since they are related to social and vocational inclusion. In terms of social (re)integration especially family plays a major part. So, we have asked about whether the respondents have children and with 64% of the respondents the majority does. Also, we have asked about having a partner (considering that modern family-models do not necessarily require marriage) within the sample we have conducted, 61% state they have a partner.

Crucial factors for vocational reintegration are education and work-experience. 50% of our respondents have not finished school, which presents a barrier to vocational (re)integration. Still 78% stated they did have a job before they were incarcerated, this presents an opportunity for vocational reintegration. Of the respondents 81% are registered in some kind of in-prison activity such as work, school, training or leisure activities. This is interesting as we will see later with the open questions, since lack of work or training opportunities are often stated as major problems by the respondents. Literature review suggests that the ability of being able to cope with prison is linked to the sentence length and the time already spent in prison. Of our respondents 44% had a sentence length of 48 months or less. 56% had a sentence of more than 48 months. 57% have served two years of their sentence or less and 43% are incarcerated for more than two years.

For the majority of respondents, it was their first time in prison (57%). 31% have been to prison two to three times. 8% have been in prison four to six times and 4% more than six times. Another question related to coping with prison is whether respondents think their sentence is fair. In our sample, 61% of the offenders do not think their sentence is fair. These can be useful control variables for questions about coping with prison.

To check how the respondents of our sample cope with prison we asked how much they feel burdened by their current sentence. Of our respondents 43% say, their sentence burdens them nearly every day. 22% are burdened by their sentences most days, 25% at some days and 11% said their sentence doesn't burden them at all. So, a great majority of our sample is more or less burdened by their sentence.

Figure 2 Do prison respondents feel burdened by their prison sentence?

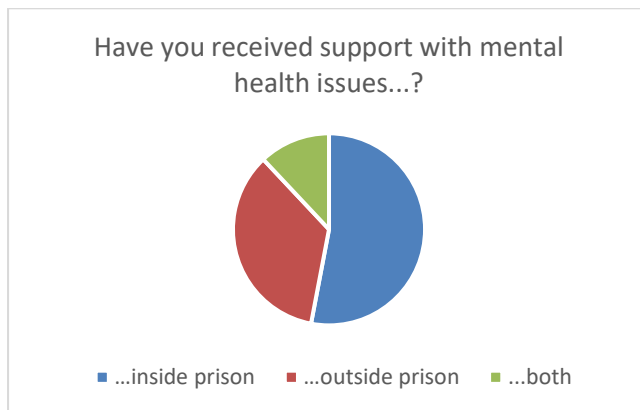


81% of our sample shares their cell with other inmates. We will be able to know for sure after disaggregating our data by country, but the respondents that don't share a cell will most likely be from Bremen since prisoners usually don't share cells. 71% say this situation doesn't bother them, 29% state it does.

Experience with mental health related services

We have asked a number of questions to assess the experience with MH-services, whether it was perceived helpful or not and why. Half of the respondents (50%) received some kind of MH support. 39% of the respondents received individual support, 27% visited group sessions, and 17% stated they've been in substance misuse therapy. About half (53%) said they received help inside prison, 35% outside prison and 12% both inside and outside.

Figure 3 Whether prison respondents have received support with mental health issues inside/ outside of prison



Of the respondents 13% say, they are currently in therapy. About every fifth respondent (22%) states he did ask for professional help but didn't receive it. 15% say they were recommended for professional help but didn't want to receive it. Overall 81% of the respondents would consider themselves as healthy.

When asked whether they perceived the mental health support as helpful, two third of the respondents state they did. When stating why respondents perceive MH service as useful, the most popular answer relates to self-reflection, followed closely by statements related to help with addiction and empowerment. Respondents also state all over the countries that it is helpful to have someone to talk to and/or being listened to, as well as having new insights through the conversations. Also, improvement of self-control is viewed as helpful. Further respondents consider mental health support helpful for 'working on problems', 'medication', 'cope with prison' and 'health'.

'I would say it is one of those few moments in which we are treated as people and I liked to open myself a bit, because of the professional and so on.'

Some respondents highlight the difference between inside and outside and that prison cannot offer proper treatment compared to MH services outside.

'I detoxed from Morphine, opiates and medicine. Outside prison I had help from psychologists and doctors and supported by my family. It's different here. You just get locked up and treated badly.'

Most respondents that didn't perceive MH services as helpful state that the help was not adequate. This is mostly linked to problems not being solved, but also some offenders link inadequate help to lack of staff and time. Long waiting periods are also viewed as not helpful. Some say it was not helpful because they didn't need any help. Further, some mentioned the lack of practical help. Negative consequences were also mentioned.

‘Since my entry (...) months ago, they only suggested me if I would like to have psychological support, which I accepted, however, I was never called to receive that support.’

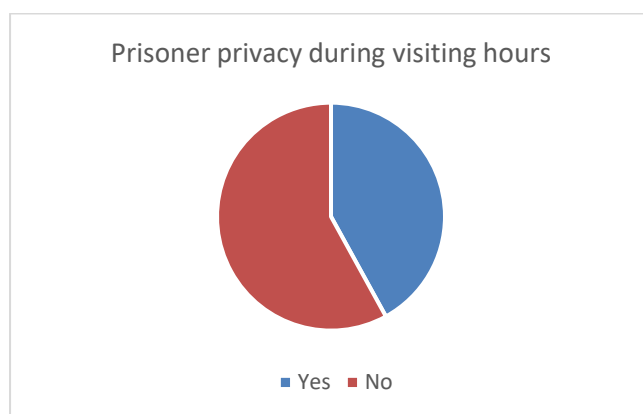
Key information we can draw from these IO3 results further AWARE activities

- Every fifth respondent states having requested mental health support and not received it
- For our sample, prison plays a major part in providing mental health support
- The statements explaining why mental health services were perceived as helpful or not are excellent training material. They will help to evaluate what is working well and where improvements are required.

Contact to the world outside

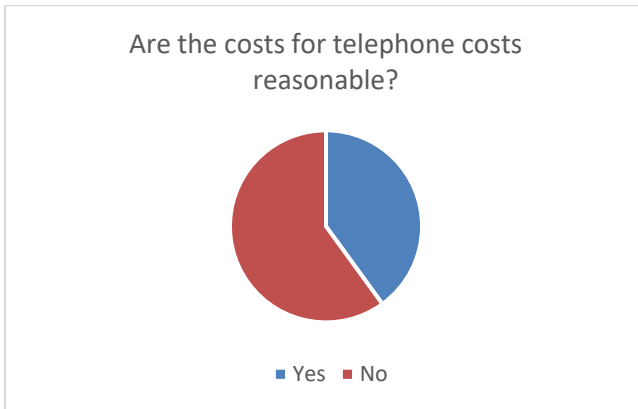
To reach the aim of reintegration, keeping contact to the world outside is vital. Social support plays a key role and therefore we have asked how inmates perceive prison makes it possible to keep contact to the world outside. 80% state prison makes it possible to maintain contact with their lawyer. The majority thinks there are enough opportunities to maintain contact with families and friends, but still, more than a third of the respondents (37%) do not. The majority (58%) doesn't feel like having enough privacy during visiting hours.

Figure 4 Prisoner privacy during visiting hours



A slight majority of respondents (58%) feel they have enough privacy during their telephone conversations, but almost half (42%) don't feel that way. Two third (67%) agree there are enough opportunities to make telephone calls, still a third of the respondents don't think so. 60% of the respondents think the costs for telephone calls are too high.

Figure 5 Perception of reasonable costs to telephone from prison

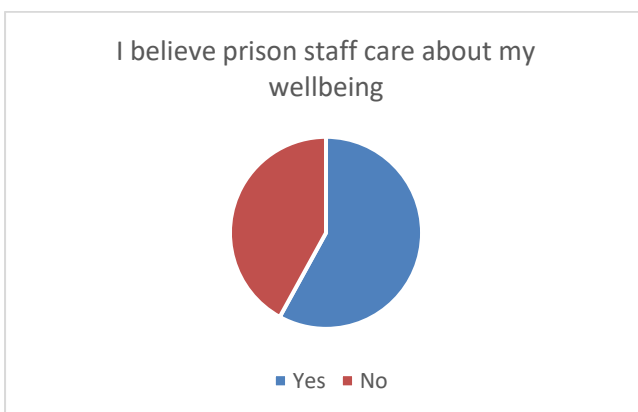


→ These mixed results are interesting material for the training we will develop. Improvements in this area of maintaining contacts to the world outside could help not only in terms of reintegration but also to cope with being in prison.

Mental and physical wellbeing

Following our aim to include the service user voice and assessing their needs, we have been asking whether inmates perceive prison staff cares about their wellbeing. Feedback from the pre-test was considered in these questions. To be able to draw conclusions related to improvement of mental health support, we split the question into wellbeing in general and in terms of mental and physical wellbeing. At the end we left space in case respondents have other reasons they think prison staff cares about their wellbeing. A slight majority (58%) said they do feel like that their wellbeing is cared about, but at the same time many respondents (42%) don't.

Figure 6 Perception that prison staff care about respondents' wellbeing



In terms of physical wellbeing most respondents (64%) state they are taken seriously when they have physical problems and can visit a doctor in reasonable time on their own request (63%). Still about a third of the respondents thinks they are not taken seriously and their needs are not met.

In terms of mental issues, there is a slight majority (58%) saying they are taken seriously and being listened to if they have negative feelings, but many respondents don't feel that way. Nevertheless, about two third of the respondents (65%) say they can visit a psychologist or counselling group in a reasonable time on their own request. 72% state they can visit a social worker in reasonable time on their own request.

53 respondents made use of the opportunity to define other reasons. Some of them did so to stress their request are met as needed:

'Whatever I need, I can tell them'

A repeating critique, no matter if respondents feel cared about or not, are issues with bureaucratic procedures and long waiting periods. Some complain about request disappearing or not being met.

'You ask that to the prison officer! Plus, you have to file a request for everything and this takes very long.'

'Many are ok. There's lots of melee with the foreigner's department.'

Regarding the role of the staff some say it always depends on the person, but there are also contradictory views. Where some state they care for needs and problems, others say they don't 'really' care or don't have enough time.

'They respond positively to any problem that arises.'

'In prison, they care about support and if the inmate has all requirement for a leave on parole, but when the sentence is over they couldn't care less if (the inmate) has where to eat or sleep a job is really hard to find because he is a former inmate and society still has a lot of stigma.'

A lack of support is another issue stated. This includes keeping social contacts, as well as a lack of opportunities for work/training that could help with reintegration.

'It is really important to stay in contact with family (both psychological and emotionally) but here they don't have this support.'

'There are few work opportunities.'

What information can we draw from these results?

→ The majority of respondents feel their physical and mental health needs are met, but in terms of physical issues it's still a third and in terms of mental issues almost half of the respondents that do not feel taken seriously.

→ Most respondents think waiting times in order to receive physical and mental support are reasonable, but still a third of the respondents disagree. Making the process of requests more transparent for the inmates might help.

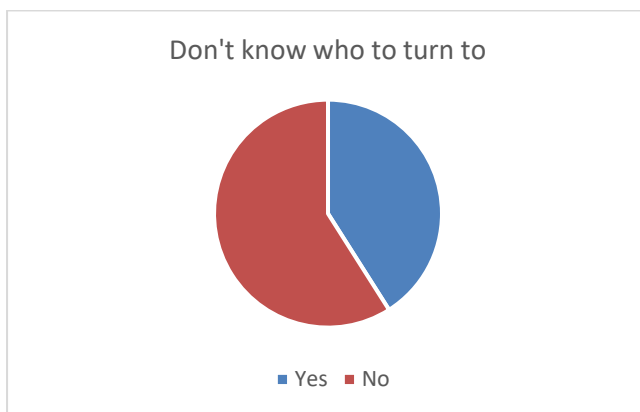
→ Statements of respondents explaining why they feel they are cared about or not can be excellent training material to support evaluating what is working well and where improvements are required.

For the use within the framework of our training it will be very interesting to compare whether inmates and staff have the same perception, since we have asked the same question to staff.

Formal and informal sources of support

If we want to improve mental health support for prisoners, we should know who they would turn to if they are feeling depressed. Do they know at all who to turn to? Do they rely more on formal sources or informal sources? Within our sample 68% said they would keep it to themselves. But if they would want support, many respondents (41%) said they wouldn't know who to turn to.

Figure 7 Whether prison respondents know who to turn to for mental health support



They appear to be relying more on informal than formal sources: A large majority (85%) said they would turn to their families/partner, 55% said they would be turning to friends outside and 46% would talk to cellmates/other inmates. In terms of formal help, they are more likely to talk to technical staff. Half of the respondents stated they would turn to a psychologist or counselling group (51%), to medical staff (48%) and to social workers (48%). About two third don't think it's very likely they would turn to a prison officer if they have mental issues (65%), but still a third of the respondents would turn to them. Also, a third of the respondents would be talking about their issues with their substance misuse worker (35%) and would turn to religious counselling (37%) and 23% would turn to volunteers.

Some implication these results suggest would be:

- Strengthening and support of informal relationships, which refers to the questions about the contact to the world outside.
- Ensuring access to technical staff.
- Improving relationships between prisoners and prison officers, since they are spending most time with the prisoner, they should be the first contact person.

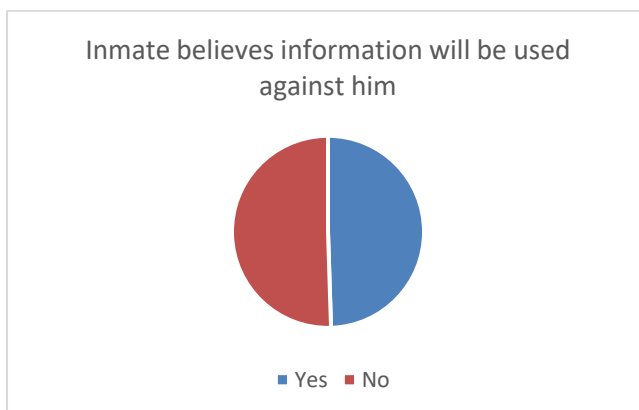
It will be revealing for our training to compare these results with the mirrored question in intellectual output two, where the same question was asked to staff. Does the perception of staff match the responses of the prisoners? E.g. is staff aware that a large number of inmates does not know who to turn to if they need help?

Barriers to mental health services

As previous research in this area suggests there can be various barriers that prevent prisoners from accepting mental health related support (Morgan et al. 2004/2007). If we are aware of that barriers, we can work on changing the attitude towards the use of mental health services.

In our sample, more than half of the respondents (55%) stated they think people should deal with their own problems. About half of the respondents (49%) are afraid that the information they give when using mental health services will be used against them and 40% of the respondents are afraid about the lack of confidentiality.

Figure 8 Perception that mental health information will be used against prisoner



About a third of the respondents stated they would be afraid to appear weak if they would seek professional help, but to the majority of respondents this does not present a barrier. Being seen as snitch if one receives professional help is also a potential barrier (Morgan et al. 2004/2007). In our sample the majority of respondents (78%) did not see that as a problem. Still 28% believe that therapy is only for crazy people.

What information can we draw from these results?

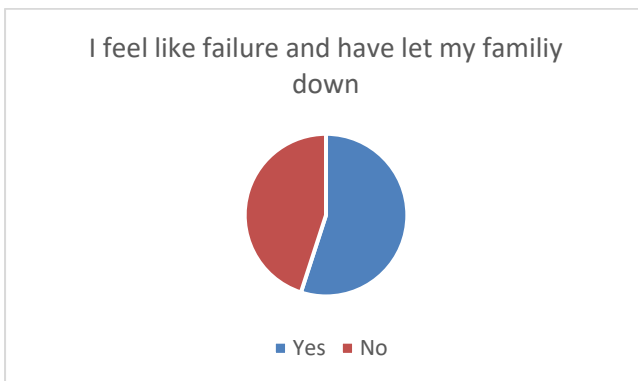
- Within our sample, the attitudes towards the use of mental health services are mixed but not per se negative.
- Further information about mental health issues and ways of support could further reduce negative attitudes and trust issues.
- In line with the responses from the previous question 85% would prefer to talk to family/friends. It also highlights the importance of supporting social contacts, which leads back to the questions about the contact to the world outside.

Prevalent issues and their impact on social and vocational inclusion

In the end we did ask about their day-to-day concerns, the questions were inspired by the ICD-10 scale. The ICD-10 Classification of Mental and Behavioural Disorders

Clinical is a tool developed and deployed by the World Health Organisation, detailing current descriptions of and diagnostic guidelines for mental disorders. More than half the respondents feel like a failure and like they have let their families down (55%).

Figure 9 Prisoners' perception that he has failed and let his family down



Almost half (46%) feel tired and have no energy. Half of the respondents (51%) stated they have trouble sleeping because they are upset, another third (37%) have trouble sleeping because it is too noisy in their cell. Also, a third (37%) state they feel sad and hopeless, have little interest in doing things (36%) and have trouble controlling their anger (32%). A quarter (26%) has problems with prison staff and/or other inmates (27%). Every fifth has addiction problems (20%). Every tenth respondent (11%) has thoughts about harming himself.

The majority doesn't feel their mental condition keeps them from engaging in activities inside prison (84%) or will stop them from work or training after release. 61% state they are satisfied with the institution in general.

What information can we draw from these results?

→ There are various prevalent issues that concern the inmates, interestingly they do not feel this stopping them from engaging into activities inside prison, neither will it stop them from working after release.

For the use in our training, data will be disaggregated by country and by other sociodemographic or bibliographic attributes. E.g. if you disaggregate the satisfaction with the institution by number of sentences, those who are first timers are most likely to be satisfied, the more often they have been to prison, the more dissatisfied they are.

Figure 10a and 10b Showing differences in data aggregated and disaggregated by AWARE partner country

10a Aggregated data to question 'In general, I am satisfied with this institution'

		In general, I am satisfied with this institution		Total
		No	Yes	
How many times have you been in prison before?	First Time In Prison	102 (36%)	180 (64%)	282
	2 - 3 times	63 (41%)	91 (59%)	154
	4 - 6 times	18 (47%)	20 (53%)	38
	More than 6 times	9 (47%)	10 (53%)	19
Total		192	301	493

10b Disaggregated data for the same question, by AWARE partner country, showing country variance

		In general, I am satisfied with this institution		Total
		No	Yes	
Country where data was collected	Portugal	67 (49%)	70 (51%)	137
	Germany	58 (57%)	43 (43%)	101
	Romania	21 (23%)	69 (77%)	90
	Greece	28 (27%)	75 (73%)	103
	Bulgaria	25 (31%)	55 (69%)	80
Total		199	312	511

INFOGRAPHICS

As detailed in this report, the aim of this research is to inform IO4's training manual on mental health awareness for justice professionals, and to allow us to build awareness by disseminating original results. Infographics are a particularly engaging way for us to do the latter, and here we present the first four infographics, designed to run alongside the four agreed modules of our training course:

Module 1: There's not really a mental health problem in criminal justice, is there?

Module 2: What could/ should I do as a non-qualified professional or volunteer in prison?

Module 3: What resources do I have to support me?

Module 4: Mental health as a primary key to (re)integration

Where we will use the infographics

- We will use this infographic method to develop by-country reports on specific themes, and to bring out any stark and noteworthy differences between countries.
- We will develop specific infographics for target groups, such as thematically grouped around probation for an article in the Confederation of European Probation Services (CEP) bulletin, or on adult education for an EPALE blog
- We will produce a tailored infographic for those prisons where we are allowed to publish something for prisoners or can put an article in the prison magazine.
- We will use and re-use infographics in both our LinkedIn and Facebook communities of practice.

AWARE

WHAT CAN I DO TO SUPPORT (EX)-PRISONERS WITH MENTAL HEALTH NEEDS?

BE AWARE!

DO PRISONERS PERCEIVE STAFF CARE ABOUT THEIR WELLBEING?



42% YES
58% NO

41% DON'T KNOW WHO TO TURN TO IF THEY ARE SAD OR DEPRESSED

EVERY 5TH INMATE SAYS HE ASKED FOR MENTAL HEALTH SUPPORT BUT DIDN'T RECEIVE IT

1/3 FEEL NOT TAKEN SERIOUSLY IF THEY HAVE A MENTAL ISSUE


THE AIM OF THE AWARE-PROJECT IS TO PROVIDE FREE TRAINING AND AWARENESS-RAISING RESOURCES FOR ANYONE TO USE

FOR FURTHER INFORMATION PLEASE VISIT: [HTTP://WWW.AWARE-PROJECT.ORG/](http://www.aware-project.org/)

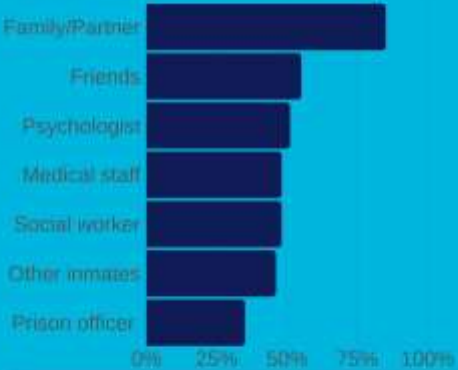
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AWARE

FAMILY AND FRIENDS ARE KEY TO MENTAL HEALTH SUPPORT OF (EX-)PRISONERS



WHO WOULD PRISONERS TURN TO IF THEY HAD A MENTAL HEALTH ISSUE?



75%
55%
50%
50%
50%
50%
35%

0% 25% 50% 75% 100%

1/3 FEEL THERE ARE NOT ENOUGH OPPORTUNITIES TO MAINTAIN CONTACT WITH FAMILY AND FRIENDS

THE AIM OF THE AWARE-PROJECT IS TO PROVIDE FREE TRAINING AND AWARENESS-RAISING RESOURCES FOR ANYONE TO USE

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LIST OF ANNEXES

Annex 1: Literature review matrix

Annex 2: Final questionnaire in English, Romanian, Portuguese, Bulgarian, Greek and German and informed consent

Annex 3: AWARE IO3 Assessment tool pre-test questions

Annex 1: Research Matrix MATRIX

Annex 2: IO3 Questionnaires in each partner language QUESTIONNAIRES

Annex 3: AWARE IO3 assessment-tool pre-test questions draft

(To be asked after respondents filled in the questionnaire)

1. Is the questionnaire clearly arranged?
2. Was the length of the questionnaire acceptable?
3. Did you get bored while filling out the questionnaire?
4. Is the language used understandable?
5. Were there any questions you didn't understand/didn't know how to answer?
6. Were there particular words you didn't understand?
7. Were there any questions you didn't want to answer?
8. Is there enough space to answer the open questions?
9. *(For yes/no questions)* Would you have liked to be able to differentiate your answers more than in yes and no?
10. *(For Likert questions)* Can you differentiate between totally 'disagree and disagree' /between 'very likely' and 'somewhat likely'?
11. Do you have any other comment on the questionnaire?