Doctoral Thesis

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The "Sub-Culture" Created Through Austere Measures: Understanding the Cycle to Break It

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Doctorate in Clinical Psychology

Division of Health Research

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Word Count

	Text	Tables, figures, and references	Appendices	Total
Abstracts		---	---	
Thesis	295			295
Literature Review	200			200
Research Paper	167			167
Literature review	6746	3831	3735	14,312
Research paper	7593	2796	4435	14,824
Critical appraisal	3910	985	---	4895
Ethics section	4947	---	9680	14,627
Total	23,858	7612	17,850	**49,320**

Thesis Abstract

Mental health (MH) difficulties are prevalent within the prison population, with literature highlighting the rates of anxiety, depression, post-traumatic stress symptoms, amongst other MH presentations, being higher than the general population. Furthermore, self-harming behaviours, suicidal ideation and dying by suicide are also more commonly reported within the prison population. As such, the importance of gaining a greater understanding of these MH needs is highlighted, informing interventions within prison environments, as well as exploring the wellbeing and MH of individuals leaving prison and reintegrating back into society. This these includes three sections: literature review, research paper and a critical appraisal.

The literature review qualitatively reviews nine studies exploring MH interventions within prison environments and the experiences of those accessing hem. Through thematic analysis, the results identified five major themes: loneliness and the value of peer support; barriers to accessing such interventions; the benefits of a space to reflect and develop coping strategies; interventions offering hope and 'normality' for the future; and a shift in attitudes towards MH as a result of effective interventions. The importance of promoting empowerment and feelings of value was evident. Limitations are highlighted around resources, capacity and staff wellbeing. Recommendations for clinical practice and ongoing research are made.

The research paper explores the experiences of eight prison leavers accessing the benefits system, gaining an understanding of the impact upon their MH. Through phenomenologically-informed thematic analysis, three major themes were identified: outsiders; systemic barriers; support to cope. The importance of these findings and the role of clinical psychologists within this field is highlighted.

The critical appraisal presents the overall findings of the thesis, with the rationale and motivations for the research. Areas of reflection made throughout the process are presented, detailing the issues that arose and how any difficulties were considered and overcome.

“It is not enough to be compassionate. You must act”

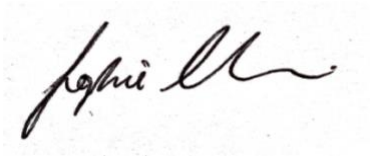
Dalai Lama

Declaration

This thesis records research activity carried out between July 2019 and June 2020 for the Doctorate in Clinical Psychology at Lancaster University. The work presented in this thesis is my own except where reference to other authors is made. This work has not been submitted for any other academic award.

Name: Sophie Harrison

Date: 26th June 2020

Signature: 

Acknowledgements

I would like to thank all the individuals who offered their time to share their thoughts, feelings and experiences with me, including those I spoke with who were keen to take part, but were unable to due to unexpected circumstances affecting their situations. Each one of you has provided hugely valuable accounts of your experiences, offering honesty and insight into what are so often, very difficult and emotive personal situations.

I would like to thank Pete Greasley and Gemma Hurst for supporting me throughout this research and helping me to navigate the thesis process. A specific thank you is dedicated to organisations across areas of the country: Inside Connections, Reform Radio, Women in Prison, Tomorrow's Women, ROC Conversation, Blue Bag Life, The Timpson Group, Psychologists for Social Change, The Clink Café, MO:DEL, Prison Radio Manchester and MALS Merseyside. Your work is endlessly valuable. I have so much admiration for what you do and hope I can take much of your philosophy into my own career. In particular, I would like to thank Carly Bond and Rachel Roger for their time and effort in supporting and sharing my research, and for playing a big part in supporting my recruitment.

Thank you to all of my friends, near and far, for their never-ending patience, interest and motivation. I'm sorry it's felt like decades. I promise this is the last one…. (for now). I am especially grateful to Jake, Mum and Dad (and Murphy and Archie). The hours of patiently listening, reading, dog walking, supporting and talking have not gone unnoticed.

Jake thank you for keeping me well-fed, well-watered and importantly - calm, especially through these last few months. Your pride continuously motivates me. And to Fazi – you've been a good friend.

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Section One: Literature Review

Section Two: Research Paper

Section One: Systematic Literature Review (SLR):

Prisoners' experiences of mental health and mental health care and support in prisons: A thematic analysis.

Word count (excluding title page, abstract, tables and references): 6,746

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Abstract

Introduction: Mental health (MH) difficulties are prevalent among the prison population, with rates of suicidal ideation and dying by suicide reported to be ten times higher than the general population. The importance of reviewing the experiences of MH interventions is highlighted;

Aim: Review the existing literature to understand the experiences of accessing prison MH interventions and the subsequent effect on release;

Method: Five scientific databases were searched, producing 3,223 articles. Nine articles were included for thematic analysis;

Results: The results further support the prevalence of MH difficulties within prisons. Commonalities across factors contributing to MH difficulties within a prison environment are presented: loneliness, external pressures and worries, and attitudes towards MH;

Discussion: Where interventions offered peer support and a sense of normality, they were perceived as effective. Where skills were offered to promote hope and future planning, this enabled autonomy and empowerment, as well as feeling valued. The limitations around resources and staff capacity were highlighted as negatively impacting upon MH whilst in prison;

Implications for Practice: Group-based interventions with a focus on autonomy and empowerment, are valued by prisoners. Psychological support for staff could help manage reduced resources, limited capacity and staff burnout, impacting upon the MH of all.

Keywords: prison, custody, mental health, interventions, staff burnout,

Introduction

There were 82,732 individuals in custody in England and Wales in 2019, consisting of 79,046 males and 3,686 females (Howard League, 2020). Research has explored the mental health (MH) and wellbeing of prison populations, identifying rates of depression, psychotic illness, post-traumatic stress symptoms and anxiety as significantly higher than the general population (Baier, Fritsch, Ignatyev, Priebe & Mundt, 2016; Hawton, Linsell, Adeniji, Sariaslan & Fazel, 2014; Yoon, Slade & Fazel, 2017).

Death by suicide is considerably higher within the prison population compared with the general population, reported to be ten times higher (Durcan & Zwemstra, 2014), with risk increasing within the first week of imprisonment (Fazel, Hayes, Bartella, Clerici & Trestman, 2016; Ministry of Justice, 2018). The Prison Reform Trust (2019) and National Audit Office (2017) reported that 'self-inflicted' deaths almost doubled from 2012 to 2016 (0.7 per 1000 prisoners to 1.4 per 1000), with 'self-inflicted' deaths currently 8.6 times more likely in prison than in the general population. They identified that 70% of individuals dying by suicide[1] in prison between 2012 and 2014 had MH difficulties; 12% of prisoners were experiencing symptoms of depression (compared to 4% of the general population; Fazel & Seewald, 2012) with 40% of prisons found from inspections as having insufficient or no training for MH support and referrals (Prison Reform Trust, 2019). Research has identified MH difficulties and individual factors contributing to self-harm behaviours and suicidal ideation including depression, low self-

[1] Language for dying in relation to suicide was considered carefully when being discussed in the current literature review. Remaining aware of the potential to create distress and perpetuate stigma around suicide through language, the terminology was chosen in accordance with current research. Padmanathan et al. (2019) evidenced 'dying by suicide' as acceptable terminology when describing 'fatal suicidal behaviour', chosen by participants with experiences of being affected by suicide.

esteem, post-traumatic stress symptoms, heightened anxiety and presentations of personality disorder, amongst other MH conditions and symptomology (Baier et al., 2016; Marzano, Hawton, Rivlin & Fazel, 2011; Pratt et al., 2015). The Centre for Social Justice (2010) highlighted that one in five individuals in prison diagnosed with MH difficulties did not receive any MH support whilst in custody. It is further suggested that individuals in prison are less able to manage MH difficulties due to their day-to-day activities being fully controlled by the prison environment, further intensified by under-resourced prison staffing, deteriorating environments and limited MH support and services (House of Commons, 2017).

'Rethink Mental Illness', a MH charity support service, highlight the experiences of individuals entering prison, with many reporting anger, shame and anxiety (Rethink Mental Illness, 2017). Within custody, Gonzalez and Connell (2014) highlight barriers to accessing MH treatment, identifying under-resourced staffing in prisons[2], limitations in MH staff-training, movement between prisons, inconsistent MH screening methods, and non-acknowledgement of certain MH symptoms including lacking motivation and low mood due to expectations for individuals in prison. In addition to this, Kays, Hurley and Taber (2012) highlight how certain MH symptoms are dynamic. MH conditions such as depression, post-traumatic stress disorder (PTSD) and anxiety are individual and changeable, therefore not always noted on arrival into custody, thus undetected. 'Anger' is not considered a diagnosable MH condition but is often an indicator of underlying MH difficulties (Taylor, Novaco, Gillmer & Thorne, 2002). Similarly,

[2] The Institute for Government (2019), an independent research body, highlight that prison staffing has decreased by 10% from 2009 to 2019, with no reduction in prison population, whilst also indicating that overall needs of the prison population have grown and amplified (e.g. older prisoners, greater MH needs with rates of depression, anxiety, psychosis, amongst others, prevalence of drugs, weapons and overcrowding).

guilt and shame are often experienced as part of depression (Webb, Heisler, Call, Chickering & Colburn, 2007). As such, emotions such as anger, shame and guilt can be overlooked when considering MH needs, further contributing to barriers to accessing support. These, and other commonly experienced emotions, should be considered as a gateway to distress and MH difficulties, particularly for individuals in custody.

When considering the focus on 'MH difficulties' within this literature review and overall thesis, the terminology is considered from the perspective within clinical psychology, where it is argued that MH difficulties do not require a diagnostic label (Callard, Bracken, David & Sartorius, 2013) and that empowerment of those with MH difficulties is generated instead from social support systems (Callard et al., 2012). MH difficulties within this context include individuals who experience symptoms yet may not have a diagnosis or any labelling and may never receive one. Focusing purely on diagnostic labelling within MH could miss many individuals within the prison system who do not have a specific diagnosis but experience symptoms of anxiety, low mood, heightened stress, and experiences of trauma, all considered MH difficulties. There are many arguments within clinical psychology around the impact of diagnostic labelling (Garand, Lingler, Connor & Dew, 2009; Lam, Salkovskis & Hogg, 2015; Sasson & Morrison, 2017). Some literature has suggested psychiatric diagnoses can disempower individuals and create 'labelling', potentially leading to stigmatisation, impacting upon social status, access to resources and further limiting already vulnerable individuals (Jones, Howard & Thornicroft, 2008), which is considered relevant within this research.

When considering MH difficulties from a psychiatric or forensic psychology perspective, the focus on diagnostic labelling and terminology would likely be more prominent, due to usage of the diagnostic manuals enabling clear communication within the field (Frances, First, Pincus,

Widiger & Davis, 1990; McPherson & Armstrong, 2006). Literature within these fields has focused on diagnoses including psychosis and personality disorders (Fazel & Danesh, 2002). Whilst this is clearly relevant, for the purpose of the current research, such diagnostic labeling would exclude many individuals who also experience differing MH difficulties. A focus purely on diagnostic labels could also detract from understanding the experiences of overall MH support and the impact of the benefits system upon prison release for those without diagnoses, since diagnoses such as psychosis and personality disorder, frequently referred to as 'psychiatric disorders', are often associated with existing specific care and support (Rawlings & Haigh, 2018; Rivlin, Hawton, Marzano & Fazel, 2010).

The varying approaches to MH terminology is acknowledged; however when considering a more social perspective and, therefore, appropriate setting for the origins of this research, it is suggested that the future of psychiatric diagnosis may be within individual experiences, social interactions and understood within a personalised, individual and experiential context (Priebe, Burns & Craig, 2013).

Research has highlighted the prevalence of unresolved MH difficulties continuing with prison leavers as they reintegrate into society. Durcan, Allan and Hamilton (2018) highlight individual wellbeing as critical when considering successful rehabilitation. With over half (54%) of prison leavers being in receipt of out-of-work benefits after release (Ministry of Justice, 2014), the requirement of the benefits system is highlighted in successful societal reintegration and positive wellbeing for prison leavers. Quinn et al. (2018) further evidence the heightened levels of MH difficulties amongst prisoners and prison leavers, with comorbid difficulties often additionally reported (e.g. personality difficulties and substance misuse) and persisting after release, thus adding to the need for MH interventions and community-based support (Thomas et

al., 2016). In response to such evidence, the NHS Five-Year Forward plan (NHS England, 2017) proposed the need to expand liaison schemes across the country and support individuals within the criminal justice system, 90% of whom have MH difficulties, and/or substance or alcohol misuse problems (NHS England, 2016). Such proposals and statistics highlight the potential pressure on NHS MH services within the community.

Literature reviews considering MH within prison and secure environments have tended to focus on its prevalence within prisons and screening programmes assessing MH upon prison entry or during custody. Recent reviews have focused on potential implications for nursing staff in understanding the impact of a custodial environment upon MH and wellbeing, highlighting the need for further understanding around MH support and accessibility (Goomany & Dickinson, 2015). Others have reviewed the efficacy of custodial interventions through quantitative data (Morgan et al., 2012), highlighting the need for review of the qualitative experiences of accessing MH support whilst in custody to better inform policy and practice. This review aims to build on previous reviews where studies reviewed were of 2012 or before and numbers of included studies were limited (Goomany & Dickinson, 2015; Martin, Dorken, Wamboldt & Wootten, 2011; Morgan et al., 2012).

The aim of this review is to synthesise the qualitative literature exploring the experiences of individuals in prison and custodial environments and their experiences of accessing and engaging in MH support whilst in custody. NHS England estimated that 37% of adult healthcare spending in prisons was on MH care and substance abuse support; twice the amount spent on MH care and substance abuse within the NHS budget as a whole (House of Commons, 2017). The experiences and perspectives should thus inform developments and future proposals within MH awareness, understanding and support in custodial settings. Such understanding should offer

implications for supporting individuals when preparing for release and re-entering society, thinking about the prevalence of MH difficulties within prison leavers and the relevance for primary care, health services and clinical psychology.

Method

The reporting and processes included in this review adhere to principles recommended by the Centre for Reviews and Dissemination (CRD, 2009). The Lancaster University Library Academic Liaison Team were consulted for support regarding the search strategy, ensuring all relevant databases were utilised and appropriate search terms were used.

Search Strategy

Five databases were searched on 28th November 2019: PsycINFO, MedLine Complete, The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Ultimate (ASU), and SocINDEX. Reviews focusing on similar areas of interest also utilised ASSIA (Applied Social Sciences Index and Abstracts), however Lancaster University does not have access to ASSIA. The Academic Liaison Team recommended SocINDEX as an appropriate alternative. The Cochrane Library and Prospero register were accessed to identify similar reviews already in publication.

Inclusion/Exclusion Criteria

Search terms were generated using the SPIDER tool[3] (Cooke, Smith & Booth, 2012), demonstrated in Table 1. Table 2 (Appendices) evidences the full systematic search strategy, with search terms. Qualitative methodology was chosen for design and research type with the

[3] A search strategy tool developed for qualitative and mixed-methods research. SPIDER: (Sample, Phenomenon of Interest, Design, Evaluation, Research Type).

requirement of MH to focus on the experiences of individuals within the prison system, reporting MH difficulties and accessing relevant support. Due to limited translation availability, only peer-reviewed studies published in English were included.

Studies focusing on mental healthcare support outside of prisons; community-based projects, psychiatric hospitals and 'outpatients', were excluded to maintain a specific focus on individuals' experiences whilst in custodial settings. Studies focusing on physical health and healthcare whilst in prison were excluded. Results focusing specifically on experiences of substance misuse programmes, gang-focused interventions and experiences of prisoners with a diagnosis of a learning disability were excluded. Previous literature reviews and non-English papers were also excluded.

[Insert Table 1. SPIDER tool here]

Search keywords included: sample terms characterising the focus population group (e.g. prisoners); phenomenon of interest terms specifying the particular area and environment of interest (e.g. MH, prison, jail); the design ensuring only qualitative analysis had been performed; and evaluation terms characterising the focus of the review on MH experience and support (e.g. intervention, treatment). Hand searching of grey literature and citation chaining was conducted through Google Scholar and Science Direct, accessing literature not identified by systematic searching.

When reviewing the literature, titles and abstracts were examined following the inclusion criteria. Where unclear, papers were read in full for clarity. Papers remaining were read in

entirety to identify eligibility. PRISMA guidelines (Moher, Liberati, Tetzlaff & Altman, 2009) were followed (see Figure 1, Appendices).

Study quality assessment

A quality checklist was followed by the lead researcher for each included study, using the Critical Appraisal Skills Programme (CASP; 2018) criteria for qualitative studies (Table 4 Appendices). CASP for qualitative studies is considered appropriate for assessment of methodology quality in qualitative research (Zeng et al., 2015) and considered the most commonly used assessment tool for qualitative studies (Noyes et al., 2018).

Critical appraisal was not utilised to exclude studies, rather, it enabled an opportunity to quality-check studies as literature suggests that removal of lower scoring studies from quality assessments does not ultimately affect the synthesis (Carroll, Booth & Lloyd-Jones, 2012).

Study quality was assessed by the first author and their colleague who was not associated with the review. The colleague was chosen due to their specific interest in MH within prison and custodial settings and their experience with qualitative literature reviews. The ratings for the quality of studies reached were similar; where disagreements were noted, discussions were held to review the full texts and resolve any differences, resulting in the final decisions (shown in Table 4, Appendices). By ascertaining study quality, all included studies could be considered of good quality and the focus of analysis could be spread across all.

Carter and Little (2007) discuss how epistemology influences the researcher's knowledge, which in turn modifies the methodology and approach. It is suggested that the synthesis of qualitative data is defined by a clear epistemological stance, identified by the lead researcher (Estabrooks, Field & Morse, 1994). A "critical realist" stance was assumed for this

review (Bhaskar, 1978; Maxwell, 2012), assuming that what is real cannot be merely simplified to our own knowledge and perception of reality; our epistemology (Fletcher, 2014).

Data analysis

The thematic synthesis method detailed by Thomas and Harden (2008) was used to synthesise findings from the included studies. Thomas and Harden's method (2008) enables the development of line-by-line coding of study findings, according to content, to gain greater understanding across the studies. The coding stage of the synthesis enables comparison of concepts between studies, using the themes identified in the original study findings and adding new codes where necessary. Using the original codes ensured consistency of interpretation, given the lack of access to the original data. Throughout the development of the overall bank of codes, the process of synthesising occurs. Through further interpretation and synthesising, new codes were generated to represent the content of grouped initial codes. Thomas and Harden (2008) describe the third stage as the point at which analytical themes are generated, based on the developed code bank. The initial synthesis which remains close to the studies' original findings, is interpreted and developed into analytical themes – reflecting the focus of this review. This stage is "going beyond" (p.7) the original findings and is considered to be the defining feature of thematic synthesis (Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004).

Results

The process of study identification and selection followed PRISMA guidelines (Moher, Liberati, Tetzlaff & Altman, 2009). This process identified 3223 initial articles. Further articles were identified through handsearching. Figure 1 (appendices) provides a flow chart of the search process, following PRISMA guidelines. After removing duplicates from the initial results, remaining articles were screened based on titles and abstracts, following inclusion criteria. The search strategy resulted in nine studies (S1-9) forming this review, the details of which are provided in Table 3 (appendices).

The nine studies represent the experiences of 202 men and women, aged 18 to 85 years, from areas of the United Kingdom, Australia, the United States, Canada and the Republic of Ireland. Studies did not consistently detail their sampling and recruitment methods, but those that did used purposive or randomised recruitment from anonymous lists. The study sample sizes ranged from five to 65 participants.

Each study included in this review focuses on the experiences of prisoners engaging in mental health support programmes within prison environments. They aim to capture prisoners' experiences and perspectives of MH support, reflecting what they had found beneficial as well as what they perceived was missing. Several studies also captured the reflections of prison staff, in addition to prisoner perspectives (Billington, Longden & Robinson, 2016; Lennox et al., 2019; Magee & Foster, 2011; Perry, Waterman, House & Greenhalgh, 2019), however due to the focus of this literature review, these third-party responses were not included. The studies included varying interventions; 'shared-reading' programmes promoting literature-based support and wellbeing improvement (S1), music therapy groups (S2), wellness workshops following 'prison

health' surveys and information (S3), wellness workshops focusing on MH improvement (S4), 'Critical Time' interventions focusing on future planning to manage stressors and anxiety (S5), 'Listening schemes' promoting peer support and emotional and psychological support (S6), problem-solving training interventions (S7), animal therapy with 'Healing Species' program involving rescue dogs (S8), and agricultural therapy delivered through correctional agriculture programmes (S9). All interventions shared the aims of developing MH awareness whilst in prison, providing support for imprisoned individuals, developing emotional and psychological management skills, some specifically focusing on suicidal ideation and self-harming behaviours, and developing problem-solving and anxiety management skills for working towards the future.

[Insert Table 3. Summary of Study Characteristics here]

Themes

Analysis of the studies resulted in five analytical themes, reflecting the perspectives and experiences of individuals in prison accessing MH support and skills development programmes (see Tables 5-7, Appendices). Figure 2 (appendices) demonstrates the relationships between themes.

[Insert Figure 2. Diagram demonstrating the themes, subthemes and relationships in the thematic analysis here]

Theme 1: Loneliness and the value of peer support

Throughout several of the studies (S2, S3, S4, S5, S6, S8), a theme demonstrating the need for MH support within prison environments was the loneliness and isolation reported by many. Individuals expressed a strong sense of loneliness whilst in prison, being away from family and loved ones, feeling restricted in terms of communication with others (S3). Individuals highlighted the impact that this had upon their MH (S3); for example:

> *S.6: "Being away from the family … that's what gets to you. It's mainly at night times when they shut the door."*
>
> *S.8: "… giving me a sense of normality and a connection to others…reminding us of our childhoods or families".*

Peer support and interaction, gained through MH interventions, was reported throughout numerous studies as imperative. They discussed how hearing others' experiences and how they have managed MH difficulties as 'crucial' and 'enlightening' (S4), for example:

> *S.4: "you'd see a woman like that and never in a million year think that woman had the mental health problems that she had. It was great listening to her story because it makes you stop and think if a woman like who's just full of life…"*

Prisoners discussed the concept of 'vulnerable prisoners' and the value of being included in peer support through MH interventions. Peer support created 'safe atmospheres' for learning (S4) and reduced feelings of judgement and isolation from others (S6), promoting a tolerance for all (S1). Some of the studies highlighted the value of such 'safe atmospheres' and tolerance,

recognising the impact that this can have on MH difficulties, self-harming behaviours and possible suicidal ideation (S6).

Many individuals reported an increase of acceptance, achieved through peer support and interaction, thereby reducing their feelings of loneliness and isolation. This positively impacted upon their MH and wellbeing, with several reports of acceptance, belonging and understanding with those around them. This was illustrated in the following quote:

> *S.6: "I want to speak to someone who I felt was basically in the same boat as me and therefore I felt understood me".*

Theme 2: Barriers.

Five of the studies highlighted barriers, both physical and attitudinal, to accessing MH support and interventions whilst in prison (S3, S4, S6, S7, S8), including challenges presented by the immediate environment, perceived attitudes towards MH and resources. One study following a Physical and MH-Survey intervention for prisoners (S3), focused on wellbeing focus groups, where participants reported resources as limited and attitudes appearing dismissing. Participants described the MH intervention and staff support available to them as 'overworked' (S3), 'rejecting' (S6) and 'abandoning' (S3); this is illustrated, respectively in the following quotes:

> *S.3: "I tried to speak with the counselor on my unit … 'I have too many files and not enough hours in the day. You have fifteen minutes'… how therapeutic is that?"*

S.3: "The population grew but the staff didn't. You try to get help, but they kick you out after fifteen minutes".

Participants commented on the attitudes that they perceived from others around them, including prison staff, suggesting that they felt 'disrespected' (S6) and that some appeared *"almost angry at us" (S6),* negatively impacting upon their motivation to engage in MH interventions. Some participants felt that the discouraging attitudes of staff affected their MH, and therefore created additional barriers to engaging in MH support.

Another important factor impacting upon individuals' abilities to access and engage in MH interventions was feeling a lack of personal control. Participants highlighted that *"this powerlessness has contributed to our high levels of stress and worry" (S3),* discussing the feelings of powerlessness in prison and the lack of access to MH knowledge and education, leaving individuals feeling unable to understand their own MH. Participants suggested that problem solving was not possible within the prison environment, with limited freedoms restricting their ability to make active changes. Participants felt that the limited resources affected their ability to take control of their own wellbeing (S3), further impacting upon their MH.

S.7: "you've got no control over them, the problems don't go away, they just get worse … You don't get out much so your problems are always there. Problem solving implies fixing them"

Others commented on their ability to focus on the MH support that was offered was influenced by additional, potentially unresolved, concerns in their lives *"I've got a lot in my head, yeah. I'm on trial next Monday. Yeah, I've got a lot on, yeah. My nana's not very well and I'm stuck in here." (S7).* Others highlighted how the lack of available care for their physical health led to additional anxieties and worries, contributing to poor MH (S3).

Theme 3: Opportunities and coping strategies

The third theme identified encapsulated concepts relating to the value of being able to develop coping strategies, communication and organisation skills, emotional awareness and expression and stress management. Participants highlighted the increase in stress and anxiety within the prison environment adding to any MH difficulties that individuals experienced before entering prison:

S.3: "I was always feeling anxious and stressed. In here, the anxiety is heightened, and with the absolute lack of control over my life, the stress is tremendous"

The interventions offered to prisoners were found to support development of strategies and skills to manage MH difficulties (S1, S2, S3, S4, S6, S7, S8, S9). Individuals talked about having a space to reflect (S1), a space for escape and relaxation (S2) and support for self-expression all leading to reduced stress (S2 & S4).

S.1: "using literature as a connection to … ongoing life … eagerness to share the reading experience with loved ones."

> *S.3: "I have taken full advantage of the programs … to gain a better understanding of my emotional disorders. I have used this prison time for me to learn, change, and love me."*

The opportunity to develop practical and usable skills through MH interventions and support was reported as valuable in improving MH and wellbeing. Recognition of stress, breathing techniques and mindfulness, as promoted through one study focusing on a 'Wellness Workshop', were highly regarded due to ease of use and accessibility (S4).

In addition to this, individuals discussed novel methods introduced for MH support and wellbeing, feeling encouraged to use literature and reading in a 'literature-based intervention', to systematically work through problems (S1 & S7), with others being introduced to visual imagery for problem solving and relaxation (S7). Music therapy was utilised to encourage emotional expression and management (S2), as well as through the opportunity to engage in animal therapy (S8).

> *S.4: "I was always thinking about my family and wife on the outside. They told me if something comes to my mind I should do something different like write letters or think something positive like how good a relationship I have with my wife. I should think of something that would make me happy and give my attention to that thinking. Yesterday I wrote a letter … I wrote four pages about my kids … until I fell asleep".*

S.7: "put the problem in the box outside your door. A visible box outside your door, put all your problems in there because you can't get to them because the door's locked." (using visual imagery in interventions)

*S.8: "My way of thinking is more peaceful and relaxed. It has helped me socially and mentally by spending time with the dogs, while looking after their wellbeing." (*animal therapy)

Being offered the opportunity to engage in such MH support interventions offered a sense of 'normality', feeling temporarily away from prison. Participants discussed intentions to continue utilising the coping strategies and increased MH awareness when released from prison

Theme 4: Hopes and plans for the future.

Subtheme 4.1: Future planning and interventions to support stress and anxiety.

Across the nine studies, an overarching theme was apparent, demonstrating future hopes and plans and the support that individuals felt their MH interventions provided. Most participants expressed worry, anxiety and uncertainty regarding their futures, including leading up to pre-release periods. They also highlighted feelings of 'embarrassment' (S5), experiencing a sense of reliance and dependence, having to ask for support when needed. Accessible interventions involving problem solving, continuity of care and acknowledgement of such uncertainty were reportedly highly valued in managing MH.

One study focused on a 'Critical Time Intervention (CTI; S5)', offering MH support and planning skills to prisoners in the lead up to 'pre-release periods'. The uncertainty and stress

created by planning for the future was highlighted (S5) with the CTI providing good support for this. *"I found it easier with the CTI. I was getting help that I didn't get before and found everything less stressful. It's a big help … it has taken the stress away" (S5).* Participants, overall, highlighted the benefits going forward of having structured interventions and support for their MH and wellbeing. For example, one participant in S5 made the following observation: *S.5: "I've had a lot more help. I'm sure that's to do with your project. Things have gone a lot smoother than they ever have before.".* Another participant in S8 reported: *S.8: "The dogs remind me of my home and my family. They make me want to do better when I get out."*

Subtheme 4.2: New hope and a sense of normality.

Several participants discussed finding new and innovative forms of hope through the interventions that they were offered.

> *S.8: "The dog program gave me a sense of normality and a connection to the outside world."*

> *S.3: "I now have a relationship with God and strive to be a better person"* in the context of reflecting on their MH in wellness focus groups after the Physical and MH-Survey intervention.

By having the opportunity to introduce MH awareness into their lives through accessible and stimulating interventions, participants reported reduced stress and an acknowledgement of stressors and anxieties from others. This led to increased empowerment and control over MH and

wellbeing and therefore, hope, evidenced through most, if not all, interventions discussed in this review.

> *S.8: "I have found the dogs to be an unexpected source of stress relief, either through petting them, showing affection, or just by playing with them … they make me want to be a better person."*

> *S.9: "It's been a long road, and I still have a ways to go. And this, this is learning, and it's rewarding."*

An important factor discussed across many of the studies was being treated as humans, feeling a sense of being valued and 'worthwhile' and creating a sense of normality. They had discussed how being treated as 'subhuman' (S3) resulted in heightened anxiety and stress. Participants discussed the valuable, positive impact they felt the interventions and their consequences had upon their MH and wellbeing.

> *S.9: "You're not hearing machines and that kind of stuff. You're hearing birds, you're listening to the wind through the trees, you'll see the odd wildlife."*

A sense of hope appeared to be gained from interventions, feeling valued and worthwhile, which had a direct positive impact on individuals' MH and wellbeing. Furthermore, the interventions that provided hope for a life outside of prison created feelings of pride in their work and an insight into how this could apply to the 'real world' upon release.

Theme 5: Shifts in attitudes and insight.

Another common theme explored the shifts in attitudes and insight into MH that participants experienced from engaging in interventions. Prominent changes were highlighted, such as the belief of participants that MH difficulties could affect anyone regardless of background or situation (S4). Participants indicated an improvement in MH awareness and insight from interventions, enabling them to take control of managing their own MH (S4 & S7). Prisoners who participated suggested that they noticed a change in their attitude towards themselves and others in supporting MH difficulties, such as requesting help, self-harming behaviour and suicidal ideation.

> *S.4: "Before I used to say that they'd be selfish [about MH and suicidal ideation] and not thinking about it … It's hard to talk about but now I can talk about it … But I'd just sit there and talk to them saying that it's not worth it and all of that."*

> *S.1: "I have a tolerance for others' views, it's enhanced my communication skills".*

> *S.4:" The reason I got into this is because my emotions put me into prison. I couldn't manage my emotions … and now I manage my own mental health quite well and I'm happy with that."*

An additional concept was that previous participation in MH interventions supported individuals in engaging. Participants suggested that from previous interventions, they noticed

similarities in the learning which helped their ‘degree of insight into what their problems might be now’ (S.7). Such experience and prior learning also appeared likely to have supported peer learning.

> *S.6: “Years later … I went and done a lot of therapy … learnt to talk to other people for support and just getting it off my chest.”*

Discussion

This literature review aimed to synthesise qualitative data on the experiences of prisoners accessing MH support and interventions whilst imprisoned. The themes identified were consistent across different countries and recruited population groups, indicating some uniformity in both men and women accessing MH support whilst in custodial environments; the limited number of countries in the review is acknowledged.

Loneliness was a significant experience for many in this review, negatively affecting their MH. Individuals reported feeling distanced from families and lives, feeling isolated and alone. A positive intervention experience was the involvement of peer support and learning. Individuals who attended interventions where peer support was encouraged reported a greater sense of belonging, MH awareness and understanding, and overall benefit from the interventions. This is reflected in the literature, where the benefits of peer support for MH difficulties are highlighted, with feelings of trust, understanding, respect and empowerment achieved (Miyamoto & Sono, 2012; Walker & Bryant, 2013). Literature around group therapy suggests that cohesion, where related to emotional understanding with other group members and meaningful self-disclosure, encourages effective therapeutic interventions and outcomes (Barlow & Burlingame, 2006; Burlingame, Fuhriman & Johnson, 2002). The findings here are consistent with such suggestions, where peer support and group cohesion have led to positive intervention outcomes and improved MH. In contrast to existing literature around effective group therapy and positive outcomes, the relationship with intervention facilitators was not commonly mentioned. The therapeutic relationship is considered a key factor for change and positive outcome in group therapy (Johnson, Burlingame, Olsen, Davies & Gleave, 2005), yet is only discussed in two of the nine studies (S4, S9). Where discussed, participants stated that accessible facilitators

providing collaborative leadership, enabled increased self-esteem, a sense of purpose and hope for the future. It should however be considered that whilst there is limited reporting in this review regarding the therapeutic relationship within MH interventions, this may not accurately reflect the individuals' experiences, but more the content and focus of the data collection within each study.

Whilst recognising the need for MH support, several studies reported the difficulties of accessing this whilst in prison. Barriers were similar across countries and participant groups: pressures and limitations on resources within prisons, experiences of prison staff and professionals with their own attitudes towards MH, stigma of asking for help and accessibility. Individuals who experienced interventions involving new (for them) and innovative strategies around MH reported a greater sense of normality, discussing interventions that acted as distraction from prison life and skills they felt they could apply to life upon release. Where attitudes of prison staff were perceived as discouraging or dismissive towards MH difficulties, participants reported a reluctance to access MH support. Consistency with the participants' perspectives regarding barriers was noted. Whilst this review did not include the perspectives of prison staff regarding MH support, some studies did report them in their findings (S5, S7). Staff perspectives regarding barriers to MH support included a lack of available time and resources, limited staffing, pressures from other prison demands, leading to what was described as 'crisis management' (S7) as opposed to MH support. Considerations for future interventions are applicability and delivery of programme content. The content should provide value and feelings of being worthwhile, skills appropriate for life upon release, thereby providing a sense of humanity and normality; where reported, such experiences related highly to improved MH and wellbeing.

Experiences of 'powerlessness', as highlighted within the theme discussing fears and personal control, were reported by many. The relationship between effective coping strategies and psychological wellbeing and perception of an increased sense of control is presented by Dijkstra and Homan (2016). Pagnini, Bercovitz and Langer (2016) discuss their findings that one's perceived control is associated with psychological wellbeing and acts as a key protective factor for wellbeing. As highlighted by Perry, Waterman, House and Greenhalgh (2019), the prison environment restricts freedom and self-control, affecting autonomous problem resolution, so the content offered through MH interventions and the understanding of reduced self-control appears to be essential. Participants who reported feelings of powerlessness and reduced control also reported reduced wellbeing and MH (S3, S6, S7, S8, S9). Improved MH was reported where interventions enabled empowerment, feelings of being worthwhile and a sense of purpose. This is in accordance with existing literature that highlights the relationship between helplessness and feelings of depression (Ozment & Lester, 2001). Where a sense of control and empowerment is considered internal, residing in one's own self as an 'internal locus of control' (Rotter, 1966), literature has considered this a strong predictor of heightened self-esteem, self-worth and positive MH (Aydin, Algin, Poyraz & Kalenderoglu, 2018).

The emergence of a reluctance to access support due to attitudes of those around them within barriers and the surrounding environment reflects findings that stigma and heightened levels of anxiety are associated with avoidance of support seeking (Henderson, Evans-Lacko & Thornicroft, 2013). This is known to be exacerbated within the prison environment (Hartwell, 2004; Sim, 2018). Several studies suggested that, where professionals appeared dismissive of MH difficulties or were seemingly too busy, attempts at accessing MH support were reduced or avoided, thus missing the opportunity for effective and appropriate support (S3, S6, S7). Those

who felt their MH difficulties were heard reported acceptance, validation and further encouragement to reflect on their own MH, suggesting that alongside the acknowledgement of limited available resources in prisons, additional training and skill development for professionals could benefit open relationships and MH discussion.

A limitation within this review is the lack of information regarding the differences between male and female experiences. Given the likely differing research questions and varied interventions across studies, comparing findings across gender identification would not present an accurate reflection of individual experiences. Additionally, not all studies have presented gender information in participation samples. This is an area for future research, supported by existing literature. Drapalski, Youman, Stuewig and Tangney (2009) explore the differences between MH difficulties and experiences of support in male and female prisoners. Their findings suggest women are more likely to report MH difficulties and more likely to seek support in prison, however, also suggest that female prisoners are particularly in need of MH intervention, highlighting rates of post-traumatic stress and personality disorder presentations.

Themes relating to needing hope for the future, which would have a positive impact on MH, were consistently experienced across the studies (S1-9). Those who were able to engage in interventions and MH support were able to identify the benefits of having newly found hope and plans for the future, creating a sense of normality. Existing literature suggests that where promoted and facilitated, client hope is considered key in therapeutic change and positive outcome (Greenberg, Constantino & Bruce, 2006), with hope and a sense of purpose effectively contributing to positive MH and wellbeing (Seligman & Csikszentmihalyi, 2000). It should however be acknowledged that ‘hope’ was also balanced with limited resources, a theme throughout. When considering both the participant and staff perspectives in studies reflecting the

lack of resources, plus staffing and environment pressures negatively impacting upon the opportunity to create hope and purpose, the literature around staff burnout should also be noted (Lovell & Brown, 2017). Research has explored the prevalence of burnout and fatigue in prison staff, highlighting the impact of reported overcrowding, understaffing and environmental stressors (Bierie, 2010; Pitts, Griffin & Johnson, 2014; Steiner & Wooldredge, 2015); such reports of pressure and burnout factors should be considered when interpreting participants' experiences of accessing MH support in prison.

Themes identified here exploring being treated with dignity, along with a sense of being human and of normality, all in relation to MH, are reflected in the literature by Widang and Fridlund (2003). They suggest those individuals experiencing a sense of integrity and respect as a consequence of the professional and caregiving relationships around them, also experienced heightened levels of self-respect, confidence and validation, improving MH.

Clinical and Research Implications

This review highlights the importance of 'normalising' MH difficulties within the prison environment, enabling open and non-judgmental conversations, encouraging individuals to feel accepted in discussing their difficulties. The value of peer support is recognised in supporting MH and wellbeing, given the loneliness, isolation and vulnerability reported as part of being in prison. An additional perspective highlighted here, emphasises the need for accessibility and convenience when considering intervention content, thinking about skills to create hope and promote future planning for individuals to use within prison and upon release, encouraging autonomy and empowerment. From individual reports, given the surrounding environment of prison, the interventions have a responsibility to offer a 'sense of real life' and 'normality',

allowing individuals to feel valued, humanised and accepted. By enabling empowerment, choice and control, individuals could develop skills to support their own MH and wellbeing in varying situations.

Contextual factors of MH difficulties in prison should also be considered. Pressures to suppress such difficulties are highlighted within studies included in the review (Magee & Foster, 2011). Participants discuss the fear of being considered weak affecting their willingness to seek support, along with trust in others and perceived cultural expectations being contributing factors.

It is acknowledged that access to MH support whilst in prison is currently reliant upon resources and support for staff, enabling professionals to maintain their own investment in MH support. Of particular relevance here, limited resources and psychological support for prison staff can lead to burnout, as highlighted by Lovell and Brown (2017). This was reflected in the findings within this review, notably the themes around the environment and resources and the value of peer support. Suggestions include multidisciplinary reflective spaces for staff promoting wellbeing and autonomy (Robert et al., 2017), and training opportunities, proven to promote staff wellbeing and motivation, benefitting both staff and prisoners and promoting compassion towards self and others (Fraser, 2014).

Strengths and Limitations

The flexibility of thematic analysis allows adaptable exploration of prisoners' experiences. Thematic analysis enables inferences based on commonalities across "otherwise heterogenous studies" (Lucas, Baird, Arai, Law & Roberts, 2007). This review importantly adds qualitative data to the existing literature body, with research based on human data where subtleties of the topic are explored; often missed by quantitative research (Anderson, 2010).

It should be considered that a risk of thematic analysis as a methodology is drawing conclusions based on studies that are not entirely reliable when considering context diversity, quality or participants. The CASP criteria (see Table 4, Appendices) demonstrate study quality; studies that were considered 'moderate' were due to lack of clarity around ethical issues, specific analysis approach or research design (S2, S3). S8 also neglected to clarify their ethical considerations, which impacted upon the subsequent scoring. All included studies did present qualitative methodology, with clear statement of aims, offering valuable research findings.

The influence of the author's personal biases should be considered as highlighted by Atieno (2009), alongside how these will have been present throughout theme identification. Given the literature highlighting the MH difficulties of individuals leaving prison and continuing into society, it should be considered that this knowledge may have influenced the theme identification process and reflection on experiences of MH interventions within prison. The limitation of studies only written in English is considered, although studies were gathered across different countries, suggesting some generalisability. Where English as a spoken language was required for the interventions, it is noted that this could limit participant involvement. This is perhaps a reflection on the literature on MH interventions overall, however, is accounted for in this review where language and literacy were irrelevant, for example with music therapy, animal therapy and agricultural programmes. Nevertheless, the overall findings do highlight the need for studies from developing countries and broader population.

An additional limitation to be considered is the purposive sampling used across several of the studies and the individuals who participated in the research. The studies included participants who were willing to participate in research whilst in prison, which could therefore exclude perspectives of individuals choosing not to participate, who had negative, unsatisfactory or

differing experiences. It is also considered that individuals who, for varying reasons, were unable to access MH support and interventions would, therefore not have been eligible to participate in the included studies, thus excluding their perspectives and experiences. It was unclear from several of the studies whether the participants had previous experience of MH support or interventions prior to the intervention being evaluated. Apa et al. (2012) discuss the challenges presented for research in prisons, including restrictions, unpredictability of environment, and ambiguity of participant groups, recognising the impact that this can have on any results or findings. This is acknowledged in the current review and the themes identified from the literature.

Conclusion

This review considers an important area of mental healthcare, reflecting on the needs of a potentially neglected population group of prison leavers in society, where unsupported and ongoing MH difficulties require primary and secondary care support. With the prevalence of MH difficulties in the prison population (Yoon, Slade & Fazel, 2017) and the importance of successfully reintegrating prison leavers into society by supporting MH and wellbeing (Durcan, Allan & Hamilton, 2018), this review presents valuable evidence, supporting the need for effective and accessible interventions for those whilst in prison. The impact on wider social aspects upon release, without MH intervention and support in prison, should be noted (Homeless Link, 2017; Ministry of Justice, 2014). The consequential effect on society, including primary and secondary care, crisis services, benefit systems and housing, is noteworthy. This review supplements such knowledge and existing literature (Hubble, Duncan & Miller, 1999; Lambert

& Ogles, 2004), adding the value of qualitative findings and experiences, exploring what prison leavers really benefit from whilst in prison and therefore need upon release.

Areas consistently lacking identified in the themes in this review included resources, motivation, for both prisoners and staff facing burnout, impact of attitudes towards MH, and unstructured or ineffective focuses of support. Such information can contribute to conversations within clinical psychology and mental healthcare, thinking about our role in the social aspect of supporting prison leavers and about the wider social and healthcare impact.

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Tables

Table 1. SPIDER terms

SPIDER terms	Search concepts
Sample	Individuals in prison who have experienced mental health (MH) difficulties and accessed MH care and support
Phenomena of Interest	Experiences of accessing MH support in custodial environments, from the perspective of individuals in prison
Design	Qualitative studies
Evaluation	Evaluating individual experiences of, reactions to, or perceptions of engaging in MH care and support whilst in custodial settings
Research Type	Qualitative research

Table 2. Search terms used in Systematic Literature Search

Database	Syntax	Publication date	Result
PsycINFO	(intervention* OR treatment* OR program*) OR DE (“intervention”) AND (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR DE (“prisoners”) OR DE (“prisons”) AND (“mental health” OR “mental illness*” OR “mental disorder*” OR “psychiatric illness” OR anxiety OR depression) OR DE (“mental health”) AND DE (“qualitative methods”) OR DE (“qualitat*” OR “survey*” OR “interview” OR “mixed method*”)	1922-2019	955
CINAHL	(intervention* OR treatment* OR program*) OR MH (“crisis intervention”) AND (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR MH (“prisoners”) OR MH (“correctional facilities”) AND (“mental health” OR “mental illness*” OR “mental disorder*” OR “psychiatric illness” OR anxiety OR depression) OR MH (“mental health”) AND MH (“qualitative studies”) OR MH (“qualitat” OR “survey*” OR “interview” OR mixed method*”)	1993-2019	389
MedLINE COMPLETE	(intervention* OR treatment* OR program*) OR MH (“crisis intervention”) AND (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR MH (“prisons”) OR MH (“prisoners”) AND (“mental health” OR “mental illness*” OR “mental disorder*” OR “psychiatric illness” OR anxiety OR depression) OR MH (“mental health”) AND MH (“qualitative research”) OR MH (“qualitat” OR “survey*” OR “interview” OR mixed method*”)	1976-2019	724
Academic Search Ultimate	(intervention* OR treatment* OR program*) AND (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR DE (“prisoners”) AND (“mental health” OR “mental illness*” OR “mental disorder*” OR “psychiatric illness” OR anxiety OR depression)	1986-2019	514

Database	Syntax	Publication date	Result
	OR DE (“mental health”) AND DE (“qualitative research”) OR DE (“qualitat*” OR “survey*” OR “interview” OR “mixed method*”)		
SocINDEX with Full Text	(intervention* OR treatment* OR program* OR DE Intervention) AND prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system OR DE JAILS) AND (“mental health” OR “mental illness*” OR “mental disorder*” OR “psychiatric illness” OR anxiety OR depression OR DE “mental health”) AND DE (“qualitative research”) OR TI (“qualitat*” OR “survey*” OR “interview*” OR “mixed method*”)	1955-2019	401

Table 3. Summary of Study Characteristics

Study no.	Author(s), Year	Country	Intervention Setting and Study Aims	Specific Mental Health Focus	Population Group and Sampling Methods	Method of Analysis
S1.	Billington, J., Longden, E. & Robinson, J. (2016)	United Kingdom	*Literature:* Shared Reading (SR), a specific literature-based intervention. Focus on resulting MH and well-being improvement	Mild-moderate depression, anxiety, MH diagnoses, including Borderline Personality Disorder	35 female prisoners, recruited from one maximum-security UK prison	Qualitative data collected through interviews and focus groups. Coded into overarching themes
S2.	Daveson, B.A. & Edwards, J. (2001)	Australia	*Music therapy:* 12-session music therapy project in a female correctional facility. Focus on impact upon MH and well-being	Levels of self-esteem, isolation, stress and self-expression	Five females aged over 18 years, within a correctional facility	Self-report qualitative measures through semi-structured questionnaires – analysing themes and topics
S3.	Harner, H.M. & Riley, S. (2013)	USA	*Wellbeing groups:* 12 focus groups in a secure prison, with 4-6 women in each who had previously completed Prison Health Survey (PHS). Focus on impact upon MH	General mental health difficulties; unspecified to allow individual participants' interpretation	65 female prisoners	Focus group transcripts, coded into themes by both authors independently
S4.	Keogh, B. et al., (2017)	Republic of Ireland	*Wellness workshops:* One-day Wellness Workshop, led by a charitable	Attitudes towards mental health and suicide and ability to recognise mental	10 prisoners recruited within one secure prison	Semi-structured telephone interviews, analysed through

Study no.	Author(s), Year	Country	Intervention Setting and Study Aims	Specific Mental Health Focus	Population Group and Sampling Methods	Method of Analysis
			organisation. Focus on resulting MH management and improvement	health difficulties in themselves		Thematic analysis (Braun & Clarke, 2006)
S5.	Lennox, C. et al., (2019)	United Kingdom	*Wellbeing groups:* 'Critical Time Intervention' in UK prison setting. Focus on management of MH and wellbeing, up to release from prison	Current wellbeing, stress and anxiety, concerns regarding upcoming release	14 participants in a UK prison, focusing on pre-release period. Purposive sampling, using semi-structured interviews	Framework analysis (Ritchie & Lewis, 2003); deductive and inductive coding of data, through NVivo software
S6.	Magee, H. & Foster, J. (2011)	United Kingdom	*Listening therapy:* Involvement in the Prison Listening Scheme, for emotional and psychological support. Focus on impact upon MH	Emotional and psychological distress, potentially leading to self-harm and suicide attempts	14 prisoners within a UK Cat B prison were selected, based on their involvement with the Listening scheme	Semi-structured interviews from Samaritan volunteers, later analysed using Thematic Analysis (Braun & Clarke, 2006)
S7.	Perry, A.E., Waterman, M.G., House, A.O. & Greenhalgh, J. (2019)	United Kingdom	*Other - problem solving:* Problem-Solving Training (PST) intervention, within UK secure prisons. Focus on development of problem-solving skills to manage MH and wellbeing	Self-harming behaviours and suicidal ideation	43 individuals (prison staff and prisoners), consisting of 18 prisoners from four UK prisons	Semi-structured interviews following engagement in the intervention; independently analysed using a thematic analysis framework

Study no.	Author(s), Year	Country	Intervention Setting and Study Aims	Specific Mental Health Focus	Population Group and Sampling Methods	Method of Analysis
S8.	Smith, H.P. & Smith, H. (2019)	USA	*Animal therapy:* 'Healing Species' program with rescue dogs, bringing the community-based programme into secure settings. Focus on impact upon MH and rehabilitation	General mental health and wellbeing, including anxiety, depression and social integration	31 male prisoners, recruited within a maximum-security prison	Open-ended questions in a survey provided to all participants, later analysed using a 'grounded qualitative approach'
S9.	Timler, K., Brown, H, & Varcoe, C. (2019)	Canada	*Agricultural therapy:* Correctional agriculture programme. Focus on impact upon MH and wellbeing, including self-esteem and self-worth	Self-esteem and self-worth	10 males in a correctional centre, recruited through purposive sampling	Semi-structured interviews, later analysed and coded using Grounded Theory (Glaser & Strauss, 1967), through NVivo

Table 4. CASP (2018) Quality Appraisal of Included Studies

Study Number	Authors	CASP 1	CASP 2	CASP 3	CASP 4	CASP 5	CASP 6	CASP 7	CASP 8	CASP 9	CASP 10	CASP Total Score	Rating
S1.	Billington, Longden & Robinson (2016)	+	+	+	+	+	+	+	-	+	+	9	Strong
S2.	Daveson & Edwards (2001)*	+	+	+	+	+	+	-	-	-	+	7	Moderate
S3.	Harner & Riley (2013)**	+	+	-	+	+	-	-	+	+	+	7	Moderate
S4.	Keogh et al. (2017)	+	+	+	-	+	-	+	+	+	+	8	Moderate / Strong
S5.	Lennox et al. (2019)	+	+	+	+	+	-	+	+	+	+	9	Strong
S6.	Magee & Foster (2011)	+	+	+	+	+	-	+	+	+	+	9	Strong
S7.	Perry, Waterman, House & Greenhalgh (2019)	+	+	+	+	+	+	+	+	+	+	10	Strong

Study Number	Authors	CASP 1	CASP 2	CASP 3	CASP 4	CASP 5	CASP 6	CASP 7	CASP 8	CASP 9	CASP 10	CASP Total Score	Rating
S8.	Smith & Smith (2019)	+	+	-	+	+	+	-	+	+	+	8	Moderate / Strong
S9.	Timler, Brown & Varcoe (2019)	+	+	+	+	+	-	+	+	+	+	9	Strong

Key: CASP 1: Clear statement of aims; CASP 2: Qualitative methodology as appropriate; CASP 3: Was the research design appropriate for the aims?; CASP 4: Was the recruitment strategy appropriate?; CASP 5: Data collection appropriate for the research issue?; CASP 6: Consideration of relationship between researcher and participants; CASP 7: Ethical issues taken into consideration?; CASP 8: Sufficiently rigorous data analysis?; CASP 9: Clear statement of findings presented?; CASP 10: Is there a clear value of research?
+ = Yes (evident)
- = No (not evident)
* Unable to clearly identify rationale for choice of data analysis, with some lack of clarity noted throughout presentation of results. No mention of consideration of ethical issues.
** No mention of consideration of possible relationship between research and participants or how this could be a factor within their research. Unable to clearly identify any processes undertaken to consider ethical issues.

Figures

Figure 1: PRISMA 2009 Flow Diagram (Moher, Liberati, Tetzlaff & Altman, 2009)

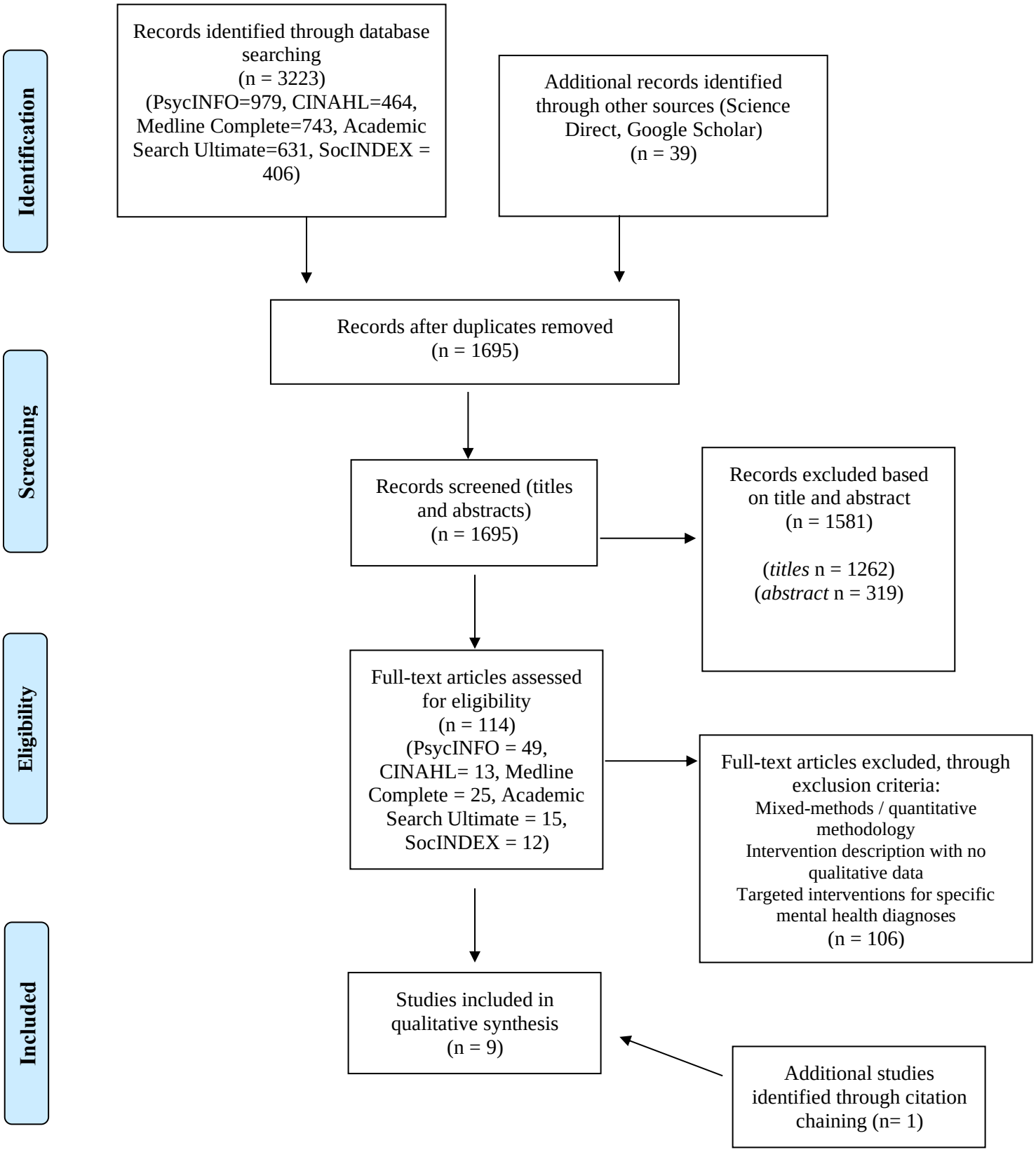


Figure 2. Diagram demonstrating the themes, subthemes and relationships in the thematic analysis

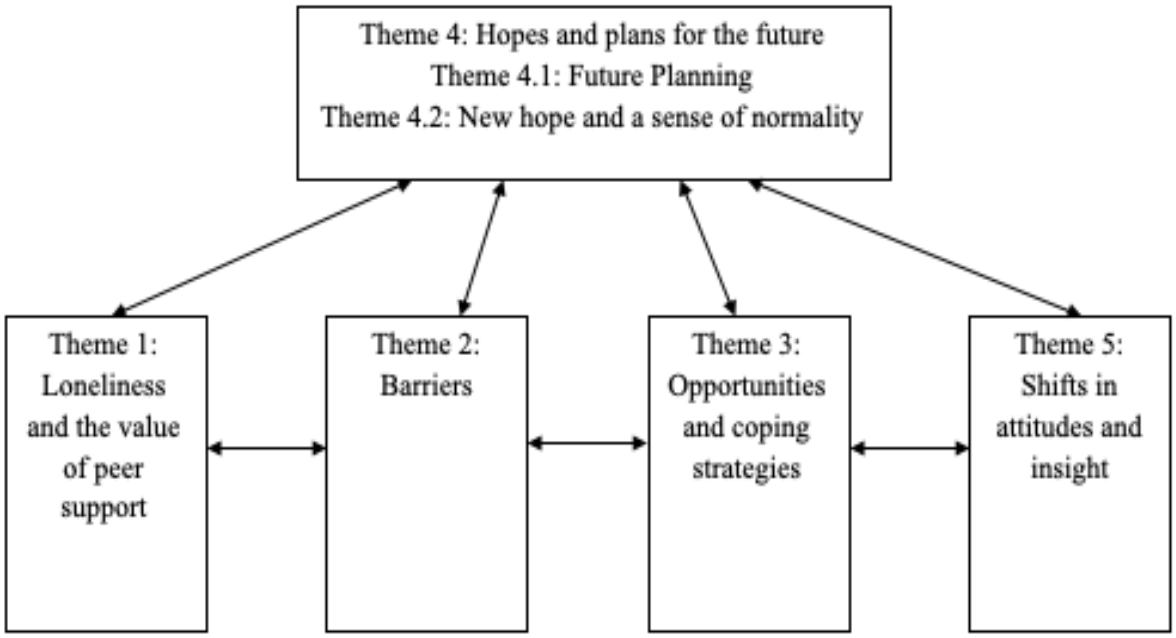
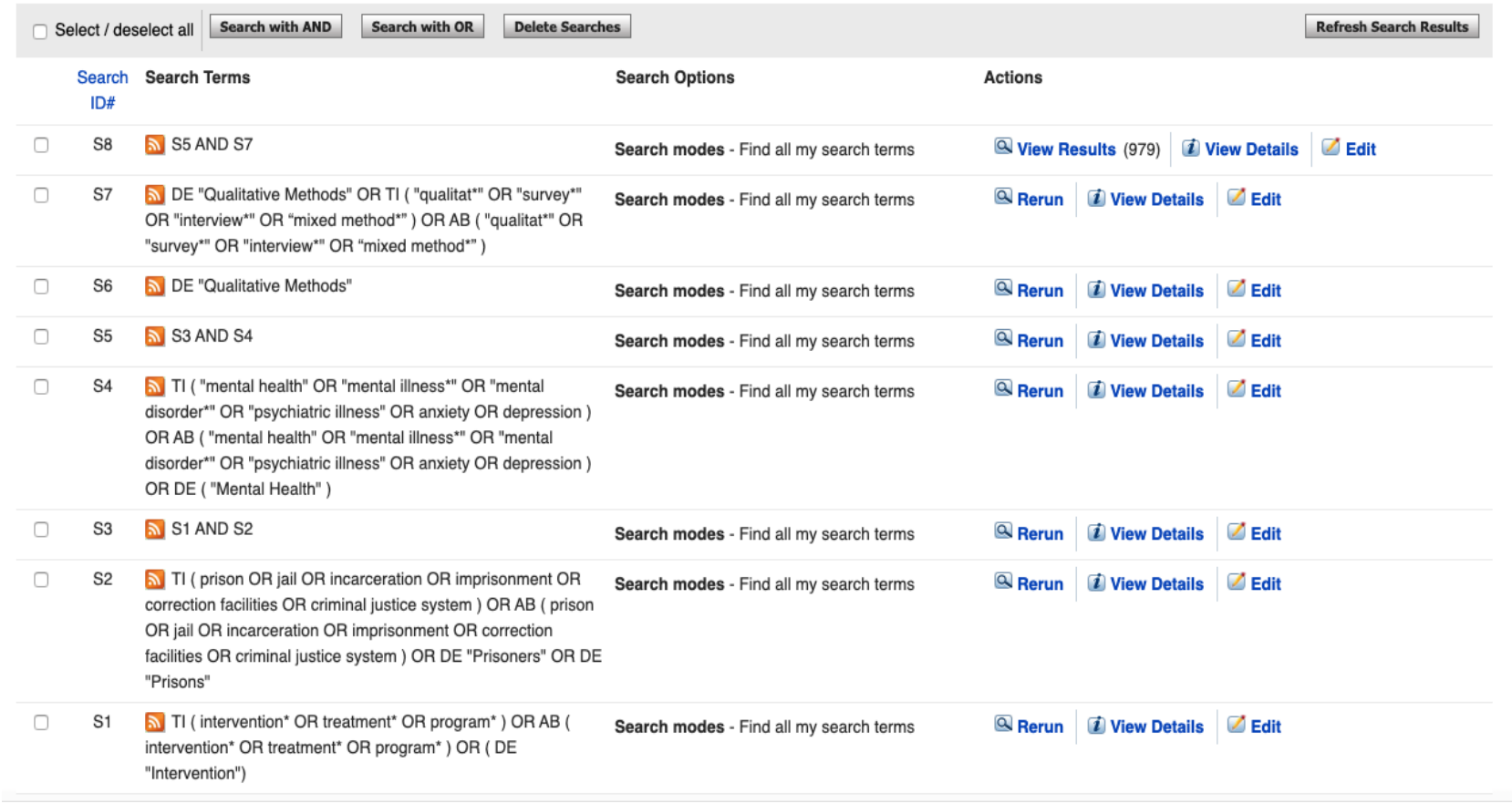


Figure 3: Database search results

PsycINFO (979 results)



Select / deselect all | Search with AND | Search with OR | Delete Searches | Refresh Search Results

	Search ID#	Search Terms	Search Options	Actions
☐	S8	S5 AND S7	**Search modes** - Find all my search terms	View Results (979) | View Details | Edit
☐	S7	DE "Qualitative Methods" OR TI ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*") OR AB ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S6	DE "Qualitative Methods"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S5	S3 AND S4	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S4	TI ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR AB ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR DE ("Mental Health")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S3	S1 AND S2	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S2	TI (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR AB (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR DE "Prisoners" OR DE "Prisons"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S1	TI (intervention* OR treatment* OR program*) OR AB (intervention* OR treatment* OR program*) OR (DE "Intervention")	**Search modes** - Find all my search terms	Rerun | View Details | Edit

EXPERIENCES OF MENTAL HEALTH SUPPORT INTERVENTIONS IN PRISON

CINAHL (464 results)

	Search ID#	Search Terms	Search Options	Actions
☐	S8	S5 AND S7	**Search modes** - Find all my search terms	View Results (464) | View Details | Edit
☐	S7	(MH "Qualitative Studies") OR TI ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*") OR AB ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S6	(MH "Qualitative Studies")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S5	S3 AND S4	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S4	TI ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR AB ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR (MH "Mental Health")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S3	S1 AND S2	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S2	TI (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR AB (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR (MH "Prisoners") OR (MH "Correctional Facilities")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S1	TI (intervention* OR treatment* OR program*) OR AB (intervention* OR treatment* OR program*) OR (MH "Crisis Intervention")	**Search modes** - Find all my search terms	Rerun | View Details | Edit

EXPERIENCES OF MENTAL HEALTH SUPPORT INTERVENTIONS IN PRISON

MedLINE COMPLETE (743 results)

	Search ID#	Search Terms	Search Options	Actions
☐	S8	S5 AND S7	**Search modes** - Find all my search terms	View Results (743) | View Details | Edit
☐	S7	(MH "Qualitative Research") OR TI ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*") OR AB ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S6	DE "Qualitative Methods"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S5	S3 AND S4	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S4	TI ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR AB ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR (MH "Mental Health")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S3	S1 AND S2	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S2	TI (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR AB (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR (MH "Prisons") OR (MH "Prisoners")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S1	TI (intervention* OR treatment* OR program*) OR AB (intervention* OR treatment* OR program*) OR (MH "Crisis Intervention")	**Search modes** - Find all my search terms	Rerun | View Details | Edit

EXPERIENCES OF MENTAL HEALTH SUPPORT INTERVENTIONS IN PRISON

ACADEMIC SEARCH ULTIMATE (631 results)

	Search ID#	Search Terms	Search Options	Actions
☐	S8	S5 AND S7	**Search modes** - Find all my search terms	View Results (631) | View Details | Edit
☐	S7	(DE "QUALITATIVE research") OR TI ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*") OR AB ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S6	DE "QUALITATIVE research"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S5	S3 AND S4	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S4	TI ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR AB ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR (DE "MENTAL health")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S3	S1 AND S2	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S2	TI (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR AB (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR (DE "PRISONERS")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S1	TI (intervention* OR treatment* OR program*) OR AB (intervention* OR treatment* OR program*)	**Search modes** - Find all my search terms	Rerun | View Details | Edit

SocINDEX (406 results)

	Search ID#	Search Terms	Search Options	Actions
☐	S8	S5 AND S7	**Search modes** - Find all my search terms	View Results (406) | View Details | Edit
☐	S7	DE "QUALITATIVE research" OR TI ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*") OR AB ("qualitat*" OR "survey*" OR "interview*" OR "mixed method*")	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S6	DE "QUALITATIVE research"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S5	S3 AND S4	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S4	TI ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR AB ("mental health" OR "mental illness*" OR "mental disorder*" OR "psychiatric illness" OR anxiety OR depression) OR DE "MENTAL health"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S3	S1 AND S2	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S2	TI (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR AB (prison OR jail OR incarceration OR imprisonment OR correction facilities OR criminal justice system) OR DE "JAILS"	**Search modes** - Find all my search terms	Rerun | View Details | Edit
☐	S1	TI (intervention* OR treatment* OR program*) OR AB (intervention* OR treatment* OR program*) OR (DE "INTERVENTION (Criminal procedure)")	**Search modes** - Find all my search terms	Rerun | View Details | Edit

Appendices

Appendix 1 (Table 5). Development of Theme 4

Original codes taken from studies, creating initial coding	**Key quotes**	**Initial themes through synthesising**	**Analytic refined themes**	**Subthemes**
Continuity of care Transitional support Post-release uncertainty Worries about housing – post release Support from the inside to out	"I get told I need this service or that service, then I go there, and they change their mind" "I've been released so many times and this was meant to happy and it never does so I just end up back in here" "The dogs remind me of my home and my family. They make me want to do better when I get out." "Leaving prison is stressful enough, but when you don't know what's happening, this makes it worse" "I found it easier with the CTI … found everything less stressful. It has taken the stress away" "It's been a long road, and I still have a ways to go. And this, this is learning, and it's rewarding" *[S1,2,3,5,6,7,8,9]*	Factors outside of prison and continuity of care post release leading to increased anxiety, effectively managed and supported by interventions dealing with specifically this – creating hopes and optimism for their future lives	**Theme 4: Hopes and plans for the future**	**Subtheme 4.1: Future planning and interventions to support stress and anxiety management**

Imagined futures – providing hope	"It's good to get that routine, for the outside"			
Closeness to God – religion providing hope and community	"he *[the intervention leader]* provided leadership and authority whilst also being accessible and just one of the guys"	Interventions providing structure, routine and purpose create hope and a sense of normality, which helps manage anxiety and other MH difficulties – specifically interventions offering innovative and creative content, which provide stability, pride, and feelings of being worthwhile (their work being valued)		**Subtheme 4.2: New areas of hope and a sense of normality**
A sense of normality – promoting value and respect	"The dog program gave me a sense of normality and a connection to the outside world"			
Feeling as though we're 'not even human' – impacting upon respect and feeling valued	"most staff would treat us as if we are subhuman and assume we're all very stupid"			
Donation and giving from interventions – creating pride, feeling valued	"I've seen him give more people a work ethic"			
Interventions feeling valuable and worthwhile – a sense of normality	"The dogs help me with emotional stability. They make me feel normal"			
Interventions that give back	"I now have a relationship with God and strive to be a better person"			
Tranquility and pride from interventions – space to reflect	"I just stand out in the flower patch and pick flowers, it does take your mind off a lot of stuff, gardening, it's a good thing"			
	"I'm out here doing something that actually helps people, so that's the thing that actually makes it worthwhile"			

	[S,1,3,4,5,6,7,8,9]			

Appendix 2 (Table 6). Five analytical themes developed through thematic analysis

Themes	Pertinent quotes		Subthemes
Theme 1	"I want to speak to someone who I felt was basically in the same boat as me and therefore I felt understood" (S6)	Loneliness and the value of peer support	
Theme 2	"The population grew but the staff didn't. You try to get help, but they kick you out after fifteen minutes" (S3)	Fearing for safety, barriers and a lack of control	
Theme 3	"Yesterday I wrote a letter … I wrote four pages … until I fell asleep" (S4)	Opportunities and coping strategies	
Theme 4	"It's been a long road, and I still have a ways to go. And this, this is learning, and it's rewarding" (S9)	Hopes and plans for the future	4.1 Future planning and interventions to support stress and anxiety management 4.2 New areas of hope and a sense of normality
Theme 5	"Years later … I learnt to talk to other people for support and just getting it off my chest." (S6)	Shifts in attitudes and insight	

Appendix 3 (Table 7). Third stage generation of analytical themes

	S.1	S.2	S.3	S.4	S.5	S.6	S.7	S.8	S.9
Theme 1: Loneliness and peer support		X	X	X	X	X		X	
Theme 2: Barriers			X	X		X	X	X	
Theme 3: Opportunities and coping strategies	X	X	X	X		X	X	X	X
Theme 4.1: Future planning and stress and anxiety management	X	X	X		X	X	X	X	X
Theme 4.2: New hope and a sense of normality	X		X	X	X	X	X	X	X
Theme 5: Shifts in attitudes and insight			X	X	X	X	X	X	X

Appendix 4. Author guidelines

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Journal article.

Beers, S. R., & De Bellis, M. D. (2002). Neuropsychological function in children with maltreatment-related posttraumatic stress disorder. *The American Journal of Psychiatry*, 159, 483–486. doi:10.1176/appi.ajp.159.3.483

Book

Bradley-Johnson, S. (1994). *Psychoeducational assessment of students who are visually impaired or blind: Infancy through high school* (2nd ed.). Austin, TX: Pro-ed.

Internet Document

Norton, R. (2006, November 4). How to train a cat to operate a light switch [Video file]. Retrieved from http://www.youtube.com/watch?v=Vja83KLQXZs

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Section Two: Research Paper

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Word Count (excluding title page, abstract, tables and references): 7,593

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Prepared for submission to Journal of Forensic Psychiatry and Psychology (Appendix 2-F, p.2-65 for author guidelines).

Abstract

Prison leavers are considered a particularly vulnerable population group, with 70% of prisoners reporting mental health difficulties. With benefit system changes reportedly increasing severe mental health difficulties because of complicated application processes, their wellbeing throughout transition into society, frequently involving the benefits system, is vital for successful reintegration and resettlement. This qualitative study involved semi-structured interviews with eight prison leavers across England, Scotland and Wales, exploring their experiences of accessing the benefits system and the impact upon their mental health. Through phenomenologically-informed thematic analysis, three themes were identified: 'outsiders'; 'systemic barriers'; 'support to cope'. All eight participants reported that their experiences of navigating the benefits system upon release from prison negatively impacted their wellbeing and added to existing mental health difficulties. With continuing social inequality and 'austerity measures' within the UK and the direct link between inequality, injustices, social marginalisation and poor mental health, it is vital that clinical psychologists consider their role in macro-level interventions, for the wellbeing and opportunities of all wider groups in society.

Keywords: prison leavers; welfare benefits; mental health; social inequality; austerity measures.

Introduction

Of the 70,000 people released from UK prisons in 2018, approximately 90% reported experiencing mental health (MH) difficulties (Ministry of Justice, 2019; Prison Reform Trust, 2019). This highlights the prevalence of MH issues amongst prison leavers (PL), and the need for successful reintegration into society as being significant in ongoing wellbeing and stability (Durcan, Allan & Hamilton, 2018; Tyler, Miles, Karadag & Rogers, 2019; Yoon, Slade & Fazel, 2017). Multiple barriers to accessing MH services are reported, including accessibility of systems, longer waiting lists and complicated referral processes for PLs (Quinn et al., 2018). Many of these individuals are categorised as 'hard to reach' (Western, Braga, Hureau & Sirois, 2016) due to avoidance of support-seeking related to heightened anxiety and perceptions of stigma (Henderson, Evans-Lacko & Thornicroft, 2013). Gaining a greater understanding of PLs experiences and challenges is, therefore, essential in offering appropriate MH support, service evaluation and supporting their reintegration into society.

From a report in 2016 surveying 'common mental disorders' in UK adults aged 16-64 (using the Clinical Interview Schedule-revised; Lewis, Pelosi, Araya & Dunn, 1992), it was estimated that 5.9% of the UK general population experience generalised anxiety symptoms and 3.3% symptoms of depression (McManus, Bebbington, Jenkins & Brugha, 2016). McManus et al.'s (2016) survey also highlighted the associations between social disadvantage and poverty with greater risks of MH difficulties. Research into prison population samples has found 70% experience two or more MH conditions (including anxiety and depression), along with 25% of women and 15% of men in custody reporting MH difficulties indicative of psychosis compared to 4% of the general public (Centre for Social Justice, 2010; Ministry of Justice, 2019; Prison Reform Trust, 2019). The Prison Reform Trust (2019) report 'self-inflicted' deaths as 8.6 times

more likely within custodial environments, compared to the general public, with 70% of prisoners dying by suicide[4] between 2012 and 2014 having previously identified MH needs. Such figures highlight the severity of MH difficulties and vulnerabilities amongst prisoners and PLs as population groups and therefore the need for consideration of such groups within research.

Box 1 outlines the processes in place for individuals leaving prison and the expectations of events and support from each process, referred to as 'resettlement'.

Box 1. Prison release expectations

Services and processes
1. Individuals are provided with a release date 2. 'Through the Gate' (resettlement) services[5] are in place to support transition from release to resettlement in the community. They are designed to support with employment, benefits applications, MH and accommodation 3. Individuals are provided with their clothing worn upon prison admittance. Where unavailable, spare clothing is provided 4. Individuals are provided with a support payment for resettlement, in the form of £47 (an average amount) for living expenses 5. Individuals are required to physically attend the probation office within 24 hours of release (unless released on a Friday) 6. Individuals assigned to accommodation at an Approved Premises, must report there on the day of release

[4] Terminology for death in relation to suicide was carefully considered for the purpose of being discussed within this research study, given the concerns raised regarding the potential to cause distress and maintain stigma. In accordance with the research which considers the language available, 'dying by suicide' is used here throughout. Padmanathan et al. (2019) found 'dying by suicide' and 'took their own life' to be acceptable terminology when describing 'fatal suicidal behaviour', chosen by participants with experiences of being affected by suicide.

[5] 'Through the Gate' services are led by Community Rehabilitation Companies (CRCs): these are private-sector suppliers of Probation rehabilitation services in England and Wales, established as part of 'Transforming Rehabilitation' (TR) is a Ministry of Justice strategy to reform rehabilitation services in the community, aiming to reduce reoffending (Ministry of Justice, 2013; NOMS, 2015).

One in seven individuals leaving prison in 2018 were recorded homeless, rising to one in five for those serving sentences of less than six months (Homeless Link, 2018; Ministry of Justice, 2018). Approximately 54% of PLs were in receipt of out-of-work benefits one month after release (Ministry of Justice, 2014). Individuals in prison cannot apply for benefit claims until they are released, and many experience a five-week wait period before payment. This is due to Universal Credit[6] processes paying claimants on a monthly basis in arrears, hence the initial approximate five-week delay; considered the 'assessment period'. It is suggested that this is to mimic a typical salary income, however the majority of PLs, except those who maintain employment or immediately return to work, do not tend to be in receipt of salary income for the five-week assessment period, creating a disadvantage (Shelter, 2013). Barriers to being granted benefits and maintaining claims include evidencing identity, verifying identity online, and being required to provide three different forms of identification. Many PLs do not have identification documentation (Nacro, 2018), which creates barriers to resettlement and increases vulnerability. This is further exacerbated by low literacy levels as highlighted by The Centre for Social Justice (2010) reporting reduced literacy abilities in half of individuals in prison in 2010. Whilst such demographics are not applicable to all PLs, these issues highlight the barriers faced by many when applying for benefits within the community. Guidance is available for accessing benefits

[6] Universal Credit was rolled out by the DWP between 2013 to 2018, to combine all benefits including Housing, Child Tax credits, Income support, Working Tax credit, Jobseeker's Allowance and Employment and Support Allowance. The merging of benefits was intended to be simpler and more accessible but negative publicity and reports so far suggest a more austere system with sanctions and losses for individuals, including a rise in food banks.

from Probation Service staff (DWP, 2019), however much of this still requires the completion of complex, lengthy forms, internet usage and proof of identity.

The prevalence of MH problems in PLs creates further barriers in accessing the benefits system, including how accessing the benefit system can exacerbate pre-existing MH difficulties (Bond, Braverman and Evans, 2019). The process of applying for welfare benefits can be a distressing process for people with MH difficulties (Mind, 2017), attributed to difficulties in understanding information, social anxiety, inaccessible appointments and relationship dynamics, directly correlated to increased MH difficulties (Oakley, 2014).

Changes to welfare benefits, including income support regarding employment, disability living support, child support and housing, have been implemented over the past six years. This has been within a context of prolonged austerity, leading to increased levels of poverty and welfare benefit claimants (O'Hara, 2015; Reed & Portes, 2018). The Department for Work and Pension's (DWP) roll-out of Universal Credit is arguably the most major change to the benefit system since commencement (National Audit Office, 2018), with 4 in 10 claimants reported to be experiencing financial difficulties (DWP, 2018). Such societal changes have had a significant impact upon individuals accessing the benefit system, particularly amongst those considered vulnerable, with reports highlighting increases in self-harm, suicidal ideation and dying by suicide as a result of welfare benefit difficulties (Barnes et al., 2016; Barr, Taylor-Robinson, Scott-Samuel, Mckee & Stuckler, 2012; Mattheys, Warren & Bambra, 2017). Furthermore, poorer households, low-income families with children and individuals already experiencing MH difficulties are identified as being at greater risk (Hood & Waters, 2017; Reed & Portes, 2018).

Relevance to Clinical Psychology

Given the prevalence of MH difficulties within the prison population, the socioeconomic problems faced when leaving prison and the increased stress and distress associated with the benefit system, the relevance to clinical psychology is clear. The importance of therapeutic approaches and clinical psychology in supporting those within the forensic system has been highlighted in the literature (Hubble, Duncan & Miller, 1999; Lambert & Ogles, 2004).

Individuals within clinical and community psychology have continuously discussed the concept of 'macro-level' intervention (Bronfenbrenner, 1979), considering approaches around societal issues (Carr & Sloan, 2003; Wessells & Dawes, 2007). This has been heightened by 'austerity measures' in response to the 2008 global financial crisis (Barr, Kinderman & Whitehead, 2015). Research has highlighted the impact of austerity and poverty on individual choice, the ability to fully participate in social and cultural activities and achieve minimum standards of living; all contributing to poor MH and reduced wellbeing (Dreger, Buck & Bolte, 2014; Mattheys, Warren & Bambra, 2017). Community psychology has maintained a focus on empowering individuals marginalised by society, aiming to support them to reduce oppression, promote social inclusion and gain a sense of belonging (Natale, Martino, Procentese & Arcidiacono, 2016). This has continued in conversations within clinical psychology, thinking about the role of transformative interventions focusing on broader social issues that contribute to psychological distress (Kinderman, 2013; Nelson, 2013) which are fundamental for consideration if clinical psychology is to wholly address MH needs for all in the UK.

Method

Design

This study aims to explore experiences of PLs accessing welfare benefits, to understand how this may impact upon their MH. A qualitative approach was used, drawing on phenomenologically-informed thematic analysis (Guest, MacQueen & Namey, 2012), chosen as it enables the data to be analysed, organised and described, and themes formed (Braun & Clarke, 2006), whilst maintaining the focus on participants' lived experiences and emotional responses; fundamental to the aims of the study. The methodology allows a flexible approach to qualitative data analysis (King, 2004).

Semi-structured interviews were utilised for data-collection. They are considered a flexible research method (Fylan, 2005), offering structure to address specific research questions, whilst maintaining flexibility for participants to offer new meanings, experiences and perspectives to the research topic (Galletta, 2013). The flexibility can enable an appropriate rapport to be developed between researcher and participant, which is important given the need for participants to feel comfortable and safe when discussing their experiences (Smith & Osborn, 2007). This informed the order of questions, allowing initial rapport-building questions, followed by searching questions to facilitate more detailed responses (Miller & Crabtree, 1992; Walker et al., 2019). The interview schedule followed: 1) the interests and aims of the project; 2) experiences of leaving prison; 3) processes of applying for welfare benefits; 4) experiences and perceptions of MH; 5) coping strategies for mental wellbeing; and 6) perceptions of the possible impact of accessing welfare benefits upon MH and wellbeing (Appendix 2-A). Prompts were used throughout to encourage reflection on experiences and differing perspectives, whilst maintaining space for participants to respond freely.

Participants

A purposive sampling method was utilised to recruit PLs released from a secure custodial environment in the last 18 months. It was considered that a maximum of 18 months (and minimum of three months) since prison release was an acceptable timeframe for PLs to have accessed the benefit system and been granted receipt of benefits, enabling them to fully contribute their experiences and maintain focus within the study. The significant changes to welfare benefits over the last six years, as discussed earlier, were considered within recruitment for this research, recognising that this level of change and therefore differing experiences could lead to significant heterogeneity within the results. The inclusion criteria for recruitment was designed with the aim to recruit a homogeneous participant sample, sharing similar experiences around prison release, welfare benefits and of MH. A homogeneous sample is important in thematic analysis where samples are smaller as a focused sample can support identification of meaningful themes, enabling researcher confidence regarding the generalisability of the findings (Clarke, Braun & Hayfield, 2015; Robinson, 2014).

Recruitment

PLs were recruited via social media platforms and word of mouth. Facebook and Twitter pages were created specifically for the purpose of research recruitment, offering contact details and direct messaging for interested individuals to contact the lead researcher. Relevant social media groups and pages were contacted, requesting that details of the study be shared on their pages, thus allowing their followers access to the information. By utilising relevant hashtags (e.g. hashtag terms including ‘research’, ‘welfarebenefits’, ‘prisoners’, ‘mentalhealth’), the details of the study were shared further, highlighting them to targeted audience groups, to be accessible to individuals interested in associated topics. Study advertisements were included in shared Tweets

and Facebook posts (Appendix 2-B), with links to participant information (Appendix 2-C). Recruitment through social media enabled the study to be available across wider geographical regions.

Community organisations (including The Mental Elf, Reform Radio, Inside Connections, Prison Reform, Timpson Foundation, In2Change) offering support and resettlement for individuals including PLs, were approached for recruitment. These contacts developed face-to-face links with staff who could disseminate information regarding the research study.

The target sample size for this study was 10 participants; eight participants were recruited in total[7]. This was considered sufficient given literature recommending 6-10 participants for small qualitative projects involving interviews (Braun and Clarke, 2013), particularly phenomenologically-informed studies with a focus on quality from a concentrated smaller sample group, enabling the focus on the complexity of human experiences for in-depth analysis (Smith, Flowers & Larkin, 2009). Table 1 provides a summary of participant information.

Table 1. Summary of participants

Participant	Gender	Ethnicity	Recruited from	Interview format
P. 1	Male	White British	Community group	Face-to-face
P. 2	Male	White British	Community group	Face-to-face
P. 3	Male	White British	Community group	Face-to-face
P. 4	Male	White British	Social media	Telephone
P. 5	Female	Undisclosed	Community group	Telephone
P. 6	Male	White British	Social media	Face-to-face

[7] Due to COVID-19 in February 2020, recruitment was stalled early March. Service priorities were adjusted regarding the capacity for research, affecting reaching full participant sample size.

Participant	Gender	Ethnicity	Recruited from	Interview format
P. 7	Male	White British	Social media	Online platform
P. 8	Male	Undisclosed	Community group	Telephone

Procedure

Participants were provided with participant information sheets and a consent form, prior to participation (Appendices 2-C; 2-D) and provided written or verbal consent (recorded), prior to participation. Appropriate locations were agreed between the lead researcher and participant, whilst ensuring the safety of both. Three interviews were conducted face-to-face, one was conducted over an online video platform, and four via telephone; interviews were conducted between January-April 2020.

Interviews lasted between 35 and 80 minutes. A consistent introduction regarding confidentiality, anonymity, duty of care and the process of research write up was recorded at the beginning of each interview. All participants were allocated a number to ensure anonymity.

Ethics

Ethical approval was granted through Lancaster University Faculty of Health Medicine research ethics committee. A distress protocol was also approved in case distress was experienced at any point. Current life circumstances for participants within this research project were considered, allowing close monitoring of wellbeing during interviews and any interaction. A debrief form was provided for all (Appendix 2-E), including information regarding next stages of the research and contact details for relevant individuals and organisations (both internal to the university and external), if any difficulties were experienced during participation or afterwards.

Epistemology-Reflexivity Statement

Within qualitative research, the researcher's professional, personal and epistemological stance is considered particularly important since this may have a bearing on the approach to research and interpretation of results (Ahmed, Hundt & Blackburn, 2010; Jootun, McGhee & Marland, 2009; Riessman, 2008). Phenomenologically-informed thematic analysis requires the researcher to examine their assumptions and experiences that may influence analysis, requiring transparency of these (Braun & Clarke, 2019). I acknowledge my interest in community psychology, and the impact of 'austerity' and social injustices on individuals who may be marginalised by society. I argue that clinical and community psychology have a macro-level role to play within society, considering politics, economics and mass culture within our work.

My previous clinical experiences involve working with individuals where social injustices and the impact of austerity were apparent, including the position of a Probation Service Officer, working with PLs within the community. This fostered empathy towards this population group, with an understanding and potential anticipation of the difficulties that one may encounter when reintegrating into society. My experiences created beliefs around 'austerity measures', regarding the political stance and societal attitudes towards certain population groups. I believe that groups in society are excluded due to certain circumstances and characteristics, leading to further social oppression and intolerance or discrimination. I consider mental distress within this context as a result of imbalanced distribution of societal resources. Such experience influenced my choices to conduct this research, however, my experiences could also create potential bias in interview and analysis. I take responsibility for how such beliefs, experiences, perspectives and emotions may have upon the data and subsequent analysis. A critical realist epistemological standpoint (Maxwell, 2012) involved remaining aware of my influences, as well as the beliefs

and experiences of the participants, understanding that the focus of the research is to accept what is said whilst recognising that their accounts are their own truths, led by their understanding and interpretation of circumstances. In order to reflect on all of this, a reflective journal was maintained throughout the research project and interpretations and comments were explored in supervision.

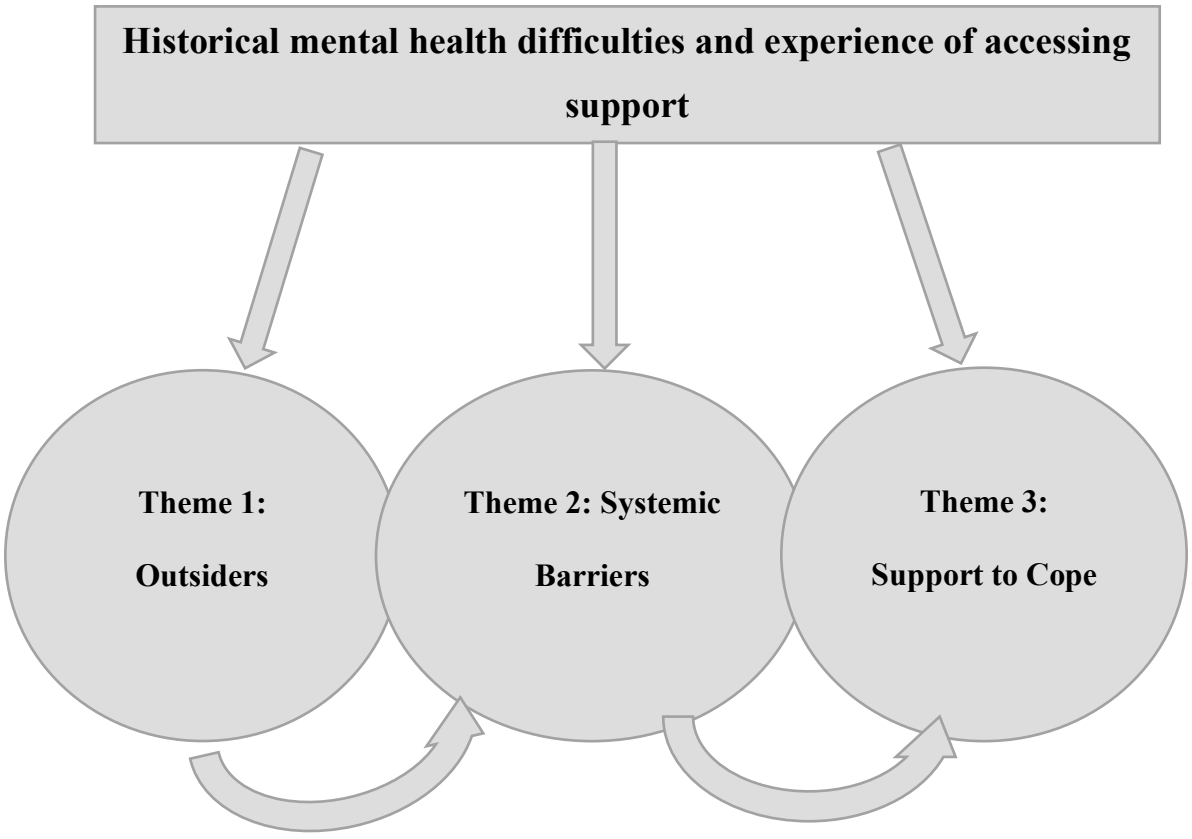
Analysis

Interviews were transcribed verbatim by the lead researcher. All identifiable information was removed. Following familiarisation with the transcripts, line-by-line coding was carried out to identify initial themes using NVivo Software (2018), then grouped into larger themes and refined through discussion and negotiation with supervisors. Themes were identified focusing on participants' reports, in terms of the referential content, as per the method of thematic analysis (Braun & Clarke, 2006), whilst also considering the perspectives, experiences and feelings of each participant to incorporate the phenomenological influence within the analysis (Guest, MacQueen & Namey, 2012). Themes identified within each transcript were compared across transcripts to understand their representation across participants, leading to consolidation of three final themes. Two original transcripts were shared with the research supervisor, allowing for initial coding suggestions. Final themes and the coding process were shared with field and research supervisors for review. Two participants expressed an interest in reviewing the final themes. Both participants reported that the themes identified accurately reflected their experiences (Table 2 in appendices provides a detailed illustration of the development of coding for Theme 2).

Results

Phenomenologically-informed thematic analysis of the interviews produced three themes: Theme 1: Outsiders; Theme 2: Systemic Barriers; Theme 3: Support to Cope. The three themes were underpinned by the narrative of historical MH difficulties. All participants discussed experiencing MH difficulties at some point, underpinning all experiences from that point on (Figure 2). This accords with reports that 70% of prisoners experience MH difficulties (Ministry of Justice, 2019). The experience of navigating an inaccessible benefits system appears to exacerbate this population's existing MH difficulties. This highlights the challenges to reintegration into society, with existing stressors and difficulties, before accessing a benefit system that is linked to MH difficulties and deterioration (Bond, Braverman and Evans, 2019).

Figure 2: Demonstration of themes, subthemes and relationships



Theme 1: Outsiders

All participants discussed feeling excluded from a society that they are expected to reintegrate into. Participants described feelings of rejection, exclusion and isolation regarding their involvement with the benefits system, leading to emotional responses such as anger and bitterness towards the system. Leaving prison and applying for benefits was described as "horrendous" (P1), a "struggle" (P4), "scary" (P5), "overwhelming" (P5) and "daunting" (P8). P8 described the transition as like joining a motorway from a slower slip-road:

> *P8: "When I first got out, it was daunting. I'd done quite a while so the changes was just mental … And you get out and it's like, everything just seems to go about 100 miles an hour. It's like joining the motorway, like going down the slip-road and catching up and then joining them. It's like that".*

Feelings of rejection and 'being an outsider' in society were reported by all participants, feeling they were treated differently because of being a PL, including within the benefits system. A 'separated' society was described, *"a bit of 'us and them' society of separation" (P6),* feeling excluded and ostracised. Participants felt they had been treated differently, being made to feel 'stupid' and like a child or as though they lacked understanding, e.g. *"You're stupid because you've come out of prison. It's horrendous." (P1).* P1 described feeling as though he did not belong in society, feeling excluded from support and help:

P1: "Nothing will ever change because they don't want to fund it [benefits system]. Because it's criminals. Everyone makes you feel like you're a sub-culture. I still feel it now. Even somebody who has moved on from that [lifestyle]. Some people still treat you like you're an alien."

Participants discussed how this impacted upon their ability to successfully reintegrate, feeling unable to access areas of support, including welfare benefits, and ask for help. P4 described feelings of being excluded and oppressed, suggesting that this left him continuing to feel vulnerable and isolated - *"Oppression. People who are the most vulnerable in society, at the bottom of the chain, seem to be really getting taken advantage of." (P4).*

Being treated as an 'outsider' had an impact upon the participants' MH, increasing feelings of anxiety (P5), frustration (P8), isolation (P3) and helplessness (P7). P2 highlighted the perceptions of MH difficulties as a weakness, which when added to feeling like 'an outsider', reinforced the barriers to accessing help and support. *"A lot of ex-cons won't tell you that they won't go and ask for help. They won't go and ask for it. They look at it like it's a weakness." (P2).*

Participants reported feeling ostracised and rejected by society; exacerbated by involvement with the benefits system. They expressed feelings of anger and bitterness from their experiences, as well as increased pressure and a lack of control – affecting their feelings of risk management and overall MH. Participants suggested that feeling like an outsider in society had affected their trust with new people and organisations: *"My level of trust for individuals I don't know has gone completed. Completely stripped away" (P7).* P1 discussed his MH difficulties upon release from prison, highlighting the need for appropriate support for rehabilitation and

reintegration. His experiences were a lack of support - *"So when I came out, I really needed support. And I didn't get it. At all." (P1),* reporting that this affected his ability to cope with the benefits system requirements. P4 experienced problems with the benefits system when errors were made (by DWP) regarding their claim, leading to debts, noting that they had already experienced multiple setbacks prior to this:

> *P4: "Stuff like that what happened with Universal Credit definitely weighs on my mental health. If it wasn't for my partner being so supportive and a positive influence on me, I probably would on the day that I was told I had to pay this money back, I would have just said do you know what, what's the point. It wasn't the only set back that I faced upon release from prison it was one of many".*

The overwhelming theme presented here, highlighted the feelings of anger and helplessness in response to participant experiences, intensifying their feelings of being an outsider in society. This led naturally onto the barriers that participants experienced when trying to navigate the benefits system.

Theme 2: Systemic Barriers

Subtheme 2.1: Procedural barriers

All participants discussed how the benefits system itself creates barriers and obstructions, impacting upon its accessibility. Participants felt that such barriers consistently led to vicious cycles, preventing PLs from successfully applying for and receiving benefits, creating stress, worry and frustration throughout the process. Participants reported difficulties proving their

identity without specified forms of identification, difficulties setting up email addresses and bank accounts due to a lack of mobile phone access and identification; all of which led to delays in payments or advanced payment support. Participants described a system led by societal norms, which did not always reflect their personal experiences and situations. Having access to a passport or driving license was experienced as an expectation yet was often not the case for PLs, as P7 pointed out:

> *P7: "Nobody keeps your stuff. Your passport, your driving license. And you require that … to verify who you are. And if you can't verify who you are, then you can't be verified, you can't be processed, and you can't make the online application."*

Participants discussed difficulties involving bank accounts being closed due to inactivity (P1, P3, P4), barriers to email accounts due to needing a phone number (P1, P5, P7), identification seemingly going missing whilst in custody (P1, P2, P4, P5, P6, P7, P8) and prison license papers not being accepted as identification (P1, P4). P1 recounted the following encounter illustrating the frustration regarding these barriers:

> *P.1: "Have you signed up to Universal Credit? I said no. Well go and do that then. I said well I can't do that because I haven't got an email address. Go and make yourself a free one. I can't do that because I haven't got a mobile phone. Why haven't you got a phone? Because I came out of prison yesterday and I haven't got the money."*

The barriers regarding identification appeared to play a part in the earlier theme of 'outsider', with participants expressing feelings of 'being different' and 'not fitting in with societal norms'; not being able to prove your identification or being recognised on the national system. Understandably, such beliefs contributed to reported MH difficulties and reduced wellbeing upon leaving prison.

Participants discussed the barriers relating to literacy difficulties, technological understanding and communication difficulties. They commented on societal changes (technology, online application processes, communication methods), identifying these as further barriers to successfully accessing the benefits system. P5 commented on feelings of 'panic' when being asked to used computers: *"I just go into panic mode when I go on computers. I'm always frightened of … doing something wrong." (P5),* with P4 highlighting their lack of experience with computer systems: *"it's all kind of online and I hadn't used a computer for a long time." (P4).*

It was perceived that such barriers could exacerbate feelings of being an outsider; being excluded from society. Most had not used computers and for some, the internet was in its infancy when initially going to prison:

> *P.7: "If you don't have a phone, don't have family, if you don't have access to a computer, you can't make a claim".*

> *P.8: "I'd never really used the internet before. It did exist when I went in to begin with, but it's only just come up really hasn't it. In the last 20 years. So, I knew nothing about it. I didn't really know how it all worked and stuff."*

The process of being paid benefits in monthly arrears is based on the expectation that an individual would be paid their salary in arrears. Participants described feeling frustrated that their reasons for benefit applications did not fit this standardised process. As such, the average five-week wait that PLs experienced created a period of time for many without income or financial stability (P1, P2, P3, P4, P7, P8). Participants reported identification barriers creating delays (P1-8), system errors (P2, P7, P8) and communication errors (P1, P2, P3, P4, P7, P8). P5 reflected on the anxiety and worry they experienced upon every brown envelope that came through the door: *"Every letter they were pushing through the door, I was just having meltdowns because they weren't getting it right" (P5).* P2 and P4 recounted the following experiences of not being identifiable on the DWP systems and being persecuted due to system errors:

> *P.2: "When I first got out, because I'd been away for 5 years, I have no ID, couldn't prove who I was, they had no recollection in their system of me ever being on any sort of benefits. With all the change that had happened, they'd just totally lost me … my driving license had gone missing, my passport, while I was away, so I spent 3 hours just trying to prove who I was".*

P4 reported system errors when it was missed that their benefits claim stated they were residing with a partner. The errors resulted in backdated repayments from their monthly income:

> *P.4: "Even though I had made them aware I was living with a partner, I was then told I had to repay everything that I'd been paid, which totaled about £1500 … I am currently*

paying off £50 a month to the DWP. Even though it was an error on their part … they didn't want to wait 5 weeks for me to pay them."

In addition to systemic barriers, participants discussed the option of an Advanced Payment[8], which is offered to financially cover the five-week wait for the first monthly payment, if needed. Those who accepted, did so, feeling as though they had no alternative to remain financially stable (due to lack of employment, income) until receipt of the first monthly payment. They reported that whilst this provided them income upfront, it was then a loan to pay back on a monthly basis, adding to their debt.

P1: "I blame myself because I was just that desperate to move and get a job that I didn't really … even if they had said, you have to pay this back, I'd still have taken it. But you'd think they'd take it back at £20 a week, not at lumps of 100s and 200s and 300s out of your wages" [accepting Advance Payments leading to later debt].

Participants described emotional responses to their experiences of the welfare system barriers. They expressed a sense of helplessness with regards to their autonomy to navigate the benefits system and work towards successful reintegration and rehabilitation. P4 expressed feelings of resentment towards the system, feeling as though it created additional stressors and pressure: *"The benefit system has screwed me over. If it wasn't for my partner, I would have had*

[8] 'Advanced Payments' are Universal Credit loans offered when a claim has been made but it is considered that an individual cannot manage financially until the first payment. The amount loaned is estimated by the DWP. This is then repaid, taken from the individual's monthly payments.

no choice but to commit crime just to make some money." (P4). Participants reported pressure building throughout these experiences, leading to increased stress and anxiety, with many conveying feelings of desperation, vulnerability and powerlessness. Several participants discussed feeling "stuck" in a vicious cycle: *"A lot of people end up being on that merry-go-round of being in and out of prison, they've got nobody on the outside." (P6); "You're stuck in a big circle" (P6).* P7 reflected on the vicious cycle that many PLs experienced upon release, when limited appropriate alternatives ultimately led to a return to prison:

> *P7: "The reality is, if you lose whatever you had when you went in, when you get out, you're on the streets or a hostel. You've lost everything. You have to start from scratch. But you can't … There are young men who leave prison on a Friday and are back in on the Monday. They would rather be in a prison because there's nowhere to go, no social housing and no help outside. If people are not broken when they go into this system, they are sure as hell broken when they get out."*

Subtheme 2.2: Personalised support

Whilst many problematic barriers were encountered accessing the benefits system, participants also discussed their feelings that the system creates the barriers (P1-8), and not the person (P2, P3, P5, P6, P7, P8). The positive experiences of accessing the benefit system involved being able to communicate with staff members and other people (P2, P3, P5, P6, P7, P8). P3 reported difficulties proving the dates they had been in prison; however he reflected that once he was able to telephone and speak to a benefits officer directly, he found the process easier: *"As soon as I could phone them up and speak to someone, it was pretty easy." (P3).* P7

reported similar experiences, stating that the benefits staff dealing with Universal Credit came across as supportive and wanting to help, a positive after the challenges of initially trying to prove their identity:

> *P.7: "When I eventually got to speak to the people at Universal Credit, they were humane about it. I'm not … don't think I'm faulting them for that. It's the system that breeds the inhumanity, not the people. They've no discretion in it, it's just what the legislation says. So, anybody like me, it's just icing on the cake for punishment."*

From these reports, it was apparent that where participants had been able to speak to staff directly, receiving a more personalised approach, their experiences were positive and helpful. Such support and personalisation challenged the feelings of being an outsider trying to access an inaccessible system, with staff interacting with PLs as individuals, with flexibility where feasible, but mainly, with respect and understanding.

Theme 3: Support to Cope

All participants expressed the belief that one was only navigating the process of leaving prison and applying for benefits successfully, if some or all of the following protective factors that support MH were in place. They listed a support network, safe housing, stable income and financial stability and someone taking a genuine interest in your MH and wellbeing. P1 summarised the key factors that they felt were vital in supporting someone's MH and wellbeing through prison release and reintegration into society:

> *P.1: "There are things you need when you come out of prison. You need somewhere to live, you need sustainable accommodation, you need access to benefits and/or employment, and you need somebody to look after your wellbeing."*

Participants discussed the networks that supported them on release from prison, influencing their MH and wellbeing. The support varied between friendships (P3, P6), family (P3, P4, P5, P7), peer support (P1, P4), relevant organisations and wellbeing groups (P1, P2, P4), and charitable groups/organisations (P5, P6, P8).

Support networks provided a sense of belonging and inclusion; potentially missing when participants had felt like an outsider, unable to 'fit into' society. Safe housing was highlighted as being particularly valuable, of having somewhere safe to return to. *"Having a stable base, that's the main thing. Everyone needs somewhere to go back to." (P3),* reflecting on the safety that a stable base affords, as well as space in which to work through other aspects of their lives or ongoing difficulties i.e. benefits applications. P4 reflected on where they felt they would have been, if it had not have been for their protective factors:

> *P.4: "I'm one of the lucky ones. I've got a supportive partner, a house, you know. A lot of people haven't got that. If I was on the street and this happened with Universal Credit, it wouldn't have been difficult for me to just fuck it off. I've got no doubt I would have relapsed back into addiction and started committing crime again."*

The security of an income or financial stability, whether from welfare benefits or other financial support, provided participants with confidence and self-reliance, further supporting their MH and wellbeing to *"continue as best they can" (P7)* and "*get through" (P8).*

All participants suggested that others taking an interest in their MH provided them with valuable support to maintain their wellbeing. A sense of inclusion, acceptance and feeling worthwhile was perceived when participants experienced others checking on their welfare; *"it's nice to know that some people care" (P2)* and that others are "still there" for them *(P8)*. Where this had not been experienced, participants described *"just being policed" (P1)*, feeling that concern from others would have supported them in maintaining their wellbeing to cope with other challenges and obstacles.

The ability to cope with leaving prison and accessing welfare benefits appeared to come from participants relying on their characteristics and existing strategies. This included determination and *"having fight" (P6)*, *"hope for their future"* (P2, P8) and having the confidence to ask for support (P2).

Three participants discussed finding faith, which significantly supported their MH and wellbeing (P2, P7, P8). These participants identified that their faith created a support network for them, adding to the earlier reflections regarding the importance of support networks in coping with leaving prison and benefits applications. P2 discussed how developing a belief and faith provided them with hope and determination for themselves, as well as learning new skills and being introduced to a wider support network and community:

> *P.2: "I think that helps a lot, believing in God. I learnt a lot about empathy and things from being in the therapeutic community."*

An underlying narrative was observed throughout all interviews of participants having historically experienced MH difficulties and varying forms of MH support (as depicted in Figure 2). Participants discussed their varying experiences of MH difficulties and support whilst in prison, with several commenting on the lack of continuity upon release from prison. All of the current sample reported historical MH difficulties, which could impact upon their ability to cope with leaving prison, reintegrating into society and accessing a reportedly difficult benefits system. As such reports reflect the wider PL population group, this only reinforces that PLs with MH difficulties are having to access a complicated and challenging benefits system, likely leading to increased pressure and worsening MH difficulties.

Discussion

This research highlights how a population of potentially vulnerable individuals with pre-existing MH problems navigate a complex and flawed benefits system, when trying to reintegrate and resettle into society. These experiences create stress, worry, feelings of isolation and potential debt, adding to what may already be complex and difficult life circumstances.

Participants in this study felt the intentions and aims of the benefits system were appropriate, however the problems impacting their MH lay with the system and its processes. All participants expressed feelings of 'being an outsider', which were exacerbated by difficulties in accessing the benefits system, leading people to feel rejected by society. Such reflections are in accordance with existing literature which highlights the societal stigma that PLs face (Pager, 2003). Experiencing stigma has a considerable impact on the wellbeing and MH of PLs, leading to feelings of being ostracised, rejected and 'different' (Davis, Bahr & Ward, 2012). Moore, Milam, Folk and Tangney (2018) discuss the relationship between experiences of stigma and societal judgement leading to 'self-stigma' (negative perceptions of oneself), which has a direct impact upon MH and wellbeing. Existing MH difficulties, such as anxiety and depression, can also act as a predictor of perceived stigma and rejection from others (Corrigan, Watson & Barr, 2006). It is noted that two participants discussed 'anticipating' rejection and judgement when attending benefits appointments, suggesting that they used this as coping mechanism; expecting judgement so as to avoid feeling shocked or upset when it happened (P2, P6,). Literature has explored the concept of 'anticipated stigma' (Quinn & Chaudoir, 2009), also associated with heightened distress and difficulties regarding adjustment (Moore & Tangney, 2013), however the findings here are considered novel.

The helplessness and anger expressed by all participants in response to attempting claims through the benefit system, was identified as intensifying their feelings of being 'outsiders' and rejected from society. Literature around helplessness and reduced control due to life circumstances, has highlighted the direct relationship between feelings of helplessness and heightened rates of depression (Ozment & Lester, 2001; Salcioglu, Urhan, Pirinccioglu & Aydin, 2017).

All participants discussed the impact that systemic barriers of the benefits system had on their ability to access the system and submit claims. They discussed the impact that such barriers had on them throughout an already difficult time of leaving prison and resettling into society. Such experiences sit in accordance with findings from similar research. Cheetham, Moffatt, Addison and Wiseman (2019) found that North-East England based claimants of Universal Credit experienced online-only systems creating barriers, lengthy delays around communication and daunting processes deeming the system inaccessible. Issues and barriers around identification were also found in previous literature, where claimants highlighted the stress that this added to their experiences (Cheetham et al., 2019; DWP, 2018). Such difficulties are supported by the DWP's own research, where it was reported that only 54% of their claimants were able to claim for Universal Credit without assistance (DWP, 2018).

The vicious cycles described by all participants regarding the initial stages of a Universal Credit claim and the barriers around identification, contributed to the feelings of 'being an outsider'. Participants felt there was limited flexibility and discretion applied for individuals who do not have the DWP's specified forms of identification, nor have the money to acquire such evidence. Inactive bank accounts due to custodial sentences caused delays in receiving payments, whilst Advance Payments (offered once proof of identification processes had been fulfilled),

accepted out of desperation and need, often led to debt further down the line. The narrative of the system creating the barriers supports existing literature, highlighting debt as a consequence of Universal Credit claims and delays (Jitendra, 2018; Walton, 2018). Such experiences of inflexible processes and requirements seemingly based on societal norms, often led to participants feeling even more separated from society.

The impact that the societal stigma of receiving benefits has on individuals was considered by Pemberton, Sutton, Fahmy and Bell (2014). The narratives and negative portrayals of individuals claiming benefits is apparent across media and social perception, evidenced by Garthwaite (2016) in their report on austerity within Britain. It is considered whether such perceptions and stigma added to the experiences of the participants in this research, being both PLs and in receipt of benefits claims, therefore further impacting upon their MH and wellbeing.

Participants who reported positive experiences of the benefits system, attributed this to the staff who they were able to have direct contact with. Participants discussed the flexibility and acknowledgements of difficulties given by staff, further supporting the narrative that the system creates the barriers, not individuals. The six participants who reported positive responses, reported feeling an increase in value and worth, due to the experience challenging their perceptions of being ‘an outsider’ who does not fit the system. It is considered that whilst positive support from benefits staff is rarely discussed in the existing literature, nor the wellbeing of DWP staff, the findings here could reflect the literature, regarding staff burnout in general (Ford & Courtois, 2009). Newell and MacNeil (2010) highlight the risks associated with any professionals working directly with vulnerable populations, discussing the higher rates of vicarious trauma and compassion fatigue, all related to professional burnout. These findings have

important implications for supporting vulnerable individuals throughout benefits application processes in the future, as well as, supporting such individuals specifically with their MH.

All participants referred to four crucial factors when exploring how they coped with the challenges of accessing the benefits system. This included having a support network having access to safe housing, financial stability, and others expressing genuine concern over their MH and wellbeing. Having access to these factors had a beneficial impact on participants' wellbeing, managing the benefits system and staying out of prison. The issues around protective factors were discussed, including cuts to community-based support networks and organisations, resulting in reduced resources and heightened demand. This appears akin to Maslow's hierarchy of needs (Maslow, 1954; Paul, 2014), where the five categories of human needs for motivation and wellbeing are identified (i.e. physiological, safety, belonging, esteem, and self-actualisation). Such factors are often at risk for PLs, given the circumstances of their release from prison. The importance of these factors is echoed in the literature, where it is suggested that basic needs are vital for PL wellbeing and successful reintegration, listing accommodation, regular income and social support (Youssef, Casey & Birgden, 2017). When considering this in the context of PLs accessing the benefits system and the barriers faced, it appears that such basic needs are not always achievable. With literature highlighting the impact of austerity and the development of the benefits system (Jones, Meegan, Kennett & Croft, 2015), it is considered how such vital basic needs are in conflict with the pressures, stress and anxiety created by the current benefits system barriers.

It is acknowledged that the results presented here reflect the experiences of seven male and one female PL. Whilst our sample numbers reflect the statistics regarding males and females within the prisoner population, suggesting that women make up only 5% of the UK prison

population (Women in Prison, 2017), the limited representation of female PLs is acknowledged. With regards to the impact of PL circumstances on the likelihood of maintaining the basic needs outlined by Youssef et al. (2017), it is further highlighted that 60% of female prisoners are released from prison without any accommodation (Crisis for APPG, 2017). Furthermore, the Crisis (2017) report suggests that female PLs have higher levels of MH difficulties, substance misuse and experiences of trauma. Such significant statistics should also be considered in relation to PLs maintaining their protective factors for positive MH and wellbeing throughout this time.

Strengths and Limitations

Whilst the sample size here is small, it is considered within the realms of appropriate sample sizes for semi-structured interviewing in qualitative research (Braun and Clarke, 2013), focusing on quality and the complexity of human experiences for in-depth analysis (Smith, Flowers & Larkin, 2009). Following the eighth participant, it was felt that theoretical saturation had been achieved. The population group was a relatively homogeneous sample, of white British males. Furthermore, the limited female representation in the sample group is acknowledged. Whilst the gender spread does reflect the wider UK prisoner population group (Women in Prison, 2017), it is considered that a more varied sample across gender identification and black and minority ethnic backgrounds could have enabled greater variation in results.

This study was not restricted to a geographical area, with participants recruited from areas in England, Scotland and Wales. It would be considered beneficial however, for a larger-scale qualitative study across the UK and additional countries, to add to this research as a comparison, depicting the impact of the benefits system on the MH of PLs.

It should be considered that the flexibility of thematic analysis can lead to an inconsistency in interpretation of themes, unless underpinned by a clear reflexivity and epistemological stance (Holloway & Todres, 2003), hence the time that was allocated to this for personal reflection and within supervision throughout the project.

Existing research on the consequences and implications of welfare benefits for claimants is still limited, however research into more vulnerable groups of society is even more so (Cheetham, Moffatt, Addison & Wiseman, 2019). As such, the research here is considered valuable and should contribute to a body of building literature.

Given the current circumstances of COVID-19 and the predicted impact on the socioeconomic climate, research into the impact of the benefits system on PLs and other population groups will be vital for informing MH services and adequate support, ensuring crucial support is available to all.

Clinical Implications

The present study highlights the perceptions of individuals accessing the benefits system, that the system creates the problem and not the individuals. Given the positive experiences that 75% of participants reflected on involving some personalised, humanistic approaches from staff members who were able to dedicate time and flexible responses, the need for staff support and training is highlighted, preventing burnout and compassion fatigue (Garland, 2004). Management systems should be encouraged to consider the maintenance of team relationships, achieved through team away-days and reflection time for staff. The importance of vulnerable groups within society being supported to feel valued, worthwhile and included within the wider societal groups, is highlighted to be of great importance. Where clinical psychology continues to

develop its role within macro-level societal support, the findings from the current research should be utilised to inform this work. Emerson (2012) discusses the responsibility of clinical psychologists maintaining awareness of societal-level health issues, the impact of these on individual MH and ongoing evidence within their role, however such recommendations are not new, with Albee (1979) proposing the role of psychology and MH support within wider social justice and social change. Professional recommendations are related to the macro-level of Bronfenbrenner's model (1979), considering clinical psychologists' roles in leadership, both clinically and politically, in relation to the wider systemic and societal factors.

Macro-level Considerations

Prison environments present an opportunity to promote positive MH and wellbeing but have for some time tended to create environments focused on custodial and holding responsibilities, along with punishment and risk management. Whilst this remains a responsibility, the acknowledgement of significantly increased rates of MH in the prison population compared to general population, has led to a shift in focus, reflected when prison healthcare systems moved to NHS operations (Gulland, 2002). Literature has highlighted the need for less division between MH in prisons and wider communities, and NHS, suggesting that opportunities for support would benefit the individual as well as the wider community in the longer-term (Reed & Lyne, 2000).

The shift towards 'therapeutic communities' (TCs)[9] within prison settings is in accordance with this, with literature evidencing the positive outcomes of TCs as a reduction in symptoms of distress and MH difficulties, increased pro-social behaviour and some reduction in reoffending rates (Bateman & Fonagy, 2000; Dolan & Coid, 1993). Scott and Gosling (2016) suggest TCs are beneficial within prisons. They argue that any therapeutic and psychological support must be developed with the understanding of socioeconomic factors affecting such individuals, including the poverty and social injustices that surround them, maintaining this awareness and understanding throughout. This further evidences the prevalence of such macro-level influences on individuals entering and leaving the prison system, which supports the macro-level commitment discussed within this research. Such macro-level interventions supporting MH and wellbeing within community-wide settings should consider inequality, cultural, historical and political issues, ethnic diversity, policy, planning and consultation, and public health (Browne, Zlotowitz, Alcock & Barker, 2020).

Research has supported the observations noted here that being a PL and accessing the benefits system and, in particular, a PL with MH difficulties (which made up 100% of the current sample), one is likely to experience 'double disadvantages' and additional stigma (Forrester, Till, Simpson & Shaw, 2018; Shepherd et al., 2017), contributing to their feelings of ostracisation from society. Such disadvantage across wider societal settings (health, welfare, employment, income, culture, empowerment and others) highlights the importance of macro-level interventions and support, and our role within clinical psychology.

[9] Therapeutic communities are intensive treatment programmes developed to create psychologically-informed environments, offering structure around social relationships, daily activities and wellbeing. They are led by the residents or individuals involved, aiming to redesign traditional hierarchies and empower individuals with personal responsibility in a safe environment (Campling, 2001).

Conclusion

This research contributes to the literature body highlighting the complexities and challenges of the current welfare benefits system. Focusing this research on PLs has provided crucial results to contribute to existing literature on other groups of society. The experiences of potentially vulnerable individuals with pre-existing MH problems trying to access benefits claims and resettle into society, involve feelings of isolation, stress, anxiety and helplessness, adding to what may already be complex and difficult life circumstances. Given social inequality is closely linked to increased risk of MH difficulties (Mattheys, Warren & Bambra, 2017), more research is required to focus on exploring factors influencing the wellbeing of more vulnerable groups. This is particularly integral for PLs and the benefits system, given the findings presented here.

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Appendices 2

Appendix 2-A: Interview Schedule Version 3

FHMREC Project ID: FHMREC19005

Exploring the experiences of prison leavers accessing welfare benefits, to understand the impact of this upon their mental health

- **Introduce myself**
  - Trainee Clinical Psychologist
  - Interest in relevant area
- **Introduce project**
  - Exploring the experiences of prison leavers accessing welfare benefits, to understand the impact of this upon their mental health
  - Adequate explanation of the project
  - Answer any questions
  - Clarify that I will not be able to support with benefit claims, appeal processes etc.
- **Discuss confidentiality**
  - Confidentiality statement – consistent for all participants

Before we start the main interview, I need to talk with you about confidentiality [check understanding of the term confidentiality, familiarity with the term]. All of our interview and everything that we talk about today is confidential, so just between us. But there are a few exceptions to this or times when it might change. If you talk to me about something that means I am worried about your safety or safety to somebody else, it is my professional duty to let other professionals know, so that you and others are safe. I will talk to you about this first, to let you know that I will be talking to other professionals, to keep you and others safe.

I would also ask you to maintain the confidentiality of other people, so other people or professionals that you have worked with or come into contact with, along the way.

My supervisor who is based at Lancaster University will have access to anonymised copies of our interview, this means that there will not be any details passed to them that can identify you or show who you are. This is to make sure that what I am doing in the interviews is ok and to maintain good quality.

After all of the interviews, I will write up the results into a full report. The write up will use pseudonyms, so a name that does not identify you, and direct quotations will be included. I will make sure that there are not any details that identify you in any way. To remind you as well, it is possibly that the research project will be published in a research journal in the future.

- **Consent**
  - Check that verbal consent is given for participation in the research study. Check that the participant has a copy of the consent form that they can sign. Allow some time for any additional questions that the participant may have.
- **Foreword**
  - Thank participants for agreeing to take part in the interview and the project.
  - Discussion about aims of the project and what we are looking to find out.
  - We are interested in finding out about individuals who have left prison and their experiences of accessing the benefit system. I am interested in hearing about how you felt when you were applying for any benefits, any support that you might have asked for or been offered, and what your experiences have been life throughout these processes. I am interested in how you think coming out of prison and applying for benefits has had an impact upon your mental health and your wellbeing.
  - I will be asking you some general questions and asking you tell me about things. If you are not comfortable with anything that I ask you, let me know. You do not need to answer all of the questions and we can move on from questions if there are things that you do not want to talk about.

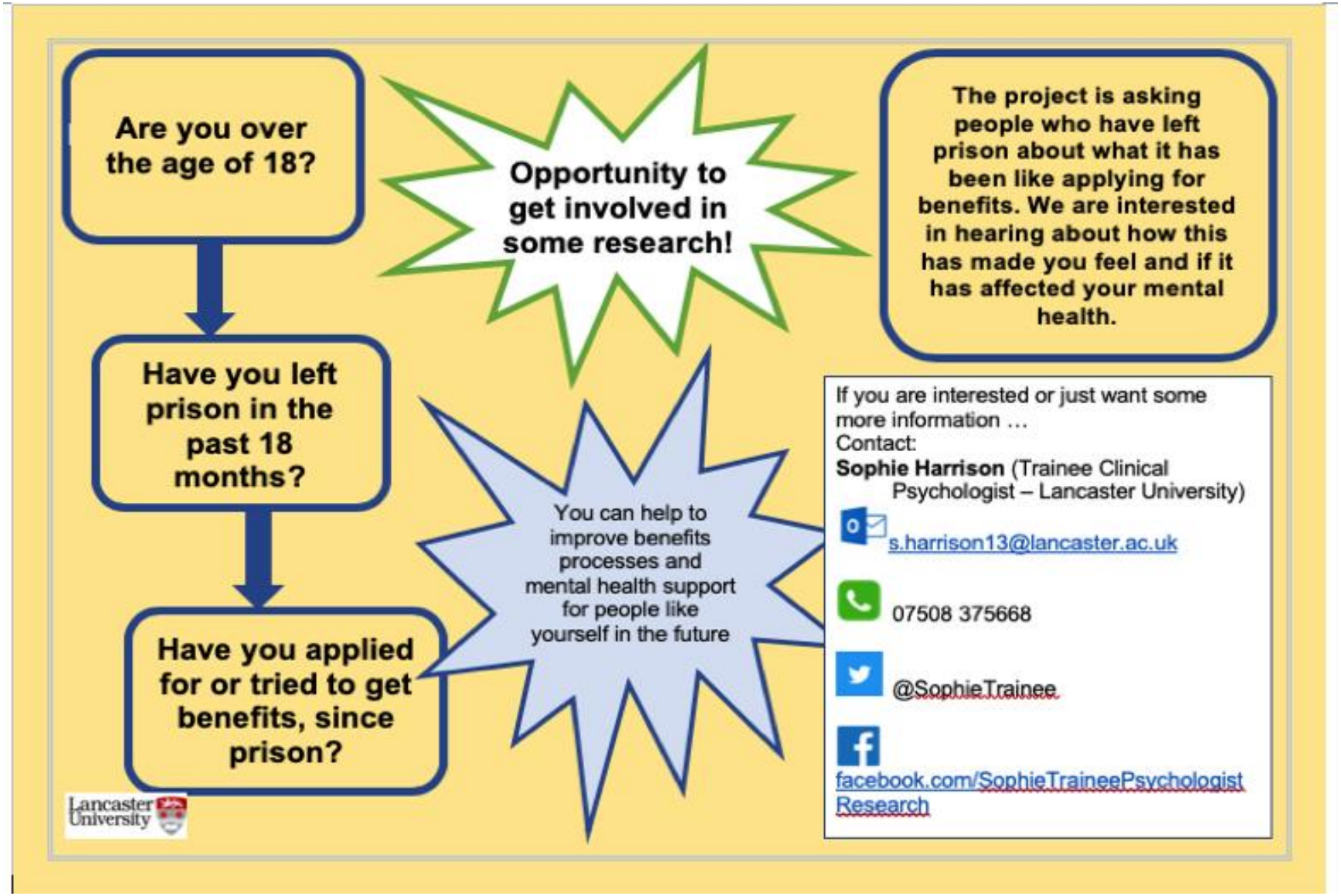
- If you feel distressed at any point, please tell me and we can take a break or talk about something different. I will talk to you about who you can access for support if this would be helpful. I will also talk to you about immediate support or help, if you need help sooner.
- All of your responses are confidential and whatever you say will not affect any current sentencing (for example, previous custodial sentences, license, suspended sentences or any community sentences), nor will it affect any welfare benefit claims, appeal processes or current statuses.

- **General topic areas to follow:**
  - Can you tell me what it was like coming out prison and back into society?
  - What was it like starting the application for benefits and accessing the benefit system / office?
  - Have you had any difficulties trying to claim for benefits?
  - Have you accessed any support throughout this process?
  - Can you tell me about the process that you went through – what was it like? (Accessing or filling in the forms? Did you have to use the computer? What were appointments like? Did you get to see the same person every time? Which offices or bases did you have to go to? What was it like in the waiting rooms? Phone calls? Responses from staff members / others?)
  - What has it been like for you, in terms of your mental health? Do you think there has been a change in your mental health in any way [deterioration or improvement]?
  - Prompt for what they think has contributed to the above.
  - How do you think the changes (if present) in your mental health are linked to your experiences of applying benefits? – are they linked?
  - Explore experiences of mental health and what their self-perception is of their own mental health and wellbeing?
  - Prompt for other indicators of mental health (energy levels, appetite, sleep changes, activity levels)

- Are there other things that are possibly having an impact upon your mental health?
- What has helped with your mental health and wellbeing since leaving prison? What helps you now?

- **Prompts to use throughout**
  - Tell me more about that, how did it feel?
  - What was your mood like around that time?
  - What kind of other things were you doing? [activity / socialising etc]
  - Did you have friends around you?
  - What was your situation around work? Accommodation?
  - Have you accessed any support groups or similar?
  - Have you had any contact with mental health services in any way?
- **Questions to explore current mental health and wellbeing**
  - Where are your benefit claims up to now?
  - Do you have employment / accommodation / financial stability?
  - What sorts of things do you enjoy doing now?
  - Do you have a support network around you? Friends?
  - What sorts of things do you really care about and value now?
  - How do you think you have changed since leaving prison (if you have changed?)?
  - How, if at all, do you think your mental health and your experiences of accessing benefits are linked?
  - Do you have things that help reduce your stress?
- **Allow space to explore any other areas of their mental health and wellbeing, related to accessing benefits, since leaving prison, that they may wish to talk about.**
- **Debrief**
  - Check out how they are feeling and how they have found the interview experience
  - Check wellbeing
  - Provide debrief sheet
  - Offer signposting if this is required at this point of the participation process (information for signposting and relevant services is included in the debrief form).

Appendix 2-B: Social Media Advertisements



Appendix 2-C: Participant Information Sheet

Lancaster University

FHMREC Project ID: FHMREC19005

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

My name is Sophie Harrison. I am a trainee clinical psychologist at Lancaster University. I want to know what it's like for people who leave prison and have to apply for benefits, and if this has affected their mental health. You have been invited to take part in this study because you have left prison in the last 18 months and have applied for or been involved with the benefit system.

Please take the time to read the information here and think about whether you would like to take part.

What is the project about?

- What it is like leaving prison and claiming benefits?
- How did you feel about applying for benefits? Did you have any support?
- Could it have been better or easier?
- How has it all made you feel and has it affected your mental health?

Why are we exploring this?

We want to know what support is needed for people coming out of prison and applying for benefits, to help improve things for people like yourself.

Do I have to take part?

No, you do not have to take part, it is completely up to you. If you don't want to take part, then this is not a problem at all. It won't affect your personal current circumstances at all.

What will happen if I take part?

If you do want to take part, you can meet at a time and place near to you or we can speak online if that is easier.

If it's easier to speak online, we can use something like Skype or Google Hangout. Our conversation will last for about an hour, talking about what it was like applying for benefits after leaving prison, and any support or advice that you had. I will be recording the interview on a voice recorder because I need to write down what your experiences have been (but this recording will only be listened to by me and my research supervisors).

There is a consent form, just to make sure that you are happy to speak to me for the study.

What are the benefits for me of participating?

If you do take part, it may help to improve the support for people when they come out of prison and apply for benefits.

Are there any risks of taking part and what are they?

We don't think that there will be any risks to you if you take part. We are aware though that what we are talking about could be a bit difficult for you. After we've met and talked, we can go through the different support available if you are upset by anything we have talked about.

You don't have to talk about:

- your time in prison or why you went to prison
- your community sentence if you are currently supervised by someone in the Probation Service

If you do take part, this won't make any difference to your current sentence or any past sentences. It won't make any difference to any benefit claims or appeals you have at the moment. The researchers don't have any links to the benefits system, the prison service or any other criminal justice agencies.

Will my information be kept confidential?

Any personal information that we collect will be kept confidential; this means that only the researchers involved can see this information. This includes your name and any personal information, like your phone number or email address.

- The forms that you are asked to sign are all kept securely, in a different place to where we keep the recording of our meeting.
- Your meeting with me will be recorded on a voice-recorder and then written up word for word, in a way that doesn't say who you are.
- Once everything has been written up, the rest of the research team at Lancaster University will be able to see this, but they won't know who it is about.
- Electronic copies of our meeting will be stored at Lancaster University with a password protecting them.
- When the research project is completed, printed copies of our meeting will be stored in a locked cupboard at Lancaster University for ten years.
- All of the information that you give us about yourself will be destroyed when the study has finished.

When you fill the forms in, you only have to write your first name, so we don't need to know your surname (your last name).

The only times where I would have to let anyone know anything about you would be if you tell me that you might be at risk of getting hurt or you think that you might end up hurting someone else. This would also include if you told me something about new offending behaviour. If this happened, I would talk to you

about it first so that you know I am worried, and then I will let other people know, so that they can keep you and others safe.

How can I take part, if I want to?

If you want to take part in the project:

- You will be asked to read through this and write your name on a 'Consent Form'.
- You can ask any questions you have about the project. You can be supported by someone else at all times, if you would like.
- I can talk you through the information and answer any questions if this is helpful.
- You can also have someone you know with you when we meet if that is helpful.
- I will also ask you to read an 'Expression of Interest Form' and write your name on this if you want to take part. You can give this form back to me, email it to me (s.harrison13@lancaster.ac.uk) or send it to me in the post (I'll give you a pre-paid envelope).
- You can also phone me on 07508 375668.

What if I want to withdraw from the study?

You can change your mind about being involved in this project. You don't have to give me a reason why. Once you have met and spoken to me about your experiences, you can still change your mind about being involved, up to two weeks afterwards. This is because, after two weeks, I will have written up our conversation and started to use it in my research. If you do change your mind

before this, all of your information will be destroyed, and it won't be used in the study.

What if I have any concerns about the project?

If you want to speak to anyone else about the project (and don't want to talk to myself as the researcher) you can contact:

Dr Ian Smith	**Research Director Senior Lecturer**
Telephone number:	01524 592282
Email:	i.smith@lancaster.ac.uk
Address:	Furness College Division of Health Research Lancaster University Lancaster LA1 4YG

If you want to talk to anyone about your experiences since leaving prison or help with anything, there are agencies and services who work with and support people who have left prison. These include:

Department of Work and Pensions	0800 169 0310	www.gov.uk/government/organisations/department-for-work-pensions/about/complaints-procedure

Citizen's Advice Bureau	03444 111 444	www.citizensadvice.org.uk
One Stop Shops	Available in your area	See local areas
Nacro	0300 123 1889	www.nacro.org.uk
Prison Reform Trust	0800 802 0060	www.prisonreformtrust.org.uk
Shelter	0808 800 4444	www.england.shelter.org.uk
Unlock	01634 247350	www.hub.unlock.org.uk
Local MP	020 7219 3000	www.parliament.uk/get-involved/contact-your-mp/
Find a local solicitor	020 7320 5757	www.solicitors.lawsociety.org.uk

If you would like to speak to somebody who is not in the Doctorate of Clinical Psychology Programme, you can also contact:

Professor Roger Pickup — **Associate Dean for Research**

Telephone number: 01524 593746

Email: r.pickup@lancaster.ac.uk

Address: Faculty of Health and Medicine
Division of Biomedical and Life Sciences
Lancaster University
Lancaster
LA1 4YG

Thank you for taking the time to read the information on this form.

Sophie Harrison (Trainee Clinical Psychologist)

Doctorate in Clinical Psychology

Furness College

Lancaster University

LA1 4YG

Email: s.harrison13@lancaster.ac.uk

Telephone: 07508 375668

Appendix 2-D: Consent Form

Consent Form – Final

Lancaster University

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Please tick in the box if you agree with the statement:

I consent to take part in this project.	☐
I have read and understood the participant information sheet.	☐
I have been given enough time to read the information. I have had time to ask any questions about the information and had the questions answered satisfactorily.	☐
I understand that taking part in the project is voluntary and I can withdraw my involvement up to two weeks after my interview. I do not have to give a reason if I choose to withdraw.	☐
I understand that my decision on whether to take part will not have any effect on any benefit claims or involvement with community or custodial sentences.	☐
I understand that I might get upset when discussing some of the topics but I do not have to talk about anything I do not want to.	☐
I understand that my interview will be audio recorded and then written up into an anonymised transcript, stored securely at Lancaster University.	☐
I understand that anonymous direct quotations may be used in the the write up of this project. I know that my identity will be kept anonymous and I am content with this.	☐
I understand that the data collected throughout this project might be looked at by the researcher supervisor at Lancaster University. The supervisors will not have access to personal information.	☐

I understand that any information I provide will stay confidential and anonymous unless there is a risk of harm to myself or other people. If this happens, the project researchers (Sophie Harrison and Pete Greasley) may have to share information with relevant individuals. This will be discussed with me first. ☐

I understand that the results from this project may be submitted for publication in the future and later published in a journal ☐

I know that I can ask for the interview recording to be stopped at any time or I can ask for a break if I want to and the information can be deleted if needed. ☐

I understand that I may be contacted after the interview, if it is considered useful to speak further about the project ☐

I agree to take part in the above study. ☐

Name (please print): _____

(First name only needed)

Date: _____

Person taking consent: _____
(Name, please print)

Date: _____

I can confirm that the individual has not been coerced into giving their consent. The consent has been given voluntarily.

A copy of this form will be given to the participant. The original form will be held securely at Lancaster University.

Appendix 2-E: Debrief Form

Lancaster University

FHMREC Project ID: FHMREC19005

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Thank you for taking part in this project. Your involvement in the project has been really appreciated and is really valuable. We hope that you found being involved in the project to be enjoyable and rewarding for yourself.

Your experiences and everything that you have told us will improve our understanding of what it is like for people leaving prison, re-joining society and trying to access the welfare benefit system. It will also help to develop our understanding of what it is like for people coming out of prison and the impact of this upon their mental health and wellbeing.

We hope that this will improve the services and support available to people in similar situations, in the future.

What happens next?

Now that you have had your interview and we have recorded it, I will write up your interview word for word, ensuring that it all remains anonymous (this means that you cannot be identified from my write-up). I will then read through all of the interviews from the different participants, starting to understand the different ideas and experiences from everyone who has taken part.

The experiences of all participants and the results of this project will be written up as part of my thesis project. This is then submitted to the Doctorate of Clinical Psychology programme within Lancaster University.

The report may later be published in a journal and I may present my findings to relevant services. You are able to get a summary of the overall findings if you are interested in this and you are welcome to request a copy of the final report, if you are interested in having this. You can contact myself or the research team at the university for this information.

What if you are upset or worried after taking part?

If you have found that you are upset or worried about anything after taking part in the interview and this project, then you are able to contact the research team at Lancaster University with the following details:

Dr Pete Greasley
(Research Supervisor)
01524 593535
Furness College
Doctorate of Clinical Psychology
Lancaster University
LA1 4YG
p.greasley@lancaster.ac.uk

Professor Bill Sellwood
(Programme Director)
01524 593998
Furness College
Doctorate of Clinical Psychology
Lancaster University
LA1 4YG
b.sellwood@lancaster.ac.uk

If you do not want to speak to anyone at the university, you can contact your own GP and ask to speak to them.

There are agencies and services who specifically work with and support people who have left prison. These include:

Nacro	0300 123 1889	www.nacro.org.uk
Prison Reform Trust	0800 802 0060	www.prisonreformtrust.org.uk
Shelter	0808 800 4444	www.england.shelter.org.uk
Unlock	01634 247350	www.hub.unlock.org.uk

Or alternatively you can contact Samaritans on 116 123. The Samaritans phone number is accessible 24 hours a day, 365 days a year).

Thank you again for taking part in this project. It is really appreciated.

Sophie Harrison (Trainee Clinical Psychologist)

Doctorate in Clinical Psychology

Furness College

Lancaster University

LA1 4YG

Email: s.harrison13@lancaster.ac.uk

Telephone: 07508 375668

Appendix 2-F. Author Guidelines

Journal: The Journal of Forensic Psychiatry & Psychology

Retrieved from

https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=rjfp20

Preparing Your Paper

Original manuscripts

- Should be written with the following elements in the following order: title page (including Acknowledgements as well as Funding and grant-awarding bodies); abstract; keywords; main text; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
- Should be no more than 5000 words, inclusive of the abstract, tables, figure captions, footnotes, endnotes.
- Should contain an unstructured abstract of 200 words
- Should contain between 3 and 6 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.
- Please include a word count.

Format-Free Submission

Authors may submit their paper in any scholarly format or layout. Manuscripts may be supplied as single or multiple files. These can be Word, rich text formal (rtf), open document format (odt), or PDF files. Figures and tables can be placed within the test or submitted as separate documents. Figures should be of sufficient resolution to enable refereeing.

- There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to evaluate a manuscript: abstract, author affiliation, figures, tables, funder information, and references. Further details may be requested upon acceptance.
- References can be in any style or format, so long as a consistent scholarly citation format is applied. Author name(s), journal or book title, article or chapter title, year of publication, volume and issue (where appropriate) and page numbers are essential. All bibliographic entries must contain a corresponding in-text citation. The addition of DOI (Digital Object Identifier) numbers is recommended but not essential.
- The journal reference style will be applied to the paper post-acceptance by Taylor & Francis.
- Spelling can be US or UK English so long as usage is consistent. Note that, regardless of the file format of the original submission, an editable version of the article must be supplied at the revision stage.

Checklist: What To Include

1. **Author details.** All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted.
2. You can opt to include a **video abstract** with your article.

3. **Funding details.** Please supply all details required by your finding and grant-awarding bodies as follows:

   For single agency grants

   This work was supported by the [Funding Agency] under Grant [number xxxx].

   For multiple agency grants

   This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

4. **Disclosure statement.** This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research.

5. **Data availability statement.** If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the data set(s). templates are also available to support authors.

6. **Data deposition.** If you choose to share or make the data underlying the study open, please deposit your data in a recognized data repository prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.

7. **Geolocation information.** Submitting a geolocation information section, as a separate paragraph before your acknowledgements, means we can index your paper's study area accurately in JournalMap's geographic literature database and make your article more discoverable to others.

8. **Supplemental online material.** Supplement material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare.
9. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file styles, please consult our Submission of electronic artwork document.
10. **Tables.** Tables should present new information rather than duplicating what is in the text. readers should be able to interpret the table without reference to the text. Please supply editable files.
11. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.
12. **Units.** Please use SI units (non-italicized).

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You must obtain the necessary permission to reuse third-party material in your article. The use of short extracts of text and some other types of material is usually permitted, on a limited basis, for the purposes of criticism and review without securing formal permission. If you wish to include any material in your paper for which you do not hold copyright, and which is not covered by this informal agreement, you will need to obtain written permission from the copyright owner prior to submission. More information on requesting permission to reproduce work(s) under copyright.

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Authors are encouraged to deposit the dataset(s) in a recognized data repository that can mint a persistent digital identifier, preferably a digital object identifier (DOI) and recognizes a long-term preservation plan. If you are uncertain about where to deposit your data, please see this information regarding repositories.

Authors are further encouraged to cite any data sets referenced in the article and provide a Data Availability Statement.

At the point of submission, you will be asked if there is a data set associated with the paper. If you reply yes, you will be asked to provide the DOI, pre-registered DOI, hyperlink, or other persistent identifier associated with the data set(s). If you have selected to provide a pre-registered DOI, please be prepared to share the reviewer URL associated with your data deposit, upon request by reviewers.

Where one or multiple data sets are associated with a manuscript, these are not formally peer reviewed as a part of the journal submission process. It is the author's responsibility to ensure the soundness of data. Any errors in the data rest solely with the producers of the data set(s).

Publication Charges

There are no submission fees, publication fees or page charges for this journal.

Colour figures will be reproduced in colour in your online article free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply.

Charges for colour figures in print are £300 per figure ($400 US Dollars; $500 Australian Dollars; €350). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($75 US Dollars; $100 Australian Dollars; €65). Depending on your location, these charges may be subject to local taxes.

Tables

Table 2. Coding example for the development of Theme 2

Line-by-line coding producing initial codes	**Key quotes**	**Phenomenological interpretations throughout**	**Initial themes through synthesising**	**Refined themes**	**Subthemes**
Advance Payments putting you in debt Debt due to benefit delays Historical – benefits debts Repeated prison releases affecting benefits	"I struggle to survive now" "You're back to square one" "I'm floating now" "Just keeping my head above water" "dreadful" / "horrendous" to describe application experiences "if you're not broken before you go into the system, you sure as hell are when you come out" *[P.1,2,3,4,7,8]*	Feeling trapped due to ongoing debts / poor communication leading further debt / an increase in risk around offending – trying to stay afloat and out of prison / vicious cycles of trying to reintegrate and resettle into society / feeling like there's no way out	Benefit system creating barriers and further debt and further vulnerabilities	**Theme 2: Systemic Barriers**	**Subtheme 2.1: Procedural barriers**
Barriers – asking for help: 'Us and Them' mentality Barriers – benefits application: tech, email phone Literacy problems – benefits apps Nowhere to live – isolated, anxious	"currently paying off £50 a month – even though it was their error" "the choice is pay the bills or eat, because you can't do both" "you come out with	Feeling ostracised and separated from those around them / being treated differently / feeling overwhelmed / added stress / feeling as though application	The system and processes creating their own barriers – creating a societal divide		

	the mentality of its 'us and them' " "I hadn't used a computer for a long time" "I've got nowhere to go, no one to help" *[P.1,2,4,5,6,7,8]*	requirements are based on societal norms – which PLs don't fit into /			
Poor communication regarding benefits Problems with setting up a bank account Negative experiences of needing help to set up benefits No recognition on the system - ID Not having any (specified) ID	"there was nowhere for me to turn to" "I have no ID, I couldn't prove who I was" "I've been away for 5 and a half years, no one knows who I am" "no recollection of me on anything" "didn't have any faith instilled in me" "I was quite panicked because I couldn't prove who I was" "you have to start from scratch, but you can't" *[P.1,2,3,4,5,6,7,8]*	Not being able to prove yourself as an individual / being unidentifiable by a national system / not being able to access the 'normal' things that the rest of society do and have / not fitting in with social norms / being different / all creating more barriers / feeling back to square one but still with no options / feeling like an outsider	The processes creating further barriers and ostracising already vulnerable individuals		
Positive experiences of help to set up benefits Positive experiences of probation or hostel hlp	"it's the system that breeds inhumanity, not the staff"	Feeling that the barriers are created by the system and not the individuals			

East of benefits application	"when I got the support, it was a big support network" "I think if he wasn't there, I don't think I'd have been able to sign on" "she could see I had anxiety, so she was supportive, I will give her that" "once it was set up, it was ok" "she asked me if I was ok" *[P.2,3,5,6,7,8]*	trying to do their jobs / when staff are able to do their jobs, they are able to offer support / staff are restricted by inflexibility and processes / feeling that positive support from staff challenged their feelings of being 'different' to society	Interaction with staff created humanised responses, personalisation, flexibility (where possible); challenging the societal diverse and 'outsider feeling'		**Subtheme 2.2: Personalised support**

Figures

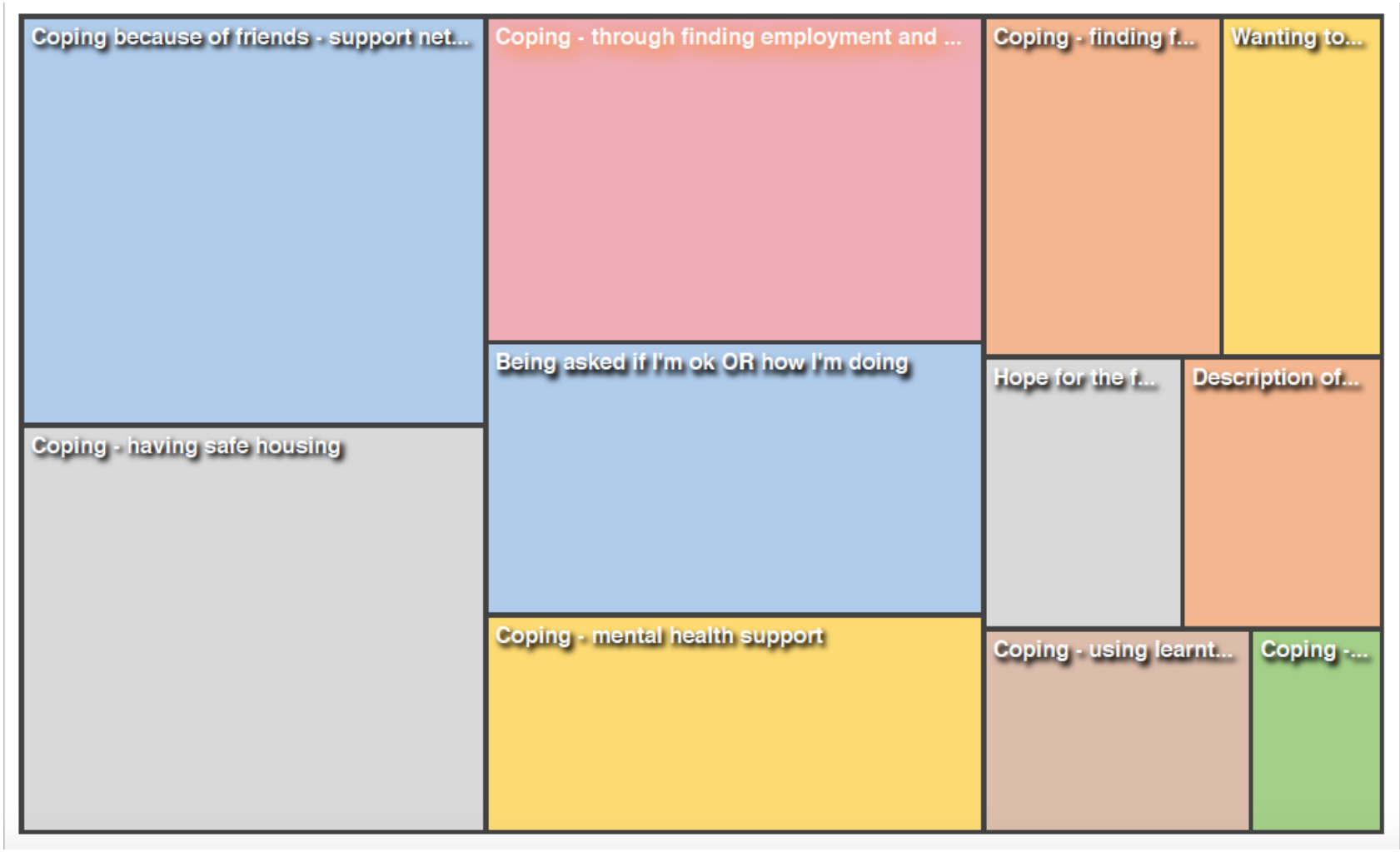
The following figures demonstrate the individual codes contributing to the overall themes, reflecting the distribution of codes.

Figure 2. Theme 1: Outsider (produced from NVivo)

Figure 2. Theme 2.1: Procedural Barriers (produced from NVivo)

Figure 3. Theme 2.2: Personalised Support (produced from NVivo)

Figure 4. Theme 3: Support to Cope (produced from NVivo)



Section Three: Critical Appraisal

Sophie Harrison

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Word Count: 3910

All correspondence should be addressed to:

Sophie Harrison

Doctorate in Clinical Psychology

Division of Health Research, Furness College

Lancaster University

Lancaster

LA1 4YF

Tel: +44 1524 592970

Email: s.harrison13@lancaster.ac.uk

Abstract

This critical appraisal section provides an opportunity to reflect on the overall findings of the thesis, the motivations and my own role within the research and areas of reflection throughout the literature searching and research process. I will detail the issues that arose and how these were explored and considered.

Critical Appraisal

In this critical appraisal, I will summarise the research findings and consider how they contribute to the literature around the mental health (MH) of prison leavers (PLs) and the impact of the benefits system on individual wellbeing and MH. I will explore my reflections on recruitment and interviewing, considering how the overall findings can inform next steps for supporting those involved with the criminal justice system and in our practice as clinical psychologists, supporting those who are vulnerable within society.

The aim of the thesis was to gain an understanding of access to MH support within custodial settings, developing our understanding of the MH of individuals leaving the prison environment and reentering society. Given the prevalence of PLs accessing the benefits system upon release, I aimed to explore PLs' experiences of this, exploring their MH and whether they felt their experiences had an impact upon their MH and wellbeing. From this understanding, it was considered that the findings could inform practice, using the qualitative information from first-hand accounts. It was considered that the aim was successfully met as, through theoretical saturation, the data demonstrated clear and consistent findings across individual experiences.

The term "sub-culture" is used within the thesis title from participant references, suggesting that this has been their experience. It is acknowledged that the term 'sub-culture' is used within forensic literature, often when referring to therapeutic communities and the positive rehabilitative environment aimed for within these (Fortune, Ward & Polaschek, 2014). 'Sub-culture' has also been used to refer to hierarchical systems experienced within prison establishments (Ogunwale, Majekodunmi, Ajayi & Abdulmalik, 2020), however here it is in reference to PL reported experiences of feeling secondary to society, with regards to accessing benefits and maintaining wellbeing.

Summary of Findings

The systematic literature review explored the MH support within custodial environments. The experiences of loneliness within custodial environments impacted upon individual MH, with peer support in interventions considered valuable in easing the loneliness, creating a sense of belonging and understanding. Barriers to MH support included attitudes towards MH difficulties, experiences of stigma, limited resources and a feeling of 'powerlessness'. Where empowerment and a sense of purpose was promoted through MH interventions, individuals reported feeling hopeful and valued, positively impacting upon their MH and wellbeing. The findings highlighted important implications for the role of MH support within prisons, the high number of individuals leaving prison without sufficient continuity of support into the community, and the consequential effect on community MH services.

Through semi-structured interviews, the research project explored the experiences of individuals leaving prison, considered to be a vulnerable group in society with likely pre-existing MH difficulties, and the impact of accessing the benefit system upon their MH. The themes identified from participant's experiences were (1) feelings of being an outsider in society, (2) systemic barriers creating an inaccessible and ostracising benefits system, created by the system itself as opposed to the staff behind the processes, (3) shared protective factors to aid coping throughout involvement with the benefits system, consisting of a support network, safe housing, stable income and concern for their MH and wellbeing. Participants discussed the value of community MH interventions and support networks (through organisations, third sector agencies and peer support). It was evident from all participant accounts that without these external factors,

participants felt that they may not have been able to cope with the experience of leaving prison and navigating the benefits system.

Motivation for the Research

The thesis topic was motivated by my own clinical experiences and involvement within the community and wider society. My professional experience has fueled a keen interest in community psychology and the impact of 'austerity measures' on vulnerable groups within society. I believe that we have a responsibility within clinical psychology to play a role in macro-level support within our communities. Throughout the thesis, I reflected on my responses to those impacted by austere conditions and potential injustices, recognising that my beliefs and opinions are relevant throughout. I made time in supervision to discuss underlying hypotheses that I may have developed about the potential research findings and how such hypotheses could influence data collection. I reflected on this when designing the interview schedule, remaining mindful of any leading questions or questions informed by my own opinions and beliefs. By reflecting with the research team on the first two transcripts after interview, I was able to critically appraise my questioning and responses, looking for possible biases that could influence, using this reflection to inform all interviews henceforth.

I reflected on how my experiences and knowledge of community services influenced my interaction with participants and ability to build appropriate interactions and relationships. I found that I was able to build rapport with participants, facilitating open discussion and a safe environment; particularly important for safeguarding participants throughout qualitative research (Sutton & Austin, 2015). The responses I received from participants reflected this, with several

asking to remain involved in the research project and continue to contribute where they felt able and where appropriate.

Approaches within qualitative research emphasise the role of the researcher, acknowledging their experiences and beliefs and biases formed from these and their influence within the research (Hale, Treharne & Kitas, 2007). The concept of 'bracketing' has been suggested by researchers (Tufford & Newman, 2010), proposing that researchers can attempt to shelve predetermined ideas and beliefs; an approach that I worked on maintaining through supervision and reflection. When reviewing the first two transcripts myself, I took note of my responses where I could identify the influences of my preconceived beliefs and biases. I was able to reflect on this, ensuring that I maintained awareness of such responses throughout the remaining interviews. Interestingly, two organisations that I communicated with throughout the research, suggested that they tell potential participants about my previous experience as a Probation Officer, feeling that this would enable them to feel safe to participate. Tuval-Mashiach (2017) highlight the benefit of transparency in qualitive research, suggesting that revealing what goes on "behind the scenes" facilitates best practice. It was considered that such transparency could create a limitation, with participants perceiving me as an authority figure, potentially creating a power imbalance. Given the responses from participants, the transparency appeared to be an advantage, creating safety and a mutual understanding from my experiences.

When reviewing the transcriptions, I regularly used my reflective diary, reflecting on how my biases may be influencing my responses throughout data collection. Such reflections were vital to review, both for engagement with participants and for commencement of the process of thematic analysis (Collins & Cooper, 2014).

Finding the terminology

I was aware of my own biases throughout this research regarding terminology and 'labels' used for certain individuals, their MH and their behaviours. I maintain a person-centred and individualised approach throughout my clinical work so was conscious of finding the right terminology to use throughout this project. The use of labels is suggested to facilitate open and meaningful communication, when perceived as positive by the individual (Cordiner, Thomas & Green, 2016; Willis, 2018), however this also has negative consequences when considered to be negative labelling. Labels perceived negatively or with negative connotations are associated with increased experiences of stigma and discrimination, and at times, social exclusion (Bernburg, 2019). When considering the terms used for individuals whilst in custody and upon release and when discussing MH, it felt imperative that I use feedback from participants directly and evidence within the literature (Corker et al., 2016; Mincin, 2018; Wahto & Swift, 2014). When designing the advertising materials and participant information sheet, I sent initial drafts to clients of Reform Radio (community-based social enterprise supporting individuals out of employment and training) for their feedback and perspectives on terminology, 'labelling' and accessibility. Their suggestions were heard, and subsequent alterations made. Feedback regarding labelling included being referred to as 'prison leavers', as opposed to 'offenders' or 'prisoners' and discussing MH in the context of 'difficulties', as opposed to specific diagnoses. Individuals stated that they identified with the label of 'prison leaver', as this specified a time period within their lives, as opposed to a description regarding their character or behaviour.

When exploring MH difficulties within prison populations and PLs, it was important to acknowledge the severity of difficulties and highlight the prevalence of self-harming behaviours, suicidal ideation and dying by suicide (Barr, Taylor-Robinson, Scott-Samuel, McKee & Stuckler,

2012; Mattheys, Warren & Bambra, 2017). Padmanathan et al. (2019) explored the terminology that individuals felt comfortable with, recognising the distress and stigma that certain language around suicide can cause. Participants in the research who had been affected by suicide, identified 'dying by suicide' and 'took their own life' as appropriate language. The findings from this research and others (Hasking & Boyes, 2018; Li et al., 2018) informed the language used throughout this project. Throughout the research, I reflected on the concept of 'being a prison leaver', considering whether such a label could add to the stigma of having been in prison. Using my reflective journal and supervision, I reflected on whether this label confines someone to always being perceived as a 'prison leaver'. I considered whether such labels or perceptions could contribute to the feelings of being an outsider, being treated differently and contributing to the stigma and discrimination identified within the current research. Such reflections should be considered further within research, to continue exploring the labels that individuals are given dependent on their life circumstances and the impact of such labels on MH and subsequent support.

Emotional Vocabulary

During the first two interviews, I noted the differences between the language used by the two participants, when describing their MH and experiences. When reviewing the transcripts, I noted the different range of language and descriptions given. One participant in particular used a limited range of words and phrases to describe their experiences, often repeating the same points. I was conscious of this throughout the interview, responding to this within my questioning and use of language. Research has explored the relationship between good emotional literacy and success in societal challenges e.g. education, employment, relationships (Oksuz, 2016), however

research focusing within the criminal justice field is more limited (Knight & Modi, 2014). Muller (2000) highlighted the difficulties that many individuals involved in the criminal justice system experience, referring to the challenges in understanding their own emotions and experiences and in finding the appropriate language to describe such experiences to others.

I considered that I was asking individuals questions about their experiences and MH, which requires a level of emotional vocabulary and emotional awareness; skills that many individuals may struggle with. Explaining how something has affected your MH requires emotional awareness, some understanding of your own MH and the words to describe it. For some of the individuals I spoke with, it was one of the first times that they had been encouraged to talk about such experiences, therefore perhaps one of the first times they had needed to find the words. I reflected that such barriers could impact upon the content of the interviews, understanding that a lack of emotional expression and vocabulary, in particular with male participants, acts as a barrier to the efficacy of semi-structured qualitative methodological approaches (Affleck, Glass & Macdonald, 2012). Some of the literature has associated these difficulties with fears of revealing vulnerabilities, being unable to verbally articulate difficulties and social norms around 'masculine ideology' and emotional vocabulary (Levant, Hall, Williams & Hasan, 2009; Levant et al., 2006). I considered my own use of language and emotional literacy, understanding that this can support another in verbalising and exploring their experiences (Knight & Modi, 2014). I carefully considered my emotional reflexivity (as discussed in the research paper), exploring this in supervision, understanding the importance of maintaining self-awareness of my predispositions, biases and experiences in qualitative research (Luttrell, 2010). With self-awareness, I carefully used my own emotional intelligence to build

rapport with participants, aiming to create a safe environment and enable myself to crucially listen to and accurately understand their experiences (Collins & Cooper, 2014).

Given the potential barriers around language and expression, alternative forms of qualitative methodologies should be considered in future research, to ensure that all potential limitations around language are accounted for. Examples of alternative approaches aiming to include and represent participants who may have previously been missed include photographic elicitation methods to facilitate communication for experiences of homelessness (Walsh, Rutherford & Kuzmak, 2010), for topics considered to have heightened levels of emotionality (Haines-Saah & Oliffe, 2012; Oliffe, Bottorff, Kelly & Halpin, 2008) . It is suggested that such methods have removed discomfort and offer the participant more control over the process (Flick, 2002).

Participant Representation

The period of time following release from prison is considered a stressful period, presenting numerous challenges and demands for many. As such, I was aware that recruiting individuals during this time could be difficult due to there being many other priorities for them. During recruitment, I spoke with several individuals who were interested in the research but did not feel they were able to contribute at that point due to other demands in their lives. One individual had agreed to participate but prior to our interview date, was unexpectedly made homeless. Understandably, meeting with myself and contributing to the research was not appropriate at this time so we agreed that they would not participate. The opportunity to participate remained open, however feedback from this individual later down the line was that they still felt unable to involve themselves in the research with their ongoing pressures and concerns. I felt that this individual example was a reflection of many of the individuals who may

have wanted to participate or were interested but felt unable to do so due to other demands and pressures.

Such an experience encouraged me to reflect on the perspectives and experiences that I had been able to represent within this research and those that I had missed. Where individuals had felt dissuaded from participating due to life changes and fluctuating MH and ongoing difficulties, I considered that experiences impacting upon this were then not included in the research findings. A review of the existing literature found there to be clear evidence of individuals experiencing barriers to research participation due to factors including MH difficulties and the stigma attached, mistrust and suspicion of 'researchers'/'academics' or those in positions of authority, fear or anxiety, and barriers around accessibility, language and external life circumstances (Woodall, Morgan, Sloan & Howard, 2010). In addition to these barriers, I also encountered several individuals who were concerned about confidentiality and any consequences on their benefits applications. I was able to provide information on such concerns within the participant information sheet and any subsequent communication, providing sufficient information to appease their concerns. Research has suggested involving caregivers or a trusted individual in interviews to overcome such barriers (Connell, Shaw, Holmes & Foster, 2001), however this could also present issues around confidentiality and open communication with someone else present. These issues were carefully considered prior to commencing the research project and throughout, maintaining discussion of how we could accommodate for such barriers, how we could provide the necessary information in an accessible format to provide confidence and comfort for individuals to feel they could participate. By getting feedback from 'experts by experience' and stakeholders prior to advertising and recruitment, I felt that I had given good thought to how we could represent the experiences of as many as possible.

I also noted the greater number of males that were recruited into the research, compared to female participants. Whilst it was somewhat expected that the research would recruit more males, as a reflection on the gender differences in UK prison populations (women accounted for 5% of the overall UK prison population as of March 2020; Women in Prison, 2020), I still felt it was important to consider whether other factors were contributing to the lower numbers of female participants feeling able to participate. I spent time with local community agencies supporting women involved in the criminal justice system (Women in Prison, Manchester; local support hubs) and specific support agencies (Tomorrow's Women) to explore their experiences of women leaving prison and accessing the benefits system, to understand why this research might be inaccessible for them. Barriers around trust, fear and stigma were highlighted, as well as women having additional needs upon release, that perhaps were not always experienced by their male peers. I continued to work closely with these organisations, aiming to provide as many opportunities for women to be involved in the research as possible.

Research has highlighted barriers that lead to gender imbalances in research samples, suggesting that research relying on verbal expression could discourage males from participating, due to the difficulties reported around verbal expression, emotional articulation and emotional awareness (Macdonald, Chilibeck, Affleck & Cadell, 2010). Whilst the literature here considers male participants, I spoke with one woman who had expressed an interest in participating but felt unable to for fear of 'failing to answer the questions'. When exploring this further with her, she was able to express that she was scared of 'failing the interview' and not knowing how to explain how things felt. Such a response should be considered in future research, as her concerns around language and capabilities prevented her from participating, thus missing her perspectives in the final findings.

My Own Reflections

I was interested throughout the research about the balance between my role as a researcher and my role as a clinician and therapist. I explored this in supervision, thinking about the different responses that I might give, given my personal interests in the topics around this research project, and my responses as a therapist, versus responses from a researcher.

I considered the concept of moral distress as I noted differing responses in myself when certain comments were made by participants. For example, when one participant informed me that they had spent over 20 years in prison, I noticed an internalised response around wondering what their offence might have entailed to spend over 20 years in custody. I was aware of my background working as a probation officer at this point, having some knowledge of the criminal justice system and early release procedures, recognising that this informed some of my wonderings around the severity of participants' offences. I took some time after the interview to consider why this had triggered a thought response for me, wondering whether someone's possibly serious offence had influenced my responses to them. I reviewed the transcript and discussed this in supervision, feeling confident that my awareness of this at the time enabled me to maintain a neutrality and focus on my role as a researcher with genuine intrigue and interest. Stahlke (2018) discusses the concept of 'moral or ethical distress' within research, based on Epstein and Delgado's (2010) definition stating that moral distress occurs when one is aware of the right action to take, but feels unable to follow that, due to internal (or external) conflicts, involving beliefs, barriers or constraints. It is suggested that there is a significant risk to researchers of experiencing distress, based on sensitive information provided by participants (Stahlke, 2018). Dickson-Swift, James, Kippen and Liamputtong (2009) discuss the importance

of qualitative research offering a method of seeing the world through another's eyes. This is of great importance within qualitative research where there is the potential for emotionally sensitive and distressing information to be heard, whilst still needing to support the emotions and safety of another (Shaw, 2011). Researcher safety was accounted for in the ethical approval application, however I spent more time reviewing my responses and experiences throughout the research in my reflective journal, aiming to understand my responses and how these could influence the data collection and analysis, and also maintain the appropriate focus on participant safety and awareness of my reflexivity statement and stance within such a topic.

I noticed my emotional responses within some interviews of 'wanting to help', which encouraged me to explore why I was responding in such a way. I reflected on whether this was a response based on my professional experiences, having some awareness of the processes that such individuals were navigating, my own biases, or my personal predisposition for being helpful towards those who need it. Potter (2014) discusses the roles that we can adopt within our interactions and relationships with others, when feeling frustrated or inadequate regarding someone else's difficulties. I identify with the roles or 'dances' of 'if I do not help, no-one will', seeing the responsibility of helping as my own because others might not see the need or be able to, and 'lack of resources frustrates me', feeling frustrated or helpless when I can recognise what support is needed but the resources are not available. By being aware of such roles that I experience when interacting with others, I was able to acknowledge this at moments throughout the interviews. I noted my emotional responses to the challenges that individuals had faced and the barriers they had come up against and was able to recognise the 'dance' that was taking place. This enabled me to remain neutral in the interviewing, maintaining my role of unbiased

researcher, as opposed to moving into 'clinician' or 'therapist' or losing awareness of my reflexivity statement.

Impact on Clinical Practice

Hutton (2020) makes the statement that "alleviating distress involves looking at the individual and [their] social world" (p.64). This is a statement that I identify closely with, forming part of the rationale for this research. Given the directions set out by the Division of Clinical Psychology (DCP, 2011) of supporting individuals through promotion of their overall psychological wellbeing, I considered that being a 'helper' with regards to Maslow's hierarchy of needs (Maslow, 1943), supporting an individual with their basic needs is part of supporting their psychological wellbeing. Such considerations have played a significant part in my clinical role and forms the topic of many discussions within supervision.

Conclusion

The concluding findings of the overall thesis provided evidence for the prevalence of MH difficulties within custodial settings and the difficulties around accessing support whilst in prison, and then the findings that navigating the UK benefits system upon release from prison has had a detrimental impact on PLs' MH and wellbeing. I was conscious that I had initial hypotheses based on my professional experiences to date, however, made conscious efforts to understand these as "my truths" and not necessarily the experiences and truths of the individuals I spoke with. Whilst the experiences of individuals here were particularly difficult, emotionally challenging and potentially damaging, I felt a sense of hope from the themes regarding the system creating the barriers and not the individuals. I felt hopeful from the participants'

experiences of gaining help and support from certain protective factors, viewing this as valuable material to inform improvements and developments, both within the DWP and benefits system, and for us within clinical psychology when supporting those who have experienced marginalisation, social isolation, discrimination and mental distress as a consequence. My regular contact with third sector organisations throughout the research provided both feelings of hope and frustration. All of the organisations I worked with were offering the support and resources that are clearly needed (often being reported within interviews as significant in their protective factors), however often impacted by limited resources and further funding cuts. Their aims and ethos provided me with the optimism and zest, that we in clinical psychology can work more closely with macro-level interventions and community psychology philosophies, supporting the work that many third sector organisations are already working so hard to maintain. Thanks to these particular organisations are mentioned within the acknowledgements. The findings should also inform support for professional involvement and encourage future research, recognising the potential burnout and compassion fatigue for staff who are unable to offer the support deemed necessary, due to system restrictions and limited resources. Future research should continue to explore the impact of austere measures and the impact of societal changes on individual MH, enabling us to promote social inclusion, reduce oppression and feelings of 'being an outsider', and empower individuals to gain a sense of belonging for their MH.

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Section Four: Ethics Section

Ethics Application for Research Paper:

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Word Count:

Sophie Harrison

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Correspondence should be addressed to:

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Faculty of Health & Medicine Research Ethics Committee (FHMREC) –

Application Form

Lancaster University

Application for Ethical Approval for Research

for additional advice on completing this form, hover cursor over 'guidance'.

Guidance on completing this form is also available as a word document

Title of Project: Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health.

Name of applicant/researcher: Sophie Harrison

ACP ID number (if applicable)*: N/A **Funding source (if applicable)**

Grant code (if applicable): N/A

***If your project has *not* been costed on ACP, you will also need to complete the Governance Checklist** [link]**.**

Type of study

☐ Involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants. **Complete sections one, *two* and four of this form**

☒ Includes *direct* involvement by human subjects. **Complete sections one, *three* and four of this form**

SECTION ONE

1. Appointment/position held by applicant and Division within FHM Trainee Clinical Psychologist

2. Contact information for applicant:
E-mail: s.harrison13@lancaster.ac.uk **Telephone**: [redacted] (please give a number on which you can be contacted at short notice)

Address: [redacted]

3. **Names and appointments of all members of the research team (including degree where applicable)**

Dr Pete Greasley (Teaching Fellow / Research Supervisor)
[redacted]

Dr Gemma Hurst (Clinical Psychologist / Dramatherapist)
[redacted]

3. If this is a student project, please indicate what type of project by marking the relevant box/deleting as appropriate: (please note that UG and taught masters projects should complete **FHMREC form UG-tPG**, following the procedures set out on the FHMREC website

PG Diploma ☐ Masters by research ☐ PhD Thesis ☐ PhD Pall. Care ☐

PhD Pub. Health ☐ PhD Org. Health & Well Being ☐ PhD Mental Health ☐ MD ☐

DClinPsy SRP ☐ [if SRP Service Evaluation, please also indicate here: ☐] DClinPsy Thesis ☒

4. Project supervisor(s), if different from applicant:

Dr Pete Greasley (Research Supervisor)
Dr Gemma Hurst (Field Supervisor)

5. **Appointment held by supervisor(s) and institution(s) where based (if applicable)**:

Dr Pete Greasley: Teaching Fellow. Doctorate of Clinical Psychology, Lancaster University
Dr Gemma Hurst: Clinical Psychologist / Dramatherapist. Deputy Service Director, 'Resettle'

SECTION TWO

Complete this section if your project involves existing documents/data only, or the evaluation of an existing project with no direct contact with human participants

1. Anticipated project dates (month and year)
Start date: End date:

2. Please state the aims and objectives of the project (no more than 150 words, in lay-person's language):

Data Management
For additional guidance on data management, please go to Research Data Management *webpage, or email the RDM support email:* rdm@lancaster.ac.uk

3. Please describe briefly the data or records to be studied, or the evaluation to be undertaken.

4a. How will any data or records be obtained?

4b. Will you be gathering data from websites, discussion forums and on-line 'chat-rooms' n o
4c. If yes, where relevant has permission / agreement been secured from the website moderator? n o
4d. If you are only using those sites that are open access and do not require registration, have you made your intentions clear to other site users? n o

4e. If no, please give your reasons

5. What plans are in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

6a. Is the secondary data you will be using in the public domain? n o
6b. If NO, please indicate the original purpose for which the data was collected, and comment on whether consent was gathered for additional later use of the data.

Please answer the following question *only* if you have not completed a Data Management Plan for an external funder
7a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

7b. Are there any restrictions on sharing your data?

8. Confidentiality and Anonymity
a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? yes
b. How will the confidentiality and anonymity of participants who provided the original data be maintained?

9. What are the plans for dissemination of findings from the research?

10. What other ethical considerations (if any), not previously noted on this application, do you think there are in the proposed study? How will these issues be addressed?

SECTION THREE
Complete this section if your project includes *direct* involvement by human subjects

1. Summary of research protocol in lay terms (indicative maximum length 150 words):

This project aims to explore the experiences of individuals leaving the prison system and re-joining society, then accessing welfare benefits within the UK benefit system. I am interested in the impact of

these experiences and processes upon their mental health and wellbeing. Research has highlighted the association between benefit system processes and increased mental health difficulties, as well as the prevalence of mental health difficulties within a prison-leaver population. Through semi-structured interviews, the current project aims to explore these experiences with consenting prison-leavers, gaining an understanding of their self-perceptions of their mental health. The results will contribute to the literature and inform relevant services to improve and develop their processes and support for such individuals.

2. **Anticipated project dates (month and year only**)

Start Date: October 2019 End Date: June 2020

Data Collection and Management
For additional guidance on data management, please go to Research Data Management *webpage, or email the RDM support email:* rdm@lancaster.ac.uk

3. Please describe the sample of participants to be studied (including maximum & minimum number, age, gender):

Participants will be aged 18 years and above (with no maximum age limit). Participants of all genders, however they identify themselves now as adults, will be invited to participate. Recruitment number of participants will be a minimum of 10 and a maximum of 20.

Participants will need to have left prison at least three months prior to involvement in the project (and up to 18 months after release). They will need to be residing in the community and either be currently accessing or having been granted receipt of welfare benefits. They will need to be residing within the UK, partly for the purpose of interview, but mainly so that the benefit system that they have accessed is that of the United Kingdom.

Varying levels of literacy will be accommodated throughout the study, for example – easy read or accessible material will be available and provided where required. Recorded versions of the written information can also be made available if this is more accessible and appropriate for some participants. Restrictions to English speaking participants is required due to limited funding for research projects, thus limited opportunities to fund translation or interpretation services.
Participants will be asked to participate in the interview process on their own, so as to ensure that the influence of others or bias is avoided throughout the interview process. Participants are welcome to be accompanied to interviews, if we are holding them face-to-face, if this would be helpful for them.

4. How will participants be recruited and from where? Be as specific as possible. Ensure that you provide the *full versions* of all recruitment materials you intend to use with this application (eg adverts, flyers, posters).

Participants will be recruited via Social Media, specifically Facebook and Twitter. Pages specifically for the research project will be set up as adverts for the research project. The social media profiles will be for research recruitment purposes only and not personal usage. The pages will be shared with other pages of a similar objective, for example – a Twitter page focused on the research project will be shared with other Twitter pages that have an interest and focus on prison leavers, mental health of prison leavers, prison leavers re-joining society, prison leavers accessing benefits, and other similar pages. The pages will provide the relevant information and details of where to gain further information on the

project and how to express an interest in participating. Where existing social media sites / groups are used, group owners will be asked to post a message on lead researcher's behalf, with the appropriate information and link to research site included. This is particularly relevant for any emailing lists used.

Both Facebook and Twitter pages also have a message platform so any interested individuals will be able to send a direct and private message to myself, as the page host, to express their interest and find out any further information they may require. This will mean that individuals can contact me on the social media platform, prior to giving out phone numbers or email addresses.

Participants will also be recruited through local companies who work with individuals who have left the prison system. A social enterprise company based across Manchester and Liverpool, 'Reform Radio', have been approached for recruitment discussions. They have confirmed that they would be able to support in the recruitment process, sharing the Twitter and Facebook pages, and with some of their services users who have already expressed an interest in participating in the project.

When an individual expresses their interest in finding out more about the project and possibly taking part, they will be provided with the full information sheet, in the most appropriate and accessible version for them. The participant information sheet and following forms (consent form) to be sent to them, allowing time for questions around this information. Participants will only need to write their first names on these forms, so surnames are not required.

By recruiting through local organisations and social media platforms, I aim to recruit on a nationwide basis. Previous research studies have focused on specific geographical areas, recruiting through one organisation or one Probation Service company. Through the recruitment strategies here and using both face-to-face and online communication platforms (e.g. Skype), I aim to be able to include as many interested participants as possible, on a nationwide basis.

I will ensure that communication with any individuals who do not meet the eligibility criteria is carried out by myself, in the form of communication most appropriate for the individual themselves, for example, email, telephone or post. I will need to consider the possibility that I will not be able to interview all interested participants, if I do get expressions of interest from more participants than required / possible. I will ensure that this is carried out on a fair and clear basis, so that this can be clearly communicated to the individuals who cannot be included in the project. I will recruit on a first come-first served basis, ensuring that I check eligibility of participants as they express their interest. I will also collect information of any services or organisations who also have an interest in the experiences of prison leavers accessing the welfare system, so that I can signpost any individuals to these organisations, if they are keen to share their experiences further.

5. Briefly describe your data collection and analysis methods, and the rationale for their use.

Data will be collected from semi-structured interviews, which will be audio-recorded using a voice recorder supplied by Lancaster University. Analysis of the data will be through a method of phenomenologically informed thematic analysis, where themes can be developed from a wide breadth of individual experiences. Semi-structured interviews have been chosen for the study due to being considered a flexible research method (Fylan, 2005) – structured enough to address specific focuses of research, whilst still having flexibility for participants to offer new meanings and their own thoughts to the topic of research (Galletta, 2013). Semi-structured interviews allow the interviewer to prepare questions and themes of exploration, based on the research question, ahead of time, in order to ensure in-depth data is collected from the interviews (DiCicco-Bloom & Crabtree, 2006). Semi-structured interviews can also enable an appropriate rapport to be developed between interviewer and participant, which is particularly important in the current research study and its focus (Smith & Osborn, 2007).

Phenomenologically informed thematic analysis enables the data to be analysed, organised and described and themes to be formed (Braun & Clarke, 2006). This approach is considered to be reliable, providing a flexible approach to data analysis (King, 2004).

6. What plan is in place for the storage, back-up, security and documentation of data (electronic, digital, paper, etc.)? Note who will be responsible for deleting the data at the end of the storage period. Please ensure that your plans comply with General Data Protection Regulation (GDPR) and the (UK) Data Protection Act 2018.

Audio recordings will be collected using a voice recorder supplied by the university. Following the interview, the recordings will be transcribed using pseudonyms, to ensure the transcriptions are anonymous. The transcriptions will be securely saved on a Lancaster University drive, which will be password protected. The audio-recordings themselves will be stored appropriately, using the primary researcher's password protected University H-drive. Recordings will be transferred by the lead researcher, myself, following a secure, encrypted transfer device (i.e. encrypted USB device) and ensuring consistency of this process throughout. The recordings will then immediately be deleted from the recording device. Pseudonyms will be used throughout the write-ups and participants will be given a number, for reference within the study report. All the transcriptions will be written by myself, the lead researcher. All written documentation will be stored on the password protected, secure H-drives at Lancaster University.

The data will be retained for 10 years, which the participants are informed of within the participant information sheet that they are given prior to consenting to participate. This is in accordance with Lancaster University's Data Policy for a minimum of 10 years. Lancaster University, specifically the Department of Health and Medicine and the Doctorate programme of Clinical Psychology, and the Research Coordinator in the department, will be responsible for storage and later deletion of the data, following my completion of the programme with the university.

7. Will audio or video recording take place? ☐ no ☒ audio ☐ video

a. Please confirm that portable devices (laptop, USB drive etc) will be encrypted where they are used for identifiable data. If it is not possible to encrypt your portable devices, please comment on the steps you will take to protect the data.

The portable devices, including the USB drive for transfer and storage, are encrypted and provided by Lancaster University. All University H-drives which will be used for storage of data are secure and protected, within the Lancaster university network.

b What arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

The data will be retained for 10 years, which the participants are informed of within the participant information sheet that they are given prior to consenting to participate. This is in accordance with Lancaster University's Data Policy for a minimum of 10 years.

Lancaster University, specifically the Department of Health and Medicine and the Doctorate programme of Clinical Psychology, and the Research Coordinator in the department, will be responsible for storage and later deletion of the data, following my completion of the programme with the university.

Please answer the following questions *only* if you have not completed a Data Management Plan for an external funder

8a. How will you share and preserve the data underpinning your publications for at least 10 years e.g. PURE?

All relevant files with documentation will be offered to the UK Data Archive as per the standard ESRC procedures. If the UK Data Archive will not accept the offered data, it will be stored in Lancaster University's data repository (via Pure) where it will be preserved according to Lancaster University's Data Policy for a minimum of 10 years.

8b. Are there any restrictions on sharing your data?
Supporting data will only be shared on a request basis, with genuine researchers. Access will be granted on a case by case basis by the Faculty of Health and Medicine.

9. Consent
a. Will you take all necessary steps to obtain the voluntary and informed consent of the prospective participant(s) or, in the case of individual(s) not capable of giving informed consent, the permission of a legally authorised representative in accordance with applicable law? yes

b. Detail the procedure you will use for obtaining consent?
A consent form will be given / posted to interested participants, after they have had time to read the participant information sheet, ask any questions that they may have regarding the information and after they have had time to gain the information that they are requiring in a manner satisfactory to them. This will be provided prior to interview process. Recorded information sheets can be provided if this more appropriate or accessible to interested participants and recorded consent can be provided if the interview is not due to be held in person. Participants can be supported to read through the information and then the following consent form. The consent form will be held securely on file (in Lancaster University H drives) as well as providing the individual with a copy of the form.

Possible sources of support for individuals participating will be detailed in the debrief form, provided to them following their interview (regardless of whether they complete the interview or not).
If individuals choose not to participate but show elements of distress regarding the process, information regarding relevant sources and support agencies / organisations will be provided to the individual.

10. What discomfort (including psychological eg distressing or sensitive topics), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks. State the timescales within which participants may withdraw from the study, noting your reasons.

Given the topic of the research, it is possible that participants may find areas of the interviews upsetting. It is also possible that participants may already be experiencing reduced wellbeing and increased stress regarding their current circumstances and any benefit claims. This should be considered throughout collection of data and following this, ensuring that time and consideration is given to acknowledging the mental health of participants. Signposting to relevant agencies, support and healthcare agencies will be discussed in a debrief process of the interviews, with further information on such services provided in the debrief form given to all participants.

Limitations of the confidentiality of the project will be discussed in the participant information sheet, the consent form and again at the start of the interview if individuals agree to participate. This will ensure that they are aware that any disclosures regarding harm to themselves or others in any way will be discussed further and my research supervisor and appropriate services will be notified accordingly.

Participants are informed within the participant information sheet and the consent form that they can withdraw from the research project at any point during their involvement and their interview process. Participants will be informed that they can withdraw their data up to two weeks after interview, as it is possible that their interview data will have been included in the analysis process by this time point.

11. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, noting the support available to you; counselling considerations arising from the sensitive or distressing nature of the research/topic; details of the lone worker plan you will follow, and the steps you will take).

My own safety will be considered throughout the project, as the main researcher. It is possible that interviews will be held on a face-to-face basis (where participants are within the local North West areas and if they do not request online communication) so 'Skyguard', a personal safety scheme for lone-workers available through Lancaster University, will be used throughout interviewing.
Ongoing communication with my research supervisors will be upheld, including time allowed for any discussions around my own wellbeing. Some of the content discussed within the interview may be distressing or upsetting so my own wellbeing is important to consider throughout the project.

All phone numbers and email address provided to participants will be university based. No personal details will be shared at any point. I will be provided with a research mobile phone by the university, so this phone number can be provided to participants. As stated previously, be recruiting through social media websites, initial contact from interested individuals can be made on the social media message platform. Messaging in this format will be directly between myself and the interested individual, so is a private and secure message. This will ensure that individuals can express any interest before accessing the participant information sheet and expression of interest forms.

12. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

There will not be any direct benefits to participants with regards to their welfare benefits (applications or claims) as a result of participating in this research project. Participants will, however, be made aware that the results of the research project may be fed back to the Department for Work and Pensions, to inform their processes and procedures. The interview process of the research will provide participants with the opportunity to talk about their experiences since leaving prison, using this information and our results to inform processes in the future and support those involved.

13. Details of any incentives/payments (including out-of-pocket expenses) made to participants:
Any face-to-face interviews will be decided upon by the lead researcher, aiming to be as convenient for the participant as possible, whilst ensuring safety. Public spaces or centres with other staff present will be a necessity. I will aim to do the majority of travelling to avoid significant travel expenses for any

participants. Any travel expenses that they do incur will be reimbursed, capped at £20 in accordance with Lancaster University policy. If participants are outside of the North West area (so outside of approximately a 55-mile radius from my home address), online communication platforms will be offered instead (i.e. Skype). Online communication will also be offered to individuals who do not wish to be interviewed face-to-face.

14. Confidentiality and Anonymity
a. Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications? yes
b. Please include details of how the confidentiality and anonymity of participants will be ensured, and the limits to confidentiality.
Audio recordings will be collected using a voice recorder supplied by the university. Following the interview, the recordings will be transcribed using pseudonyms, to protect the anonymity of the participant. The anonymised transcripts will be securely saved on the H-drive of the primary researcher's university network home drive – which is password protected. The audio recordings will also be stored appropriately on the secure H-drive and network.

Pseudonyms will be used throughout the write-ups and participants will be given a number, for reference within the study report, ensuring anonymity. All transcriptions will be recorded and written by myself, the primary researcher, and again will be stored on the password protected, secure H-drive on the Lancaster University network.

Any subsequent publications will include the participant numbers throughout, where participant comments or quotes need to be referenced.

The limitations to the confidentiality of the project will be made clear to all individuals involved prior to the commencement of interviews, including the need to break confidentiality if risk issues are raised throughout participation. This can include harm to themselves or towards others, or risk of harm towards themselves from others. Appropriate services within the local regions as well as support from GP services will be discussed with participants if deemed appropriate or necessary.
The research study will also have the information to pass to participants, where further information may be beneficial, regarding benefit advisory services and further support.

15. If relevant, describe the involvement of your target participant group in the *design and conduct* of your research.

This will be discussed with the field supervisor, Dr Gemma Hurst, to discuss possible involvement of the targeting participant group in the design of the research project. Their input into the interview schedule could be of benefit to ensure that the interview process feels appropriate and safe to individuals participating, as well as possible input into areas of experiences that would be useful to discuss within the interview. The participant information sheet will be shared with [redacted] to gain feedback on this form, from their clients. Feedback will be taken into account and changes made to the material.

The participants will be consulted on the themes developed from the dataset, to gain their thoughts and opinions.

All easy read and accessible materials will be discussed with LUPIN (the Lancaster University Public Involvement Network), to inform such materials and ensure that they are as user-friendly as possible for all participants.

16. What are the plans for dissemination of findings from the research? If you are a student, include here your thesis.

The findings of the current project will initially be submitted as part of a thesis, on the Clinical Psychology Doctorate programme at Lancaster University. The research supervisor, Dr Pete Greasley, based at Lancaster University will have to access to the data, however this will be following the anonymising of all information within the data set. The research supervisor will be accessing the dataset to ensure quality of my interviews and data collection.

The findings will also ideally be disseminated within appropriate academic journals, aiming to inform both theoretical and clinical understanding for the relevant population group.

The findings will be shared throughout local NHS based services, including community-based services, - given the potential contact with the specific population group. They can also be shared with relevant projects outside of the NHS. The findings can be shared with professionals with an interest in the area, aiming to increase awareness and possibly influence support available to the relevant individuals. Presentations of the findings of the research can be created, so that findings can be disseminated to varying services.

17. What particular ethical considerations, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek guidance from the FHMREC?

It is taken into consideration that the subject matter of the research project could be one that is difficult for prison leavers to discuss. As highlighted by the literature, prison leavers as a population group are considered vulnerable and more prone to experiencing mental health difficulties, in particular throughout their time in custody as well as following prison release. The literature discusses the impact upon mental health and wellbeing of applying for and accessing the welfare benefit system. Holding this literature in mind, it is considered that our target population group may already be experienced heightened levels of distress, difficulties with their mental health and general wellbeing when attending interviews and taking part in the project. Appropriate support information will be given to all participants, ensuring that they have the information to access support through the research project directly, Lancaster University itself and support networks, agencies and groups across the country. Contact information and details about such support will be detailed in the participant information sheet and the debrief form. Where distress or risks are identified, the distress protocol clearly identified for the current research project, will be adhered to and followed.

SECTION FOUR: signature

Applicant electronic signature: Sophie Harrison Date 27.08.2019

Student applicants: please tick to confirm that your supervisor has reviewed your application, and that they are happy for the application to proceed to ethical review ☐

Project Supervisor name (if applicable): Pete Greasley Date application discussed 29.08.2019

Submission Guidance

1. **SUBMIT YOUR FHMREC APPLICATION BY EMAIL TO DIANE HOPKINS (**fhmresearchsupport@lancaster.ac.uk) as two separate documents:

    i. **FHMREC application form.**
    Before submitting, ensure all guidance comments are hidden by going into 'Review' in the menu above then choosing *show markup>balloons>show all revisions in line.*

    II. Supporting materials.
    Collate the **FOLLOWING MATERIALS FOR YOUR STUDY, IF RELEVANT, INTO A SINGLE WORD DOCUMENT:**

    A. YOUR FULL RESEARCH PROPOSAL (BACKGROUND, LITERATURE REVIEW, METHODOLOGY/METHODS, ETHICAL CONSIDERATIONS).
    b. Advertising materials (posters, e-mails)
    c. Letters/emails of invitation to participate
    d. Participant information sheets
    e. Consent forms
    f. Questionnaires, surveys, demographic sheets
    g. Interview schedules, interview question guides, focus group scripts
    h. Debriefing sheets, resource lists

Please note that you DO NOT need to submit pre-existing measures or handbooks which support your work, but which cannot be amended following ethical review. These should simply be referred to in your application form.

2. Submission deadlines:

    i. Projects including direct involvement of human subjects **[section 3 of the form was completed]**. The *electronic* version of your application should be submitted to Becky Case **by the committee deadline date.** Committee meeting dates and application submission dates are listed on the FHMREC website. Prior to the FHMREC meeting you may be contacted by the lead reviewer for further clarification of your application. Please ensure you are available to attend the committee meeting (either in person or via telephone) on the day that your application is considered, if required to do so.

    ii. The following projects will normally be dealt with via chair's action, and may be submitted at any time. **[Section 3 of the form has *not* been completed, and is not required].** Those involving:

        a. existing documents/data only;

b. the evaluation of an existing project with no direct contact with human participants;
c. service evaluations.

3. **You must submit this application from your Lancaster University email address, and copy your supervisor in to the email in which you submit this application**

Appendices

Appendix 4-A: Research Paper Protocol

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health.

Applicant / Primary Researcher: Sophie Harrison (Trainee Clinical Psychologist, Lancaster University)

Research supervisor: Dr Pete Greasley (Teaching Fellow, Lancaster University)

Field supervisor: Dr Gemma Hurst (Clinical Psychologist at 'Resettle', Speke, Liverpool)

Introduction

Mental health (MH) difficulties are prevalent within the prison leaver (PL) population. In 2017, approximately 72,000 individuals were released from custody in the UK. Of these, 90% reported an onset of mental health difficulties, suggesting that successful reintegration into society is significant in wellbeing and stability (Durcan, Allan & Hamilton, 2018). With difficulties accessing MH services and individuals labelled as 'hard to reach' (Willkinson, Stöckl, Taggart & Franks, 2009), exploring their experiences is vital in offering appropriate MH support and supporting PLs' reintegration into society.

Yoon, Slade and Fazel (2017) estimated that the rates of depression, psychotic illness, post-traumatic stress and anxiety are significantly higher than that of the general population. Research has found 70% of the UK prison population experience two or more MH conditions and 25% of women and 15% of men in custody report MH difficulties indicative with a diagnosis of psychosis, compared to the general public estimated at 4% (Centre for Social Justice, 2010; Prison Reform

Trust, 2019). Their findings demonstrate that one in five diagnosed with MH difficulties do not receive MH support whilst in prison. The National Audit Office (2017) reported 120 'self-inflicted' deaths in prison in 2016, almost doubling from 2012, with 70% of prisoners committing suicide between 2012 and 2014 having MH needs.

Approximately 66,000 individuals leave UK prisons annually (Homeless Link, 2017b). It is estimated that 22% of all 'out-of-work' claims in 2012, were from individuals with a criminal record. Over half (54%) of prison leavers were in receipt of out-of-work benefits, one month after release (Ministry of Justice, 2014). Individuals in prison cannot apply for benefits until they leave prison. As such, many experience a five-week wait period before payment. PLs receive, on average £47, with the possibility of an additional £50 specifically for accommodation. Barriers to being granted benefits and maintaining claims include evidencing identity, verifying identity online or providing three different forms of identity. Many PLs do not have identification (Nacro, 2018), creating barriers to resettlement and increasing vulnerability. Other barriers include online access, complicated application forms and limited information to understand the required process. Claimants are required to collect several forms of documentation for application, which can be lengthy, relying on food banks and support in the meantime (Fulfilling Lives, 2018). The Centre for Social Justice (2010) highlighted the literacy levels within the UK prison population in their green paper. Half of individuals in prison in 2010 were reported as having the "literacy and numeracy abilities of an 11-year-old child" (p.4), a third having previously been in care, and 70% having two or more MH conditions, creating further barriers to accessing the benefit system. Guidance is available for accessing benefits from Probation Service staff (DWP, 2019), however much of this still requires PLs understanding forms, using the internet, providing evidence and making phone calls. HM Inspectorate of Probation and HM Inspectorate of Prisons

(HMPPS) outline minimum requirements for resettlement following prison. One requirement states “active links to other services [assisting] them with other needs, for example substance misuse and MH services” (p.13), as well as referencing appropriate housing. Furthermore, it is outlined that Community Rehabilitation Companies (CRC)[10] should offer assistance with accessing benefits, following release (NOMS, 2015).

Bond, Braverman and Evans (2019) highlight the prevalence of MH problems creating further barriers in the benefit system, as well as the process of the benefit system increasing MH difficulties. Mind (2017), a MH charity, highlight that people with MH difficulties previously applying for welfare benefits (100,000 individuals annually), will now need to attend appointments and actively seek employment. The literature highlights the difficulties of understanding information, social anxiety, inaccessible appointments and relationship dynamics, suggesting that these experiences were directly correlated to increased MH difficulties (Oakley, 2014).

With regards to the relevance to clinical psychology, the field supervisor for this research project is a Clinical Psychologist working with ‘Resettle’, a community-based project for PLs. The service provides interventions including psychological support, risk management, housing and benefit support, as well as substance misuse support and support in developing appropriate networks. The presence of this service and its ongoing development (the service originated as a pilot over 10 years ago), evidences the important role of clinical psychology in supporting PLs

[10] The private-sector suppliers of rehabilitation services, following the privatisation of the National Probation Service, as part of the Ministry of Justice’s Transforming Rehabilitation strategy (Ministry of Justice, 2013).

with psychological wellbeing and societal reintegration, which accessing the benefit system is so often a crucial part of. The literature has highlighted the important role of therapeutic approaches and clinical psychology in supporting those within the forensic system (Hubble, Duncan & Miller, 1999; Lambert & Ogles, 2004). Furthermore, many individuals within clinical psychology have discussed the concept of 'macro-level'[11] intervention, in response to the economic crisis on mental health (Carr & Sloan, 2003). This includes transformative interventions focusing on broader social issues that contribute to psychological distress (Kinderman, 2013; Nelson, 2013), if clinical psychology is to wholly address MH needs in the UK.

The prevalence of MH difficulties in PLs is clear from the literature (Birmingham, 2003; Fazel & Danesh, 2002; Fazel, Hayes, Bartellas, Clerici & Trestman, 2016; Yoon, Slade & Fazel, 2017). This may then be exacerbated by accessing the benefit system, given its association within increased rates of MH difficulties (Bond, Braverman & Evans, 2019; Cheetham, Moffatt & Addison, 2018).

Aim of the current study

The aim of the current study is to build on the findings of the discussed literature, whilst focusing on the population group of PLs, targeting those with existing MH difficulties. This study will explore individual experiences following leaving the prison system, accessing welfare benefits,

[11] Bronfenbrenner (1979) developed the framework exploring the ecological model of human development; micro; meso; exo; and macro-level, possibly impacting upon an individual's psychological wellbeing.

and the impact of this upon this MH. This research is considered vital in understanding the impact upon MH difficulties, and informing the Department for Work and Pensions (DWP) practice to limit MH deterioration associated with their processes.

Method

Participants

Participants will include individuals over the age of 18 years, who have left prison at least three months prior to interview. This time frame has been considered an adequate amount of time for someone to have been released from custody and started to attempt reintegration into society, including accessing the benefit system. Three months also ensures that individuals accessing benefits, who are participating in the research, have started to experience the application process, the processes and procedures required to be successfully granted benefit, including application forms, evidence required and face-to-face appointments. Furthermore, a time frame will include the length of time since leaving prison, restricting time since prison release as 18 months.

There have been significant changes within society over the past six years: the DWP introduced Personal Independent Payments (PIP) in 2013, replacing Disability Living Allowance, and Universal Credit (UC) began its 'rollout' in 2013, replacing Income-Based Job Seeker's Allowance (JSA), Employment and Support Allowance (ESA), Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit. This level of change and therefore differing experiences could lead to significant heterogeneity within the results. It is considered that 18 months is an acceptable timeframe for PLs to have accessed the benefit system where required and been granted receipt of benefits, enabling them to fully contribute to the experiences across participants and maintaining focus within the study. Participants will be required to be accessing a

welfare benefit – whether in the application process or having been granted receipt of at least one welfare benefit. Participants will be aware that the study will be exploring their mental health and the effect that accessing welfare benefits has had upon their mental health. I will be interested in interviewing PLs who have had both positive and negative experiences of accessing the benefit system.

Inclusion criteria:

- Individuals over the age of 18 years old who have been released from prison at least three months earlier (and up to 18 months) and now living in the community and now accessing or have been granted receipt of welfare benefits
- Individuals who have a competent level of English language – varying levels of literacy will be accommodated throughout the study.

Exclusion criteria:

- Prison leavers who have been out of prison for over 18 months as this would suggest their benefit application experiences have been in relation to different welfare benefits and possibly, different processes and requirements.
- Individuals who have already taken part in research or studies exploring the impact on their mental health from accessing the benefit system, due to a possible conflict of interest

The aim of this study would be to interview between 10 – 20 participants. The number of participants should be considered in terms of the length of the interviews recorded, given the possible varying literacy levels of individuals participating. Difficulties with recruiting and interviewing the specific population group should be considered. These may include concerns or

anxieties about participating in research whilst being on a community order or licence release from prison, possible impact upon their sentence, possible impact upon their welfare benefit claims, and any other concerns or anxieties that individuals may have around participation. These specific concerns can be covered within participant information sheets, including confirming to participants that participation will not have any impact upon their sentences or benefit claims, whilst also discussing safeguarding and the duty of care of the researchers (covered in 'particular research issues' below).

Design

The study will be based on a qualitative method design. Data will be collected using semi-structured interviews, following a pre-prepared interview schedule / topic guide. The interviews will take place in a location which is convenient for the participant, however ultimately, the location will be chosen by the researcher. Suitable locations will include charitable or community-based offices with staff present, or public places including services centres or public cafes. Interviews can take place via online platforms, i.e. Skype. Interviews will not take place in private households or non-public places.

The varying qualitative analysis methods were considered for use within the current project, to analyse the data from the interviews. I have chosen thematic analysis for the analysis method. Thematic analysis (Braun & Clarke, 2006) is a method to analyse, organise, describe and identify themes from a set of data. Thematic analysis is considered reliable and insightful, providing a flexible approach, which can be modified for complex data (King, 2004). Nowell, Norris, White and Moules (2017) identify a step-by-step approach for carrying out reliable and consistent thematic analysis. If thematic analysis is followed appropriately and rigorously, this

method will be appropriate for analysing the data gathered from interviews within the current project.

Other qualitative approaches were considered, including interpretative phenomenological analysis (IPA; Smith, 1996; Smith, Flowers & Larkin, 2009), Grounded Theory (GT; Crooks & Dauna, 2001) and Narrative IPA (Moen, 2006; Sandelowski, 1991). It was considered that IPA would focus on the experiences of individuals leaving prison and applying for welfare benefits, however tends to focus on one's experiences of being in a particular situation. It was considered that the aims of the current project may go beyond the standard scope of an IPA methodological approach. Narrative IPA (Moen, 2006; Sandelowski, 1991) does allow for an open interview, asking participants to discuss an area of experience, followed by prompts relating to a timeline, however, the open approach of the interview could be too unstructured for this particular population group.

Grounded Theory was also considered for the current study, given its suitability in exploring social relationships and group behaviour (Crooks & Dauna, 2001). Additionally, Glaser (1978) suggests that this particular analysis method enables researchers to support the main concerns and issues raised by participants within the study. GT involves the collection and analysis of data, developing codes and exploring categories and concepts within the codes. This process ends when theoretical saturation is considered to have been achieved (Dey, 1999). Given the aim of exploring experiences had by PLs accessing the benefit system, the number of participants ideally required for a GT sample and the length of possible analysis time was considered too great to be feasible for the current project. The time frame for the current study could impact upon the efficacy and accuracy of a grounded theory approach, if this was the method adopted.

A semi-structured interview schedule will be developed aiming to explore the experiences of individuals who have recently left prison, accessing welfare benefits. The interview will then progress into exploring their perspectives of the impact of accessing welfare benefits on their mental health. I will be exploring the experiences of all individuals who have left prison and accessed the benefit system, focusing on those who have experienced mental health difficulties previously. I will be aiming to explore the perceived impact on mental health, of accessing the welfare benefit system following prison release, for all individuals that choose to participate. Questions will be informed by experiences of prison leavers and mental health literature and literature exploring the effects of accessing benefits and the impact on mental health. Initial questioning will focus on the experiences of PLs and what it has been like for them leaving prison and accessing the benefit system. This will then be followed by prompts regarding their mental health before and after, application processes followed, help and support they required or requested, issues around housing, finances, food, and other areas. The language will be considered to ensure that concepts are understood by participants, with language being accessible and appropriate for the chosen population.

Whilst it is acknowledged that the experiences of individuals leaving prison will be vast in terms of the impact upon their mental health, I will maintain a focus of questioning on their experiences of accessing the benefit system. It is likely that other difficulties faced will arise during interviewing and these will be acknowledged within the project write up. Where relevant, they will also be included in the formation of themes and results. Further research into the broad overall experiences of individuals leaving prison and the relationship with their mental health is

considered valuable and highly important, and the hope is that this project, concentrating on a more focused area, will further evidence the need for ongoing research.

A critical realist stance will be adopted throughout, regarding an epistemological stance. This stance assumes that what is real ('ontology') is not "reducible to our own knowledge of reality" (Fletcher, 2014, p182). This is considered relevant within the current research, to ensure that our own ideas of reality and societal processes do not assume the experiences of others, in particular – prison leavers. The epistemological stance should enable the researchers to explore the reality of others, based on their experiences, and understand this 'reality' as a spectrum of experiences and varying truths.

Procedure

For recruitment, social media, specifically, Twitter and Facebook (social media sites that are frequently used by societal groups including PLs), will be utilised. Social media recruitment will also broaden geographical regions, as some previous literature has focused on individuals from a specific geographical region. The research project and its aims will be advertised from a Facebook page and Twitter page, specifically set up for the purposes of this research. Social media profiles used will be purely for research recruitment purposes and not personal usage. The profiles will provide the relevant information and details of where to gain further information and express interest, for individuals and groups / online communities to share and disseminate. Where existing social media profiles or groups are used for recruitment, the 'group owners' will post messages with appropriate information and links to the research study page, on my (as the lead researcher) behalf. This will be maintained for any email lists used.

Recruitment will also be carried out through local companies who work with individuals who have left the prison system, often supporting them through the benefit application process. A [redacted] based across [redacted] have been approached for recruitment discussions. They have confirmed that they would be able to support in the recruitment process, with some of their service users already having expressed an interest. Again, 'group owners' or staff members will disseminate the message regarding the research study with all appropriate information and links to the research given through them.

Participants will be able to discuss their willingness to participate in the study to the main researcher, and key professionals where required, will be indicated depending on their current circumstances. For example, participants recruited through local community services, will be spoken with to identify an appropriate individual known to them, who they can speak to regarding their willingness to participate. All participants and community services / centres involved will be made aware that participation in the study will remain confidential throughout.

Individuals over the age of 18 years wishing to participate in the research, who fit the criteria for inclusion, and are accessing welfare benefits, will be sent information regarding the study via the most appropriate method (post, email, audio). This information includes a participant information sheet, a visual advert / poster, as well as 'easy-read' material or accessible materials. Such accessible materials will provide the same information to interested participants, but in a visual, pictorial format to aid understanding and user-friendliness. Accessible information will ensure all interested individuals can access the research information, ensuring no exclusion due to varying learning and literacy styles. In addition to this, the accessible materials will be discussed with the [redacted] a reference group promoting service user involvement within Lancaster

University. Consultation with [redacted] will aim to further inform all accessible materials and ensure they are user-friendly for all possible participants. They will also be sent the Expression of Interest Form, so that this can be sent back if they wish to express their interest. Those happy to participate following access to this information will also be required to provide consent. Consideration should be made for participants with literacy difficulties or accessibility issues, so alternative forms of providing consent will be considered. Consent can be provided through written consent in person, through post / email communication, witnessed by another individual, as well as recorded consent. Individuals will then be contacted by the main researcher, inviting the individual to participate in the interview.

Those willing to participate will be interviewed by the main researcher regarding their experiences. Interviews will ideally be conducted face-to-face, but location will be chosen by the lead researcher specifically, aiming to be convenient and suitable for the participant, but safe and secure. If face-to-face interviews are not possible, or individuals would prefer non-face-to-face methods, other options will be considered including online communication platforms, e.g. Skype.

Data Collection

A literature search will be completed to inform the content of a semi-structured interview schedule / topic guide. The semi-structured interviews will be asking about individuals' experiences of accessing the welfare benefit system in the United Kingdom, following their release from prison. I will be interested in the impact that individuals feel the processes have upon their mental health and wellbeing, and not just specifically on the mental health of individuals leaving prison. The interviews will explore their perception of their mental health and wellbeing prior to accessing the benefit system, their experiences of starting the applications,

providing evidence and collating necessary information, using technology, any appointments attended whether telephone, computer or face-to-face, access to support where required, any delays when waiting for funds or difficulties with payments and any appeal processes. The skills that such processes rely on include communication skills, confidence with social interaction, IT skills, literacy, ability to budget when receiving large sums of money and cognitive abilities around understanding the processes and procedures. The semi-structured interviews will also explore their opinions on improvements to the system, where additional support is required, and any suggestions for practice development or future research.

Semi-structured interviews have been chosen for the study due to being considered a flexible research method (Fylan, 2005) - structured enough to address specific focuses of research, whilst still having flexibility for participants to offer new meanings and their own thoughts to the topic of research (Galletta, 2013). Semi-structured interviews allow the interviewer to prepare questions and themes of exploration, based on the research question, ahead of time, in order to ensure in-depth data is collected from the interviews (DiCicco-Bloom & Crabtree, 2006). It has also been highlighted that semi-structured interviews allow the researcher to develop an appropriate rapport with the participant; something which is important given the topic of the current study and the importance of participants feeling comfortable and at ease when discussing the chosen topic (Smith & Osborn, 2007).

Input from relevant services in the [redacted] will also be involved in the development of the semi-structured interviews. Knowledge and expertise from the field supervisor of the project based at ‘Resettle’, will be involved in the development of interview schedule / topic guides, utilising their expertise and experiences from working with individuals in the community – both prison leavers and those accessing the benefit system. This will also include professionals

involved in community projects who support prison leavers reintegrating into society and accessing welfare benefits.

Proposed Data Analysis

The chosen method of analysis for the current study is phenomenologically informed thematic analysis. This is due to thematic analysis having a functional approach, allowing for the development of themes, finding more out about the experiences of PLs accessing the benefit system.

Thematic analysis (Braun & Clarke, 2006) is a method to analyse, organise, describe and identify themes from a set of data. Thematic analysis is considered reliable and insightful, providing a flexible approach, which can be modified for complex data (King, 2004). Nowell, Norris, White and Moules (2017) identify a step-by-step approach for carrying out reliable and consistent thematic analysis. Following thematic analysis appropriately and rigorously, could ensure that this method is appropriate for analysing the data gathered from interviews within the current project. It should be considered that the flexibility of thematic analysis can lead to an inconsistency in interpretation of themes, unless underpinned by a clear epistemological stance (Holloway & Todres, 2003).

Ethical Considerations

Distress Protocol

If participants become distressed during the interview stage, appropriate procedures will be followed to manage this. The interview process will aim to avoid any experience of distress for the participants, maintaining a non-judgemental stance throughout interviewing. Given the

topic of research, it is possible that individuals participating may currently be experiencing reduced wellbeing and increased stress around their circumstances and benefit claims. From the research explored, it is apparent that this particular population group are already considered vulnerable, therefore this should be considered throughout participation in our research. The study is exploring the effect of accessing the benefit system on one's mental health, thus the mental health and wellbeing of individuals choosing to participate in the study should be carefully considered throughout.

Additionally, the current life circumstances for participants within this research project should be considered. Participants involved will likely be at heightened risk of mental health difficulties, aside from accessing welfare benefits. Close monitoring of their wellbeing will be considered during any interaction, ensuring that relevant services are accessed where required. This will be made clear to participants, ensuring that they are aware of us highlighting concerns where present and our role within safeguarding.

If any participants do express or appear to be experiencing any discomfort throughout the interview, then they interview will be paused at that point and the participant will be asked whether they wish to continue at that point. Individuals will be given the option to continue the interview following a short break, or to end and close the interview at that point in time. All individuals choosing to participate in the study will be provided with an information sheet informing them of who to contact for areas of support. This will include members of the main research team as well as professionals who are fully informed of the aims of the study, based in any community services / centres that have been involved in recruitment.

Further risk protocols will be followed where further support is considered as necessary for the individual. Where appropriate or required, individuals will have the opportunity to discuss

further support available to them, in the context of support around their mental health. Individuals will be encouraged to contact their GP where required or when heightened distress is noted. In the instant of an emergency or immediate concern, the emergency services will be contacted.

In addition to the distress protocol, information will be provided about contact details for complaint services at the Department for Work and Pensions. This will not be a part introduced or initially offered as part of the interview process; however, the information will be provided in the case of it being required.

Confidentiality

Consent forms will either be in written or recorded format. All will be scanned and uploaded using Lancaster University virtual private network (VPN), to a password protected, secure research folder. This storage folder will be on the primary researcher's password protected university network home drive – referred to as the H-drive. Hard copies of the consent forms where present, will later be destroyed using confidential waste. As per the Lancaster University institutional data repository, namely 'Pure', all data will hold electronic copies of consent forms for 10 years – under the responsibility of the research supervisor.

Audio recordings will be collected using a voice recorder supplied by the university. Following the interview, the recordings will be transcribed using pseudonyms, to ensure the transcriptions are anonymous. The transcriptions will be securely saved on the H-drive of the primary researcher's university network home drive – password protected. The audio-recordings themselves will be stored appropriately on the same H-drive and network. Recordings will be

transferred by the primary researcher, myself, following a secure, encrypted transfer device (i.e. encrypted USB device), ensuring consistency of this process throughout. The recordings will then be immediately deleted from the recording device. Pseudonyms will be used throughout the write-ups and participants will be given a number, for reference within the study report. All the transcriptions will be written by myself, the primary researcher. All written documentation will be stored on the password protected, secure H-drive on the Lancaster University network. Participants will only write their first name on the forms (i.e. consent forms, expression of interest forms etc) so surnames will not be known during this research, as this is not necessary and would further protect their identity.

As stated, the data will be retained for 10 years, which the participants are informed of within the participant information sheet, prior to consenting to taking part in the project. This is in accordance with Lancaster University's data policy.

Limitations to the confidentiality of the project will be made clear to all individuals involved prior to the commencement of interviews, including the need to break confidentiality if risk issues are raised throughout participation, for example, harm to themselves or towards others, or risk of harm towards themselves from others. Appropriate services within the local regions as well as support from GP services will be discussed with participants if deemed appropriate or necessary.

The research study could also consider having the information to pass to participants, where further information may be beneficial, regarding benefit advisory services and further support.

Informed consent

Varying forms of providing consent was discussed earlier within the protocol. Participants will be given adequate time to read the relevant information provided and adequate time to ask any questions regarding said material and information. As well as the written information provided on the information sheet, participants will be verbally informed regarding their right to withdraw from the interview process at any point, and up to two weeks after the interview completion.

It will also be made clear to participants that I will not be able to support them with any aspects of their benefit claims. This is to ensure that participants do not hope to use the time or have expectations of being supported around their benefits during the interview process. I will provide information on the participant information sheet about contacting services who are available to support, for example, Citizen's Advice Bureau, One Stop Shops.

Personal safety

Additionally, the risks to myself as the main researcher will be considered, when going out to meet with and interview participants. Appropriate location for interviewing as well as time will be considered, with consistent communication with both my research supervisor at the university and field supervisor. As stated earlier, the location for interviewing will ultimately be decided upon by myself as the lead researcher. This will ensure safety in terms of being in a public place or on a base with other staff present. In addition to this, 'Skyguard', a personal safety scheme for lone-workers, available through Lancaster University, will be utilised throughout interviewing.

Data storage

All identifiable information on transcripts and recordings will remain confidential. The information will be stored appropriately, as required, including password protected University H drives – all stored by myself. Recordings will be transferred over by myself, followed by deletion from the recording device as soon as physically possible. Pseudonyms will be used throughout and participants will be given a number, for reference within the study report. All transcriptions will be completed by myself, the main researcher. All participants will be made aware of the process of data storage and transferring prior to involvement in the study. Participants will only be required to write their first name on the forms (i.e. consent forms, expression of interest forms etc) therefore not requiring identifiable surnames.

Supervisor

Potential participants will be informed of the full supervisory team, prior to consenting to participate in the current project. The identity of the participants will not be shared with the supervisory team.

Discussion regarding the data set will only be had following anonymisation of the data. It is discussed that the research supervisor may access some transcripts of the interviews, which is to ensure quality of the primary researcher's interviewing and research methods. Anonymity of the participants will involve participants being provided with a pseudonym and then assigned a participant number for reference within the report write-up. As stated earlier, the only exceptions to this level of anonymity is if potential risk or harm to self or to others is identified within the interview process (*see Confidentiality)*.

Practical Issues

Interpreters will not be required for the current research project as it is part of the inclusion criteria that participants would have a competent level of English fluency.

Expenses

Expenses will be considered for printing materials, pre-paid envelopes and any stationary expenses. A research mobile phone will be required for telephone contact between the main researcher and participants, where required or preferred. The mobile phone will be provided by Lancaster University.

Interview space bookings

Arranging interviews with participants will need to be in a public place or in a setting with other staff present (i.e. charitable offices or community group centres with staff present), ideally convenient for the participant themselves and coordinated on a geographical basis. Participants who reside / are based in a 55-mile radius of the primary researcher's main base will be offered face-to-face interviewing, however this is not a requirement. Online communication platforms can be used for interview (Skype, where visual or purely audio). This will be optional to suit the participant's requirements. Those who live / are based further away will be offered online communication platforms for interviews. This is to ensure participants from all geographical locations can offer to participate.

As stated earlier, the risks to me as the primary researcher will be considered, when interviewing. Appropriate location for interviewing as well as time will be considered, ensuring that we remain in a public place or with other staff present, with consistent communication with both my research supervisor at the university and field supervisor. 'Skyguard', a personal safety

scheme for lone-workers, available through Lancaster University, will be utilised throughout all interviewing.

Timescale

Proposed timescale for the current research project:

Date	Detail
May 2019	Submit thesis proposal Meet with supervisors to discuss development of interview schedule
June 2019 – September 2019	Development of research protocol and any materials required Ethics submission
September 2019 – December 2019	Ethical approval Development of social media sites – not yet going live (whilst awaiting ethical approval) Begin systematic literature review Begin introduction and method draft write up
December 2019 – January 2020 / February 2020	Information sheets to recruitment sites (social media, community projects, social enterprise companies i.e. [redacted] following receipt of ethical approval Data collection Complete transcriptions after each interview Continue systematic literature review Continue introduction and method draft write up
February 2020 – March 2020	Data analysis Feedback findings to participants to gain thoughts and opinions on themes identified Continue write-up of report
March 2020 – April 2020	Submit drafts Continue writing. Make amendments / alterations.

May 2020	Submit thesis project

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Appendix 4-B: Interview Schedule

Lancaster University

Exploring the experiences of prison leavers accessing welfare benefits, to understand the impact of this upon their mental health

- **Introduce myself**
  - Trainee Clinical Psychologist
  - Interest in relevant area
- **Introduce project**
  - Exploring the experiences of prison leavers accessing welfare benefits, to understand the impact of this upon their mental health
  - Adequate explanation of the project
  - Answer any questions
  - Clarify that I will not be able to support with benefit claims, appeal processes etc.
- **Discuss confidentiality**
  - Confidentiality statement – consistent for all participants

Before we start the main interview, I need to talk with you about confidentiality [check understanding of the term confidentiality, familiarity with the term]. All of our interview and everything that we talk about today is confidential, so just between us. But there are a few exceptions to this or times when it might change. If you talk to me about something that means I am worried about your safety or safety to somebody else, it is my professional duty to let other professionals know, so that you and others are safe. I will talk to you about this first, to let you know that I will be talking to other professionals, to keep you and others safe.

I would also ask you to maintain the confidentiality of other people, so other people or professionals that you have worked with or come into contact with, along the way.

My supervisor who is based at Lancaster University will have access to anonymised copies of our interview, this means that there will not be any details passed to them that can identify you or show who you are. This is to make sure that what I am doing in the interviews is ok and to maintain good quality.

After all of the interviews, I will write up the results into a full report. The write up will use pseudonyms, so a name that does not identify you, and direct quotations will be included. I will make sure that there are not any details that identify you in any way. To remind you as well, it is possibly that the research project will be published in a research journal in the future.

- **Consent**
  - Check that verbal consent is given for participation in the research study. Check that the participant has a copy of the consent form that they can sign. Allow some time for any additional questions that the participant may have.
- **Foreword**
  - Thank participants for agreeing to take part in the interview and the project.
  - Discussion about aims of the project and what we are looking to find out.
  - We are interested in finding out about individuals who have left prison and their experiences of accessing the benefit system. I am interested in hearing about how you felt when you were applying for any benefits, any support that you might have asked for or been offered, and what your experiences have been life throughout these processes. I am interested in how you think coming out of prison and applying for benefits has had an impact upon your mental health and your wellbeing.
  - I will be asking you some general questions and asking you tell me about things. If you are not comfortable with anything that I ask you, let me know. You do not need to answer all of the questions and we can move on from questions if there are things that you do not want to talk about.
  - If you feel distressed at any point, please tell me and we can take a break or talk about something different. I will talk to you about who you can access for support

if this would be helpful. I will also talk to you about immediate support or help, if you need help sooner.

- All of your responses are confidential and whatever you say will not affect any current sentencing (for example, previous custodial sentences, license, suspended sentences or any community sentences), nor will it affect any welfare benefit claims, appeal processes or current statuses.

- **General topic areas to follow:**
  - Can you tell me what it was like coming out prison and back into society?
  - What was it like starting the application for benefits and accessing the benefit system / office?
  - Have you had any difficulties trying to claim for benefits?
  - Have you accessed any support throughout this process?
  - Can you tell me about the process that you went through – what was it like? (Accessing or filling in the forms? Did you have to use the computer? What were appointments like? Did you get to see the same person every time? Which offices or bases did you have to go to? What was it like in the waiting rooms? Phone calls? Responses from staff members / others?)
  - What has it been like for you, in terms of your mental health? Do you think there has been a change in your mental health in any way [deterioration or improvement]?
  - Prompt for what they think has contributed to the above.
  - How do you think the changes (if present) in your mental health are linked to your experiences of applying benefits? – are they linked?
  - Explore experiences of mental health and what their self-perception is of their own mental health and wellbeing?
  - Prompt for other indicators of mental health (energy levels, appetite, sleep changes, activity levels)
  - Are there other things that are possibly having an impact upon your mental health?

- What has helped with your mental health and wellbeing since leaving prison? What helps you now?

- **Prompts to use throughout**
  - Tell me more about that, how did it feel?
  - What was your mood like around that time?
  - What kind of other things were you doing? [activity / socialising etc]
  - Did you have friends around you?
  - What was your situation around work? Accommodation?
  - Have you accessed any support groups or similar?
  - Have you had any contact with mental health services in any way?
- **Questions to explore current mental health and wellbeing**
  - Where are your benefit claims up to now?
  - Do you have employment / accommodation / financial stability?
  - What sorts of things do you enjoy doing now?
  - Do you have a support network around you? Friends?
  - What sorts of things do you really care about and value now?
  - How do you think you have changed since leaving prison (if you have changed?)?
  - How, if at all, do you think your mental health and your experiences of accessing benefits are linked?
  - Do you have things that help reduce your stress?
- **Allow space to explore any other areas of their mental health and wellbeing, related to accessing benefits, since leaving prison, that they may wish to talk about.**
- **Debrief**
  - Check out how they are feeling and how they have found the interview experience
  - Check wellbeing
  - Provide debrief sheet
  - Offer signposting if this is required at this point of the participation process (information for signposting and relevant services is included in the debrief form).

Appendix 4-C: Participant Information Sheet

Lancaster University

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

My name is Sophie Harrison. I am a trainee clinical psychologist at Lancaster University. I want to know what it's like for people who leave prison and have to apply for benefits, and if this has affected their mental health. You have been invited to take part in this study because you have left prison in the last 18 months and have applied for benefits.

Please take the time to read the information here and think about whether you would like to take part.

What is the project about?

- What it is like leaving prison and claiming benefits?
- How did you feel about applying for benefits? Did you have any support?
- Could it have been better or easier?
- How has it all made you feel and has it affected your mental health?

Why are we exploring this?

We want to know what support is needed for people coming out of prison and applying for benefits, to help improve things for people like yourself.

Do I have to take part?

No, you do not have to take part, it is completely up to you. If you don't want to take part, then this is not a problem at all. It won't affect your personal current circumstances at all.

What will happen if I take part?

After reading this information sheet, if you do want to take part, you can meet with me to talk about your experiences. We can meet at a time and location near to you or we can speak online if that is easier. There is a consent form, just to make sure that you are happy to speak to me for the study.

If it's easier to speak online, we can use something like Skype or Google Hangout. Our conversation will last for about an hour, talking about what it was like applying for benefits after leaving prison, if you were able to claim and what the application process was like. We can also talk about any appeals you have made. I will ask about benefit support if you asked for this, thinking about how it has all made you feel.

The interview will be recorded on a voice recorder which I will later listen to, to have a think about what your experiences have been like.

What are the benefits for me of participating?

If you do take part, you will be helping to improve processes that are already in place for people like yourself. It will also hopefully help our understanding of the mental health of people coming out of prison, offering more support around this.

Are there any risks of taking part and what are they?

We don't think that there will be any risks to you if you take part. We are aware though that what we are talking about could be a bit difficult for you. After we've met and talked, we can go through the different support available if you are upset by anything we have talked about. You don't have to talk about:

- your time in prison or why you went to prison
- your community sentence if you are currently supervised by someone in the Probation Service

If you do take part, this won't make any difference to your current sentence or any past sentences. It won't make any difference to any benefit claims or appeals you have at the moment.

Will my information be kept confidential?

Any personal information that we collect will be kept confidential; this means that only I can see this information. This includes your name and any personal information, like your phone number or email address.

- The forms that you are asked to sign are all kept securely, in a different place to where we keep the recording of our meeting.
- Your meeting with me will be recorded on a voice-recorder and then written up word for word, in a way that doesn't say who you are.
- Once everything has been written up, the rest of the research team at Lancaster University will be able to see this, but they won't know who it is about.
- Electronic copies of our meeting will be stored at Lancaster University with a password protecting them.
- When the research project is completed, printed copies of our meeting will be stored in a locked cupboard at Lancaster University for ten years.
- All of the information that you give us about yourself will be destroyed when the study has finished.

When you fill the forms in, you only have to write your first name, so we don't need to know your surname (your last name).

The only times where I would have to let anyone know anything about you would be if you tell me that you might be at risk of getting hurt or you think that you might end up hurting someone else. This would also include if you told me something about new offending behaviour. If this happened, I would talk to you about it first so that you know I am worried, and then I will let other people know, so that they can keep you and others safe.

How can I take part, if I want to?

If you want to take part in the project:

- You will be asked to read through and write your name on a 'Consent Form'.
- You can ask any questions you have about the project. You can be supported by someone else at all times, if you would like.
- I can talk you through the information and answer any questions if this is helpful.
- You can also have someone you know with you when we meet if that is helpful.
- I will also ask you to read a 'Expression of Interest Form' and write your name on this if you want to take part. You can give this form back to me, email this form to me (s.harrison13@lancaster.ac.uk) or send it to me in the post (I'll give you a pre-paid envelope).
- You can also phone me on [redacted]

What if I want to withdraw from the study?

You can change your mind about being involved in this project. You don't have to give me a reason why. Once you have met and spoken to me about your experiences, you can still change your mind about being involved, up to two weeks afterwards. This is because, after two weeks, I will have written up our conversation and started to use it in my research. If you do change your mind before this, all of your information will be destroyed, and it won't be used in the study.

What if I have any concerns about the project?

If you want to speak to anyone else about the project (and don't want to talk to myself as the researcher) you can contact:

Dr Ian Smith **Research Director Senior Lecturer**
Telephone number: 01524 592282
Email: i.smith@lancaster.ac.uk
Address: Furness College
Division of Health Research
Lancaster University
Lancaster
LA1 4YG

If you want to talk to anyone about your experiences since leaving prison or help with anything, there are agencies and services who work with and support people who have left prison. These include:

Department of Work and Pensions	0800 169 0310	www.gov.uk/government/organisations/department-for-work-pensions/about/complaints-procedure
Citizen's Advice Bureau	03444 111 444	www.citizensadvice.org.uk
One Stop Shops	Available in your area	See local areas
Nacro	0300 123 1889	www.nacro.org.uk
Prison Reform Trust	0800 802 0060	www.prisonreformtrust.org.uk
Shelter	0808 800 4444	www.england.shelter.org.uk
Unlock	01634 247350	www.hub.unlock.org.uk

Local MP	020 7219 3000	www.parliament.uk/get-involved/contact-your-mp/
Find a local solicitor	020 7320 5757	www.solicitors.lawsociety.org.uk

If you would like to speak to somebody who is not in the Doctorate of Clinical Psychology

Programme, you can also contact:

Professor Roger Pickup **Associate Dean for Research**

Telephone number: 01524 593746

Email: r.pickup@lancaster.ac.uk

Address: Faculty of Health and Medicine

Division of Biomedical and Life Sciences

Lancaster University

Lancaster

LA1 4YG

Thank you for taking the time to read the information on this form.

Sophie Harrison (Trainee Clinical Psychologist)

Doctorate in Clinical Psychology

Furness College

Lancaster University

LA1 4YG

Email: s.harrison13@lancaster.ac.uk

Telephone: [redacted]

Appendix 4-D: Consent Form

Consent Form – Final

Lancaster University

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Please tick in the box if you agree with the statement:

I consent to take part in this project.	☐
I have read and understood the participant information sheet.	☐
I have been given enough time to read the information. I have had time to ask any questions about the information and had the questions answered satisfactorily.	☐
I understand that taking part in the project is voluntary and I can withdraw my involvement up to two weeks after my interview. I do not have to give a reason if I choose to withdraw.	☐
I understand that my decision on whether to take part will not have any effect on any benefit claims or involvement with community or custodial sentences.	☐
I understand that I might get upset when discussing some of the topics but I do not have to talk about anything I do not want to.	☐
I understand that my interview will be audio recorded and then written up into an anonymised transcript, stored securely at Lancaster University.	☐
I understand that anonymous direct quotations may be used in the the write up of this project. I know that my identity will be kept anonymous and I am content with this.	☐
I understand that the data collected throughout this project might be looked at by the researcher supervisor at Lancaster University. The supervisors will not have access to personal information.	☐

I understand that any information I provide will stay confidential and anonymous unless there is a risk of harm to myself or other people. If this happens, the project researchers (Sophie Harrison and Pete Greasley) may have to share information with relevant individuals. This will be discussed with me first. ☐

I understand that the results from this project may be submitted for publication in the future and later published in a journal ☐

I know that I can ask for the interview recording to be stopped at any time or I can ask for a break if I want to and the information can be deleted if needed. ☐

I understand that I may be contacted after the interview, if it is considered useful to speak further about the project ☐

I agree to take part in the above study. ☐

Name (please print): _____

(First name only needed)

Date: _____

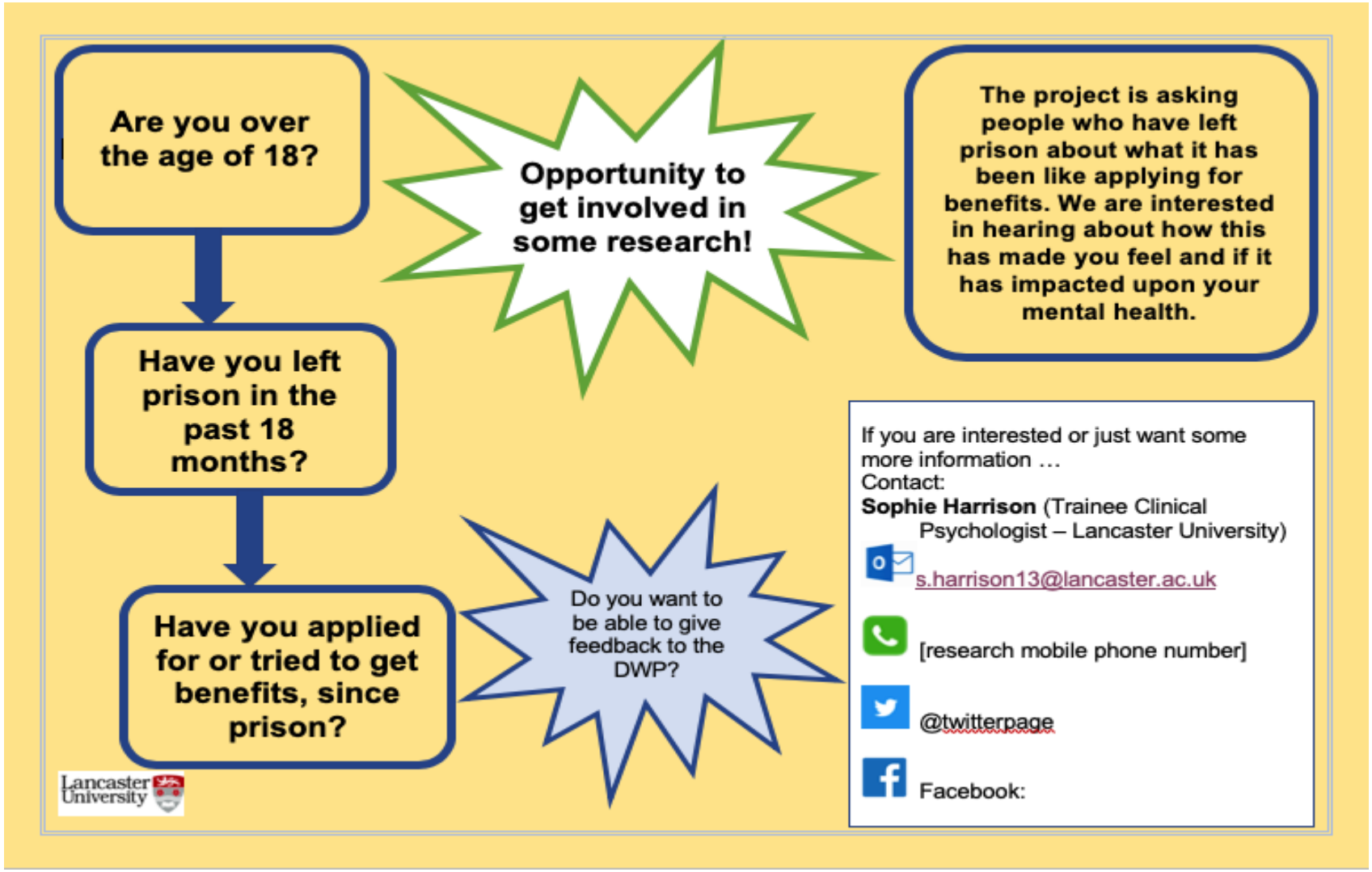
Person taking consent: _____
(Name, please print)

Date: _____

I can confirm that the individual has not been coerced into giving their consent. The consent has been given voluntarily.

A copy of this form will be given to the participant. The original form will be held securely at Lancaster University.

Appendix 4-E: Research Advert



Appendix 4-F: Expression of Interest Form

Lancaster University

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Your first name (surname not required)

……..

If you would like to find out more information about this research project, please provide your contact details below.

Please contact me on: (please choose one or more of the following options)

Telephone number **……..**

Email (if preferred) **……..**

Social Media (if preferred: please specify username and which social media platform, i.e. Twitter, Facebook)

…….

Please say which method of contact you prefer……

Let me know what time of the day is best to contact you ……...

Date ……..

Appendix 4-G: Debrief Form

Lancaster University

Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health

Thank you for taking part in this project. Your involvement in the project has been really appreciated and is really valuable. We hope that you found being involved in the project to be enjoyable and rewarding for yourself.

Your experiences and everything that you have told us will improve our understanding of what it is like for people leaving prison, re-joining society and trying to access the welfare benefit system. It will also help to develop our understanding of what it is like for people coming out of prison and the impact of this upon their mental health and wellbeing.

We hope that this will improve the services and support available to people in similar situations, in the future.

What happens next?

Now that you have had your interview and we have recorded it, I will write up your interview word for word, ensuring that it all remains anonymous (this means that you cannot be identified from my write-up).

I will then read through all of the interviews from the different participants, starting to understand the different ideas and experiences from everyone who has taken part.

The experiences of all participants and the results of this project will be written up as part of my thesis project. This is then submitted to the Doctorate of Clinical Psychology programme within Lancaster University.

The report may later be published in a journal and I may present my findings to relevant services. You are able to get a summary of the overall findings if you are interested in this and you are welcome to request a copy of the final report, if you are interested in having this. You can contact myself or the research team at the university for this information.

What if you are upset or worried after taking part?

If you have found that you are upset or worried about anything after taking part in the interview and this project, then you are able to contact the research team at Lancaster University with the following details:

Dr Pete Greasley
(Research Supervisor)

p.greasley@lancaster.ac.uk
01524 593535
Furness College
Doctorate of Clinical Psychology
Lancaster University
LA1 4YG

Professor Bill Sellwood
(Programme Director)

b.sellwood@lancaster.ac.uk
01524 593998
Furness College
Doctorate of Clinical Psychology
Lancaster University LA1 4YG

If you do not want to speak to anyone at the university, you can contact your own GP and ask to speak to them.

There are agencies and services who specifically work with and support people who have left prison. These include:

Department of Work and Pensions	0800 169 0310	www.gov.uk/government/organisations/department -for-work-pensions/about/complaints-procedure
Citizen's Advice Bureau	03444 111 444	www.citizensadvice.org.uk
One Stop Shops	Available in your area	See local areas

Nacro	0300 123 1889	www.nacro.org.uk
Prison Reform Trust	0800 802 0060	www.prisonreformtrust.org.uk
Shelter	0808 800 4444	www.england.shelter.org.uk
Unlock	01634 247350	www.hub.unlock.org.uk
Local MP	020 7219 3000	www.parliament.uk/get-involved/contact-your-mp/
Find a local solicitor	020 7320 5757	www.solicitors.lawsociety.org.uk

Or alternatively you can contact Samaritans on 116 123. The Samaritans phone number is accessible 24 hours a day, 365 days a year).

Thank you again for taking part in this project. It is really appreciated.

Sophie Harrison (Trainee Clinical Psychologist)

Doctorate in Clinical Psychology

Furness College

Lancaster University

LA1 4YG

Email: s.harrison13@lancaster.ac.uk

Telephone: [redacted]

Appendix F-H: FHMREC Approval Letter

Lancaster University

Applicant: Sophie Harrison
Supervisor: Pete Greasley
Department: Health Research
FHMREC Reference: FHMREC19005

05 November 2019

Dear Sophie

Re: Exploring the experiences of prison leavers accessing welfare benefits to understand the impact upon their mental health.

Thank you for submitting your research ethics application for the above project for review by the **Faculty of Health and Medicine Research Ethics Committee (FHMREC)**. The application was recommended for approval by FHMREC, and on behalf of the Chair of the Committee, I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact me if you have any queries or require further information.

Tel:- 01542 593987
Email:- fhmresearchsupport@lancaster.ac.uk

Yours sincerely,

R·E·Case

Becky Case
Research Ethics Officer, Secretary to FHMREC