



# Wellness Workshop Evaluation Report 2014



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## Executive Summary

### Aim of the Wellness Workshop Evaluation 2014

The study aimed to evaluate the impact of a one-day Wellness Workshop provided by SOS (Suicide or Survive).

The objectives of the study were to establish whether:

1. Participating in the Wellness Workshop has led to an improvement in participants' knowledge of mental health
2. Participating in the Wellness Workshop has led to the ability to recognise mental health issues in themselves and others
3. Participating in the Wellness Workshop has led to the development of a repertoire of strategies to manage mental health issues
4. Utilising the Wellness Workbook has enabled the implementation of these strategies
5. Participating in the Wellness Workshop has resulted in a self-reported improvement in mental wellbeing
6. Participating in the Wellness Workshop has impacted on participants' attitudes and perceptions towards mental illness and suicide
7. Participating in the Wellness Workshop has impacted on participants willingness to seek help when experiencing mental health difficulties
8. Participating in the Wellness Workshop has influenced whether participants actually sought help, if help was needed.

### Methods

The study employed an embedded mixed methods longitudinal design to meet the objectives. The quantitative component of this study was the dominant method of data collection. The study employed three consecutive surveys (pre, post and follow-up), which were designed to identify perceptions of the Wellness Workshop over time and crucially the long term impact it had on participant mental health. Pre-workshop (baseline) surveys were completed immediately prior to the commencement of the Workshop, post work-shop surveys were done within one week of completing the Workshop and a follow-up three

months later. The qualitative component explored participants' views and experiences of the workshop via semi-structured interviews. A total of 484 completed surveys were included in the final dataset. Of these 415 were general public participants and 69 were male prisoners serving a sentence in Wheatfield Prison, Clondalkin, Dublin 22. A total of 34 interviews were completed, 24 of which were with members of the general public and 10 with participants who attended the workshop in prison.

### **Summary of Quantitative Findings - General Population**

- Approximately 50% of participants who attended the Wellness Workshop had experienced mental health problems.
- The single most important motivation for participant attendance at the Wellness Workshop was to learn skills to manage their mental health.
- A significant proportion also attended the workshop in order to help family, friends or clients. This suggests that the workshop attracted a mixed population with a personal and professional interest in mental health.
- Participants were extremely satisfied with the workshop with almost 95% identifying that they were satisfied or very satisfied with the workshop.
- In addition to being satisfied with the workshop, 95% also found the workshop useful or very useful.
- 75% of participants reported that attending the Wellness Workshop improved or greatly improved their wellbeing and this improvement in wellbeing persisted over time.
- Very few participants reported that the workshop worsened their wellbeing suggesting that the Wellness Workshop appears not to have a negative impact on wellbeing.
- At baseline, participants' attitudes about mental health appeared to be more positive than those identified in Irish general population studies.
- In general, the workshop did not have a significant effect on participants' attitudes about mental health.
- The Wellness Workshop did appear to improve attitudes towards recovery when measured one week following the workshop however this improvement did not persist at three months.



- The workshop appeared to have no significant effect on participants' level of hope.
- The Wellness Workshop did appear to bring about a slight improvement in mental health self-efficacy and this improvement was maintained over time.
- None of the demographic or other variables predicted the perceived extent of the impact of the workshop on wellbeing, suggesting that the workshop is equally applicable to a wide range of participants.
- Almost all of the participants identified that they would recommend the Wellness Workshop to others. The universal applicability of the workshop was again highlighted by responses indicating that family, friends and 'anyone' should undertake the Wellness Workshop.
- Two-thirds of participants reported that they had used the Wellness Workbook and of those, the vast majority (95%) reported that the workbook provided them with strategies to manage their mental health.
- Recommendations for improving the workshop centred on extending the length of it and including a follow-up or refresher course for attendees.

### **Summary of Qualitative Finding – General Population**

- Motivations for attending the Wellness Workshops mainly ranged from learning self-help strategies to learning strategies for helping other people with mental health difficulties. Some participants had self-experience of mental distress, while others attended out of general interest in mental health.
- Generally, participants had no real expectations of the Wellness Workshops and attended with an open mind, mostly expecting a traditional didactic approach to workshop facilitation.
- There was an overwhelmingly positive response to the Wellness Workshops. Central to this was the narrative approach adopted by the facilitators, particularly with regard to sharing personal stories about recovery. In particular, Caroline's personal story of her experiences of mental distress and her journey to recovery appears to have had a huge resonance with participants.
- The use of metaphors, e.g. the 'wolf of hope' v. The 'wolf of despair' and the absence of medical and psychiatric jargon was welcomed by participants.

- There was huge value placed on the small, simple but important strategies such as the mindfulness minute taught at the Wellness Workshops. These were perceived as user-friendly, non-invasive techniques to maintain mental health that could be easily incorporated into participants' daily routines.
- It appears that participants integrated the strategies learned during the Wellness Workshops in an elective way either incorporating them into their daily routines or using them when necessary e.g. in times of acute stress.
- A central message emanating from analysis of the qualitative data was the recognition that mental health is a person's own responsibility and that it needs to be protected, nurtured and fostered, both for oneself and in the context of supporting those with mental health problems.
- The Wellness Workshops appear to have impacted positively on participants' perceptions of mental distress and suicide, leading in some cases to a change in perceptions and more openness about mental distress and suicide, in particular that suicide is avoidable and that solutions to problems exist.
- Overall, there were very few criticisms of the Wellness Workshops. The majority of the small number of criticisms related to the large amount of information that needed to be presented on the day, within a short timeframe. Suggestions were also made to spread the workshops over two days or providing a refresher course.
- Suggestions for improving the workshops centred on making the workshops available to as many people as possible and to different groups throughout Irish society.
- Suggestions were made to target males due to the under-representation of males at the workshops. Suggestions were also made to provide an adapted version of the workshops in primary and secondary schools.
- Suggestions to improve use of the Wellness Workbook focused on actively incorporating the workbook into the Wellness Workshop.

### **Summary of Quantitative Findings - Prisoner Population**

- Approximately 40% of prisoner participants who attended the Wellness Workshop had experienced mental health problems.

- The single most important motivation for participant attendance at the Wellness Workshop was to learn skills to manage their own mental health.
- Approximately half of the prisoner population attended the workshop to help them better deal with family or friends with mental health problems.
- The prisoner population were extremely satisfied with the workshop with almost 88% identifying that they were satisfied or very satisfied with the workshop.
- In addition to being satisfied with the workshop, 95% also found the workshop useful or very useful.
- Almost 79% of prisoners reported that the Wellness Workshop improved or greatly improved their wellbeing one week following the workshop and this improvement persisted over time rising to just over 90% 3-months after the workshop.
- Attitudes towards mental health were very similar to non-prison based participants of the Wellness Workshop and generally more positive than those identified in Irish general population studies.
- Baseline measures of hope and mental health self-efficacy were lower than those of the general population.
- Following the Wellness Workshop, scores for both hope and mental health self-efficacy increased suggesting that the workshop increased both hope and mental health self-efficacy in the prisoner population however due to the low number of participants who completed all three surveys, these results were not statistically significant.
- Almost all of the participants identified that they would recommend the Wellness Workshop to others including friends and family but also other prisoners and particularly newcomers to prison.
- Less than half of the prisoner participants used the Wellness Workbook but of those who did the vast majority reported that it was useful in providing them with strategies to manage their mental health.

## Summary of Qualitative Finding – Prisoner Population

- Many participants spoke about prison life as being stressful. Participants spent long periods of time alone and had, what they described as ‘a lot of time on their hands’ and were anxious to fill this time in a productive way.
- Participants described a reluctance to talk to other prisoners about anything that might project an open display of perceived weakness which participants believed would negatively impact on their ability to blend in with the prison population.
- There was recognition that suicide was a problem for people in prison, especially for men. Despite improvements being made, there was a suggestion that suicidal feelings and thoughts were prevalent throughout the male prison population.
- A number of participants had done the course more than once. This suggests that they either enjoyed and valued the course or alternatively that they used it as an avenue to escape the routine and monotonous nature of prison life.
- As with the general population, the participants in prison had no real fixed expectations about the workshop and attended the workshop with an open mind.
- The overall experience of participants was overwhelmingly positive. There was tremendous respect for the facilitators who were perceived as brave for coming into the prison environment, opening up about their experiences and sharing their stories.
- As with the findings from the general public, this approach to learning about mental health was highly regarded and valued by the participants.
- Following attendance at the Wellness Workshop, many of the participants spoke about how the strategies they learned helped them to manage the stress associated with prison. In addition there were also instances where the participants described helping others to manage their mental health and wellbeing either within the prison population or within their family and friends.
- In terms of the specific strategies that the participants used, the most beneficial described were the breathing techniques that were used to control their stress and to manage their anger, the mindfulness minute, the wheel of life and positive thinking.

- There was some evidence to suggest that participants' attitudes towards mental distress and suicide improved following attendance at the Wellness Workshops. The most prominent attitudinal change cited was the belief that mental distress could affect anyone regardless of their background, situation and walk of life.
- There were also some references to the participants' attitudes towards suicide, particularly how they had an improved understanding of why someone might want to consider suicide as an option.
- Some participants identified how the Wellness Workshop provided them with the language to help someone going through a suicidal crisis.
- In terms of criticisms of the Wellness Workshop completed in prison, 3 areas were discussed the length of the workshop, the location of the workshop and other participants on the workshop.
- There were a number of suggestions for improving the workshop. These included rolling out the workshop in all prisons in particular those with young offenders, changing the location of the workshop to a quieter area of the prison and including specific content for long term prisoners.

## Recommendations

In light of the findings, the following recommendations are proposed:

### Workshop Format

While overall the structure and shape of the workshop was very well evaluated, consideration should be given to the following issues:

- As a number of participants in the surveys and interviews believed some of the content was rushed, consider extending the workshop by half a day if possible.
- A proportion of participants identified the desire to have on-going basic education on maintaining wellness. In light of this, consider providing additional educational content including simple tutorials and online videos for participants to access via the SOS website.
- Many participants identified a desire for a Wellness Workshop refresher course. In light of this, explore the potential to offer a follow-up session to those who have completed the Wellness Workshop.

## Workshop Content

In view of the overwhelmingly positive evaluation of the content of the workshop the following actions are proposed:

- Continue with the sharing of facilitators' experiences of mental distress.
- Continue identifying how wellness strategies can be incorporated into everyday life.
- As the mindfulness strategies were particularly strongly evaluated and utilised by participants, consider expanding the amount of time dedicated to these particular wellness strategies.
- A significant proportion of participants identified undertaking the workshop to help others in distress. In light of this, consider expanding a section of the workshop to focus on supporting family/friends who are in distress. In the context of the time constraints of the workshop, this may take the form of a 'what to do/say, what not to do/say'.

## Recruitment to the Workshop

Participants on the Wellness Workshop are not representative of the general population. In light of this, consideration should be given to:

- Actively recruiting more young adults
- Actively recruiting those from different racial and ethnic backgrounds which more accurately reflect Irish society. This could include targeting such groups as asylum seekers who are known to have more mental health problems and may particularly benefit from this programme.
- Actively recruiting those with varying levels of education which more accurately reflects Irish society (i.e. those who are educated to third level are over-represented in this evaluation). Consider targeting early school leavers, those on apprenticeship schemes etc.

## The Wellness Workshop in the Prison Setting

Following evaluation of the workshop in the prison environment, the following actions are recommended:

- The workshop was not changed for the prison setting however some modifications are advisable e.g. context specific examples and an increased focus on the techniques to reduce agitation and feelings of anger (e.g. mindfulness minute and breathing techniques), which were very positively evaluated.
- Further modifications which reduce the requirement for reading are recommended for the workshop in the prison setting to account for varying levels of literacy.
- Anonymity and confidentiality is decreased in the prison setting however every effort should be made to increase participants' sense of confidentiality. This may mean moving the workshop to a quieter location if possible where other prisoners not participating in the workshop are less likely to overhear proceedings.
- Findings suggest that some participants in the prison setting may undertake the Wellness Workshop to 'pass some time' and may not be fully invested in it which may impact on other participants. In light of this, it is suggested that where possible only those with a genuine interest in improving mental health and wellbeing be included on the programme.
- A number of prisoner participants identified how the workshop helped them to help other prisoners. In light of this finding, consider developing the workshop further to increase awareness of how to support other prisoners in distress.

## The Wellness Workbook

Following evaluation of the workbook, the following actions are recommended:

- Use of the Wellness Workbook should be more interwoven into the workshop with reference made to the workbook throughout. This may increase engagement with the workbook following completion of the workshop.
- For exercises within the workbook, examples should be given of how best to complete each exercise which participants can then easily adapt to their own situation.

- Locate the workbook exercises on the SOS website as downloadable sheets, to enable participants to print and use them when required.
- A reminder to use the workbook should be sent to participants at a period after completion of the workshop. This could occur through social media (e.g. Twitter or Facebook), through email or text, or through the development of an 'e-Wellness Workshop Newsletter' which could incorporate a reminder to use the workbook along with hints and tips on managing wellbeing. This newsletter could be sent to all attendees of the Wellness Workshop.
- Although the workbook contains a combination of text and imagery, findings from the prison population suggest that it is difficult to follow for those with literacy issues. In light of this, consider adapting worksheets that may be better used for those with literacy issues.



## Chapter 1. Introduction and Background to the Evaluation

### Introduction

This chapter sets out to provide some context to this longitudinal evaluation of the SOS Wellness Workshop. It commences with a brief consideration of the importance of mental health and mental health promotion and the use of education programmes such as the Wellness Workshop to promote and maintain wellness. Our previous report on the SOS Wellness Workshop evaluation detailed evidence relating to the increased focus on mental health promotion and the particular attention paid to promoting mental wellbeing and wellness through the delivery of mental health education programmes (Doyle *et al.* 2012). This chapter will briefly recap the main points developed in the previous evaluation and will in addition include any pertinent literature published since the 2012 report.

The Wellness Workshop has included some changes since its evaluation in 2012. This chapter details some of these changes including the introduction of the Wellness Workbook and significantly the expansion of the Wellness Workshop to include prisoners as participants. As the inclusion of prisoners is a significant development since the previous evaluation and as they are known to have more mental health problems than the general population, this chapter will also include a brief section on the mental health of prisoners which will be further elucidated on in Chapter 8 when discussing the findings of this evaluation in relation to prisoners.

### Mental Health and Wellness Promotion Through Education

Mental health is critical in maintaining overall wellness. Good mental health has a positive impact on general wellbeing and helps to sustain personal relationships with family, friends, work colleagues and the wider community. Mental health is often viewed as being on a continuum with daily challenges in addition to static factors challenging our mental health and our resilience. The broad aim of mental health promotion and prevention is to where possible reduce the challenges that we face but also to increase our individual and collective ability to cope with challenges as they arise. Mental health promotion therefore is a broad

area and includes strategies focusing on housing, poverty, discrimination and physical ill-health in addition to those which focus exclusively on mental health (WHO, 2013). A focus on promoting mental health has the potential to help individuals maintain wellness, reduce the risk of developing mental health problems, and enable those with mental health problems to develop strategies to manage their mental health problems and also maintain their wellness. Reducing stigma is also a component of mental health promotion and is particularly important in light of the knowledge that perceived stigma, labelling, stereotyping and embarrassment associated with mental illness are common barriers associated with help seeking (Clement, 2014). Mental health education is one form of mental health promotion that can encourage the development of personal mental health skills and can increase knowledge about mental health. Mental health promotion through education also has the potential to decrease stigma and increase help-seeking for problems (Pinfold et al. 2005; Rickwood et al. 2007).

Since the publication of the previous SOS Wellness Workshop evaluation, the World Health Organisation published the 'Mental Health Action Plan 2013-2020' in a bid to provide targets which aim to increase mental well-being (WHO, 2013). One of the four key objectives detailed in this report is to implement strategies for mental health promotion and prevention. Within this the WHO recognise the importance of universal interventions including the development and roll-out of programmes which improve public knowledge and understanding about mental health. In many countries there is already an understanding of the importance of promoting mental health awareness in the community setting; a key area in accessing a diverse range of individuals and groups of all ages (Wilkinson and Marmot, 2003). Irish Mental Health policy '*Vision for Change*' (Department of Health and Children 2006) and the current suicide prevention policy '*Reach Out*' (Health Service Executive 2005) both identify the importance of general population approaches in the promotion of mental health and wellness. However, as identified in our previous report while there are many programmes that focus on specific sub-sections of society (e.g. schools, colleges, traveller population, unemployed men), there are far fewer that target members of the general public. The SOS Wellness Workshop is one such programme.

## The SOS Wellness Workshop

The Wellness Workshop was developed by SOS in response to a number of key issues. One of these issues was the need to prevent un-wellness and enable people to look after their own mental health. The idea for the Wellness Workshop grew from the belief that people can learn to stay well by learning certain strategies and preventative measures. The ultimate aim is that if all people are educated to look after their mental health then when issues around hopelessness and negative thinking abound they will have the skills to monitor and evaluate their own wellness and seek appropriate support (Suicide or Survive 2012).

The first element of the Wellness Workshop is based on meditation and mindfulness techniques and how these can be used to ground us and bring us into the present. The second element involves the use of cognitive behavioural therapy (CBT) as a practical wellness tool. The relationship between thoughts, feelings, actions and physiology and the CBT based interventions that lead to improved mental wellbeing form the essence of this part of the workshop. The Wellness Workshop utilises a narrative approach drawing upon real life experiences detailed by the instructors. Through this method, the workshop provides participants with an account of how life circumstances can lead to life or death outcomes and importantly how these circumstances were overcome in the hope that participants will take wisdom and learning from the experiences described.

The workshop also focuses on holistic goal setting. It looks at all aspects of life and focuses on the key goals that will improve wellness. It shows how through simple goal setting and regular self-appraisal individuals can take personal responsibility and regain control of their lives. Other key elements of the workshop include a consideration of the principles of general mental wellbeing and the development of a wellness continuum that focuses on wellness strategies and triggers that affect mental health. The Wellness Workshop is delivered in an atmosphere of genuine warmth and caring where participants are encouraged to actively participate and learning is carried out in a manner that blends fun and serious learning.

## The 2012 SOS Workshop Evaluation Study and Changes Made

In 2011, SOS commissioned a retrospective evaluation study to explore the impact of the one day Wellness Workshop on participant's knowledge of mental health and attitudes towards mental health difficulties. Participant responses were extremely positive, with the workshop regarded as being very effective in improving participants' perceptions and knowledge of mental health (Doyle et al., 2012). However, one limitation of the original study was its inability to determine whether the Wellness Workshop leads to an objective and measurable improvement in actual wellbeing and knowledge and attitudes towards mental health difficulties. This would provide a greater insight into how a programme of this nature can improve mental well-being. Utilising a pre/post longitudinal design, this present study aimed to address this gap in knowledge and determine whether these improvements were sustained over time.

This study also served another distinct function which was to evaluate some major changes that took place around the Wellness Workshop based on the recommendations of the previous report. One of the main recommendations was that an information sheet detailing the basics of the skills learned in the Wellness Workshop be developed which participants could employ for their own use after the workshop and pass on to friends and family if required. In response to this recommendation, the SOS team developed the Wellness Workbook and this workbook is evaluated in this study and the findings presented in Chapter 7.

Another recommendation made by the research team was to target certain groups of individuals who might be more at risk of mental health problems. In response to this the SOS team are currently adapting the Wellness Workshop with a view to piloting the programme with 16-18 year olds. However, another group of individuals who were targeted by SOS were prisoners and therefore the roll-out of the Wellness Workshop amongst prisoners is also evaluated in this study. As prisoners are a distinct group and the implementation of the Wellness Workshop in the prison setting was new, prisoners were evaluated separately but using the same measures as all other participants. The results of

the survey and interviews for prisoners are presented in Chapters 5 and 6. Some further background detail is provided in this chapter on the Wellness Workbook and implementing the Wellness Workshop in the prison setting. It is important here to briefly include a note on the terminology used in this report. Findings relating to prisoners are presented separately as they are a distinct group who were recruited separately and the workshop occurred in a different context to other participants (i.e. prisoners were incarcerated at the time of the workshop). The remainder of the participants are referred to in this report as ‘general population’ participants as they were recruited through a variety of different methods from the general population. This is not to imply that prisoners are not part of the general population and it should be noted that this terminology is for clarity of presentation and is absolutely not intended to imply a hierarchical structure.

A number of other recommendations were made by the research team in the report of the first evaluation which SOS acted upon and these are detailed below in Table 1:

**Table 1. Recommendations Made and Actions Taken**

Recommendation from 2012 evaluation	Action taken by SOS
<b>Support information for those who need it should be made available at the end of the workshop</b>	Information on the support services available in the area local to where the Workshop is signposted at the beginning of the day and facilitators inform participants that they are available to talk at the end of the day to signpost additional services if required
<b>Participants should be able to get information about the workshop prior to attendance</b>	Places on the Workshop are booked through the SOS office and the Workshop Coordinator is available to provide any pre-Workshop information that participants might like.
<b>Additional facilitators should be trained in order to enhance sustainability and capacity</b>	An additional 3 facilitators have been trained
<b>Continue focus on facilitators who have self-experience of mental health problems</b>	Additional facilitators are willing to share self-experience of mental health struggles

<p><b>Caroline’s story is central to the workshop however the team need to question the extent that this element can be successfully replaced</b></p>	<p>A video of ‘Caroline’s story’ has been developed and SOS are currently piloting the video and facilitation of the discussion that follows it in workshops without Caroline’s presence</p>
<p><b>Develop methods for participants to link back with SOS through greater use of social media</b></p>	<p>We continue to link closely with community based organisations and have increased our presence on social media since the last evaluation providing a vehicle through which Workshop participants can remain in touch with SOS.</p>

### **The Wellness Workbook**

The Wellness Workbook is a workbook that now accompanies the Wellness Workshop. The Workbook follows the same format as the Workshop but contains worksheets and exercises that participants can use themselves on a day-to-day basis to manage and maintain their own wellness. This is based on the belief of ‘Thinking in Ink’ – if things are written down they are more likely to remain fresh in the mind and therefore may be more easily recalled when dealing with stress. The workbook is seen as a wellness tool that can be built upon over time, adding tips and tools that participant’s source and strategies developed from personal experience.

Motivational aids and educational supports such as workbooks and other written materials are useful tools for individuals seeking accessible wellness strategies. Self-help workbooks have been regarded as effective aids in behaviour modification which enable user empowerment and instigate routine processes (Mckendree-Smith, Floyd and Scogin, 2003; Papworth, 2006). Written material has the capacity to influence wide and varied audiences whilst also maintaining privacy for the user. Whilst there is little evidence to identify individual characteristics which are best suited to this format, studies have suggested that women are more likely to adopt and utilise workbooks than men (Hodgins, Currie and el-Guebaly, 2001).

## The Wellness Workshop in Wheatfield Place of Detention

In addition to the workbook, the other major development around the Wellness Workshop since the previous evaluation was the roll-out of the workshop into the prison setting. Caroline McGuigan, founder and CEO of Suicide or Survive explains how this came about:

*“Suicide or Survive developed a relationship with Wheatfield Place of Detention in 2012 when we approached the Governor to ask if the print workshop there could do some printing for our Training Links Grant programme. The Governor was happy to have the print workshop do this work for us, they carry out printing projects for many charities and community based organisations. In return we offered to run a Wellness Workshop for the prisoners housed there, the Governor jumped at the opportunity to bring in a mental wellness programme as mental health and suicide are a major problem for the prison service. So, our first connection with Wheatfield from the perspective of running a Wellness Workshop there was more by accident than design.*

*Running a Workshop in a prison was a daunting experience. This was much less about entering the prison environment and all that comes with that and more from a concern about whether what we had to offer would be helpful in any way. I know I was carrying stigma when I first went in to Wheatfield, as we all do, however this was quickly broken down when I met the first group of participants and the staff assigned to us on the day. The participants were as mixed a group as we would have participating in any community based environment because, of course, they are a community in themselves. They were interested and eager and for many this was the first time they had paid any sort of attention to the area of mental health. The wealth of experience and expertise and the sharing of personal experiences during the Workshop blew me away. The feedback from the prisoners in the days and weeks following that first Workshop was overwhelmingly positive with some saying that this was the first time they had ever thought about their mental health and the first time that they felt understood as they listened to the personal experiences of facilitators and in particular to my own personal journey. I knew then that we could really make an impact by delivering the Workshops to this group of men who, in general, have had*

*little attention paid to their mental wellbeing and as a result have paid it little attention themselves.*

*We have not changed the materials we use or altered how we deliver the Workshop in any way when we deliver it in Wheatfield because it contains a universal message of wellness and practical tools that anyone can use whatever their circumstances or living environment.*

*The Governor and Chaplains are amazing and have become champions for the Workshop and support us in any way possible to bring Workshops and the Workbook to the prisoners housed there. In 2013 the Governor asked us to deliver a Workshop to a group of staff from Wheatfield and again the feedback was overwhelmingly positive. We delivered our first WRAP programme as a follow on to the Wellness Workshops in Wheatfield this summer and again the reaction was overwhelmingly positive. We are building on our relationship with the Governor and are planning further developments in relation to the Workshop which will be piloted there before we consider bringing them to other prison settings”.*

### **Mental Health and Mental Health Promotion in Prisons**

The topic of mental health has been widely studied among prison populations (Birmingham, 2003; Gore, 1999; Sirdifield et al, 2009). A number of studies have found a high incidence of mental illness amongst prisoners, with increased recognition of the prevalence of mental illness when compared to the general population (Brinded et al., 2001; Diamond et al., 2001; Hassan et al, 2011; Watson, Stimpson and Hostick, 2004). Prisoners can experience mental health issues in varying degrees of severity, including depression, anxiety disorder and stress related symptoms (Fraser et al., 2009; Graham, 2007); yet the prevalence of psychosis amongst Irish prisoners was found to be significantly higher than other countries (Flynn et al., 2012). Additionally, in Irish prisons, between 60% and 80% of prisoners were found to have a substance abuse problem (Kennedy et al., 2004) and as entering prison means a cessation of illicit drug use, the experience of withdrawal can also increase mental distress.



Prison is also regarded as a high-risk environment for suicide and self-harm with high distress levels and increased risk of suicide associated with initial custody periods (Hassan et al., 2011; Gullone et al., 2000; Shaw et al., 2004; WHO, 2007). Recent research suggests that between 5-6% of male prisoners and 20-24% of female prisoners self-harm every year (Hawton et al., 2014). In addition to this it is reported that the suicide rates of prisoners are significantly higher than the general population in many countries (Fazel et al., 2011). A number of factors influence this including that even before incarceration prisoners are a vulnerable population at high risk of self-harm and suicide. Prisons contain a high number of young males who are socially disenfranchised with poor levels of education and high levels of unemployment. In addition to this, many factors around the act of incarceration can impact negatively on a person's mental health. Being imprisoned means removal from family, friends and a support network. The protective effect of having close friends and family members to confide in and support the person is largely lost in the prison setting where access to family and friends is significantly decreased (MacNamara and Mannix-McNamara, 2014). The stress associated with incarceration and the prospect of a long prison sentence can have a significant psychological impact on a person. This psychological impact is increased when the person is serving a life sentence (Patton and Jenkins, 2005). Despite the identification of prisoners as a high risk group for mental health difficulties including self-harm and suicidal behaviour, many prisons do not have adequate mental health services to meet the large demand (MacNamara and Mannix-McNamara, 2014). Differences exist in prisons between the levels of screening for mental health difficulties and more importantly the management of such difficulties.

Although prisoners are medically assessed upon their arrival to prison, including a mental health assessment; mental health service provision within the prison setting is regarded as inadequate (Kennedy, 2004). Health promotion with regards to mental health in prisons has been perceived to be 'under-resourced' (Carager et al., 2000; Watson et al., 2004). In 2007, The Trecin Statement on Prisons and Mental Health was ratified at the WHO International Meeting on Prisons and Health in Slovakia (WHO, 2008). It suggests that there is an urgent need to provide additional support to prisoners experiencing mental health problems. It goes on to state that it is imperative that prisoners be "*adequately prepared for re-settlement*" when they return to their community. One Trecin Statement recommendation

is that community services and in-prison services develop strong relationships to ensure a successful reengagement with the community for the majority of prisoners. The concept that mental health promotion should be conducted within the prison setting, working in tandem with other aspects of rehabilitation is not a new one; however is deemed to be poorly understood and under-resourced in many cases (Carager et al., 2000, Watson et al., 2004; WHO 2007). Despite the complexities of incarceration, some community based organisations continue to work towards making a positive impact in the lives of rehabilitating prisoners.

### Summary

This evaluation provides important information on the impact of the Wellness Workshop on participants in addition to evaluating the usefulness of the Wellness Workbook and the roll-out of the Workshop into the prison setting. The report is divided into 8 chapters:

- Chapter 1 provides an introduction and some background information;
- Chapter 2 details the methods used in this evaluation;
- Chapter 3 reports the key survey results relating to the general population;
- Chapter 4 presents the findings from interviews with general population participants;
- Chapter 5 reports the key survey results from the prisoner participants;
- Chapter 6 presents the findings from the interviews with prisoner participants;
- Chapter 7 details the findings in relation to the Wellness Workbook;
- Chapter 8 presents a discussion of the key findings of this evaluation. This chapter also identifies the limitations of this evaluation in addition to recommendations emanating from this work.

## Chapter 2. Methods

### Introduction

In this chapter the study aims and objectives are outlined and a brief description of the research methodology is provided. This chapter also details the research methods utilised in this evaluation including the approach to sampling, the procedures for data collection and analysis and the ethical considerations procedures with this research.

### Aims and Objectives

The study aimed to evaluate the impact of a one-day Wellness Workshop provided by SOS (Suicide or Survive).

The objectives of the study were to establish whether:

1. Participating in the Wellness Workshop has led to an improvement in participants' knowledge of mental health
2. Participating in the Wellness Workshop has led to the ability to recognise mental health issues in themselves and others
3. Participating in the Wellness Workshop has led to the development of a repertoire of strategies to manage mental health issues
4. Utilising the Wellness Workbook has enabled the implementation of these strategies
5. Participating in the Wellness Workshop has resulted in a self-reported improvement in mental wellbeing
6. Participating in the Wellness Workshop has impacted on participants' attitudes and perceptions towards mental illness and suicide
7. Participating in the Wellness Workshop has impacted on participants willingness to seek help when experiencing mental health difficulties
8. Participating in the Wellness Workshop has influenced whether participants actually sought help, if help was needed.

## Research Design

The study employed an embedded mixed methods design to meet the objectives, which is characterised by having one dominant method, with the other data set providing a supportive role (Doyle, et al 2009). In this evaluation, the quantitative component of this study was the dominant method of data collection while the qualitative method was embedded within the larger evaluation and served a supportive role. However, it is important to note that the qualitative data in this study served an important and distinct function. In addition to meeting a number of objectives in this evaluation, it also served to provide an in-depth understanding of the main issues around the Wellness Workshop and how it worked for participants. As can be seen in Chapters 4 and 6, the qualitative data provided a significant amount of rich, meaningful findings. Using a mixed methods design and collecting both quantitative and qualitative data provided a richness and depth of information that would not have been possible to achieve from quantitative methods alone thereby leading to a more comprehensive evaluation.

The quantitative component of this evaluation was achieved through the use of longitudinal surveys which were designed by the research team in consultation with the SOS Wellness Workshop team.

One questionnaire pack, containing three surveys and information pertaining to the study were administered to programme participants on the morning of the Wellness Workshop. Survey 1 was completed immediately prior to commencement of workshop, whilst the remaining two surveys were completed and returned via freepost within one week of completing the workshop (Survey 2) and three months post completion of the Wellness Workshop (Survey 3) (surveys available upon request). The questionnaires examined participants' opinions around and knowledge of mental health issues, attitude to mental health issues and self-reported mental wellbeing. It also examined whether participants used the Wellness Workbook and whether this workbook provided participants with strategies to manage their mental health. A number of open-ended questions were positioned within each survey to allow participants to expand on their answers if appropriate.

Semi-structured interviews explored participants' views of and experiences on the workshop. An interview guide was developed with a focus on the impact of the workshop on participants' knowledge of and confidence and skills in dealing with mental health issues, attitudes towards mental health issues, the application of the programme principles to own life, use of the Wellness Workbook, and recommendations for improvement of the workshop.

Post-workshop qualitative data were collected via telephone interview (n=34). Telephone interviews are seen to be advantageous with regards to health related research. It has been suggested that telephone interviews are an invaluable tool for exploring a sensitive topic as individuals may prefer to disclose information over the telephone rather than during face-to-face interviews (Chapple, 1999; Carr and Worth, 2001). Taking this into account, it was concluded that the concepts of anonymity and confidentiality may allow participants to talk more openly about their personal experience.

Additionally, telephone interviewing is a cost-effective method and is particularly useful when participants are geographically scattered, which was the case for this study (Chapple, 1999). As the cost implications for conducting face-to-face-interviews were extremely high, it was not feasible for the research team to conduct face-to-face interviews. Therefore, the telephone interview was considered the most effect method for qualitative data collection.

A series of interviews were also undertaken with a cohort of prisoners (n=10) at Wheatfield Prison, Clondalkin, Dublin. A modified topic guide was designed for this cohort, with a focus on the experience of completing the workshop in a prison setting and its impact on participants' mental health.

### **Questionnaire Design**

Three longitudinal surveys were developed for participants of the Wellness Workshop. The pre-workshop questionnaire (Survey 1) consisted of four sections. Demographic data were collected in sections 1 and 4, including questions on age, gender, cultural/ethnic origin, civic status and employment status. Motivational reasons for attending the workshop were also determined in section 1. Section 2 focused on the experience of mental health problems and asked participants to identify if they had self-experience of mental health problems. Some measures to objectively determine mental health difficulties were also used in this

section including the Herth Hope Index (HHI) and the Mental Health Self-Efficacy Scale (MHSE). The HHI is a 12-item self-administered tool that measures Hope. The instrument has a 4-point likert type scale with possible responses of 1 (strongly disagree) to 4 (strongly agree). Scores on the HHI can range from 12 to 48, with a higher score indicating a higher level of hope. The HHI has been found to be reliable and valid (Herth 1992).

The Mental Health Self-Efficacy scale was developed and used in this study to identify the ability of participants to manage their own mental health. The scale was specifically designed for this study to assess the extent to which five factors of mental health self-efficacy were affected by participation in the programme. The five factors (problem-focussed coping; stopping unpleasant emotions and thoughts; access to support; confidence in knowledge of own mental health; controlling maladaptive behaviour) were initially translated into 15 statements. An 11-point Likert Scale (0 'not at all'; to 10 'very much so') was used to elicit the extent of agreement with the statements. The mean of all items (between 0-10) was computed as the overall score for each participant. Two statements were omitted in the study after the pilot study revealed low reliability scores for these two items.

Participants' attitudes towards mental health were measured in section 3 with the use of 8 attitudinal statements which have been used in a number of studies identifying public attitudes towards mental health in Ireland. Participants were asked to identify their level of agreement on each statement from strongly disagree through to strongly agree.

For comparative reasons the post-workshop questionnaires completed within one week (Survey 2) and three months (Survey 3) of the workshop repeated the majority of the questions included in survey 1 with some minor exclusions and additions. Survey 2 consisted of five sections. Section 1 gathered demographic data. Section 2 asked about participant's current mental health whilst section 3 asked about attitudes towards mental health issues. Section 4 consisted of questions pertaining to participant's overall satisfaction with the workshop and section 5 gathered data on the usefulness of the Wellness Workbook related to the workshop. Survey 3 consisted of four unaltered sections from survey 2 with the exclusion of section four (satisfaction with workshop).

The core of the surveys were in the form of statements and required participants to rate responses using a combination of four and five point Likert scales and yes/no responses. Additional open ended questions were included asking participants about what they liked most and least about the workshop, the impact of the wellness workbook and its appropriateness and usefulness and what recommendations they would make to improve the workshop for the future.

Keeping in mind the perils of undertaking a longitudinal study, survey return numbers were tracked daily, which enabled the research team to identify any issues. Concerned about low survey 3 response rates and a resulting lack of data pertaining to the Wellness Workbook, the decision was made to include into survey 2 the data collection section on the usefulness of the workbook which was originally placed in survey 3. This measure was taken to ensure that as much data as possible was gathered. This modification was made approximately half way through the workshop data collection process.

### Repeated Measures

In this study the main dependent variables were assessed before participation in the SOS workshop, a week after participation and at a follow-up three months later. We will refer to these time points as *pre*, *post* and *follow-up*.

A Repeated Measures procedure assesses the impact over time of the workshop starting with a baseline measurement before participation (*pre*) and repeated after participation (*post*) and the 3 month follow-up (see Table 2).

**Table 2. Repeated Measures**

Three repeated measures (pre/post/follow-up)	
<b>Herth Hope Index (HHI)</b>	12 items, range 1-4, 2 inverted items; overall Hope sum score possible range: 12 (low hope) – 48 (high hope)
<b>Mental Health Self-Efficacy Scale (MHSE)</b>	13 items, range 0-10, 1 inverted item, overall MHSE average score; possible range 0-10
<b>Attitudes Towards Mental Health (AMH)</b>	8 items, range 1(agree strongly) – 5 (disagree)

	strongly), no overall score computed
--	--------------------------------------

### Recruitment and Data Collection

All SOS Wellness Workshop participants, between August 2013 and March 2014, were invited to take part in the study. Participants who volunteered to attend the Wellness Workshop programme were informed from the outset, via advertising literature, that the workshop was being evaluated by an external group. Participants were given an information sheet prior to their attendance on the course. The information sheet informed potential participants of the details of the study including the purpose, process and data collection procedures.

On the morning of the workshop, participants were provided with a survey pack containing 3 questionnaires. Participants were asked to complete the initial pre questionnaire (Survey 1) immediately prior to beginning the Wellness Workshop. To protect participants' rights all participants were given the questionnaires in envelopes. They were requested to complete the first questionnaire if they wished to be involved and return in the envelope provided. Participants who did not wish to participate were also be requested to return the questionnaire; in this way people who did not wish to participate could do so without feeling pressurised or singled out.

The second questionnaire was completed one week from the day of the workshop and returned in the stamped addressed envelope (SAE) provided. The third questionnaire was returned three months after the workshop and returned in the SAE provided. On the day of the workshop, those participants who agreed to take part in the research were asked to provide a mobile number in order to receive a text reminder at time point 2 (one week after the initial workshop session) and at time point 3 (three months after the workshop session). An email reminder was also sent to participants by a member of the SOS Wellness Workshop team at time point 2 and 3. At all times participants were informed that they could opt out of the study at any time.

In the case of the prisoner cohort, the information packs for time 2 and 3 were provided to the prison warden responsible for co-ordinating prisoners' participation in the workshop. A



reminder was sent by a member of the research team at times 2 and 3 for prison staff to distribute the questionnaires to the prisoners for completion.

Upon completion of survey 2 participants were requested to indicate their willingness to participate in a qualitative interview via a hard copy 'opt-in' form or by contacting a member of the research team directly.

Data collection commenced on the receipt of ethical approval.

### Sample

Every person who participated in the Wellness Workshop between August 2013 and March 2014 was eligible to participate in the evaluation. It was estimated that 528 people had participated in the Wellness Workshops nationally during this timeframe. A total of 600 survey packs were prepared for potential participants. A pilot survey of 37 participants was undertaken to field test the survey instrument, which provided insight on how long it took to fill in survey responses and whether the questions were easy to understand. Responses were overwhelmingly positive therefore no modifications were made.

In total, 484 surveys were returned at time point 1, representing a 96% response rate. (See Table 3 for more details). A recognised problem in longitudinal surveys concerns difficulties in maintaining response rates over time. Studies pertaining to mailed surveys suggest that response rates to questionnaires can be extremely low, with a response rate of between 10 and 30% not uncommon (Levenkron and Farquhar, 1982). In light of such response rates, our rates of 56% and 27% for postal surveys 2 and 3 are quite good.

**Table 3. Number of Survey Participants**

Estimated number who completed Survey 1	Estimated number who completed Survey 2	Estimated number who completed Survey 3	Response Rate
n = 484	n = 270	n = 133	Survey 1: 96%
			Survey 2: 56%
			Survey 3: 27%

In total, 101 people returned opt in forms expressing an interest in participating in a follow up interview. Of this total, 94 were contactable and of that 34 people were interviewed as saturation had been reached (See Table 4 for more details).

**Table 4. Number of Interview Participants**

Expressed interest	Contactable	Total interviewed
n = 101	n = 94	n = 34 (34%)

### Interview participants

Of the 34 interview participants, just over half were female (n=18). The participants ranged in age from 19 to 67 years of age, with a mean of 44 years of age for the survey sample. Further details about the interview participants are provided in Chapters 4 and 6.

### Data Analyses

#### Survey

The quantitative survey data were entered into the IBM SPSS Statistics Version 21. Frequency distributions and descriptive statistics were generated to describe participants' scores on each measure to establish the extent to which key objectives of the course had been achieved. Inferential statistics were used to relate participants' responses to satisfaction rates, demographic variables, time since participation in the workshop, and other relevant variables, in order to establish which factors contribute most to the success of the workshop in achieving the objectives. As previously identified, a repeated measures analysis was performed to determine if there were changes in the participants' responses over the three time points. The open-ended survey questions were entered into a Microsoft Excel spreadsheet and were analysed thematically.

#### Interviews

All telephone interviews were audio recorded and transcribed verbatim. Using a thematic analysis approach, guided by Braun and Clarke's analytical framework (Braun and Clarke, 2006), the interviews were checked for accuracy and cleared of any identifying information. The transcripts were read and then re-read, codes and categories were then identified in

the interviews against an agreed coding framework developed by the research team and codebooks were generated. Additionally any new codes that appeared in the data were included and analysed if required. Codes were then reviewed to assess the commonality and differences between the interviews. This helped to create a better understanding of the extent of the issues that had been raised. The codebooks allowed for critical data to be extracted and analysed, thus allowing for meaningful findings, which are discussed in Chapters 4 and 6. To enhance the rigor of the analysis, data were analysed by more than one researcher and findings compared. In addition, another member of the research team compared the transcripts of those who had identified as experiencing a mental health problem and those who did not in an attempt to determine if any significant differences existed in their experience of the Wellness Workshop.

### **Ethical Considerations**

Ethical approval to conduct the study was granted by the Faculty of Health Sciences Research Ethics Committee, Trinity College Dublin. The rights and dignity of participants were respected throughout by adherence to models of good practice related to recruitment, voluntary inclusion, informed consent, privacy, confidentiality and withdrawal without prejudice.

Potential participants were informed of the evaluation when signing up to the workshop and again on the morning of the workshop. An information sheet, outlining the aims and process of the study was included in each survey pack. All participants were requested to read this information prior to completing the survey to best ensure an informed decision was made. Due to the potentially sensitive nature of the topic under investigation, a list of support services for those participating was included within each survey pack. Consent was viewed as an ongoing process, which was negotiated at each data collection phase of the study. Any participants who indicated that they did not wish to complete the survey on the day of the workshop were provided with a full survey pack, including stamped, addressed envelopes, to bring home. This measure was taken to ensure that no one participant was differentiated from another. The completion and return of each survey was taken as evidence of implied consent.

Prior to participating in a telephone interview, all interested participants were provided verbal information about the research and were asked to provide verbal consent, consenting to be interviewed and audio recorded. Any questions pertaining to the study and participants rights were answered by the researcher conducting the interview. Participants were reminded that they were free to withdraw from the study at any time without fear of penalty.

No personal data identifying any person was recorded on questionnaires. To protect participants' identities all qualitative data were anonymised and participants were assigned a code number. To ensure privacy, in this report no references are made to individual names or locations. Data were password protected and stored in accordance with the Data Protection (Amendment) Act 2003.

## Chapter 3. Quantitative results - General Population

### Introduction

This chapter presents the findings from the survey relating to the general population. Those findings relating specifically to prisoners are detailed in Chapter 5. Within this chapter are findings relating to demographics and background information of the participants in addition to information about how they heard about the workshop and what motivated them to attend it. Central to this chapter is the presentation of findings relating to participants' perceptions of the Wellness Workshop and crucially the impact it had on their mental health. Where appropriate, statistical findings are supplemented with qualitative comments derived from the open-ended questions on the survey.

### Demographics and Respondent Profiles

This section briefly sets out the demographics of the participants who took part in this study in addition to providing some further information about the participants. This information was useful to provide context and an understanding of who was taking part in the workshop but was also used in the analysis as will be detailed throughout this chapter.

A total of 484 completed surveys were included in the final dataset. Of these 415 were general public participants and 69 were male prisoners serving a sentence in Wheatfield Prison, Clondalkin, Dublin 22 (findings presented in Chapter 5). Of the general public participants, women were over represented in the survey sample relative to men. Just over one quarter of the sample were men 25.7% (n=104), while 74.3% were female.

### Age

Survey respondents ranged in age from 19 to 84 years with a mean (average) of 47.1yrs years. As is shown in Table 5 below, age groups from 30 upwards were more or less equally represented. Those under the age of 30 years were under-represented in the survey, and only two participants were younger than 20 years. The age profile of the participants is addressed in more detail in Chapter 8 of this report.

**Table 5. Age**

Age (n=415)	n	%
Under 20 yrs	2	0.5
20-29 yrs	48	11.6
30-39 yrs	81	19.5
40-49 yrs	97	23.4
50-59 yrs	91	21.9
60 yrs and above	96	23.1

**Civic Status**

Just over 40% of the sample (n=175) were married at the time of completing Survey 1 (see Table 6), while about a quarter (n=108) identified as single, with 14.1% in a relationship or co-habiting with a partner at the time. Just over ten percent of the sample indicated that they were separated or divorced. These figures are broadly in line with the general population as identified in the 2011 census (CSO, 2012).

**Table 6. Civic Status**

Civic Status (n=405)	n	%
Single	108	26.7
In a relationship/co-habiting	57	14.1
Married	175	43.2
Separated	19	4.7
Divorced	23	5.7
Widowed	19	4.7
Other	4	1.0

**Educational Attainment**

As shown in Table 7, the majority of the sample (56%) completed their education with a third level qualification. Two percent (n=8) of the participants had some primary education or less while just under 5% had completed primary level education only. Just under 15% (n=58) finished their education having completed lower secondary level education while almost 17% exited education following completion of upper secondary level education. These findings differ significantly from those of the general public as detailed in the 2011 Census where it was identified that 26% of the population had completed third level

education (CSO, 2012). Therefore, the education level of participants on the Wellness Workshop was significantly higher than it is in the general population.

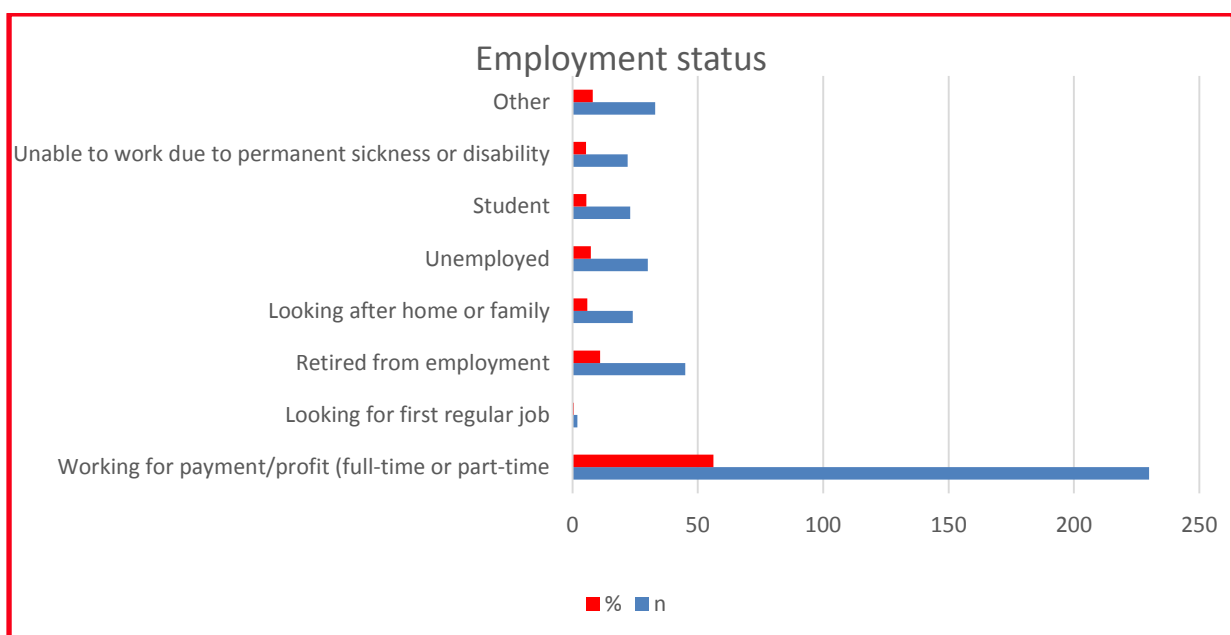
**Table 7. Level of Educational Attainment**

Highest level of education (n=403)	n	%
Some primary education or less	8	2.0
Completed primary education	19	4.7
Completed lower secondary level education	58	14.4
Completed upper secondary level education	68	16.9
Completed third level education	227	56.3
Other	23	5.7

### Employment Status

Figure 1, which presents the employment statistics of respondents, indicates that just over 55% of the sample (n=230) were employed at the time of completing Survey 1. Eleven percent of respondents (n=45) has retired from employment, while just under 6% were looking after their home and/or family, and an additional 7.3% were unemployed. Just over 5% of participants were unable to work due to permanent illness or disability.

**Figure 1. Current Employment Status**



### Ethnic or Cultural Background

The vast majority of respondents (95%) identified as White Irish. A further 3.5% (n=14) stated that they were white from a non-Irish background (see Table 8). These figures suggest that there is an over-representation of White Irish participants in this workshop in comparison to 2011 Census figures which report that 84.5% of the population identify as White Irish (CSO, 2012).

**Table 8. Ethnic or Cultural Background**

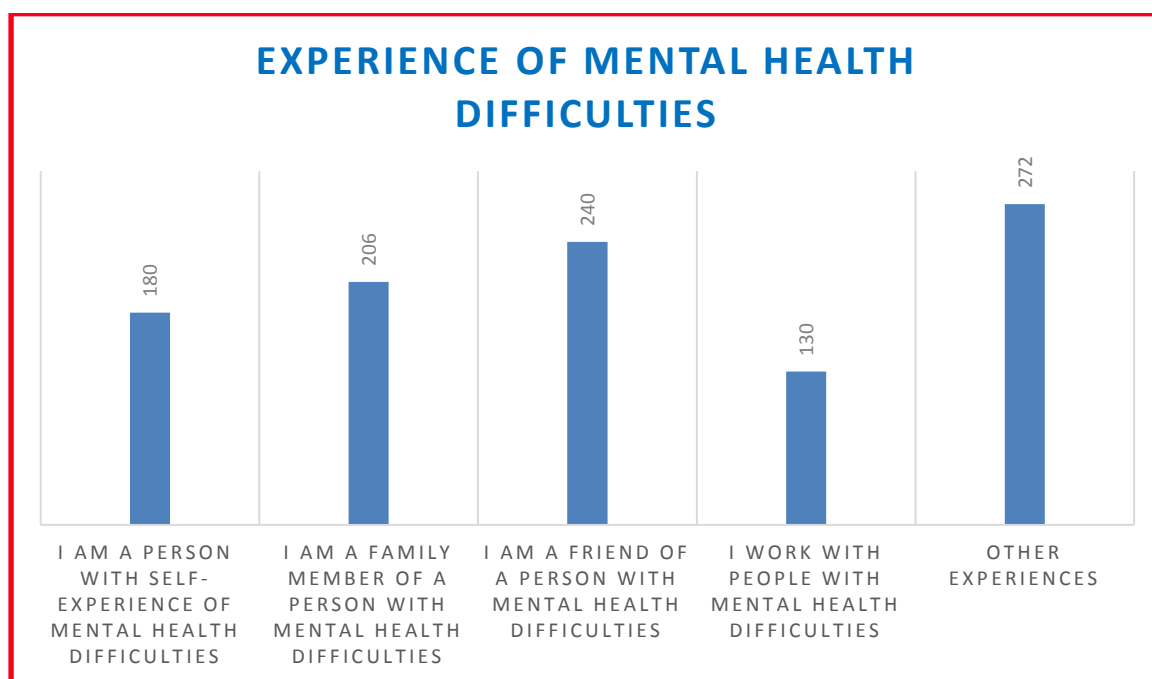
Ethnic or cultural background (n=403)	n	%
White (Irish)	383	95.0
White (Irish Traveller)	2	0.5
White (Non-Irish/other white background)	14	3.5
Other	4	1.0

### Experience of Mental Health Problems

At the time of completing Survey 1 more than 48% of respondents classified themselves as having had self-experience of mental health difficulties. Of those surveyed, just under 70% (n=240) identified themselves as a friend of a person experiencing mental health difficulties, while 58.9% of the participants had a family member with mental health difficulties. This indicates that a significant number of participants in the Wellness Workshop have either had personal experience of a mental health problem and/or have a family/friend with a mental health problem. In addition to this it is evident that the programmes also attracted considerable interest (over one third) from those who work with people with mental health difficulties. These results may have implications in relation to participants' knowledge and attitudes towards mental health problems as is detailed later in this chapter and discussed in Chapter 8.



**Figure 2. Experience of Mental Health Difficulties**



### Current Treatment Status

Just under one third of respondents indicated that they were presently taking prescribed medication for mental health problems when surveyed, while 30% (n=74) were receiving counselling for a mental health concern. Approximately 20% (n=50) were currently receiving unidentified professional help for a mental health problem (see Table 9).

**Table 9. Current Treatment Status**

Current treatment status (n=249)	n	%
Taking prescribed medications for mental health problems	91	36.5
Receiving counselling for a mental health problem	74	29.7
Receiving psychotherapy for a mental health problem	34	13.6
Receiving other professional help for a mental health problem	50	20.1

### Recruitment of Participants and their Motivation to Attend

It is clear that the Wellness Workshops are attended by an eclectic group of people from various different organisations in addition to individuals who are not affiliated to any organisation. Participants reported hearing of the Wellness Workshop (see Table 10) through their employer (24.8%), via posters (10.8%), community groups (23.5%) via the SOS website (4.9%) and via Facebook (1.7%). Just under one third indicated that they came to

attend the Wellness Workshop through other sources such as: “my community mental health nurse”, “parish newsletter”, “Aware local support group” and the “ Irish Countrywomen’s Association”. A number of participants identified hearing about the Wellness Workshop from a friend or by ‘word of mouth’.

**Table 10. Recruitment of Participants**

Current treatment status (n=408)	n	%
Through employer	101	24.8
Through flyer / poster	44	10.8
SOS website	20	4.9
Community group	96	23.5
Facebook	7	1.7
Other	140	34.3

Participants’ motivations behind attending the workshop varied significantly and most participants identified a number of different reasons for attending (see Figure 3).

**Figure 3. Motivations to Attend Workshop**

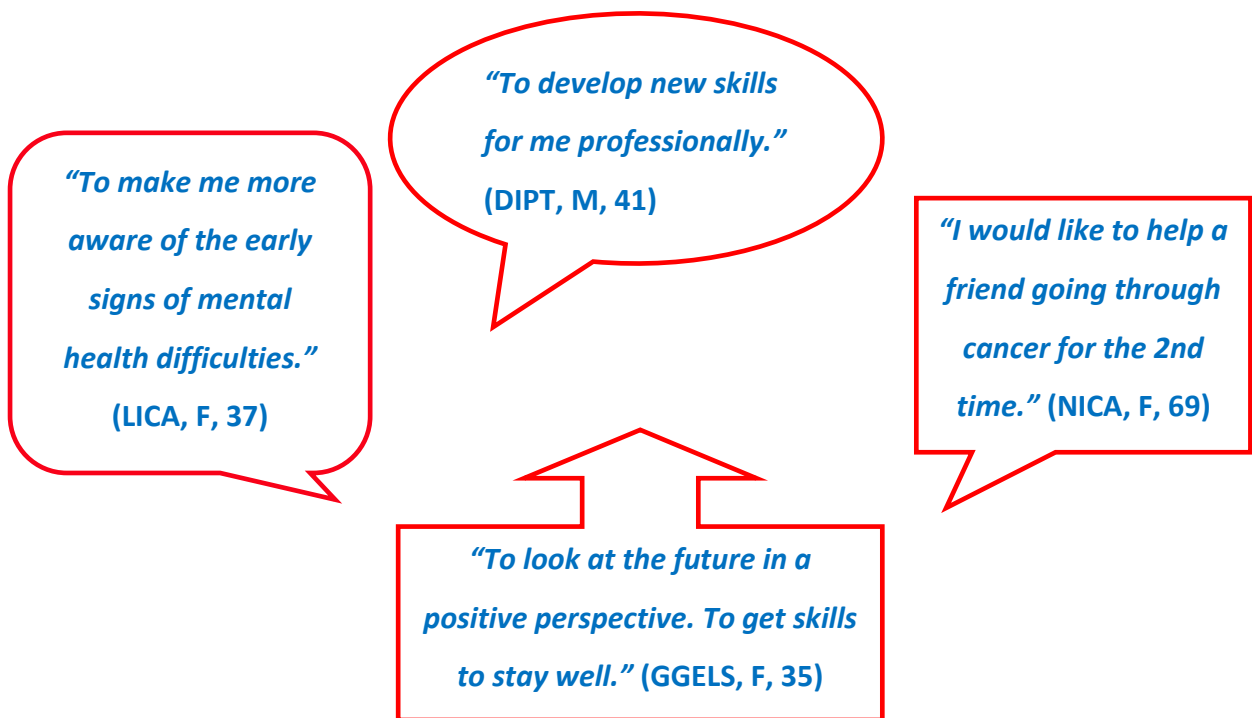


However, when asked to identify the *single* most important motivation for attending, 37.7% of participants reported that it was to learn the skills and tips to manage their mental health and wellbeing; 30% of respondents indicated that they were motivated to attend so that they might improve their understanding of mental illness, mental health and wellness. Approximately one sixth of respondents (n=58) were primarily motivated to attend in order to learn skills to help a loved one or family member manage their mental health. Fifty-three participants reported that they were motivated to attend the workshop for professional reasons, specifically to learn additional skills to help in their work with people affected by mental health issues. It is clear from this then that learning skills and tips to manage mental health in addition to understanding more about mental health problems are strong drivers behind enrolling in the Wellness Workshop. As identified in this chapter, the Wellness Workshop succeeded in this function.

**Table 11. Single Most Important Motivation**

Single most important motivation (n=382)	n	%
To provide me with skills to manage my own mental health	144	37.7
To provide me with skills to help a friend manage their mental health	17	4.5
To provide me with skills to help a family member manage their mental health	41	10.7
To improve my understanding of mental illness, health and wellness	116	30.4
To help in my work with people living with mental health difficulties	53	13.8
Other	11	2.9

Feedback provided through open-ended survey comments provided further information about motivations for attending the workshop. These comments identified the range of motivations for attending the Wellness Workshop and an example of these are detailed below.



In addition to these varied comments, there was a strong focus on suicide in this section and in particular in helping to understand their own suicidal feelings and in many cases trying to understand the suicidal behaviour of a friend or family member as can be seen from the selection of comments below:

*"I have two nephews who died by suicide and want to help the family to cope"* (NICA, F, 62)

*"A friend killed herself, I still struggle with this"* (DUB, M, 46)

*"To help me forgive my brother who died by suicide"* (CRK, F, 63)

*"I have had thoughts of suicide in the past"* (WAT, M, 48)

### Overall views on the Wellness Workshop

Respondents were asked to rate their satisfaction with the wellness workshop and whether they found it useful. In total almost 95% (n=204) of respondents were satisfied or very

satisfied with the workshop. Only a small minority indicated their dissatisfaction (n=6), while 2.3% were neutral in their response.

**Table 12. Satisfaction with the Workshop**

Satisfaction with Wellness Workshop (n=215)	n	%
Very dissatisfied	6	2.8
Neutral	5	2.3
Satisfied	50	23.3
Very satisfied	154	71.6

Of the participants who provided feedback via open-ended survey questions, the response was overwhelmingly positive. Many respondents illustrated how the workshop was well facilitated, made a positive impact on their understanding of mental health issues and provided insight and tips on how to best approach mental wellness. For some the workshop was an *“incredible experience”* which *“gave a lot of information in a very simple way”*; for others it increased their sense of *“hope about being able to cope with mental illness”*. A number of participants who attended the workshop for work purposes highlighted that it also had a positive impact on them personally. One participant explained how: *“I went in the hope of getting tools to help those I work with. I did but I also came away with tools that helped me personally to care for my own wellbeing.”*

The satisfaction with the course was further emphasized by the fact that 95% of respondents found the workshop useful or highly useful (see Table 13).

**Table 13. Usefulness of the Workshop**

Usefulness of Workshop (n=215)	n	%
Not at all useful	3	1.4
Neutral	8	3.7
Useful	80	37.2
Very Useful	124	57.7

The following word cloud details some further responses on how the Wellness Workshop helped participants.

Figure 4. Word Cloud – Impact of the Wellness Workshop

## The Wellness Workshop...



Several participants expanded on their impression of the workshop. They described how the workshop was ‘realistic’, ‘honest’, ‘practical’, insightful’ and ‘rewarding’. Throughout the course of the day participants learned a multitude of self-help skills and aids including mindfulness techniques, coping strategies, the wheel of life plan and the first aid-tool kit. One person described how they learned *“good tips on relaxation and breathing control, also tips on keeping things in proportion”*, whilst another spoke of how they *“have developed a mindful minute plan, have identified...stress triggers and [are] working off the wheel of life plan”*. Others identified how the sharing of Caroline’s story and other motivational imagery including the ‘wolf of hope and wolf of despair’ had great resonance and impact. The value of sharing the insight and skills the workshop provided with their loved ones was identified with one person stating: *“I absolutely loved the bleak wolf (Wolf of Despair) and the white wolf (Wolf of Hope) scenario. I use it constantly now even with my grandchildren!”*. The following word cloud details some participants’ feelings about the Wellness Workshop.

Figure 5. Word Cloud – Perception of Wellness Workshop

## The Wellness Workshop was...



It is clear from this section that participants evaluated the workshop very positively and were very satisfied with the content they received in the workshop.

### Recommending the Wellness Workshop

The survey participants were asked to identify if they would recommend the workshop to others and if so, to whom. The overwhelming majority of respondents (95.3%) reported that they would recommend the Wellness Workshop to others, with 4.2% (n=9) unsure if they would. Only one participant indicated that they would not recommend the workshop (see Table 14).

Table 14. Recommend the Workshop to Others

Recommend to others (n=215)	n	%
Yes, definitely	205	95.3
Maybe	9	4.2
No, definitely not	1	0.5

In the open-ended questions in the survey, respondents expanded on who they would recommend the workshop to. A significant number of participants identified that they would recommend the workshop to family and friends, and a large proportion suggested that they would recommend the workshop to 'everyone' suggesting that participants believe the workshop has a wide reach in terms of its applicability to different groups. This is clear from the following comments:

***“Everyone - I think everyone could benefit from it as it's a practical, informative and empowering approach to mental health wellness which everyone can benefit from.”***

***(DIPT, F, 36)***

***“Anyone with stress in their life, to verbalise and hear how other people cope and remain strong.” (GGEL, F, 43)***

While it is the case that most participants would recommend the workshop to family, friends and 'anyone' in their community, others identified specific groups whom they felt might particularly benefit from attending the Wellness Workshop. Repeated responses here included teachers and school students in addition to mental health professionals and those working in voluntary organisations.

***“Staff in general hospital and mental health. Staff in schools and prison officers.”***  
***(LICA, F, 32)***

***“All places of employment, schools, community organisation and people working with the public.” (DTT, M, 32)***

It is clear from these responses that having completed the workshop participants were very eager to recommend it to others which is a powerful endorsement of participants' positive perceptions of the Wellness Workshop.



## Impact of the Workshop

One of the key objectives of this evaluation was to identify if the Wellness Workshop had an impact on the mental health and attitudes about mental health of those who undertook it. The impact of the workshop was addressed in two ways: a) a rating of participant perceptions of this impact (post/follow-up); b) completion of impact measures at (pre/post/follow-up) stages.

## How Participants Perceived the Impact on Wellness

Participants were asked to rate the impact of the workshop with the question: How did participation in the workshop affect your wellbeing? As can be seen in Table 15 it is clear that about 75% of the participants rated the impact of the course as improving or greatly improving their wellbeing at both the post and follow-up stages. Pearson Correlation ( $r(93) = .49, p < .001^{***}$ ) between the two variables suggests that most participants rating of how the workshop affected their wellbeing remained more or less the same over time suggesting that the perceived improvement in wellbeing persisted which is a promising finding. It is also important to note that very few participants identified that attending the workshop worsened or greatly worsened their wellbeing meaning that the workshop appears not to have negative effects on participants' wellbeing.

**Table 15. Impact on Wellness (post/follow-up)**

Impact on wellness	Post (n=214)		Follow-up (n=107)	
	n	%	n	%
Greatly worsened	1	0.5	0	0
Worsened	6	2.8	1	0.9
Stayed the same	51	23.8	26	24.3
Improved	137	64	66	61.7
Greatly improved	19	8.9	14	13.1

## Impact Measures Over Time

As identified in the previous chapter, a Repeated Measures procedure was used to assess the impact over time of the workshop on a number of measures starting with a baseline measurement before participation (pre) and repeated one week after participation (post)

and the 3 month follow-up. These measures included the Attitudes towards Mental Health scale (AMH), the Herth Hope Index (HHI) and the Mental Health Self-Efficacy scale (MHSE). The following section presents the findings in relation to these measures.

### **Attitudes Towards Mental Health (AMH)**

Prior to undertaking the Wellness Workshop, respondents were asked to rate eight statements relating to attitudes around mental health to which they could express their opinion on a five point scale ranging from agree strongly to disagree strongly. The baseline measurements in relation to these statements assessing attitudes and knowledge around mental health problems are found in Table 16.

When asked if anyone could experience a mental health problem, the results were overwhelmingly positive with the vast majority of participants agreeing that this is the case (98.5%). Encouragingly, most of the participants also believed that people with mental health problems should have the same rights as anyone else (97.8%). Also encouraging is the fact that the vast majority of participants (87.2%) believed that people with mental health problems are not to blame for their circumstances. However, results from this research also suggest that the issue of stigma in relation to mental health is still very much alive. This is demonstrated by the fact that most of the participants (61.7%) would not want someone to know if they were experiencing mental health problems. Effectively, 6 out of 10 participants surveyed would not want someone to know about their mental health problem if they had one. When asked their opinion on whether people are generally caring and sympathetic to people with mental health problems, only just over 40% believed that this was the case.

When it comes to the important issue of recovery, the results are a little more encouraging. Most participants (68.7%) believe that the majority of people can recover from a mental health problem. However, while this result is promising, it is clear that there is still some work to do as the remaining one-third of participants either offered no opinion on this or disagreed that recovery was possible. Similarly, while most participants indicated that they would have no difficulty talking to someone with a mental health problem, almost a quarter indicated that they would have difficulty with this suggesting the need for further education

on this topic. Almost 60% of participants indicated that they were afraid of experiencing mental health problems in the future.

**Table 16. Baseline Attitudes Towards Mental Health**

<b>1. Anyone can experience mental health problems (n=398)</b>	<b>n</b>	<b>%</b>
Agree strongly	379	95.2
Agree slightly	13	3.3
Neither	2	0.5
Disagree slightly	4	1.0
<b>2. People with mental health problems should have the same rights as anyone else (n=398)</b>	<b>n</b>	<b>%</b>
Agree strongly	368	92.5
Agree slightly	21	5.3
Neither	8	2.0
Disagree slightly	1	0.3
<b>3. If I was experiencing mental health problems I wouldn't want people to know (n=384)</b>	<b>n</b>	<b>%</b>
Agree strongly	73	19.0
Agree slightly	164	42.7
Neither	47	12.2
Disagree slightly	51	13.3
Disagree strongly	49	12.8
<b>4. The majority of people with mental health problems recover (n=348)</b>	<b>n</b>	<b>%</b>
Agree strongly	103	29.6
Agree slightly	136	39.1
Neither	58	16.7
Disagree slightly	37	10.6
Disagree strongly	14	4.0
<b>5. People are generally caring and sympathetic to people with mental health problems (n=385)</b>	<b>n</b>	<b>%</b>
Agree strongly	46	11.9
Agree slightly	111	28.8
Neither	53	13.8
Disagree slightly	117	30.4
Disagree strongly	58	15.1
<b>6. I am afraid of experiencing mental health problems in the future (n=372)</b>	<b>n</b>	<b>%</b>
Agree strongly	101	27.2
Agree slightly	117	31.5
Neither	90	24.2

Disagree slightly	27	7.3
Disagree strongly	37	9.9
<b>7. I would find it hard to talk to someone with mental health problems (n=389)</b>	<b>n</b>	<b>%</b>
Agree strongly	27	6.9
Agree slightly	70	18.0
Neither	42	10.8
Disagree slightly	67	17.2
Disagree strongly	183	47.0
<b>8. People with mental health problems are largely to blame for their own circumstances (n=391)</b>	<b>n</b>	<b>%</b>
Agree strongly	8	2.0
Agree slightly	13	3.3
Neither	29	7.4
Disagree slightly	31	7.9
Disagree strongly	310	79.3

The analysis of the one-week and three-month follow-up as set out in Table 17 indicates that for all but one statement, there was no significant difference in the attitudes and views on mental health from those held prior to the workshop to those recorded one week and three months after the workshop. However one item did show a significant change after the course and this is the item focusing on the belief that the majority of people with mental health problems recover. At time point 1, this belief was held by 68.7% of participants however at time point 2, this had increased at 79.5% which is encouraging. However, this effect was reversed after 3 months. The implications of this are discussed in Chapter 8.

**Table 17. Attitudes Towards Mental Health (AMH) Questionnaire**

Measure	n	Pre (m/sd)	Post (m/sd)	Follow- up (m/sd)	Effect up (Wilks Squared, Maunchsley's test of sphericity)	pre/post/follow up (Wilks Lambda, Eta Squared, Maunchsley's test of sphericity)	Conclusion
AMH1	(n=99)	1.03 (.22)	1.03 (.22)	1.03 (.17)	n.s.		
AMH2	(n=99)	1.12 (.39)	1.14 (.50)	1.18 (.56)	n.s.		
AMH3	(n=91)	2.69 (1.23)	2.56 (1.18)	2.56 (1.23)	n.s.		
AMH4	(n=86)	1.90	1.66	1.97	Wilks	Lambda = .86,	After the

		(.91)	(.86)	(1.08)	sphericity violated: $\chi^2(2) = 13.21$ , $p = .001$ ; Greenhouse–Geisser ( $\epsilon = .87$ ), $F(1.75, 148.40) = 5.02$ , $p = .011^*$ , $\eta^2 = .056$	course, participants agree more that people with mental health problems recover, but after 2 months believe this less than before the course, effect is small
<b>AMH5</b>	(n=96)	2.94 (1.30)	2.84 (1.27)	2.76 (1.23)	n.s,	
<b>AMH6</b>	(n=89)	2.61 (1.26)	2.56 (1.30)	2.66 (1.26)	n.s	
<b>AMH7</b>	(n=97)	3.87 (1.30)	3.86 (1.36)	4.02 (1.16)	n.s.	
<b>AMH8</b>	(n=95)	4.64 (.87)	4.66 (.92)	4.62 (.87)	n.s.	

*Wilks Lambda is the most commonly used statistic to test whether variations in mean scores on repeated measures of the same variable are significant or not. In tandem with the Wilks Lambda, the dispersion of the scores across the three measures is compared (Greenhouse-Geisser). In case there are significant variations in the dispersion of the scores across the three measure points, sphericity (equality of dispersion) is considered violated, in which case a more stringent approach is adopted to the significance level (fewer degrees of freedom).*

Overall this cohort of individuals held very positive attitudes towards mental health and people with mental health problems at baseline. They strongly believed that anyone can experience mental health problems; that people with mental health problems should have the same rights as everybody else and they strongly disagreed that people with mental health problems are to blame for their own circumstances.

However, what is interesting about these findings is that while the participants themselves hold very positive views about mental health, they appear to indicate that society may not hold such positive attitudes as evidenced by responses which indicated that the majority of participants would not want someone to know if they had a mental health problem and the majority did not believe that people were caring and sympathetic to those with a mental

health problem. These findings may be strongly influenced by the fact that approximately 50% of participants in this study had self-experience of a mental health problem. This in turn may have influenced the fact that there was no statistical difference in all but one of the attitudes about mental health after undertaking the Wellness Workshop. This point is discussed in Chapter 8 and these attitudinal findings are directly compared to previous research on this topic.

## Hope

As identified in the previous chapter, hope was assessed by the use of the Herth Hope Index at the three time points. Table 18 sets out the result of this measure. The baseline mean measure for the Herth Hope Index was 37.5. The results for 'Hope' suggest that this was reduced after the course, but recovered after 3 months. While the overall effect was significant, the effect size was small. Moreover, the overall effect between pre and follow-up was minimal in size and not significant. It should be noted that because of missing responses only 71 participants completed all three hope measures. When only taking into account those who responded to pre and follow-up measures more participants could be included in the comparison (n=85). The differences in the means as resulting from the inclusion of 14 more participants suggests that we need to exert caution in the interpretation of these findings. A similar effect should be noted in relation to the separate comparison of pre- and post- measurement of hope. While the reduction in hope still emerges, the differences in the means for the higher number of participants are smaller and not significant.

**Table 18. The Herth Hope Index**

Measure	n	Pre (m/sd)	Post (m/sd)	Follow-up (m/sd)	Effect pre/post/follow-up (Wilks Lambda, Eta Squared, Maunchsley's test of sphericity)	Conclusion
<b>Hope (HHI)</b>	(n=71)	37.5 (5.32)	36.6 (5.54)	37.9 (6.23)	Wilks Lambda = .91, F(2,69) = 3.44, p = .036*, $\eta^2 = .091$ , sphericity assumed	Significant variability in hope; reduced after the course and then recovered after

						2 months
	(n=85)	37.4 (5.02)	--	37.5 (5.96)	n.s.	No improvement in hope between baseline and two months later
	(n=137)	37.2 (5.74)	36.8 (5.79)	--	n.s.	While the trend is the same, comparison between pre- and post does not yield significance.

### Self-Efficacy

Mental health self-efficacy (MHSE) was measured with a 13 item instrument designed specifically for this evaluation. The findings suggest that mental health self-efficacy improved slightly after participating the programme and that gains were maintained over time. However, with the limited number of participants who completed the measure at all three stages of the study significance level was not reached (see Table 19). While the overall trend is maintained in separate comparisons between pre-, post- and follow-up measures, only the separate comparison of pre- and post- survey responses yielded a significant result. Just like with the response to the hope instrument these findings need to be interpreted with caution.

**Table 19. Self-Efficacy Scores**

Measure	n	Pre (m/sd)	Post (m/sd)	Follow-up (m/sd)	Effect up (Wilks Squared, Maunchsley's test of sphericity)	pre/post/follow up (Wilks Lambda, Eta Squared, Maunchsley's test of sphericity)	Conclusion
<b>Mental Health Self-Efficacy (MHSE)</b>	(n=89)	7.12 (1.58)	7.28 (1.61)	7.32 (1.73)	n.s.		Improvement in MHSE over three measurements is not significant
	(n=99)	7.07 (1.54)	--	7.25 (1.72)	n.s.		Improvement in MHSE from

						pre- to follow-up is not significant
	(n=169)	7.07 (1.63)	7.22 (1.60)	--	Wilks Lambda = .97, F(1,168) = 4.21, p = .042*, $\eta^2 = .024$	Significant improvement in MHSE between pre/post, but small effect

### Predicting the Impact of the Workshop

In a study such as this it is of particular interest to see if it is possible to predict the impact of the workshop from demographic and other information that would be available before participation in the workshop. This information may help the course designers and facilitators to target their efforts better. In order to do this a Multiple Regression procedure was performed with 'Impact on Wellness' as the outcome variable and a range of factors including gender, age, self-experience of mental health problems, family member with mental health problems etc. included as predictor variables. The post measure for 'Impact on Wellness' was used rather than the follow-up because more participants completed the post workshop survey. This decision was made in order to secure more participants in the sample, which means more power in the computation. Considering the high similarity between the responses to the post and follow-up measures, the use of the post measure as an overall indicator was considered to be equally valid. The outcomes (Appendix 2) suggest that the regression equation was not significant and none of the entered variables provided a significant predictor of how participants rated the impact of the workshop on their wellness afterwards. Therefore, although there were discrepancies in the extent of continued participation in the study of for instance, men and women, and people who had self-experience of mental health difficulties and those who did not, this did not affect the overall outcomes for perceived 'Impact on Wellness'.

### Recommendations for Improvement

Participants were given the opportunity to add additional comments about the Wellness Workshop in an open-ended question. Many availed of this opportunity and most of the comments related to how beneficial the workshop was and some of these comments are



reported throughout this evaluation. However, there were also a number of participants who identified a number of recommendations to improve on the workshop. The most commonly identified area of improvement centred on the length of the workshop. It was identified by some participants that there was a lot of material to get through on the day and that some of the feedback towards the end was rushed in an effort to get everything covered. Consequently, some participants suggested increasing the length of the workshop to a day and a half or two days.

*“Felt the day was rushed and would have liked more time for discussions and questions and answers.” (GGEL, F, 36)*

*“Too much to get through. It needs to be longer”. (AK, M, 52)*

A number of participants also identified the need for a recap at some time following the workshop.

*“Fantastic workshop. Would love refreshing every 1-2 years to stay on track”. (WBRA, F, 48)*

*“I would love to do another one, just to help keep my mind thoughts clear, like a recap. I did the WRAP and Eden programme and they both were brill but I feel like I could do with a recap” (LICA, F, 49)*

While these issues of extending the length of the workshop and including a recap were reported by a number of participants, it should be noted that this number was still quite small in the context of the number of those who completed the survey.

### **Summary of Quantitative Findings.**

- Approximately 50% of participants who attended the Wellness Workshop had experienced mental health problems.

- The single most important motivation for attending the Wellness Workshop was to learn skills to manage own mental health
- A significant proportion also attended the Workshop in order to help family, friends or clients. This suggests that the workshop attracted a mixed population with a personal and professional interest in mental health.
- Participants were extremely satisfied with the workshop with almost 95% identifying that they were satisfied or very satisfied with the workshop.
- In addition to being satisfied with the workshop, 95% also found the workshop useful or very useful.
- 75% of participants reported that attending the Wellness Workshop improved or greatly improved their wellbeing and this improvement in wellbeing persisted over time.
- At baseline, participants' attitudes on mental health appeared to be more positive than those identified in Irish general population studies.
- In general, the Workshop did not have a significant effect on participants' attitudes of mental health.
- The Wellness Workshop did appear to improve attitudes towards recovery when measured one week following the workshop however this improvement did not persist at three months.
- The Workshop appeared to have no significant effect on participants' level of hope.
- The Wellness Workshop did appear to bring about a slight improvement in mental health self-efficacy and this improvement was maintained over time.
- None of the demographic or other variables predicted the perceived extent of the impact of the workshop on wellbeing, suggesting that the workshop is equally applicable to a wide range of participants.
- Almost all of the participants identified that they would recommend the Wellness Workshop to others. The universal applicability of the workshop was again highlighted by responses indicating that family, friends and 'anyone' should undertake the Wellness Workshop.
- Recommendations for improving the workshop centred on extending the length of it and including a follow-up or refresher course for attendees.

## Chapter 4. Qualitative Results - General Population

### Introduction

This chapter will present the findings from the telephone interviews which were completed with participants who volunteered to be interviewed as part of the evaluation of the Wellness Workshop. A total of 34 interviews were completed, 24 of which were with members of the general public and 10 with participants who attended the workshop in prison. Eighteen of the participants were female (n=53%) and sixteen were male (n=47%). The high number of males who participated in the telephone interviews, in comparison to the survey, was mainly due to the fact that ten of the interviews were completed with men from the Wellness Workshops which were delivered in Wheatfield Prison. The interview participants' ages ranged from 19 to 67 (average age = 43.7) years and the distribution of the participants' ages is presented in Table 20. Most of the participants (n=27; 79%) had completed the workshop in the last 1 – 3 months while the remainder (n=7; 21%) had completed the workshop within the last 36 months.

**Table 20. Overview of the Participants Age**

Age	n (%)
26-35	8 (23%)
36-45	8 (23%)
46-55	6 (18%)
56-65	8 (23%)
66-75	1 (3%)

All of the participants stated that they had some experience of mental distress either in a personal or professional capacity. Over half of the participants (n=20; 57%) described themselves as having self-experience of mental distress. An overview of the personal backgrounds is presented in Table 21.

**Table 21. Overview of Experience of Mental Health**

<b>Personal Background (could have multiple choices)</b>	<b>n (%)</b>
<b>Self-experience of mental health difficulties</b>	20 (59%)
<b>Family member of a person with mental health difficulties</b>	12 (35%)
<b>Friend of a person with mental health difficulties</b>	14 (41%)
<b>Work with people with mental health difficulties/am mental health care professional</b>	11 (32%)
<b>Have other experience with mental health difficulties</b>	0 (0%)
<b>Not had any experience with mental health difficulties</b>	0 (0%)

The chapter presents the findings from the interviews completed with the general public while the findings from the interviews completed with prisoners are presented in Chapter 6. Interview findings relating to the Wellness Workbook for both the general public and prison population are presented in Chapter 7. A number of themes emerged from the qualitative data analyses and both this chapter and Chapter 6 will be discussed using these themes. While the themes in both chapters are similar (general public and prison settings), the context of the participants' experiences differ substantially. Each theme is supported with quotations from the interview transcripts and the participants' code [interview number, gender, age] is contained in parentheses following each quotation. This chapter detailing the general public's perceptions of the Wellness Workshop will be described under the following headings:

- Perspectives of the Wellness Workshop: Motivations for Attending and Overall Experience
- Participants Expectations of the Wellness Workshop Prior to Attending

- Participants Overall Perceptions of the Wellness Workshop
- Applying the Principles of the Wellness Workshop – Using Ordinary Strategies to Manage Mental Health
- Taking Responsibility for your own Mental Health
- Participants Perceptions of Mental Distress and Suicide following Attendance at the Wellness Workshop
- Suggestions for Improvement of the Wellness Workshop

### **Perspectives of the Wellness Workshop - Motivations for Attending and Overall Experience**

As with the survey results in Chapter 3, participants reported a number of reasons for attending the Wellness Workshop and these ranged from seeking to learn strategies to help themselves to those participants who worked within the mental health services and were seeking information and strategies that they could use within their daily work with people who had mental health difficulties:

*“Well I got involved because I was looking for CBT hours, I guess that’s one area for me. I would have an interest in depression, suicide and suicide awareness. In my studies I would have written about suicide and suicide awareness and the different issues like depression, addiction etc. So that’s basically where my interest came from.” (18 M 58)*

Some participants had heard about the Wellness Workshop and attended because of its good reputation or they had heard their colleagues at work talking positively about it:

*“As I said all my colleagues had been on it when it was here in [Names Town] and we went to it in [Names Town] and it was all very positive.” (6 F 42)*

For some participants who described themselves as people with self-experience of mental distress, attending the Wellness Workshop formed part of a range of strategies that they

were using to maintain their mental health and to help them cope with issues such as low mood, anxiety and depression:

*“Well I’ve suffered with depression for a long time and I’m still able to cope with life but sometimes it means that I get it harder to cope with things that I have to do. So I have been attending the Grow group for the past eight years and it’s the workers in there that told me about the Wellness Workshop. I had already done one as well last year and I heard of that through the same group.” (20 F 67)*

There were also some participants who attended out of a general interest in health and mental health and the belief that it was relevant and important:

*“Well I got involved because one of my work colleagues is involved in the [Names organisation] and she had sent an email around saying that they are providing the Wellness Workshop for anyone who would like to attend it. So that’s why I decided to attend it, I saw it and thought that it would be interesting and went from there.” (21F39)*

### **Participants Expectations of the Wellness Workshop Prior to Attending**

Although generally speaking the participants knew the workshop was related to mental health, they reported that they had no prior expectations of the Wellness Workshop and attended with what they described as an open mind. Participants who described themselves as people with self-experience of mental distress, thought that the Wellness Workshop was going to be similar to courses and workshops they had completed in the past such as the Wellness Recovery Action Plan (WRAP). Similarly, those participants who were working in the area of supporting people with mental distress suggested that they thought it was going to be like courses that they had completed in line with their work such as the ASIST (Applied Suicide Intervention Skills Training):

*“I kind of just went in with an open mind. No I just knew that it was going to be an information based programme. But I didn’t know what to expect in that I didn’t know how many were going to be there or what format it was going to take. I just went in and see how this goes now.” (1F39)*

Even those participants who attended the Wellness Workshop on the recommendation of other attendees were unsure of what to expect:

*“But they [other attendees] never shared what it was actually about. Just said that I had to go on it. And I suppose I honestly didn’t know what to expect which was great and I’m glad that they didn’t tell me anything because the day unfolded quite nicely.” (6 F 42)*

Some participants had certain expectations of how the Wellness Workshop would be delivered and how the day would unfold. These participants imagined the workshop being delivered in a more didactic and traditional way, concentrating on statistics and perhaps being somewhat boring. In addition, because the workshop was being delivered by ‘Suicide or Survive’, there were some participants who felt that the Wellness Workshop would concentrate on suicide and therefore be bleak and depressing:

*“To be honest with you I thought it was going to be boring. That’s exactly what I said. I found it very good.” (2 F 56)*

*“I thought it was going to be more about suicide and more statistics and facts. So I was delighted when I did see that it wasn’t just that.” (21 F 39)*

Regardless of the participants’ expectations of the programme the style, presentation and content of the Wellness Workshop was positively received and held in very high regard. This will be discussed in more detail in the following section.

## Participants Overall Perceptions of the Wellness Workshop

There was an overwhelming positive response to the Wellness Workshop and time and time again throughout the interview transcripts participants described the workshop in an extremely positive way. Any ideas that the workshop was going to be boring or depressing were soon dismissed once it started and words like ‘hopeful’, ‘interesting’, ‘uplifting’, ‘informative’, ‘fantastic’ and ‘open’ were used to describe the day. There was a sense from the qualitative data, that it was not just the content that was delivered that was important, but how that content was delivered was equally valued. The narrative approach that was used by the facilitators of the Wellness Workshop to share their stories and to speak about their specific experiences of mental distress was identified by participants as being central to their overall positive experience. For many participants this approach offered a different way of presenting information about mental distress that they were not familiar with and sharing personal stories about recovery in mental health was welcomed:

*“I was impressed by the people’s stories, the people that were involved. They had some unbelievable stories and how they came through their issues with suicide and how they’re surviving. Their stories were heart wrenching yet they all used different interventions that applied to their life.” (18 M 58)*

In particular, Caroline’s story was spoken about as something that stood out for the participants. However, it was not just her personal story about her experiences of mental distress and her journey to recovery that resonated with the participants, but the way that she told her story and the language that she used to explain the points that she was making, as illustrated in the following quotation:

*“The fact that she [Caroline] was speaking to people in layman’s terms and she spoke from her heart and experience. And everyone could relate to that.” (07 M 46)*

Many of the participants remembered the discussion about the ‘wolf of despair’ and the ‘wolf of hope’ and how this metaphor explicitly relayed how thoughts, emotions and feelings are influenced by behaviour and personal action:



*“What she said [Caroline], and it strikes me very much – do you want to feed the wolf of despair or the wolf of hope? What she said was that the one that you feed most is the one that will survive. That was very powerful.” (20 F 67)*

The use of metaphors and the lack of medical and psychiatric jargon were welcomed by the participants and this was seen as important in making sure that the Wellness Workshops’ message of hope and recovery was suitable for all audiences regardless of their backgrounds:

*“They [the facilitators] spoke so simply, they didn’t use dictionary language or medical language so that they could relate to everybody and they could give practical tips to everybody from clients that you deal with yourself or to your family and friends about minding their mental health or recovering from mental health issues.” (21 F 39)*

The narrative approach used in the Wellness Workshop emphasised the process orientated outcomes that are central to its success. This was evident in the suggestions from many participants that they were familiar with much of the content that was covered but that how it was delivered, through the use of personal narratives, helped to reinforce the strategies that were discussed as well as helping to highlight their importance and how successful these strategies actually were. By talking about everyday solutions to common stressors and problems, the facilitators were able to dispel some of the myths about mental distress and speak to everyone in the room about the small but important changes that they could make to their lives that would promote wellness. Tools like the ‘mindfulness minute’ were user friendly and non-invasive and the simplicity of these strategies helped to demystify the concept of mental health and remind the participants that it was not something to be taken for granted. This is exemplified in the following two quotations which demonstrate how maintaining wellness and looking after your mental health was made every day and ordinary:

*“We take a lot of these things for granted and it’s kind of only when you get given it in a class, broken down into different sections that we’d actually begin*

*to use it. Oh yeah this really works. You can use it in everyday life really. You can use it when you're not feeling well but you can break down a problem into smaller chunks and deal with it rather than one big amount. It just helped kind of deal with things easily and get your mind in that frame."* (1 F 39)

*"I think the workshop showed us what's obvious and we don't see that. Like silly things that you know them but you don't see them because they're so close to your face. You know going for a walk, talking to someone, if you're not feeling well or they're not feeling well. Just to listen."* (3 F 32)

It appears that on the day of the workshop participants were in no particular hurry to leave and wished to stay to talk to other people and workshop facilitators as illustrated by the following quotation:

*"Even when the Wellness Workshop was over, it wasn't like a game of Bingo that everyone made a mad dash for the door. Everyone hung around and talked to one another and to the people who gave the workshop."* (07 M 46)

In addition, participants would have no hesitation in recommending the workshop to others:

*"But overall, my God I would recommend it to anybody. In any walk of life or in any element, I think it's relevant to everyone, a workshop like that."* (17 F 34)

### **Applying the Principles of the Wellness Workshop – Using Ordinary Strategies to Manage Mental Health**

During the interviews many of the participants spoke about the ways they used the strategies they learned during the Wellness Workshop in their everyday lives. For some participants, the impact of the day went beyond the workshop as they started to introduce the small but significant changes into their daily routines. Furthermore, learning about and using the strategies appeared to give the participants confidence in terms of their ability to manage their mental health. There was a perception that the strategies were there to be used by the participants in an elective way and even if the strategies were not practiced on

a regular basis, they could draw from the range of self-help techniques when required. This is exemplified in the following quotation:

*“It was all very beneficial but it mightn’t be beneficial at the moment, but you’d find in another stage “oh god yeah I learned that”. That you would find it useful at another time.” (01 F 39)*

The most talked about strategy that the participants used following completion of the Wellness Workshop was the mindfulness minute. As with the other strategies, this was used in an elective way and the participants practiced this either at regular periods throughout the day or as required in times of acute stress. In the latter instance, the mindfulness minute was used for its calming effect and to help the participants think clearly at a given moment. In the first quotation below, this particular participant was clear why she used the mindfulness minute. In the second quotation, the participant describes the importance of using the mindfulness minute to help bring her thoughts under control and to bring herself back to the present. In the third quotation, the participant talks about how he and his wife have integrated the mindfulness minute into their daily routines to help clear their thoughts and relax:

*“It calms me down.” (09 F 35)*

*“If I find myself getting a bit panicky, I try to bring myself back to the present which helps me not go away and go mad with my thoughts like, so I really do find that useful.” (16 F 63)*

*“We actually practice that ourselves when I’m at home. My wife would say we’ll have our few minutes and you go off to whatever room you want for a few minutes of breathing and relaxation. And for clearing your thoughts. She does the same herself every day. I find that a big benefit.” (07 M 46)*

The success of the mindfulness minute was in its simplicity and how it could easily be incorporated into the participants’ daily routines. The fact that Caroline had demonstrated

the mindfulness minute during the workshop and that there was a strong emphasis on it throughout the day also reinforced its value:

*“I found the mindfulness the most beneficial because Caroline actually sat in the room and did them with you. I think the one minute at five different intervals throughout the day, I found the best. Because everyone might say that they’re really busy and don’t have time to do this, but she showed how easy it is to slot it in to your day to day lifestyle. To try and bring your anxiety levels back down. To try and manage your stresses throughout the day. You need to commit yourself to them throughout the day.” (08 F 29)*

In the next quotation the participant describes how the mindfulness minute had changed her perception of the concept of mindfulness which she had thought was a more time consuming practice and not something that could be done as quickly and easily:

*“The tapes I do for mindfulness are quite long and I realized that you can take breaks from life and it doesn’t have to be that long. Just to have a minute for yourself and not have to think of anything for a while. In that way, it did give me a new skill.” (10 M 46).*

The benefit of using the mindfulness minute for participants who worked with people who experience mental distress is also exemplified in the following quotation:

*“I revisit the mindfulness minute, which is something that I would do every day now. It’s something that I will bring in particularly in work because I do long shifts and I could be meeting five clients in one day. Unfortunately you become bogged down you know with certain amount of work in one week or whatever. For me I brought the mindfulness minute into my workplace so just taking that once in a day to get my head back and to know that I’m more mentally available for my next clients instead of just going through the motions.” (17 F 34)*

The mindfulness minute was also used as a general stress/anxiety management strategy as well as for use in certain instances which helped bring a sense of overall calm to some of the participant's lives as exemplified in the following quotation:

*"Well I would have a problem with sleeping and instead of my mind racing, I try to still my mind and use breathing techniques. That what I was most impressed with. Or if I was in a situation just say stressed coming up to Christmas, I would call on that mindfulness." (12 F 65)*

Another skill that was seen as important and relevant by the participants was the idea of breaking down problems into smaller manageable units. In addition, prioritising tasks that needed to be done was also seen as a good strategy for managing stress. These strategies sent a message to the participants that problems were solvable and that solutions could be found when the problems were perceived in a different way. These skills and beliefs had the effect of helping the participants feel more in control about situations and better equipped to deal successfully with problems:

*"You can use it when you're not feeling well but you can break down a problem into smaller chunks and deal with it rather than one big amount. It just helped kind of deal with things easily and get your mind in that frame. Now I find I'm managing things better because I'm not taking on one big giant task and I can do this much tomorrow. It's better that way." (01 F 39).*

*"We can take charge of our life if we have a different way of thinking about things. We can break things down into components and by doing that we can take control in that area of our life and regain momentum and energy." (14 M 57)*

Communicating with people and letting people know one's feelings was also seen as a central problem solving strategy. In addition being there for other people in terms of listening and supporting them during periods of distress was also seen as a way to learn and develop:

*“It basically means everything can be sorted out and it’s just your way kind of dealing with issues and you should reach out and talk to people.” (01 F 39)*

*“The knowledge that we gained has helped us understand and we’d be more confident to approach a person and speak to them and tell them that it’s okay to talk about it.” (07 M 46)*

*“It just reminds me that I need to get out there and associate with people in general. And I got that message and that helped me.” (14 M 57)*

### **Taking Responsibility for your own Mental Health**

Another central message that emerged from the qualitative data was the recognition that as individuals, it was the participants own responsibility to look after their mental health. As previously mentioned, many of the participants reported that they were familiar with the strategies that were presented in the Wellness Workshop. However, they did admit during the interviews that they did not practice the strategies for a number of different reasons for example ‘not having time’ or because they were ‘just lazy’. Attending the course reminded participants that they needed to nurture, protect and foster their mental health. In addition it conveyed the message that no one but the participants themselves could do this and while friends and family formed an intricate network of support for the participants, the ultimate responsibility lay with them. Looking after their mental health was articulated by the participants as ‘looking after ourselves’ or ‘minding ourselves’ and encompassed both the physical and psychological components of mental health and wellbeing:

*“The thing that I would take from it was the fact that we should be more mindful of how we’re feeling which in my case, I don’t be.” (2 F 56)*

*“I suppose exercise, just to get out every day for a walk. Our diet I think as well. I think being in contact with people and staying in contact with people and doing things like if you’re feeling down meet people or do something that*

*makes you feel better. You know just those key things that everyone can do to look after themselves.” (21 F 39)*

The notion of minding oneself and looking after your mental health was not just important for people generally, it was also of extreme importance for those participants who were supporting people with mental distress. In the next quotation, the participant describes the stress attached to her job and the importance of having personal strategies to manage that stress:

*“Yeah I suppose you have to be able to look at yourself to be able see if you need to address it or need more support. If you’re going to be working with people with issues you would have to be able to balance that. This time of year I’m working with a lot of people who are having suicidal thoughts. And I have to really balance that with minding myself as well. I finish work at 5 and coming in the next morning, not knowing if they have tried suicide or not. So I’m working on minding myself as well as supporting other people.” (6 F 42)*

### **Participants Perceptions of Mental Distress and Suicide following Attendance at the Wellness Workshop**

There was some evidence from analysis of the qualitative data that the workshop had impacted positively on the participant’s perceptions of mental distress and suicide. In some cases it was obvious that some participants had certain ideas about what it meant to have a mental health problem. One example related to the perceived notion that people who have a mental health problem do not recover. Not only did Caroline’s story dispel this myth, it also reinforced the strategies and interventions that were being used in the workshop as being successful:

*“Well my main reason for it was Caroline in particular. You know you walk into the room and she’s a very attractive woman and well-spoken and everything. And then she opens up and tells us about her life and you just don’t expect somebody who in my opinion being so with it and together, to have even gone*

*through that trauma in her life. It made me aware of the signs of taking care of yourself.” (2 F 56)*

For participants who worked as health professionals, there was a sense that hearing the facilitators’ stories and attending the workshop also changed their perceptions of mental distress in terms of an individual’s ability to recover. The participant in the next quotation spoke about the people with mental health problems that she is used to seeing and how recovery for them seemed so distant and unachievable. However on hearing the stories of recovery and success at the Wellness Workshop, it demonstrated the power of self-help and perhaps how a change in attitudes is required:

*“Yeah we would have a knowledge of basic mental health but I think from a practical and a day to day point of view, hearing from people who actually recovered from mental health episodes; just the practicalities I suppose because as nurses we’re used to dealing with people who are on medication continuously or the revolving doors that people with mental health can have. But to actually hear from people who have been so low but have recovered so positively that you can say that to clients and you can say ‘right these are really simple things that you can do to empower yourself and to help yourself to recover.’ That there is hope, that people can recover from mental health issues and have a better quality of life.” (21 F 39)*

Furthermore, there was a sense that there should be more openness about mental distress and suicide and that it affects everyone and doesn’t define you as a person:

*“That it doesn’t necessarily define you as a person. When she told us what her children thought, how she talks about suicide at home. They talk about it at home and I thought that was brilliant.” (3 F 32)*

*“It encouraged you to consider that everybody has problems like that and it doesn’t mean that they’re weird or strange. It effects everyone really.” (19 F 65)*



In terms of suicide, there were some indications that the participants' attitudes and perceptions towards suicide had changed following attendance at the Wellness Workshop. The message that suicide was avoidable and that solutions to problems could be found was evident in some of the transcripts. However the caveat that individuals needed to look after their mental health and to reach out for help when they needed it was included:

*"It gets you thinking that all problems can be solved. It's the way you deal with things. I think suicide is more of a permanent solution to anything. It basically means everything can be sorted out and it's just your way kind of dealing with issues and you should reach out and talk to people. And that you should find ways of managing stress and mental health really. I suppose it reminds you to mind yourself really."* (1F39)

The following quotation from another participant who had first-hand experience of suicide illustrates her thoughts following the Wellness Workshop in relation to suicide and recovery. Hearing about Caroline's experiences of attempted suicide and her journey to recovery offered a sense of hope that suicidal feelings can be overcome and individuals can lead a positive and productive life:

*"Within my own family, my brother's friend died by suicide and a colleague here so I've always had my own thoughts on that. Again it was kind of this woman in front of me who did try and here she was. I suppose I had never met someone knowingly in that situation and she was very positive."* (6F42)

### **Suggestions for Improvement of the Wellness Workshop**

Overall there were very few criticisms of the Wellness Workshop and many participants who were interviewed could not think of anything negative to say about the day. A small number of participants did not want to talk about themselves or share with other participants at their table. However this might have been more related to personal choice rather than related to the workshop itself as in the next quotation from the transcripts:

*“I personally, at your table had to discuss certain things, I didn’t like it. I’m quite a reserved person. I don’t like being put on the spot. It wasn’t awful but I’d prefer if I didn’t have to do it. Yeah like it felt like you had to. You force yourself to say something.” (3F32)*

There were some participants whose dislike of disclosing information about themselves was related to issues surrounding confidentiality rather than a general discomfort around talking about their feelings.

The majority of the criticisms related to the amount of information that was condensed into the day and that perhaps the Wellness Workshop tried to cover too much in too short a time:

*“Well it’s was one day and there was a lot of information giving. You could put it down into a course and it could be spread out over a period of time...there’s only so much you can do in one day. I thought there was an awful lot of information.” (18M58)*

It was suggested that this could be resolved by perhaps spreading the Wellness Workshop over two days instead of one:

*“Overall, by the end of the day, what I can remember is that it was too much for one day. A lot of good information just packed into one day. It was a lot to take in and by the end of it you feel you need another day basically.” (3F32)*

*“To me it was presented very well. I supposed it was a bit rushed but they were putting a lot in the one day. If we were together and discussing one of the parts and then we had to give feedback, we wouldn’t have time for all the feedback. But again as I said, I suppose resources are limited and they probably could have done with putting less into the day, or putting it over two days.” (20F67)*

Other participants felt that the information presented in the Wellness Workshop could be followed up with a refresher course as opposed to a second day.

Other suggestions for improving the Wellness Workshop, centred on making sure that the workshops were made available to as many people as possible and different groups of people throughout Irish society. One such group were men and it was noted that that in many of the workshops men of all ages were poorly represented. In addition, young people and those in primary and secondary schools were also perceived as a group that could benefit from attending the Wellness Workshop:

*“Just get it to more people and I’m not sure how many people know of it. And get it to more people because suicide is a big issue.” (1F39)*

*“I suppose making it more visible to people. I thought it was well advertised but if they reach more. A lot of women and they need to reach more men.” (4F64)*

*“Yeah absolutely the workshop in schools would be brilliant too. As someone said recently, depression doesn’t start when you become eighteen, it’s not when you become an adult, and it’s there prior to that. I know that there’s some people and organisations that are trying to run things in school on depression and suicide awareness and stuff like that.” (18M58)*

## Summary

This section has presented the findings from the qualitative interviews completed with the general public who volunteered to be interviewed as part of the evaluation. The main findings from these interviews are:

- Motivations for attending the Wellness Workshops mainly ranged from learning self-help strategies to learning strategies for helping people with mental health difficulties. Some participants had self-experience of mental distress, while others attended out of general interest in mental health.

- Generally, participants had no real expectations of the Wellness Workshops and attended with an open mind, mostly expecting a traditional didactic approach to workshop facilitation.
- There was an overwhelmingly positive response to the Wellness Workshops. Central to this was the narrative approach adopted by the facilitators, particularly with regard to sharing personal stories about recovery. In particular, Caroline's personal story of her experiences of mental distress and her journey to recovery appears to have had a huge resonance with participants.
- The use of metaphors, e.g. the 'wolf of hope' v. The 'wolf of despair' and the absence of medical and psychiatric jargon was welcomed by participants.
- There was huge value placed on the small, simple but important strategies such as the mindfulness minute taught at the Wellness Workshops. These were perceived as user-friendly, non-invasive techniques to maintain mental health that could be easily incorporated into participants' daily routines.
- It appears that participants integrated the strategies learned during the Wellness Workshops in an elective way either incorporating them into their daily routines or using them when necessary e.g. in times of acute stress.
- A central message emanating from analysis of the qualitative data was the recognition that mental health is a person's own responsibility and that it needs to be protected, nurtured and fostered, both for oneself and in the context of supporting those with mental health problems.
- The Wellness Workshops appear to have impacted positively on participants' perceptions of mental distress and suicide, leading in some cases to a change in perceptions and more openness about mental distress and suicide, in particular that suicide is avoidable and that solutions to problems exist.
- Overall, there were very few criticisms of the Wellness Workshops. The majority of the small number of criticisms related to the large amount of information that needed to be presented on the day, within a short timeframe. Suggestions were also made to spread the workshops over two days or providing a refresher course.

- Suggestions for improving the workshops centred on making the workshops available to as many people as possible and to different groups throughout Irish society.
- Suggestions were made to target males due to the under-representation of males at the workshops. Suggestions were also made to provide an adapted version of the workshop in primary and secondary schools.

## Chapter 5. Survey Results - Prison Population

### Introduction

This chapter presents the survey findings relating to those who undertook the Wellness Workshop within the prison setting. This chapter details how prisoners have additional stresses on their mental health when compared to the general population identifying the requirement for mental health promotion interventions in the prison setting. This chapter reports how the prisoners studied in this evaluation found the Wellness Workshop to be a very useful intervention to improve their mental health while in prison.

### Demographic and Respondent Profiles

The prison Wellness Workshops took place in Wheatfield Prison, a male prison in Dublin 22. Table 22 sets out the number of participants at the three time points which were immediately prior to the workshop, one week after the workshop and three months after the workshop. This section briefly sets out the demographics of the participants who undertook this workshop while in prison and provides some background information about the prisoner participants. This demographic information relates to those who completed the survey at time point 1 (n=69).

**Table 22. Prisoner Participation in Survey - Prisoner Sample**

Survey 1	Survey 2	Survey 3
69	49	23

### Age

Survey respondents ranged in age from 19 to 84 years with a mean (average) of 31 years which is significantly younger than those who undertook the workshop from the general population (47yrs). Just over 40% of respondents were in their twenties, 36.2% were in their thirties, 10% were in their forties, just under 3% were in their fifties and 8.7% were aged sixty and over. Only one participant was under the age of 20 at the time of completing the survey (see Table 23 below).

**Table 23. Age - Prisoner Sample**

Age (n=69)	n	%
Under 20yrs	1	1.4
20-29yrs	28	40.6
30-39yrs	25	36.2
40-49yrs	7	10.1
50-59yrs	2	2.9
60yrs and above	6	8.7

**Civic Status**

Of the respondents, just under 40% (n=27) were in a relationship or co-habiting at the time of completing Survey 1 (see Table 24), 13.2% were married, while 32.4% identified as single. Just under six percent of the sample indicated that they were separated or divorced.

**Table 24. Civic Status - Prisoner Sample**

Civic Status (n=68)	n	%
Single	22	32.4
In a relationship/co-habiting	27	39.7
Married	9	13.2
Civil Partnership	1	1.5
Separated	2	2.9
Divorced	2	2.9
Widowed	2	2.9
Other	3	4.4

**Educational Attainment**

In terms of educational attainment, the majority of prisoner respondents finished their education having completed lower secondary level education (40.3%, n=27). Thirty one percent of respondents (n=21) were educated to primary level or below and just over 13% had completed upper secondary level education. Only one respondent had completed third level education. This is a significant difference when compared to the general population figure of 56% educated to third level. Thirteen percent of respondents described 'Other' education levels in which they described the course they had completed, including catering courses and Further Education and Training Awards Council (FETAC) courses.

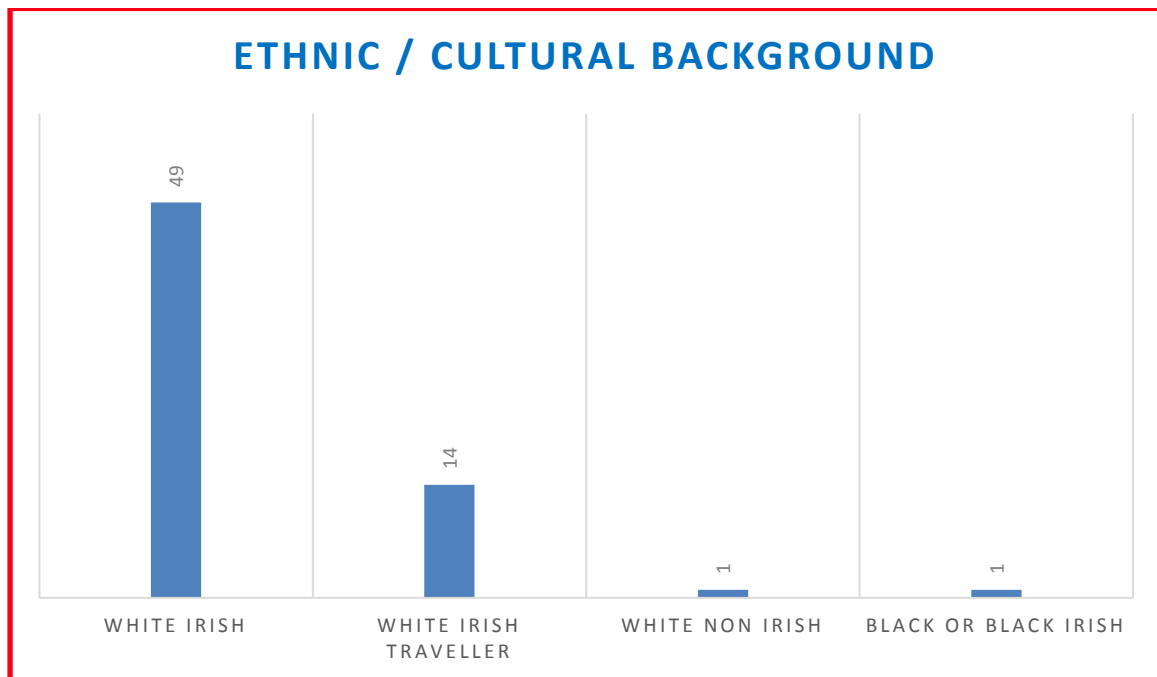
**Table 25. Level of Educational Attainment - Prisoner Sample**

Highest level of education (n=67)	n	%
Some primary education or less	8	11.9
Completed primary education	13	19.4
Completed lower secondary level education	27	40.3
Completed upper secondary level education	9	13.4
Completed third level education	1	1.5
Other	9	13.4

**Ethnic Background**

Of the participants who completed this question (n=65), 75% (n=49) identified as white Irish, with the second ethnic largest background, at 21.5%, indicated as white Irish Traveller. One participant stated a white non-Irish background and another one identified as black or black Irish (see Figure 6).

**Figure 6. Ethnic or Cultural Background - Prisoner Sample**



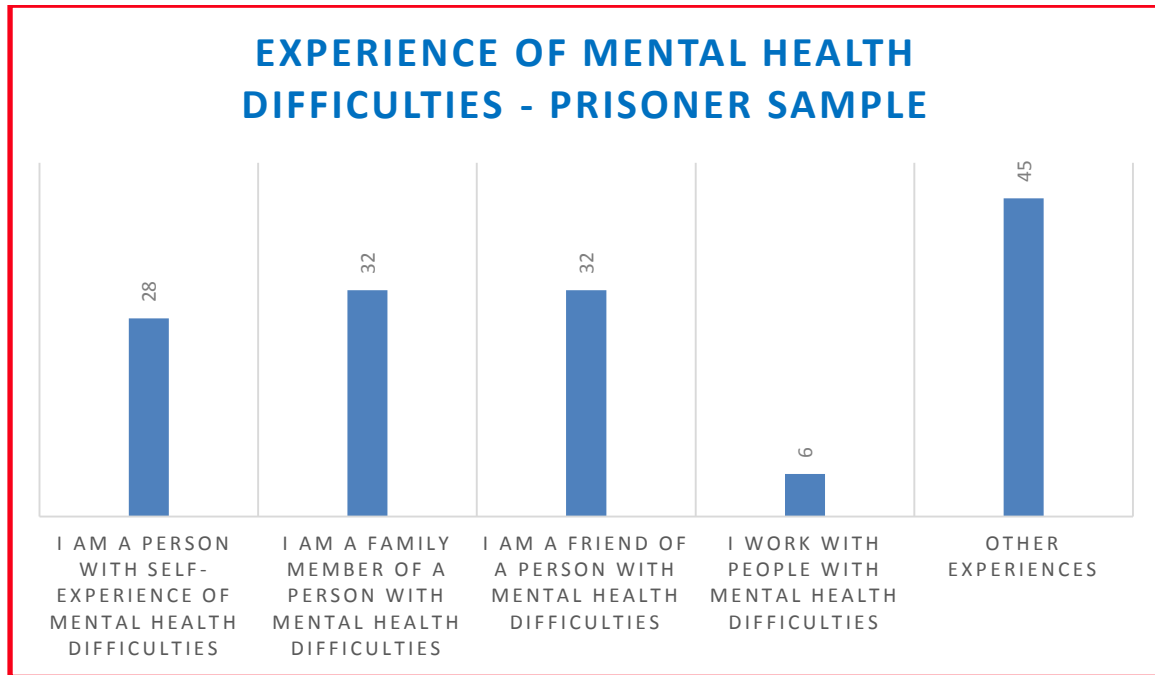
**Experience of Mental Health Problems**

At the time of completing Survey 1, just under 40.5% (n=28) of respondents identified as having had self-experience of mental health difficulties which is surprisingly less than those participants outside the prison setting. Equal proportions of respondents were either a



friend (22%) or a family member of someone with mental health difficulties (22%). A little more than 65% (n=45) indicated that they had other experiences of meeting people with mental health difficulties.

**Figure 7. Experience of Mental Health Problems - Prisoner Sample**



**Current Treatment Status**

Just under one third of respondents indicated that they were presently taking prescribed medication for mental health problems when surveyed, while nearly 30% (n=14) were receiving counselling for a mental health concern. Approximately 23% (n=11) were currently receiving unidentified professional help for a mental health problem.

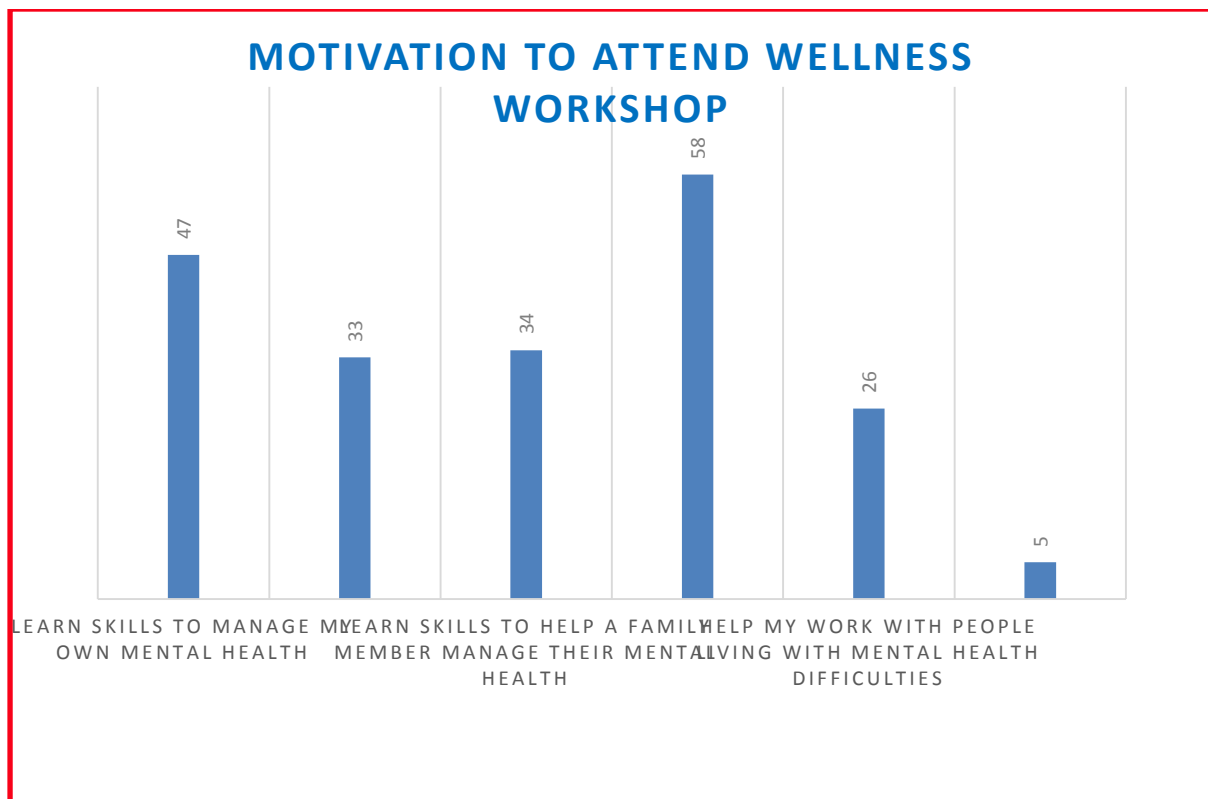
**Table 26. Current Treatment Status - Prisoner Sample**

Current treatment status (n=47)	n	%
Taking prescribed medications for mental health problems	15	31.9
Receiving counselling for a mental health problem	14	29.8
Receiving psychotherapy for a mental health problem	7	14.9
Receiving other professional help for a mental health problem	11	23.4

### Motivation to Attend Workshop

As with the general population group, prisoners identified a number of reasons for wanting to attend the Wellness Workshop. The majority of prisoners (n=58) wished to improve their own understanding about mental illness and a large majority also wanted to learn skills to manage their mental health (n=47). Approximately half of the prisoner population wanted to attend the workshop to help a friend or family member with a mental health problem.

Figure 8. Motivation to attend Wellness Workshop - Prisoner Sample



When asked to identify the *single* most important motivation for attending the Wellness Workshop (Table 27), the most common motivation was to learn skills to manage their own mental health reported by 37.7% of prisoners. This is the exact proportion who reported this as the single most important motivation in the general population suggesting that people’s main drive to undertake the workshop is similar across different settings. More in-depth findings relating to why prisoners wanted to partake in the Wellness Workshop are presented in Chapter 6.

**Table 27. Single Most Important Motivation - Prisoner Sample**

Single most important motivation (n=68)	n	%
To provide me with skills to manage my own mental health	26	37.7
To provide me with skills to help a friend manage their mental health	2	4.5
To provide me with skills to help a family member manage their mental health	10	10.7
To improve my understanding of mental illness, mental health and wellness	20	30.4
To help in my work with people living with mental health difficulties	5	13.8
Other	5	2.9

### **Overall Views of the Wellness Workshop (n=69)**

Similar to the general population participant group, responses to the two questions regarding satisfaction and perceived usefulness of the workshop indicated that the Wellness Workshop was held in very high regard.

### **Satisfaction with the Wellness Workshop**

In total 87.5% (n=42) of respondents who completed this question were satisfied or very satisfied with the workshop. Only a small minority indicated their dissatisfaction (n=3), while 6.3% responded neutrally.

**Table 28. Satisfaction with the Workshop - Prisoner Sample**

Satisfaction with Workshop (n=48)	n	%
Very dissatisfied	2	4.2
Dissatisfied	1	2.1
Neutral	3	6.3
Satisfied	16	33.3
Very satisfied	26	54.2

Through comments gained from the open-ended questions, it was possible to get a sense of why the vast majority of participants were satisfied with the workshop. Participants used words like 'excellent', 'very good', 'great' and 'beneficial' to describe the workshop. The impact of Caroline's story was highlighted by a number of participants with one describing it as 'very honest and very helpful'. They went on to state that the 'good humour' utilised in

the sharing of stories was well appreciated. Another participant expressed thanks to the facilitators for sharing their stories which they found ‘very inspiring’. Some prisoner participants, when highlighting their satisfaction with the workshop, expressed their belief that undertaking it in the prison setting ‘should be made part of everyone’s sentence plan’. Additionally, satisfaction with the workshop facilitators and their professional, engaging and respectful approach in the prison setting was identified by some participants:

**“EXCELLENT INPUT. HAD TIME TO ASK QUESTIONS. DIDN'T FEEL TALKED DOWN TO. TUTORS WERE VERY PROFESSIONAL, CARING AND RESPECTFUL. LISTENED TO EVERYONE AND GAVE SIMPLE ANSWERS, EASY TO UNDERSTAND. WOULD ENCOURAGE EVERYONE HERE TO TAKE PART.”**

**(PRISONER, MALE, 42)**

### **Usefulness of the Wellness Workshop**

Over 95% perceived the workshop to be use or very useful (n=46), while no participant rated it negatively.

**Table 29. Usefulness of the Workshop - Prisoner Sample**

<b>Usefulness of Workshop (n=48)</b>	<b>n</b>	<b>%</b>
<b>Neutral</b>	2	4.2
<b>Useful</b>	18	37.5
<b>Very Useful</b>	28	58.3

Some prisoner participants explained how they perceived the workshop had worked for them. Of those who elaborated on its usefulness, key aspects were the information they learned over the course of the day and the insight they gained on their negative thought processes. Many also spoke of the skills they picked up and their growing realisation of how to better approach situations.

*“I thought it was very good and it hit home with me. I notice that it all comes down to my thoughts and how I can go into my own head.” (DWP1, M, 26)*

*“I found it worked for me because I would now know what to say and do in different situations.” (DWP2, M, 28)*

*“Helped me understand that I've to try control my thoughts and not let head get carried away with itself.” (DWP1, M, 30)*

*“Excellent programme. The majority of it being pictorial is much easier to understand and stays in the mind.”  
(DWP1, M, 36)*

### Recommending the Wellness Workshop

Of the prisoner group, the majority of respondents (n=45) would also recommend the wellness workshop to others.

**Table 30. Recommend to others – Prisoner Sample**

Recommend to others (n=47)	n	%
<b>Yes, definitely</b>	45	95.7
<b>I don't know</b>	2	4.3

Family members, loved ones (girlfriends/partners) and friends were identified as key people prisoner participants would recommend the workshop to. However some prisoner respondents also indicated that they would recommend the workshop for all prisoners and particularly those just starting their prison term. One prisoner commented: *“It is a great workshop and should be made part of everyone sentence plan.”*

Figure 9. Word Cloud: Recommend the Workshop - Prisoner Sample

## Prisoner participants would recommend the Workshop to:



### Impact of the Workshop

As previously identified, one of the key objectives of this evaluation was to identify if the Wellness Workshop had an impact on the mental health and knowledge about mental health of those who undertook it. As per the analysis of the general population participants, the impact of the workshop was addressed in two ways: a) a rating of participant perceptions of this impact (post/follow-up); b) completion of impact measures at (pre/post/follow-up) stages. Of the 69 participants in this group who completed the pre-workshop survey, 71% responded to the post survey (n=49), and just under half of them also completed the follow-up (n=23).

### Direct Rating Impact on Wellness

Participants were asked to rate the impact of the workshop with the question: How did participation in the workshop affect your wellbeing? As can be seen in Table 31, the results are very similar to the main participant group with improvement in wellbeing reported both at post workshop (78.7%) and the follow-up stage (90.4%) by the vast majority. Nobody reported any worsening of their wellbeing as a result of the workshop which is a very positive finding.

**Table 31. Impact on Wellness (post/follow-up) - Prisoner Sample**

Impact on wellness	Post (n=47)		Follow-up (n=21)	
	n	%	n	%
<b>Greatly worsened</b>	0	0.0	0	0.0
<b>Worsened</b>	0	0.0	0	0.0
<b>Stayed the same</b>	10	21.3	2	9.5
<b>Improved</b>	30	63.8	12	57.1
<b>Greatly improved</b>	7	14.9	7	33.3

Because only 11 matched participants completed this question both in the post and follow-up survey, conclusions regarding the sustained impact of the programme have to be cautious. Nonetheless, the similarity of the patterns with the main group of participants suggests that the impact on Wellness persisted. A moderately high correlation between the post and follow-up Impact on Wellness for the 11 participants ( $r(11) = .43$ ,  $p = .186$ ) confirms this, although it does not reach significance. Indications are that the impact on wellness for the prisoner sample may be similar to the impact on the other participants.

### Impact Measures Over Time

For the main group of participants a repeated measures procedure was used to assess the impact over time of the workshop on a number of measures including 'Attitudes Towards Mental Health Scale' (AMH), the 'Herth Hope Index' (HHI) and the 'Mental Health Self-Efficacy Scale' (MHSE). However, considering the low number of the prisoner group that completed all surveys, this could not be done for this group. When this was attempted statistics tended to be computed for less than 10 participants who had completed all

surveys and all relevant questions in the instruments. Therefore, instead an overview of descriptives (means/sd) is provided for each measure (see Table 32).

**Table 32. Descriptives for Prisoner Sample Response to Pre/Post/Follow-Up Surveys**

	Pre		Post		Follow up	
	Mean (sd)	n	Mean (sd)	n	Mean (sd)	n
<b>Herth Hope Index (HHI)</b>	36.4 (4.60)	55	37.5 (5.50)	40	38.5 (5.19)	17
<b>Mental Health Self efficacy (MHSE)</b>	6.15 (1.52)	58	6.96 (2.05)	45	7.09 (1.74)	21
<b>AMH1</b>	1.06 (.24)	65	1.11 (.39)	44	1.11 (.85)	23
<b>AMH2</b>	1.25 (.74)	64	1.41 (.98)	46	1.30 (.93)	23
<b>AMH3</b>	2.61 (1.50)	61	2.87 (1.41)	46	2.96 (1.46)	23
<b>AMH4</b>	2.18 (1.24)	49	2.00 (1.11)	43	2.04 (.98)	23
<b>AMH5</b>	2.79 (1.35)	58	2.67 (1.25)	43	2.57 (1.12)	21
<b>AMH6</b>	2.29 (1.45)	56	2.16 (1.17)	45	2.50 (1.34)	22
<b>AMH7</b>	3.23 (1.53)	64	3.40 (1.25)	42	3.36 (1.40)	22
<b>AMH8</b>	4.17 (1.26)	60	4.25 (1.24)	44	4.32 (1.25)	22

Overall, the findings seem to be a little bit different from the findings in the general population group. Baseline scores are lower on hope and mental health self-efficacy suggesting that prior to the workshop prisoners had lower levels of hope and lower self-efficacy than the general population. This is perhaps not an unsurprising finding. At the post workshop stage, mean scores on the HHI and MHSE have gone up. This trend continues for both instruments after three months. These results would suggest that the Wellness Workshop had a positive effect on prisoners over time as their hope levels and their levels of self-efficacy rose at both time points after the workshop. However, because so few matching results were available with participants responding to all three surveys, these findings have to be considered with caution. It is interesting to note that overall mental health self-efficacy, while improving, remains lower than that of the main group, while the increased hope after three months lifts it about a point above the main group. As regards the attitudinal responses, differences are small and no obvious trends have emerged.



For those who undertook the workshop in the general population, it was possible to determine if certain variables had an impact on whether the Wellness Workshop was perceived to improve wellbeing. However, because of the small number in the prisoner sample who had completed all three surveys, it was meaningless to compute a Multiple Regression procedure so it is not possible to determine if demographic and other variables can predict if the Wellness Workshop had an impact on wellbeing.

### Attitudes Towards Mental Health

In Chapter 3, baseline findings relating to participants' attitudes towards mental health were presented with a view to identifying participants' general views and attitudes towards mental health difficulties prior to undertaking the workshop. This section presents the attitudes of prisoners towards mental health and finds that the views and attitudes towards mental health and distress were largely similar between the prison population and the general population. All prisoners agreed that anyone can experience a mental health problem. The vast majority (93.7%) believed that people with mental health problems should have the same rights as others. Similar to the general population, the vast majority of prisoner participants believed that people with mental health problems are not to blame for their own circumstances (76.7%). Very similar to the general population, the majority of prisoners (59%) would not want anyone to know if they were experiencing mental health problems. With regard to the important issue of recovery, most prisoner participants (71.4) believed that the majority of people can recover from a mental health problem. All findings relating to the 'Attitudes Towards Mental Health' are set out in Table 33.

**Table 33. Attitudes towards Mental Health**

<b>1. Anyone can experience mental health problems (n=65)</b>	<b>n</b>	<b>%</b>
<b>Agree strongly</b>	61	93.8
<b>Agree slightly</b>	4	6.2
<b>2. People with mental health problems should have the same rights as anyone else (n=64)</b>	<b>n</b>	<b>%</b>
<b>Agree strongly</b>	55	85.9
<b>Agree slightly</b>	5	7.8
<b>Neither</b>	2	3.1
<b>Disagree slightly</b>	1	1.6
<b>Disagree strongly</b>	1	1.6

<b>3. If I was experiencing mental health problems I wouldn't want people to know (n=61)</b>	<b>n</b>	<b>%</b>
Agree strongly	19	31.1
Agree slightly	17	27.9
Neither	4	6.6
Disagree slightly	11	18.0
Disagree strongly	10	16.4
<b>4. The majority of people with mental health problems recover (n=49)</b>	<b>n</b>	<b>%</b>
Agree strongly	17	34.7
Agree slightly	18	36.7
Neither	6	12.2
Disagree slightly	4	8.2
Disagree strongly	4	8.2
<b>5. People are generally caring and sympathetic to people with mental health problems (n=58)</b>	<b>n</b>	<b>%</b>
Agree strongly	11	19.0
Agree slightly	18	31.0
Neither	9	15.5
Disagree slightly	12	20.7
Disagree strongly	8	13.8
<b>6. I am afraid of experiencing mental health problems in the future (56)</b>	<b>N</b>	<b>%</b>
Agree strongly	25	44.6
Agree slightly	9	16.1
Neither	11	19.6
Disagree slightly	3	5.4
Disagree strongly	8	14.3
<b>7. I would find it hard to talk to someone with mental health problems (n=64)</b>	<b>n</b>	<b>%</b>
Agree strongly	13	20.3
Agree slightly	9	14.1
Neither	12	18.8
Disagree slightly	10	15.6
Disagree strongly	20	31.3
<b>8. People with mental health problems are largely to blame for their own circumstances (n=60)</b>	<b>n</b>	<b>%</b>
Agree strongly	5	8.3
Agree slightly	2	3.3
Neither	7	11.7
Disagree slightly	10	16.7
Disagree strongly	36	60.0

## Summary of Quantitative Findings – Prisoner Population

- Approximately 40% of prisoner participants who attended the Wellness Workshop had experienced mental health problems.
- The single most important motivation for attending the Wellness Workshop was to learn skills to manage their own mental health.
- Approximately half of the prisoner population attended the workshop to help them better deal with family or friends with mental health problems.
- The prisoner population were extremely satisfied with the workshop with almost 88% identifying that they were satisfied or very satisfied with the workshop.
- In addition to being satisfied with the workshop, 95% also found the workshop useful or very useful.
- Almost 79% of prisoners reported that the Wellness Workshop improved or greatly improved their wellbeing one week following the workshop and this improvement persisted over time rising to just over 90% 3-months after the workshop.
- Attitudes towards mental health were very similar to non-prison based participants of the Wellness Workshop and generally more positive than those identified in Irish general population studies.
- Baseline measures of hope and mental health self-efficacy were lower than those of the general population.
- Following the Wellness Workshop, scores for both hope and mental health self-efficacy increased suggesting that the workshop increased both hope and mental health self-efficacy in the prisoner population however due to the low numbers that completed all three surveys this was not statistically significant.
- Almost all of the participants identified that they would recommend the Wellness Workshop to others including friends and family but also other prisoners and particularly newcomers to prison.

## Chapter 6. Qualitative Results from the Interviews Conducted with the Participants who were in Prison

### Introduction

This section will present the findings from the qualitative data of the interviews conducted with a selection of the participants who attended the Wellness Workshop while in prison. In total 10 participants agreed to be interviewed, all were male and their ages ranged from 19 to 47; their average age was 31.9. The section will begin by providing a description of the difficulties experienced by the participants in terms of managing their mental health within the prison environment. The participants' experiences of the Wellness Workshop and how it assisted them in managing their mental health will also be presented using similar themes to those used in Chapter 4. Finally any suggestions that were made by the participants to improve the delivery of the workshop in prisons will conclude this chapter. As in Chapter 4, the themes will be presented with quotations from the interview transcripts along with the participants' code [interview number gender age]. The findings in this section will be discussed under the following headings:

- Managing Mental Health within the Prison Environment
- Perspectives of the Wellness Workshop - Motivations for Attending and Expectations
- Overall Experiences
- Applying the Principles of the Wellness Workshop – Managing the Stresses of Prison Life
- Participants Perceptions of Mental Distress and Suicide following Attendance at the Wellness Workshop
- Suggestions for Improvement of the Wellness Workshop within the Prison Environment

## Managing Mental Health within the Prison Environment

This section will present the participants' general experiences of prison life and the impact it had on their mental wellbeing. All of the interviews were conducted with people who were detained in Wheatfield Prison, a closed medium secure prison with a capacity for 540 prisoners located on the south side of Dublin. Prison life was described in different ways by the participants, for some it was monotonous while for others it was described as being unpredictable. Despite this, many of the participants spoke about prison life as being stressful, and how stress was a major problem in prison. In addition, many of the participants reacted to stress in an angry or aggressive way such as smashing up their cell or damaging prison property. Generally, participants' reiterated the commonly held belief that men find it difficult to talk about their feelings and are required to present a tough outer exterior. This was heightened in prison and the participants described a world where one had to be tough and any signs of weakness were to be avoided at all cost. However, throughout the interview transcripts there was a sense that the participants felt vulnerable in prison and when this vulnerability was juxtaposed with the participants perceived necessity to be tough, it created a tension that was a challenge for them. Any outward display of what they described as weakness was not an option for the participants and this impacted on their ability and their desire to speak openly about how they were feeling and their experiences of mental distress. These points are exemplified in the following two quotations:

*"When I was outside [prison] I'd have time to think and say don't react like that but in here you have to wear a mask. You can't turn around to someone on the landing and say 'well hang on let's think about this. How are you feeling about that and this is how I'm feeling about it.' It doesn't happen in here. And the thing in here is that you can't be seen to run away like because then my understanding of it is that you'll be walked all over because that will be the thing that will happen to you all the time."*  
(28 M 27).

*"With male prisoners there's always slagging going down. If you're doing ten years and you go up to a class and say you have a problem, you're not going to*

*do it because you're leading yourself wide open for everybody to attack you."*

(34 M 45)

The desire to project a tough outward appearance, impacted on the participants choice of who they could talk to when feeling stressed. Some participants had relatives who were also in prison and these proved to be valuable sources of support when required. Without these relatives, the participants suggested that it would be very hard to find anyone to confide in. Participants who did not have close friends or relatives in prison described having no one to talk to and appeared to feel isolated. There was a reluctance to talk to other prisoners about anything that might project an open display of perceived weakness which participants believed would negatively impact on their ability to blend in with the prison population. While this could be seen as stigma towards mental distress, it appeared to be more of a coping mechanism that would make life easier for the participants while they were in prison. Prison officers were not perceived as someone that the participants could confide in as there were fears about confidentiality and that the participants' feelings and experiences might be inappropriately divulged:

*"[So would it be more prisoners that you would talk to?] More prisoners than officers yeah because you'd be afraid the officers will go back and tell people that will slag ya you know. He probably wouldn't but that's what you'd be afraid of." (33 M 37)*

A listening service provided by prisoners for prisoners was available and the participants were aware of its existence. This service was delivered by specially trained prisoners called 'listeners' who were available to prisoners who needed someone to talk to in times of distress. While the service was seen as necessary and beneficial, there was recognition that it was not a professional service and did not offer advice, counselling or other interventions beyond listening and impartiality. Of the ten participants who agreed to be interviewed, six described themselves as people who had self-experience of mental distress. These issues ranged from drug and alcohol problems to anxiety, depression and self-harm. Some participants were accessing mental health services in prison such as counselling. However,

in terms of professional help, this was perceived as difficult to access and services such as counselling could not be accessed immediately and often were associated with waiting lists:

*“Yeah I think the fact that on the outside there’s so many different services that you could go to and in the prison we’re limited to who we have contact with like the psychologist and the listeners. But sometimes it’s hard to see all of them. You could have your name down for the psychologist but you could be waiting two years to see them.” (26 M 33)*

Visits and telephone calls were the participants’ only connection to the outside world and as such were another valuable source of support. Depending on their location within the prison, participants were allowed to make telephone calls up to twice a day and the telephones were operated on a rota basis. If the participants were having a particularly difficult day, they were sometimes allowed to make an additional call depending on which prison officer was on duty. However, visits and telephone calls were often an additional source of stress that caused feelings that needed to be managed. For example, one participant found that he was preoccupied about his children outside prison. This was worsened when they visited and the children were often upset and distressed when they were leaving;

*“My son, Saturday coming will be his birthday, the last time he came to visit me he was crying and he told me that he wants me to come home for his birthday and I said I can’t that I have to stay here so he started crying. After they left I started thinking ‘what did I put my family through?’ that is my fault you know. My children suffer somehow for what I did. So I’m thinking and thinking, everyday things.” (29 M 36)*

There was recognition that suicide was a problem for people in prison, especially for men. However, there was a perception that improvements had been made in prison which had reduced the rate of suicide. Despite this, there was a suggestion that suicidal feelings and thoughts were prevalent throughout the male prison population:

*“When you’re saying about the suicidal thoughts, there were for the first maybe two years of the five years that I’m in at the moment that I’d have suicidal thoughts at least once a week. But for the last couple of years them thoughts come up and I let them go by I don’t even recognise them anymore.” (25 M 47)*

*“They ask you before you go to prison “have you suicidal thoughts?”, and you’re obviously going to say no because you’re a man. You’re in front of a doctor and a medic you don’t say yeah but when you go into that cell and they lock that door everybody thinks about it. Most men think about it in prison and it’s hard to talk about it.” (33 M 37)*

Overall, as might be expected, participants described prison life as tough with many stressors impacting negatively on their daily lives. Participants spent long periods of time alone and had, what they described as ‘a lot of time on their hands’ and were anxious to fill this time in a productive way.

### **Perspectives of the Wellness Workshop - Motivations for Attending and Expectations**

The chaplaincy service at the prison was instrumental in informing people about the Wellness Workshop and many of the participants were encouraged to attend through their contact with this service. However prison officers and other inmates also spread the word about the workshop and participants became interested in attending when they heard positive reports from other attendees:

*“I heard about it through the prison, just through the population of the prison. Well a lot of the things that were said about the programme like finding out what goes on in the course itself, I was just interested in it so I decided to go.” (31 M 21)*

A number of the participants had done the course more than once. This suggests that they either really enjoyed and valued the course, or alternatively that they used it as an avenue to escape the routine and monotonous nature of prison life. As mentioned, the participants spoke about the amount of time they had on their hands in prison and that some of them



used courses such as the Wellness Workshop to either help the time pass as well as to better themselves at a personal level:

*“I’m doing like five or six courses at the moment in prison so there’s so much things just to keep myself busy. That’s part of the thing as well just to keep busy and set yourself targets and if you accomplish those targets it’s good for you and it helps your motivation.” (27 M 31)*

Two participants specifically stated that they wanted to attend the Wellness Workshop because they wanted information about mental health and to learn strategies to help manage their emotions. In the first example, the participant talks about how being unable to manage his emotions prior to imprisonment had led to his conviction and that learning to manage those emotions was a priority for him. In the second example, the participant talks about how prison has impacted negatively on his mental health and how he wanted to attend the workshop in order to learn about strategies that he could use to help himself:

*“It’s a combination of a lot of them I suppose. The reason I got into this is because my emotions put me into prison. I couldn’t manage my emotions so my emotions managed me and they led me then to taking a life in a rage. So I led my life to do a life sentence so I’ve seen beyond that now and I manage my own mental health quite well now and I’m happy with that. From all my teaching and the course and that I’ve picked up. I suppose if I see anything on mental health I’m all over it you know I want to know if there is more to be picked up and more to be learnt.” (25 M 47)*

*“Yeah I explained to one of my friends here about how I’m feeling in prison but I was not feeling like that before, it happened to me when I was in prison. Sometimes I’d forget things and sometimes even if I wanted to make a call to my wife I’d say something to her and I’d just forget what it was and I’d wouldn’t remember anymore. So I was worrying about that because it had not happened to me before. So we worried about my future and what was wrong with me. So*

*now I attended the Wellness Workshop. It was a one day course that would help me. So I went down to it.” (29 M 36)*

As with the general population, the participants in prison had no real fixed expectations about what the workshop entailed apart from the fact that it was going to be about mental health. They too suggested that they attended the workshop with an open mind.

### **Overall Experiences**

The response to the workshop from the participants who completed it in prison was overwhelmingly positive and throughout the transcripts the participants consistently praised the workshop and the facilitators. There was tremendous respect for the facilitators and they were perceived as brave for coming into the prison environment, opening up about their experiences and sharing their stories. As with the findings from the general public, this approach to learning about mental health was highly regarded and valued by participants. There was a sense that a different approach to the workshop might not have been as successful in conveying the message of hope and recovery to the participants. Specifically, hearing about other peoples’ experiences of mental distress and how they were able to manage this distress was crucial in helping participants to understand the key messages associated with the workshop and helping them to consider their own mental health in a different light:

*“Yeah I think so because you could be told things in a group like that and given literature and people talk about what way things should be and what things shouldn’t be but when you hear someone’s personal story and experience, how they went through this problem and how they came out the other side, it kind of lets you know that if you did have a problem that it can be overcome.” (26 M 33)*

*“What I can remember most about the workshop is the lady, Caroline. Her story like she had her story up on the screen about mental health, and you’d think you’d see a woman like that and never in a million years think that that woman had the problems that she had. It was great listening to her story because it*

*makes you stop and think that if a woman like that who's just full of life."* (34 M 45)

Apart from the facilitators sharing their stories, some participants described other features of the Wellness Workshop that they enjoyed learning about such as the mindfulness minute. However there was a lack of emphasis during the interviews on specific aspects of the workshop that they enjoyed and the participants were more likely to praise the workshop in its entirety rather than focusing on specific components. This suggests, at least for the participants who attended in prison, the overall value of the workshop was in the creation of an atmosphere where the participants were free to learn about their mental health in a safe and welcoming environment. This environment was not only created by the facilitators but also by the other participants who shared their own stories and experiences as well:

*"Yeah I do indeed. I thought it was a great information day. Especially to show you how to look out for yourself. You know make you more aware of what's going on with you and not to take so much of everything that is going on around you. Like the course was like 'how to look after yourself' that's what I took from the course."* (25 M 47)

*"No I thought it was grand like. When they asked me to do it I straight away was like yeah because I think you learn better things when you do courses like this. You learn thing like how to control yourself. I'd rather listen to people and how they cope and stuff."* (30 M 23)

*"I thought everything everyone on the course was useful. Even the food like you brought in lovely food and the people were lovely and they had lovely stories. Sometimes if you think you're a bit mad and you're in a room like that and then people start telling the people that are running the course what is on their mind you sort of feel like you're not left out anymore. You feel like 'ah well he has the same problem as me' so you start to feel that it's not only happening to you."* (31 M 21)

There was a mixed reaction to the number of people in attendance at the Wellness Workshop groups in prison. Some participants felt that they were too large while others thought that the number of participants was fine. Those who thought the groups had too many people felt that the large numbers may have impeded the participants from speaking openly about their experiences of mental distress and they may have been more willing to 'open up' in a smaller group. Conversely, others felt that having more people in the group facilitated a more open discussion about peoples' mental health and their experiences of managing mental distress:

*"The only bad thing I probably have to say, there wasn't anything really but I'd probably have to say that the groups were a bit big. For people who want to talk or open up more, they open up more when they're in a smaller group. Now that's only my view, other people probably have a different view of that." (27 M 31)*

*"There was four at each table with like nine or ten tables so there was an awful lot and it was only in the library here. I think the next one they should just get a handful of people. Because you'd be able to concentrate better and listen." (33 M 37)*

### **Applying the Principles of the Wellness Workshop – Managing the Stresses of Prison Life**

As mentioned in the early part of this section, prison life was described as being very stressful by the participants and that stress was something that many of the participants had difficulty managing. In addition, throughout the transcripts there were descriptions of incidents where the participants reacted to stress in an impulsive and sometimes violent way. Following attendance at the Wellness Workshop, many of the participants spoke about how the strategies they learned helped them to manage the stress associated with prison. In addition there were also instances where participants described helping others to manage their mental health and wellbeing either within the prison population or within their family and friends. This section will provide an overview of how the strategies participants learned during the Wellness Workshop were put into practice.

While the participants used many of the strategies that were covered in the Wellness Workshop such as the mindfulness minute, there was a general sense that these strategies formed part of an overall change in how participants approached problems and stressors in prison. Many participants appeared to take a more reflective approach to problems and were more inclined to look for the root problems and reach a resolution rather than to react to stress in either an angry or aggressive way. From analysis of the transcripts it could be interpreted that the principles and strategies participants learned equipped them with specific skills to manage the many stresses they encountered on a daily basis. More importantly, these skills were used against the backdrop of participants having a generally better knowledge of mental health. Therefore, the practical application of the strategies was effective because participants appeared to have a more positive attitude towards mental health and a greater belief in their control over situations. In addition, there was a greater desire to recognise stress, examine alternative ways of coping with stress and to avoid confrontations that often exacerbated how participants were feeling. This new approach to managing stress is exemplified in the following three quotations:

*“Yeah because it helps you identify different things that are going on and what changes I need to make. Because I often found that I’d go down and I’d be snappy some days because we’d have the same dinners all the times. But what I found now after doing the workshop is I do sit down and ask myself ‘what’s going on with me? Why am I getting so upset over getting the same food that we got two days ago?’ and when I do look into it I find that it was probably because of a phone call I had with my girlfriend that has impacted me. Whereas before I was never able to look back onto something else I’d always blame it on whatever it was at that moment when the mood change.” (26 M 33)*

*“Before I went into that course I thought that there was something wrong with me because of my anger. When I’m in an argument with somebody or if I get into a small argument with someone I usually kick off and I’d do stupid things but ever since that course I’ve learned how to control my breath and control the situation I’m in and look at the outcome. If I was going to do something stupid*

*just look pass the thing that I was going to do and try to see what's going to happen to you and what the consequences are.” (31 M 27)*

*“To me now, I'm in [Names Wing] so I get two phone calls a day, but if for any reason on my second phone call there was something wrong maybe before I would of went off in a height and start a fight or something but now I'd go down to the chief and say that there is a bit of trouble can you give me a phone call. Nine times out of ten the chief knows the prisoner and he says 'come on and I'll get you a phone call' and I'd sort it out and not let it go on for a couple of days.” (34 M 45)*

In terms of the specific strategies that participants used, the most discussed was the breathing techniques that were used to control their stress and to manage their anger. Many participants described using deep breaths to help them manage stress and to help calm themselves down. In the next quotation, the participant describes how he uses the strategy of taking 'ten deep breaths' to help him during difficult times:

*“Yeah say you're in a bad mood and you do that breathing, it sort of calms you down you know. Because in prison you get knocked back. Like they tell you that 'oh you're getting released this day and that day' but sometimes it doesn't happen and you'll be boiling. Your blood will be boiling. Just take your ten deep breaths and it just calms you down. It helps the problem.” (31 M 27)*

Another strategy that the participants described was the mindfulness minute. While some participants didn't mention the mindfulness minute by name, there were many instances where they described using it to take some time out and to manage their stress in a more productive way. The mindfulness minute and the deep breathing exercises formed part of a more measured way of managing stress in prison and an overall more reflective approach to the participants' lives generally:

*“It gave me a thought. Like if I was ever feeling bad I'd just think of that mindful minute first before I do things.” (32 M19)*

*“Since I’ve done the workshop I do that an awful lot. Like during the day if I’m sitting in the cell or in school wherever I am, I have a tendency to ask myself how I am and what’s going on with me. If I find that I’m fine one minute and then someone would say something to me and I’ll respond snappy. So I step back and ask myself ‘what’s going on with me? Why am I so upset?’” (26 M 33)*

Other strategies such as the wheel of life and thinking positive thoughts were mentioned by the participants albeit less frequently. In addition, the workshop helped participants to think creatively about the different ways that they could help to manage what were sometimes referred to as ‘bad thoughts’ such as letter writing and listing all the positive things that the participants had:

*“I told you that I was always thinking about my family and my wife on the outside. So they told me if something like that comes to my mind then I should maybe do something different like write letters or try to think something positive like how good of a relationship I have with my wife. I should definitely think of something that would make me happy and give my attention to that thinking. So I tried these, like yesterday I wrote a letter and I wrote four pages about my kids and stuff like that until I fell asleep.” (29 M 36)*

*“My own mental health (pauses) well we were talking about thoughts – good thoughts and bad thoughts. I think that I only get bad thoughts when you’re down but then you can manage the bad thoughts by just thinking the good thoughts. That’s what I started doing after the course. Every time I had bad thoughts I started thinking good thoughts and good times in my life instead of bad times.” (31 M 27)*

There was also some discussion in the transcripts about how the participants used what they learned in the workshop to help other people who were having difficulties. This didn’t just extend to other prisoners but to their family and friends as well. In the first quotation, the participant describes how he uses the ‘Wheel of Life’ in his interactions with other

prisoners through his work in the listening service. He proceeds to explain how he has even used some of those strategies with his children as well:

*“No I revisited that. I’ll be honest with you I made about forty copies of it because I’m a listener in the system as well so when I’m talking to guys and I see they’re a bit all over the place, I’d give them the wheel of life and I’ve gone through it with them (laughs). Yeah they found it an immense help.” (25 M 47)*

*“My main thing was the wheel of life with the prisoners and with my children as well. They’re fifteen and sixteen now and I actually drew the diagram of your thoughts affecting your thoughts and behaviour you know and that has sort of stuck with them. I’ve got little bits back from them where they’re saying ‘this was going on and I was thinking this but then I thought of what you showed me so I discharged that thought and I didn’t feel upset about something.’ So I thought ‘yep that works’.” (25 M 47)*

In the next two quotations participants describe specific incidents where they used what they had learned in the Wellness Workshop to help other prisoners. In the first incident, the participant describes how attending the Wellness Workshop gave him the confidence to talk to someone who was experiencing distress. In the second incident, the participant describes retelling Caroline’s story to a friend of his in prison and how he believed that this was helpful for this particular individual:

*“A few weeks ago there was an issue with a younger fella, he was on the packed landing up here and I know him from the outside but he called the ACO over to get me. He was sort of feeling down in himself it was his first time in jail, he was crying and all. I went over and I was talking to him and he started to tell me that he’s hearing voices and all. He was feeling real down and if it wasn’t for that course itself, I wouldn’t know what to say to him. I’m not an expert you know but stuff that I learnt in that course sort of came out in the conversation.” (31 M 21)*



*“Because it actually helped me, well it didn’t help me it helped a friend of mine in here that was going to do something to himself. I went into him and started talking about the course and I explain what the lady went through, that she was leaving her husband and her kids so she was a bit selfish. So I said it to him and lucky enough he didn’t do anything. He was going to do away with himself, like prison gets to you. Yeah he told me that he had no other way out he basically said that he wanted to kill himself. So I was saying to him about the course because I was only finished that course like three days after it. I explain to him about the woman and what happened to her, she went into a mad home and she’s grand now.” (33 M 37)*

### **Participants Perceptions of Mental Distress and Suicide following Attendance at the Wellness Workshop**

There was some evidence in the transcripts that might suggest that the participants’ attitudes towards mental distress and suicide improved following attendance at the Wellness Workshop. The most prominent attitudinal change cited was the belief that mental distress could affect anyone regardless of their background, situation and walk of life. This is exemplified in the following two quotations:

*“I never thought about it before but I use to think like I’m not putting myself in a box here with prisoners suffering from emotion but the staff here suffer with it, the doctors suffer with it, people in the high professions suffer with it and probably the lower class. When I did think about it I thought that it would just be people like me that came from what people call a dysfunctional background that suffers the most, but everybody suffers from it. That’s what I learnt.” (27 M 31)*

*“If it can happen to that woman, it can happen to us all. We weren’t really aware of mental health, it was only when this woman was saying it to us and you see her telling you all this. It really hits home, well it hit home for me anyway.” (34 M 45)*

Some references were also made to the participants' attitudes towards suicide, particularly how they had an improved understanding of why someone might want to consider suicide as an option. In particular how difficult it is to talk about suicide and also how talking about suicidal feelings and feelings generally are key to preventing people dying by suicide. In addition, a couple of the participants mentioned that prior to attending the workshop they believed that suicide was a selfish act. While this perception has not changed for one of the participants, the other felt that following the workshop, he had a better understanding of the concept and that he would be in a better position to talk to people who were in distress and considering suicide:

*"Yeah it did in a small way. Like I said I done a lot of that stuff previously on my own terms. It sort of made me look at suicide, and my training as a listener as well. The majority of people don't want to commit suicide, we just want to stop the pain that we're in at the moment. Mainly what I took from it was stopping and thinking in your given situation at that moment." (25 M 47)*

*"Before I used to say that they'd be selfish and not thinking about it but then people don't think about other people, they just think about ending their lives. It's hard to talk about but now I can talk about it. I've never tried to harm myself but people that have tried, it's very hard for them to come in to someone. But I'd just sit there and talk to them saying that it's not worth it and all of that." (33 M 37)*

### **Suggestions for Improvement of the Wellness Workshop within the Prison Environment**

There were three main difficulties associated with the Wellness Workshops that were undertaken in the prison setting:

1. the length of the workshop
2. the location of the workshop
3. other participants on the workshop

In terms of the length of the workshop, similar to the responses from the general public, the participants felt that there was a lot of information condensed into the day. In the following quotation, the participant felt that the facilitators were trying to cover too much in the day and that the content was a little rushed towards the end:

*“It all made sense, was easy to understand. The messages that they were putting across to us were clear. We understood exactly what they were talking about. But there was one issue, I don’t know whether or not it was an issue but I’ve done it twice now and the last one that we did we got caught for time. So at the end it was a bit rushed to get all of the information in and I think that kind of took from it a bit. Just wasn’t enough time.” (26 M 33)*

While this next participant felt that even though there was enough detail on the particular day he attended, he felt that there was more that they could be learning and he suggested that a course lasting a week or perhaps two weeks might be more beneficial:

*“No it did. It went into enough detail but I know there’s probably a bit more there that we could be learning. I say they have more things to be telling us. I like to be doing a course for like a week or two you know instead of just the one day kind of course.” (30 M 23)*

With regard to the location of the Wellness Workshop, a number of participants presented some particular problems that warrant discussion. There were complaints from several participants that noise from other prisoners who were moving back and forth past the room where the workshop was being held was disruptive. This was particularly distracting for some participants and was worse at certain times as other prisoners were being called for lunch etc. The workshop that was held in the library was seen as an inappropriate venue given its close proximity to the kitchen and dining room and the lack of privacy that it affords. While it is difficult to get a sense of the location of the library the following two quotations might help illuminate the participants’ difficulties with it:

*“It’s on a thing where we call a drag and that’s where everybody has to walk by the door back and forth, back and forth. Yeah it’s a bit noisy. The kitchen is out on the other side so they’ll be out there with noise so I think it should be in a more isolated place.” (27 M 31)*

*“The only thing I found was that the location, they done it in the library and there was a window on the door. So when you’re in there at ten to twelve it’s called for dinner so every landing is going by the window and they’re all looking in. The noise and the shouting and they’re all looking in and banging on the door and saying hello and that. There’s no privacy. I was only saying to that the next time you should do it in the school. It’s at the side of the prison and no one walks by, you’re up there and that’s the end of it like.” (34 M 45)*

Finally, to a lesser extent there were some participants who felt that there were people in the workshop who were not taking it seriously and perhaps had only attended because they wanted to pass the time and were distracting to the people who were trying to be attentive:

*“Like there was one or two having a laugh or making a joke, there’s people like that and I don’t really like when they’re in the group because they don’t really listen to what’s going on in there like. When I was doing it there was the guy to my left sitting beside me and giggling and passing jokes and all. I really wasn’t getting stuck into it as much. I was trying my best to listen to everything that they were saying like but these are sitting beside me laughing and joking about it and not really interested in it. Yeah distracted and all and they weren’t really getting into it as much. They were doing it I think for the sake of doing it.” (30 M 23)*

*“There was an awful lot and there was some messing. There was a lot of messing and that’s why you couldn’t really get into it.” (33 M 37)*

Notwithstanding the suggestions that emerge from the criticisms that precede this section, the participants who completed the Wellness Workshop in prison had a number of additional suggestions for improving the workshop. As with the findings from the general population, the participants thought that the Wellness Workshop should be delivered to as wide an audience as possible. In the next quotation, the participant suggests that the workshop should be rolled out in all of the prisons in Ireland and is particularly important for younger people:

*“I think we could have more of it. I think as well by all means get it done in all the prisons but to start with the youngest of the population. Like start with the young lads in St. Pats.” (25 M 47)*

In line with the comments about the location of the workshop, there were participants who suggested that the workshop be delivered in a quieter part of the prison where there is less chance of disturbance and distractions.

*“But it has to be in a more isolated part of the jail where no one can see because it’s not just prisoners’ even officers just walking in and out. I don’t know if people got uncomfortable by that but I did.” (27 M 31)*

In terms of specific content, there were suggestions that there should be specific strategies or workshops for prisoners who were serving life sentences. In addition, there was a suggestion that strategies such as communication skills to manage specific situations that arise in prison should be included as part of the day.

*“There were a couple of long term prisoners, now I’m not a long term prisoner myself but there were a couple of them there and I felt that most of the stuff wasn’t useful for them. That there should have been some stuff for the people dealing with life sentences.” (28 M 27)*

*“Just how to react to different situations in prison and how to deal with stuff in prison when things are getting stressful. How to deal without actually going off*

*on anybody. How to step away from somebody in prison without looking like the weaker person. Do you get where I'm coming from? Yeah or even maybe communication skills maybe for them.” (28 M 27)*

Finally, one of the participants suggested that an extra facilitator was needed to assist in the question and answer session at the end of the Wellness Workshop:

*“There was three people holding it and I think one more person should have been there because there were a lot of people asking questions and when the people were asking questions the other fellas were trying to ask questions as well but I don't think they had time. So I think there should be one more person there just to answer questions so everybody gets a looks in, you know what I mean?” (31 M 21)*

## Summary

This section presented the findings from the qualitative data of the interviews conducted with 10 participants who attended the Wellness Workshop while part of the prisoner population.

The main findings were:

- Many participants spoke about prison life as being stressful, and how stress was a major problem in prison. Participants spent long periods of time alone and had, what they described as ‘a lot of time on their hands’ and were anxious to fill this time in a productive way.
- Participants described a reluctance to talk to other prisoners about anything that might project an open display of perceived weakness which participants believed would negatively impact on their ability to blend in with the prison population.
- There was recognition that suicide was a problem for people in prison, especially for men. Despite improvements being made, there was a suggestion that suicidal feelings and thoughts were prevalent throughout the male prison population.

- A number of participants had done the course more than once. This suggests that they either enjoyed and valued the course or alternatively that they used it as an avenue to escape the routine and monotonous nature of prison life.
- As with the general population, the participants in prison had no real fixed expectations about the workshop and attended the workshop with an open mind.
- The overall experience of participants was overwhelmingly positive. There was tremendous respect for the facilitators who were perceived as brave for coming into the prison environment, opening up about their experiences and sharing their stories.
- As with the findings from the general public, this approach to learning about mental health was highly regarded and valued by the participants.
- Following attendance at the Wellness Workshop, many of the participants spoke about how the strategies they learned helped them to manage the stress associated with prison. In addition there were also instances where the participants described helping others to manage their mental health and wellbeing either within the prison population or within their family and friends.
- In terms of the specific strategies that the participants used, the most beneficial described were the breathing techniques that were used to control their stress and to manage their anger, the mindfulness minute, the wheel of life and positive thinking.
- There was some evidence to suggest that participants' attitudes towards mental distress and suicide improved following attendance at the Wellness Workshops. The most prominent attitudinal change cited was the belief that mental distress could affect anyone regardless of their background, situation and walk of life.
- There were also some references to the participants' attitudes towards suicide, particularly how they had an improved understanding of why someone might want to consider suicide as an option.
- Some participants identified how the Wellness Workshop provided them with the language to help someone going through a suicidal crisis.

- In terms of criticisms of the Wellness Workshop completed in prison, 3 areas were discussed the length of the workshop, and the location of the workshop and other participants on the workshop.
- There were a number of suggestions for improving the workshop. These included rolling out the workshop in all prisons in particular those with young offenders, changing the location of the workshop to a quieter area of the prison and including specific content for long term prisoners.



## Chapter 7. The Wellness Workbook

### Introduction

As identified in Chapter 1, one of the biggest changes introduced to the Wellness Workshop since the last evaluation was the introduction of the Wellness Workbook. The wellness workbook was developed as an aid to help workshop participants build upon the skills and insights they were introduced to on the Wellness Workshop. This chapter presents all findings relating to the use of the Wellness Workbook from both the survey and interviews in both the general population and the prisoner group.

### The Wellness Workbook - General Population Survey Results

Participants were asked to rate the impact of the Wellness Workbook and its usefulness in providing and supporting the implementation of mental wellbeing.

### Utilisation of the Wellness Workbook

Of a total of sixty four participants who responded when asked whether they had used the Wellness Workbook, just over 67% indicated that they had.

**Table 34. Utilisation of Wellness Workbook**

Used workbook (n=64)	n	%
Yes	43	67.2
No	21	32.8

Those who indicated that they did not use the workbook were asked to identify why this was the case. There were varied responses but the majority (n=17) indicated that they were too busy to use it. There may be a methodological issue at play here. As identified in Chapter 2, the questions evaluating the Wellness Workbook were originally located in Survey 3 as it was thought that participants would need some time between completing the Workshop and getting around to using the Workbook. However, due to the initial low numbers coming back from Survey 3, a decision was made to move the evaluation of the Workbook to Survey 2 to maximise responses meaning that participants had just one week

to use the Workbook. This seems to have impacted on some participants' ability to use the Workbook (e.g. "Not yet, haven't had time but plan on using it").

However completing the evaluation has acted as a prompt for some to use it as evidenced in the following statements:

*"...I just haven't gotten around to it yet. This is the push I needed – will use it now."*  
(WBRA, F, 59)

*"It is an 'out of sight, out of mind' thing. This form has motivated me to take it out of my desk drawer though."* (DUB, M, 28)

A number of participants indicated that they did not feel the need to utilise the workbook as they were feeling well and in a positive state of mind however they alluded to the fact that they knew it was there to help them if feeling distressed:

*"I feel I will turn to it when I need to get back on track and at the moment I don't feel that I need that support because I'm coping well."* (WBRA, F, 45)

*"I know it is there if I feel very down."* (CICA, F, 32)

These responses about non-use of the workbook are quite positive as it appears that the primary reasons for not using the workbook are associated with lack of time and feeling good rather than not liking the actual workbook.

### **Workbook as a Self-Help Tool**

Those who did use the Wellness Workbook were asked if it provided strategies to help manage their mental health and encouragingly over 95% of participants identified that it did. Participants identified specific strategies they found useful in this regard and findings indicate that the workbook was an effective resource in offering hints, tips and practical reminders of how to approach good mental health and wellness. In particular, three specific

strategies were repeated by a number of participants and these were the Mindfulness Minute, the Wheel of Life and the Wolf of Hope:

*“How to cope with challenging situations and how to avoid lapsing back into negative ways of thinking.” (DUB, M, 40)*

*“I am now aware that thoughts affect my mood and actions so I try to think positive. The wolf of hope is now my strategy too.” (CRK, F, 59)*

*“Mindfulness moment. Having the technique to step back mentally from negative thoughts and away from the past or future events/worries helps.” (WAT, M, 45)*

*“How to look after yourself and look at life wheel and become aware of areas in your life that need attention.”*

*(AK, F, 26)*

### **The Wellness Workbook as a Support for the Implementation of Mental Health Strategies**

Just over 94% of respondents found the workbook to be a useful tool for the implementation of the strategies adopted. The workbook and associated action plans and exercises, including the mindfulness minute exercise, the Wheel of Life and the Wolf of Hope/Despair visualisation exercise, appeared to have sensitised participants to issues or negative routines that they had been previously unaware of during potentially difficult periods of time. Participants indicated that the workbook helped them to ‘check’ and ‘identify’ situations that trigger negative emotions and the thought process behind these emotions. It also ‘taught’, ‘reminded’ and ‘helped’ them to ‘practice’ positive mental health and wellness activities and exercises:

*“I constantly remind myself of the wolf of hope. I read through the book and it helps me keep control of my strategies, to keep my mind calm.” (NICA, F, 55)*

*“I found it worked for me because I would now know what to say and do in different situations.” (CRK, M, 46)*

*“I can check at times if there is a balance in my life by using the workbook and I can then clearly see where I need to make changes if possible.” (NICA, F, 32)*

*The circle of life helps me in reflecting on my life and helps me to prioritise my responsibilities and hobbies” (AK, F, 39)*

It is clear from these findings that in addition to providing participants with strategies that work to improve mental health, the Wellness Workbook crucially also helps participants to implement these strategies in real and meaningful ways that make a tangible difference to the lives of those concerned.

### **Recommended Changes to the Wellness Workbook**

Around 88% of those who utilised the workbook felt that it did not require any modification and this is evidenced by some of the following statements:

*“Don't try to fix something that works.” (DUB, M, 56)*

*“I find it very well put together and don't feel there's a need to improve it.” (CICA, F, 45)*

*“It covers everything needed to help with mental health.” (LICA, M, 67)*

*“It's just perfect.” (NICA, F, 38)*

There were a small minority who provided feedback on minor modifications which could be made to the workbook. These include the addition of pocket-sized, detachable versions of the main exercises incorporated into the workbook for ease of use on a day-to-day or weekly basis, clear and completed examples of how to best fill in the exercises, and contact details of organisations running mindfulness courses.

*“A pocket size version of the main charts?” (MEA, M, 36)*

*“I'd have separate, detachable papers for wheel of life and set and action plans - as these could span short and long terms. Detachable - you can carry them with you and monitor weekly.” (WBRA, M, 58)*

*“A few more examples how to do some of the exercises.” (DUB, F, 43)*

*"Maybe a few more suggestions re: exercise. I know everyone is unique, but sometimes it's difficult to start the list, but with a few more examples will make it easier." (DBC, F, 55)*

*"Addresses and websites for mindfulness courses. More emphasis on spiritual/religion." (GGEL, M, 52)*

Overall the workbook was rated highly and was perceived to be a 'useful', 'helpful', 'clear' and 'informative' self-help text. One participant commented that it was "*pitched for the ordinary person and not too academically written*"; whilst another felt that it was "*very well put together and easy to understand*". Others indicated that the workbook was 'invaluable' as it also provided a list of contact details to useful mental health organisations and support groups.

*"I feel it is very informative in simple easily read dialogue, with practical assessment and self-help tools. I feel the book is appropriate for teenagers to any age group." (GGEL, Female, 48)*

*"I think it is a really well laid out and practical guide to achieving and maintaining wellness." (DIPT, Female, 44)*

*"It is a well written, constructed book that gives hope." (CRK, Male, 63)*

These are only an example of some of the many positive comments about the Wellness Workbook. The survey evaluation of the workbook found that for those participants who used it, it was an extremely useful tool to identify strategies to manage mental health and crucially to help implement those strategies in a meaningful way. However, it also seems to be the case that some participants 'forget' about the workbook once they have completed the workshop and resumed their busy lives suggesting perhaps the need for some kind of a reminder to take the book out and use it. The next section details the feedback on the Wellness Workbook offered by those participants who were interviewed.

### The Wellness Workbook – General Population Qualitative results

While all of the participants interviewed remembered getting the Wellness Workbook during the workshop, many of them suggested that they had not yet used it. Overall the workbook was perceived positively as a resource by participants and similar to the survey participants, the main reason cited for not using it was a lack of time. Those participants who had not used the workbook expressed good intentions and suggested that they intended to use the workbook in the future. With regards to the structure and content of the workbook, participants generally reported positive perceptions of it and thought that it was an appropriate resource as an adjunct to the Wellness Workshop. One participant suggested that everything in the workshop was covered in the workbook and it was useful as a reminder of the strategies and approaches that were used, however there was no suggestion that it could actually replace the workshop:

*“I have [used the workbook] and it’s very much as it was on the day. You can remember how it was on the day. So you can remember Caroline’s story and the Wheel of Life. And questions to help your thinking. So if someone says this, what do you think and it gives you three different scenarios. There’s the theory and the stories and then the worksheets. Whether it’s about your thinking or how you’re feeling. It’s worthwhile even for that. To train yourself to think healthier.” (09 F 35)*

*“At the time I read it. Not all of it, just kind of glimpsed through it. I have it in work actually and every now and again I glimpse through it. For nothing specific really just to glimpse through it... It’s definitely useful, but it’s not something that I feel I definitely need to have. Definitely useful and a lot of the stuff that they went through is in the workbook. But when I read the workbook, it doesn’t jump up at me. Not like when they were presenting it and talking about it.” (17F34)*

For the participants who did use the Wellness Workbook, their responses to it were overall very positive and they described it as excellent, relevant and well compiled. The

participants spoke about the workbook in terms of it being a reference source to which they could refer back to when necessary. Generally it was used in an elective way and participants 'dipped' in and out of it rather than approaching it in a more systematic way. Reading and rereading the sections of the workbook that were relevant to the participants at any given time reminded them of the workshop and the strategies that were used during it as well as reinforcing them. In addition, it was also seen as helpful in terms of remembering and understanding some of the concepts that may have been missed during the workshop. These points are eloquently surmised in the following quotations:

*"Well for me, I just open it up on the bits when I'm feeling down as I say. Like when I talked about the wolf of hope and despair. And I read through Caroline's story again and realize, you know things like that to look after yourself. Think your way to wellness." (2 F 56)*

*"Well it reinforced all the information that we got on the day. I don't know what the statistics are but I know that research has shown that when you do a course you only take in a certain amount of information. So to have something there that literally goes through everything that you done in the course, to go back over things and to remember things from the course. I thought that was excellent." (21 F 39)*

The only negative about the Wellness Workbook that was stated by one participant suggested that the workbook felt a little like homework to them although she did admit that it was well compiled:

*"I looked through it. Well I didn't do it. I'm not sure. For me it felt like homework. No I think it's well put together." (3 F 52)*

There were a few suggestions for improving the wellness workbook and perhaps increasing its uptake and use following the workshop. One participant suggested that perhaps if the facilitators referred to the workbook during the workshop and created a link between it and the concepts they were presenting, this might increase the use of the workbook following

the workshop. One participant remembered the facilitators making reference to the workbook twice during the workshop but still felt that this was not sufficient:

*“I suppose the only thing, and that’s why I don’t use much from it, is that it wasn’t used directly in the workshop. Even though I know that that’s where it was obviously related but the workbook was just given to us afterwards...Only thing now is that I don’t relate the workbook to some of the stuff that I picked up at the workshop. Maybe some of that could be done differently, there could be more link from the workbook to the workshop.” (17F34)*

*“Thinking about it I think they made references to it twice but not that much ... Yeah make more references to it yeah.” (16F53)*

Another participant suggested that she didn’t want to write into the Wellness Workbook due to the personal nature of the information that needed to be included. Although she hadn’t used the workbook as of yet she felt that she would photocopy the pages and then complete them. This would also mean that she would be able to do the same exercises over and over again to respond to different problems or different times in her life:

*“I didn’t actually because I felt that I need to photocopy them, that it would be something in my opinion that’s personal, it would be something that I wouldn’t want a book for it. I was going to photocopy them but this week I’ve been busy this week. But as I say I must do it because there are things that go on in your life and I should remember to do the mindfulness minutes and that would be good.” (19 F 65)*

As with the survey findings, the findings from the interviews suggest that for those who actually used the workbook it was a very useful tool to remind people of strategies to manage their mental health. However, interview participants also identified ways in which engagement with the workbook could be improved including the use of it directly within the workshop and this is discussed further in Chapter 8.



### **The Wellness Workbook – Prisoner Population Survey Results**

Of the prisoner respondents, only nine of a possible twenty stated that they had used the workbook post Wellness Workshop. A number of issues arose in terms of the workbook in the prison setting, including workbooks being misplaced due to prison cell relocation, as well as poor literacy levels with a number of respondents.

Of the prisoner participants who provided feedback in relation to whether they used the workbook or not:

- 3 participants identified having literacy issues which resulted in them not being able to utilise the workbook.
- 2 indicated that they lost their workbook when moving prison cells.

This suggests that there may be specific issues relating to the use of the Wellness Workbook in prisons.

### **The Wellness Workbook as a Self-Help Tool**

Of the prisoners who utilised the workbook, 76.9% agreed strongly with the statement that the workbook successfully provided them with useful strategies to manage their mental health. Invited to leave survey feedback on its usefulness, participants reported that the workbook offered ‘guidance’, ‘information’ and ‘exercises’ on how to improve mental health. One participant highlighted how *“some exercises help me [to] be calm”*. Another simply stated that it helped them to *“think more about my problems and relate more to other people’s problems”* (DWP2, M, 33). One participant stated that the workbook helped them to:

*“Stop and think in all situations. Meditation. Control my thoughts.”* (DWP1, M, 25)

### **The Wellness Workbook as a Support for the Implementation of Mental Health Strategies**

Participants were divided in equal measures (50/50) when rating whether the workbook aided the implementation of mental health strategies. For those who positively rated it, the ‘wolf of hope’ imagery was the most frequently mentioned exercise. Many felt that this specific exercise was an extremely beneficial reminder of how to change and redirect

negative thoughts. One participant wrote of how they “keep feeding the wolf of hope”; whilst another commented that their strategy was “to not feed the wolf of despair and stay positive”.

### **Recommended Changes to The Wellness Workbook**

Just over 84% of those who used the workbook felt that the workbook did not require any modifications. Despite literacy issues preventing some prisoner participants from being able to use the Wellness Workbook, for those who could it was felt that the workbook built on the skills and strategies they had learned via the workshop. Survey comments include:

*“I wouldn’t change it because it’s a very simple clear way to change your way of thinking and easy to apply.” (DWP1, M, 26)*

*“I feel it’s very well put together and easy to understand.” (DWP2, M, 45)*

*“It’s easy to follow and the more you read it the more sense it makes.” (DWP1, M, 25)*

### **The Wellness Workbook – Prisoner Population Qualitative results.**

All of the participants remembered getting the Wellness Workbook during the workshop, however generally speaking most did not use it on completion of the workshop. Nonetheless, they all reported mainly positive perceptions of it. The participants described ‘flicking through’ the workbook and those who did not use it, recounted that they intended to use the workbook but hadn’t gotten around to it yet. The limited use of the workbook was not attributed to any fault with the workbook itself but to other factors such as ‘laziness’ or as in the quotation below, a period when there was a lot of movement for the participant within the prison:

*“Yeah I got a workbook. If I’m honest I didn’t really look through it at all.....when I was doing that course I was on a lot of movement because I’m on a drug free wing so I am. And there’s a landing up here called 10F and you have*

*to move to west wing and then you have to go to east wing so I was doing a lot of movement and I never really got around to looking at the book. But I will eventually get around to having a look at it.” (31M21)*

For those who did use the workbook, they used in a more eclectic fashion dipping in and out of the workbook and focusing on different parts as in the quotation below.

*“Yeah I read over it a few time. Different parts of it I haven’t read it from start to finish but I’d flick through different parts to focus on. No I never filled in any parts of it I just read over small bits. To be honest I didn’t read it enough I don’t think.” (26M33)*

In addition, those who did use the workbook did suggest that they found it useful and helped them during periods of stress as identified in the next two quotations:

*“Yeah I thought back from the course like. I still have the book there and I go through the book now and again. Yeah when I’m stressed I’ll be able to read through it. Yeah I flick through it every so often when I’m stressed out, I’ll just pick it up and go through it like. No I think it’s grand the way it is so far. You have everything done in it good like.” (30M23)*

*“Yeah I have it down there in the cell and every now and again I do have a read of it. Yeah it’s very useful yeah.” (32M19)*

Although there was general satisfaction with the workbook (albeit coupled with underuse), one participant felt that the workbook was perhaps text heavy and that this might be a problem for members of the prisoner population:

*“I think pictorials stick a lot quicker in people’s minds than reading them three pages of something.....There was a lot of literature and a lot writing and that in it. I think for the prison population the majority of them would quicker pick up the contents of a picture and it would stick with them rather than reading three*

*pages. They'd read about two paragraphs of it and throw it to the side."*  
(25M47)

It is evident therefore that as with the survey results, some prisoners who were interviewed believed that literacy may have an impact on some prisoners' ability to utilise the workbook. However, as with the general population, for those prisoners who did use the workbook it appeared to be a useful strategy in helping them manage and maintain their mental health.

### Summary

- Of the general population participants, 67% of them utilised the Wellness Workbook.
- Those who did not utilise the workbook identified lack of time as the major contributing factor but reported a willingness to use it in the future.
- The vast majority of participants (95%) reported that the Workbook provided them with strategies to manage their mental health.
- Crucially most also reported that the Workbook helped them to implement these strategies in a meaningful way.
- Commonly reported strategies used from the Workbook included the mindfulness minute, the Wheel of Life and the Wolf of Hope.
- Most participants (88%) did not think the Workbook could be improved upon and provided overwhelmingly positive examples of beneficial aspects of the Workbook.
- Participants in the interviews suggested some ways that engagement with the workbook could be increased including working more with the workbook during the actual workshop.
- A small amount of data was gathered in relation to the use of the Workbook by the prisoner population.
- The workbook was utilised by less than half of the prisoner participants.
- Literacy issues and practical issues such as moving cells seemed to impact on the use of the Workbook.

- For those who did use the Workbook the findings were very similar to the general population and suggested a high level of satisfaction with the Workbook and the strategies it identifies.

## Chapter 8. Discussion

### Introduction

This study sought to evaluate the effectiveness of the Wellness Workshop and to determine if the workshop had an impact on participants' mental health and attitudes towards mental health. This report also focused on evaluating the roll-out of the Wellness Workshop into the prison setting in addition to evaluating the Wellness Workbook as an accompanying tool to the workshop. The findings are based on participants' responses obtained through longitudinal surveys and telephone interviews. Overall, it is clear that the Wellness Workshop has been very positively evaluated by participants who were overwhelmingly positive in their views of the workshop and indeed the workbook. Both satisfaction with the workshop and perceived usefulness of the workshop were extremely high. This follows a similar trend to that of the previous evaluation (Doyle et al 2012). The extension of the Wellness Workshop to the prison setting also appears to have been a success with prisoner participants also identifying high satisfaction levels with the workshop and demonstrating how they have used wellness strategies to help them while incarcerated. While participants in this evaluation reported that the Wellness Workshop had a positive impact on their well-being, objective measures were less conclusive and reasons for this are discussed briefly below. This chapter presents a discussion of some of the main findings of this evaluation, and identifies limitations and further recommendations.

### The Impact of the Wellness Workshop on Mental Health and Attitudes Towards Mental Health.

It is clear from the survey data presented that the vast majority of participants believed that the Wellness Workshop improved their wellbeing. This remained more or less the same over time suggesting that the perceived improvement in wellbeing persisted which is a very positive finding. This finding is strongly corroborated by the qualitative data in which participants described the beneficial impact the Wellness Workshop had on their mental health and wellbeing. Participants identified being calmer and more in control of their thoughts and emotions following the workshop. One poignant contribution suggested that the Wellness Workshop *"left me feeling less afraid of facing difficult times in the future"*.

When it came to looking at how attendance at the Wellness Workshop impacted on objective measures of wellbeing (e.g. hope and mental health self-efficacy), the findings were less conclusive. With regard to hope, survey findings suggested that hope dropped a little one week following the workshop but then recovered after 3 months. This is an interesting finding and is a little hard to explain as it seems to directly contradict the interview findings and findings from the vast number of qualitative comments received on the survey. However, it should be noted that the effect size here was small and therefore caution should be exerted in the interpretation of these findings. Qualitative findings suggest that hope was very much improved following the workshop. In particular, participants spoke about how the workshop gave them hope that they had the ability to manage their mental health and wellbeing and that recovery was possible. This is discussed further below.

Mental health self-efficacy refers to the extent to which a person believes that they have the ability to manage their own mental health. The results relating to self-efficacy suggest that the Wellness Workshop may have improved participants' mental health self-efficacy slightly and that this improvement was maintained over time. While again caution needs to be applied here as the effect size was small, the general trend is positive. The qualitative findings strongly support the finding that the Wellness Workshop improves self-efficacy. Participants spoke about how the workshop provided them with the tools to manage their mental health and wellbeing both in times of crisis and in times of calm. A further discussion of the specific strategies participants found useful is provided below.

There are a number of possible reasons as to why the some of the survey findings on the repeated measures were not strongly significant. It may be the case that the population under study was too diverse. As identified, there was a distinct mix of participants with approximately half having no experience of mental health problems while the other half had personal experience of mental health problems. Other studies which have shown statistically significant increases in mental wellbeing following mental health education programmes were focused on distinct populations e.g. those with sub-threshold mental health difficulties (Millar and Donnelly 2014) and those with established mental health problems (Cook et al, 2011). It may also be the case that the low numbers who completed

the survey at all 3 time points, and could be matched, had an impact on the ability to identifying statistically significant findings. Notwithstanding the less than conclusive quantitative findings, qualitative findings suggested that participants did experience an increase in hope, and ability to manage their mental health following attendance at the Wellness Workshop.

When it comes to the measure exploring attitudes towards mental health problems the findings are very interesting. For all but one of the 8 attitudinal statements, there was no significant difference in the attitudes and views about mental health from those held prior to the workshop to those recorded one week and three months after the workshop. The one attitude that did appear to change positively was the belief that 'the majority of people with mental health problems recover'. There was a statistically significant increase in the number of people who believed this one week after the workshop but interestingly this increase fell back three months after the workshop. This point is further discussed later in this chapter.

What is interesting about the scores on the attitude scale for this group, which may impact on the generally non-significant findings in this section, is that they seem to be significantly different to those of other Irish studies which have used some or all of the same attitudinal measures. At baseline, the cohort of people who undertook the Wellness Workshop had more positive attitudes and beliefs towards mental health problems than those in other Irish studies. In 2007, a nationally representative sample of 1,000 adults in Ireland was surveyed on attitudes to mental health (Health Service Executive 2007). The results from this survey show a number of key differences on the attitudinal measures from those participants on the Wellness Workshop. While 85% of the HSE sample believed that anyone could have mental health problems, this number was higher for the workshop participants at 98.5%. Similarly, a higher percentage of the workshop participants (97.8%) believed that people with mental health problems should have the same rights as anyone else compared to the national sample (81%).

When it comes to the possibility of recovery, again the workshop participants had more positive findings with almost 69% believing that most people could recover from mental



health problems compared to 48% of the national sample. There is another striking difference between the findings from the national survey and the Wellness Workshop evaluation and this is that 11% of participants in the 2007 survey reported having self-experience of mental health problems compared with almost 50% of the Wellness Workshop participants. It appears therefore that having self-experience of mental health problems may impact some attitudes towards mental health in a positive way. However, it also appears that self-experience of mental health may have a negative impact on some beliefs as fewer people on the Wellness Workshop believed that people were caring and sympathetic towards those with a mental health problem suggesting that personal experiences of discrimination and stigma may have been at play. This would be in accord with recent Irish research which demonstrated that many people with mental health problems experience difficulties in relation to lack of supportiveness and negative attitudes of others (Watson and Maitre 2014).

Since 2007, there has been a proliferation of national campaigns aimed at increasing awareness and knowledge about mental health issues. For that reason, See Change undertook a survey of attitudes towards mental health in 2010 and 2012 to determine if there had been a favourable change in the attitudes of the Irish general public towards mental health (See Change, 2010, 2012). Although only some of the attitudinal measures used in the HSE (2007) study and the Wellness Workshop evaluation were used, those that were showed that while there was an increase in the positive attitudes of people towards mental health problems from the 2007 survey, those participants on the Wellness Workshop *still* had more favourable attitudes than those in the national samples from the 2010 and 2012 surveys. It may therefore be the case that the reasons that the Wellness Workshop did not appear to objectively impact on most attitudes towards mental health is that for this particular group of participants they already had very favourable attitudes towards mental health. This may also be in part an issue of educational level. As identified in Chapter 3, approximately 56% of participants in this evaluation were educated to third level in comparison to approximately 26% of the general population in Ireland (CSO, 2012). It has been reported in the literature that those with a higher level of education may be more likely to have more favourable attitudes towards mental health (Schomerus et al, 2012) which might help to explain the more positive attitudes of participants in this survey.

## Strategies to Manage Mental Health

Wellness strategies are important to help keep a positive balance on the Wellness Continuum (Figure 10). Focus on the wellness continuum forms a central part of the Wellness Workshop as it is recognised that by watching where we are on the wellness continuum and putting in place strategies to increase wellness we can help to keep ourselves towards the 'well' end of this continuum. The Wellness Workshop featured a number of different strategies that when utilised can help increase mental health self-efficacy and self-management of wellbeing.

Figure 10. The Wellness Continuum



It was clearly reported both in the survey and interview findings that the Wellness Workshop and the Wellness Workbook provided participants with strategies to manage their own mental health. Frequently, participants made reference to a number of strategies that they could use when times were tough. However, what is also very encouraging is the accounts of those who identified using these strategies in everyday life to manage wellness and prevent stress. This demonstrates that the strategies taught in the Wellness Workshop have utility across the Wellness Continuum.

By far, the most highly evaluated strategy from the Wellness Workshop focused on meditation and the mindfulness minute. Participants identified that following the workshop, they incorporated mindfulness into their everyday lives. There was the strong belief that the 5 one-minute mindfulness exercises were 'very doable' and easily incorporated into busy lives. The focus on mindfulness helped participants to become 'grounded', to 'take some me time' and to have a 'more organised mind'. These findings are encouraging as mindfulness is

known to reduce perceived stress and symptoms of anxiety and depression (Cavanagh et al 2013) in addition to reducing ruminating and habitual worrying (Verplanken and Fisher 2013).

Another strategy frequently reported as helpful was 'The Wheel of Life'. The 'Wheel of Life' is a simple tool which encourages users to score each of nine areas of their life out of 100. Areas scored include work, health, family and finance. Taking the time to reflect and score each area helps participants to identify those areas of life that require development to maintain a sense of wellbeing. Having completed 'The Wheel of Life', participants are then encouraged to select one area at a time to set short, medium and long-term goals. Goal setting was highly rated by participants on the Wellness Workshop. They described how setting goals using 'The Wheel of Life' helped them to '*prioritise responsibilities*', '*take control*' and '*focus on all areas of life for balance*'. Encouragingly some participants identified how since the workshop, certain areas of their lives had improved following the utilisation of 'The Wheel of Life': "*On the wheel my finances were woeful but great news as I have sorted it now which is a wonderful achievement as I was so bothered by it.*" (NICA, F, 56).

Goal setting is a commonly used tool in mental health and emphasising the person's own goals and strengths is needed to improve well-being (Slade 2010). Goal-setting forms a central part of mental health self-management as setting clear and specific goals can be highly motivational and can help to mobilise individual resources (Egan 2014). In addition, goals provide incentives for people to search for strategies to accomplish them (Egan 2014), and it is clear from this evaluation that the Wellness Workshop was very effective in providing participants with these strategies.

In addition to providing strategies which helped participants to manage their own mental health and well-being, the Wellness Workshop also enabled participants to help friends, family members and clients to maintain wellness. It is reported in Chapter 3 that a significant proportion of participants identified that they participated in the Wellness Workshop to help a family member (n=171), friend (n=156) or client (n=184) with a mental health problem and findings from this evaluation suggest that attendance at the workshop

was beneficial in that regard. It is identified in the literature that families are a primary care-giving resource for adults with mental health problems yet they often lack the knowledge and skills needed to assist their family member (Jones, 2010). A number of psycho-education programmes have been developed in an effort to help family members manage their own wellness when caring for/living with someone with a mental health problem in addition to helping them help their relative. Some of these programmes have been shown to be beneficial in this endeavour. Stephens et al (2011) reports how participation in the 'Well Ways' education programme for family and friends of someone with a mental health problem was associated with reductions in worrying, distress and tension. Similarly, Pickett-Schenk et al (2008) report that participation in the 'Journey of Hope' programme provided family members with the knowledge and skills they needed to better cope and respond to their family member with a mental health problem.

Participants in the Wellness Workshop reported having higher levels of knowledge following the workshop and gave direct examples of how they incorporated what they learned into their interactions with family members, friends and clients. A counsellor reported how she *'incorporated many of the practical ideas into my work'*, a mother identified how she *'sat with my daughter and did The Wheel of Life to try to break down areas in her life that were good and bad'*, while an outreach worker commented that *'it gave me lots to bring back to my job'*. These findings suggest that the Wellness Workshop has good utility across a diverse population and that the central messages from the workshop extend far beyond the participants who actually undertake it. Significantly however the Wellness Workshop appeared to help those who were looking after those with mental health difficulties to manage their own mental health with one participant identifying how she was so caught up in caring for her daughter who was living with depression that she ignored her own mental health. Participating in the Wellness Workshop helped her to realise that *"our own mental health comes first and only if we look after that can we look after others"*.

### **The Wellness Workbook**

It was identified in Chapter 1 that workbooks and other written materials are useful tools for individuals seeking accessible wellness strategies. The cost-effectiveness of workbooks makes them an ideal way to bring about change for a large group of people. Pennebaker

(2013) suggests that the use of workbooks represents one of the biggest breakthroughs in mental health promotion and self-management in decades and identifies a number of key reasons as to why workbooks are effective self-management tools. Some of these reasons are presented below and are incorporated with participants' responses from this evaluation thereby demonstrating the utility and applicability of the Wellness Workbook to real life.

- **Translating experiences into words:** 'once problems and solutions are written out, people have a better understanding of their situations'. Strategies within the Wellness Workbook were useful in helping participants identify areas of their life that required attention. In particular, The Wheel of Life, located within the workbook, was used frequently by participants to help '*reflect on life*' and '*bring back balance*'. This opportunity for considered reflection would be lost without the workbook.
- **Altering thinking patterns:** 'by doing specific actions, people learn to think differently'. Participants identified how the use of the workbook '*helped me challenge my thinking in certain areas*' and one particularly poignant quote reveals that the workbook "*reminded me that the way I think has a huge impact on me and often just by changing the way I think about things can improve my mood significantly*".
- **Emotional relief:** 'writing assignments can help people appreciate their emotional reaction to events'. Indeed, participants reported how using the workbook helped them to '*identify their stress triggers*' and to '*be more positive and constructive*'. One participant identified how as a result of using the workbook they were '*no longer as volatile or explosive as I used to be*'. These findings suggest that the use of the workbook helped participants to step back and assess a situation and their emotional reaction to it.
- **Providing a sense of control or perspective:** 'once emotional upheavals are on paper, they can seem less daunting'. This was reported by a number of participants and is clearly identified in one particular quote from a participant who reported that the Wellness Workbook helped her because "*writing down stuff somehow lessens problems and puts them in perspective*".

- **The freeing of working memory:** ‘writing in workbooks may help people get past many of the problems with which they have been struggling’. For some participants, there certainly seemed to be a cathartic element to the workbook. Writing down problems and potential solutions was seen as very positive as identified in this quote *“I filled up the blue pages. I never did this before in such detail. It was great to get it all out there”*.
- **Serving as a constant reminder to change:** ‘workbooks remind people to stay on task’. It was clear that for some the workbook had an important role to play in *‘keeping control of strategies’* and *‘reminding me what I need to do to stay well’*. Some participants identified that while they were not currently using the workbook, they turned to it when they believed they needed some additional help – *“I turn to it when I need to get back on track”*.

It is evident that the Wellness Workbook helped participants to manage their mental health in very real ways. However, there is some debate in the literature about whether workbooks can/should be used in isolation or in conjunction with other inputs. Participants in this evaluation were very much of the opinion that while the workbook was a very useful *additional* resource to the Wellness Workshop, it should not replace the workshop. There are two further points of note that require consideration here and the first concerns the extent of engagement with and utilisation of the workbook. Of the general population participants, two-thirds reported using the workbook meaning that a significant proportion did not utilise it. In the prisoner population usage was even lower with fewer than 50% reporting that they had used it. Participants commonly identified being too busy as the main reason that the workbook was not utilised and for some the short turn around between receiving the workbook and evaluating it may have been a factor. Others suggested that the act of doing the evaluation was a reminder to them to actually use the workbook. Based on these findings it is recommended that a reminder to use the workbook is sent to participants at a specific time point following the workshop. The second relevant issue here is that of literacy. The effectiveness of self-help workbooks depend on the reading ability of participants. A number of participants within the prison setting identified that their non-use of the workbook was due to literacy issues. Although the Wellness Workbook does consist

of a mix of text and imagery, there is a requirement to consider how it might be more accessible to those who have literacy issues.

### **Promoting Recovery and Decreasing Stigma**

There are a number of findings throughout this evaluation which identify how participants' beliefs about the possibility of recovery from mental health problems were impacted by the Wellness Workshop. Findings from the survey showed that one week after the workshop more participants believed that recovery from a mental health problem was possible than before the workshop. Analysis of the open-ended comments from the survey suggests this change in attitude may have been the result of hearing about 'Caroline's story'. Time and time again, 'Caroline's story' was identified in the survey and the interviews as having a deep impact on participants. Many gave distinct examples of how hearing this story affected them and affected their view of mental health difficulties. It was perceived as promoting wellness and focusing on strengths and recovery. For those with self-experience of mental health difficulties it appeared to give hope that recovery was possible in their own lives which is particularly encouraging as hope is seen as a central component of recovery (Slade et al 2012). Approximately 50% of participants who undertook this evaluation had self-experience of mental health difficulties so in many ways hearing 'Caroline's story' was a form of peer support. It has been identified that one of the strongest benefits gained from peer support is the sense of hope and belief in a better future which comes about through meeting people who are recovering or have recovered having found their way through the difficulties and challenges (Repper and Carter 2011). This is certainly a sentiment that was expressed frequently in this evaluation. For those with no self-experience of mental distress, 'Caroline's story' provided a first-hand account of the experience of mental distress and significantly how people can come through it.

The Wellness Workshop also appeared to have an impact on stigma. Stigma around mental health issues remains a significant problem in Ireland. Watson and Maitre (2014) identified how 40% of people with a mental health problem in their Irish study avoided doing things they otherwise would do because of the attitudes of other people. Similarly, (Mac Gabhann et al 2010) reported how almost every participant (95.4%) in their study reported some level of unfair treatment as a result of their mental health problem. Reducing stigma around

mental health problems is a feature of both national and international mental health promotion policies and has been shown to lead to an increase in help-seeking when distressed. One method to reduce stigma and stereotyping about mental health difficulties is to increase contact with people who have or had a mental health problem. In a positive contact scenario, participants encounter instances of the stigmatised group (those with mental health difficulties) that are inconsistent with their stereotypes of that group (Couture and Penn 2003). The positive impact that the Wellness Workshop appears to have had on stigma is largely attributable to the fact that the workshop leader identified having self-experience of mental health problems. Commenting on 'Caroline's story', participants reported how they '*never in a million years*' believed that a '*very attractive woman*' like Caroline who was '*so with it and together*' could have gone through these traumas. These are very important comments as they signify how misconceptions, myths and stigma around mental health difficulties can be dispelled through hearing other people's stories of recovery. This concept is not a new one in the literature. It has been identified that having increased contact with people who have experience of mental health difficulties can have a real effect on stigma. In a meta-analysis of outcome studies focusing on public stigma of mental illness, Corrigan et al (2010) found that the most effective strategy for reducing stigma about mental health problems among adults was increased contact with those who have experience of mental distress. This increased contact was shown to significantly improve attitudes and behavioural intention towards people with mental health problems. An additional important finding from this review was that face-to-face contact with the person, and not a story relayed by videotape, had the greatest effect although relaying the message by video did also reduce stigma (Corrigan et al 2010).

### **The Wellness Workshop in the Prison Setting**

Almost all of the findings throughout this evaluation and in the discussion above relate to both the general population and prisoners. However, there were some findings that were specific to the prison setting and these will be briefly discussed here. It was identified in Chapter 1 that prison is a high-risk environment for the development of mental health difficulties including self-harm and suicide. There are a number of influencing factors on this including that many of those who are incarcerated are already vulnerable as prisons contain a high number of young males who are socially disenfranchised with poor levels of



education and high levels of unemployment (Seymour, 2010). In addition to this there are a high number of prisoners who have pre-existing mental health and substance abuse problems which may have been an influencing factor in their incarceration. Other contributing factors to the high levels of mental health difficulties amongst prisoners include isolation, bullying and threats of violence, lack of meaningful activity, family concerns and poor service provision (Nurse et al., 2003; WHO, 2008).

The strain on prisoner mental health was clearly identified in the findings of this evaluation. Prisoners spoke about the particular challenges that prison life imposed on their mental health and how these challenges increased their stress levels significantly which often resulted in feelings of anger and aggressive behaviour. There is therefore significant potential for interventions which aim to improve and maintain wellbeing in the prison setting. Indeed, it could be suggested that the prison setting provides a promising opportunity to have an impact in the lives of those who are hardest to reach (Fraser, 2009).

As identified in Caroline's statement in Chapter 1, the Wellness Workshop presented many prisoners with the first real opportunity to think about their mental health and wellbeing. Through attending the Wellness Workshop, participants in the prison setting identified how they were in a position to acquire strategies they could use when feeling distressed which enable them to examine alternative ways of coping. As with the general population participants, the mindfulness and breathing techniques taught in the Wellness Workshop were particularly highly rated by prisoners. Prisoner participants provided some very illuminating examples of how these strategies helped them to control feelings of anger, agitation and aggression by helping them take a more reflective approach to problems and make an attempt to identify what was causing the feelings of anger. This left them with a greater sense of control and had a direct impact on their behaviour reducing aggressive behaviour and avoiding confrontation. These findings are consistent with research demonstrating that mindfulness based interventions may be an effective treatment for aggression (Fix and Fix 2013). Findings on mindfulness specific to the prison setting have also had positive results demonstrating change in a number of variables including a reduction in anger and hostility and an increase in relaxation capacity, self-esteem and optimism (Shonin et al 2013). The findings from this evaluation of the Wellness Workshop

suggest that teaching mindfulness strategies within the prison setting should continue and perhaps expand.

Some participants in the prison setting identified how the Wellness Workshop was particularly helpful in giving them the confidence to talk to other prisoners who were distressed. Descriptions were provided of how through the use of techniques and language learned in the workshop, participants were able to talk to other prisoners who were feeling down or suicidal which appeared to be a comfort to those prisoners. This would be in accordance with the literature on suicidal behaviour in the prison setting which finds that a protective factor of suicidal behaviour is receiving support from other prisoners (Liebling, 1992). Konrad et al (2007) identify how the presence of 'buddies' or 'listeners' within the prison appears to have a good impact on the well-being of potentially suicidal prisoners as they may feel more comfortable speaking to fellow prisoners rather than to prison officers whom they may not trust fully. A number of participants in this evaluation did indeed identify themselves as 'listeners' and spoke of how the Wellness Workshop gave them strategies to utilise in this important role. In addition to using strategies from the Wellness Workshop with other prisoners, participants also talked about using them with family members and friends which is a positive finding and again suggests a wide degree of utility for the strategies on the workshop.

Promoting and protecting the mental health and wellbeing of prisoners can have wide-ranging benefits for individuals, their families and the wider community (Seymour, 2010). Notwithstanding this however, MacNamara and Mannix McNamara (2014) report how the mental health services provided in Irish prisons are well below those available in the community and lag far behind those available in the UK where health promotion and education have been identified as healthcare priorities within the prison system. Despite this, Seymour (2010) suggests that there is a range of innovative practice that can make a difference to the mental health of prisoners and findings from this evaluation strongly suggest that the Wellness Workshop is one such innovation.

## Limitations

While the overall results of this evaluation are positive; they need to be interpreted in light of the following limitations:

- The demographics of participants in this evaluation are not comparable to the general population; those under 30 years of age are very much under-represented while those with a higher level of education are over-represented. This may impact on the overall findings.
- There was a progressive attrition rate from survey 1 through to survey 3. While this is not unusual, it minimises the likelihood of finding any statistical difference in the pre, post and follow-up measures. Due to the relatively small sample size that completed all three measures, caution should be taken when interpreting any statistical findings.
- The low number of prisoners who completed the survey at three time points meant that statistical testing was not possible.
- Anonymity was not possible to guarantee in the prison setting as prison wardens were involved in the administration of the surveys and setting up of the telephone interviews. In addition for those prisoners with literacy issues, confidentiality was not possible to guarantee as they required assistance in completing the survey. These factors may have impacted on the responses from participants in the prison setting.
- Participants volunteered to take part in the evaluation which may have biased the data towards those with more positive experiences of the workshop.

## Recommendations

In light of the findings, the following recommendations are proposed:

### Workshop Format

While overall the structure and shape of the workshop was very well evaluated, consideration should be given to the following issues:

- As a number of participants in the surveys and interviews believed some of the content was rushed, consider extending the workshop by half a day if possible.

- A proportion of participants identified the desire to have on-going basic education on maintaining wellness. In light of this, consider providing additional educational content including simple tutorials and online videos for participants to access via the SOS website.
- Many participants identified a desire for a Wellness Workshop refresher course. In light of this, explore the potential to offer a follow-up session to those who have completed the Wellness Workshop.

### **Workshop Content**

In view of the overwhelmingly positive evaluation of the content of the workshop the following actions are proposed:

- Continue with the sharing of facilitators' experiences of mental distress.
- Continue identifying how wellness strategies can be incorporated into everyday life.
- As the mindfulness strategies were particularly strongly evaluated and utilised by participants, consider expanding the amount of time dedicated to these particular wellness strategies.
- A significant proportion of participants identified undertaking the workshop to help others in distress. In light of this, consider expanding a section of the workshop to focus on supporting family/friends who are in distress. In the context of the time constraints of the workshop, this may take the form of a 'what to do/say, what not to do/say'.

### **Recruitment to the Workshop**

Participants on the Wellness Workshop are not representative of the general population. In light of this, consideration should be given to:

- Actively recruiting more young adults
- Actively recruiting those from different racial and ethnic backgrounds which more accurately reflect Irish society. This could include targeting such groups as asylum seekers who are known to have more mental health problems and may particularly benefit from this programme.

- Actively recruiting those with varying levels of education which more accurately reflects Irish society (i.e. those who are educated to third level are over-represented in this evaluation). Consider targeting early school leavers, those on apprenticeship schemes etc.

### **The Wellness Workshop in the Prison Setting**

Following evaluation of the workshop in the prison environment, the following actions are recommended:

- The workshop was not changed for the prison setting however some modifications are advisable e.g. context specific examples and an increased focus on the techniques to reduce agitation and feelings of anger (e.g. mindfulness minute and breathing techniques), which were very positively evaluated.
- Further modifications which reduce the requirement for reading are recommended for the workshop in the prison setting to account for varying levels of literacy.
- Anonymity and confidentiality is decreased in the prison setting however every effort should be made to increase participants' sense of confidentiality. This may mean moving the workshop to a quieter location if possible where other prisoners not participating in the workshop are less likely to overhear proceedings.
- Findings suggest that some participants in the prison setting may undertake the Wellness Workshop to 'pass some time' and may not be fully invested in it which may impact on other participants. In light of this, it is suggested that where possible only those with a genuine interest in improving mental health and wellbeing be included on the programme.
- A number of prisoner participants identified how the workshop helped them to help other prisoners. In light of this finding, consider developing the workshop further to increase awareness of how to support other prisoners in distress.

### **The Wellness Workbook**

Following evaluation of the workbook, the following actions are recommended:

- Use of the Wellness Workbook should be more interwoven into the workshop with reference made to the workbook throughout. This may increase engagement with the workbook following completion of the workshop.

- For exercises within the workbook, examples should be given of how best to complete each exercise which participants can then easily adapt to their own situation.
- Locate the workbook exercises on the SOS website as downloadable sheets, to enable participants to print and use them when required.
- A reminder to use the workbook should be sent to participants at a period after completion of the workshop. This could occur through social media (e.g. twitter or facebook), through email or text, or through the development of an 'e-Wellness Workshop Newsletter' which could incorporate a reminder to use the workbook along with hints and tips on managing wellbeing. This newsletter could be sent to all attendees of the Wellness Workshop.
- Although the workbook contains a combination of text and imagery, findings from the prison population suggest that it is difficult to follow for those with literacy issues. In light of this, consider adapting worksheets that may be better used for those with literacy issues.

## Conclusion

The Wellness Workshop is a successful one-day education programme which participants believe impacts positively on their wellbeing. In many respects, this highly positive evaluation mirrors that of the previous Wellness Workshop evaluation. This consistency in terms of satisfaction and usefulness of the programme over time is very encouraging, particularly in light of recommendations that mental health promotion initiatives, including education programmes, be constantly evaluated to ensure that they are beneficial to participants and in-touch with their target audience.

It is clear from this evaluation that there are a number of key areas where the Wellness Workshop is performing very well. The primary key to the success of the workshop appears to be the ease with which the wellness strategies are understood and utilised by participants. This evaluation is replete with examples in participants own words of how they incorporated these strategies into their everyday lives in times of distress but also encouragingly in times of calm illustrating that these strategies have a role to play in

*maintaining* wellness. The focus on wellbeing and the strategies to increase this which is at the centre of the Wellness Workshop appears to be as important to those without mental health problems as it is to those with mental health problems, suggesting utility across the whole of the Wellness Continuum.

The information component of the workshop was evaluated as being particularly useful with many participants identifying how they used what they learned in the workshop when helping a family member, friend or client. This was especially true in the prison setting where poignant examples were given of how by calling on what they learned in the Wellness Workshop, participants' were able to help fellow prisoners in times of distress. Finally, the last key strategy from the Wellness Workshop which appeared to be particularly successful is the telling of 'Caroline's story'. Time and time again during this evaluation participants referred to the 'power' of 'Caroline's story' and how it impacted them deeply. Further probing on this identified that 'Caroline's story' had two main positive effects; firstly it made people hopeful about the possibility of recovery which is an important finding in the context that 50% of participants' on this workshop had self-experience of mental health difficulties. Secondly, hearing Caroline recount her life story and her journey towards recovery helped remove some of the stigma some participants had about mental health and people who experience mental health difficulties. These are two very significant findings.

The introduction of the Wellness Workshop to the prison setting has been evaluated as a very positive one as is evidenced by the accounts of prisoners who undertook the workshop. Similarly, the introduction of the Wellness Workbook was well evaluated although strategies are required to increase participant engagement with the workbook. Encouragingly, the Wellness Workshop for many appeared to be a stepping stone to further education about mental health with participants identifying how it gave the interest to undertake further courses in areas such as mindfulness and Wellness Recovery Action Planning (WRAP). The ultimate aim of the Wellness Workshop is to equip participants with the skills to monitor and evaluate their own wellness and the tools to maintain and improve their wellness and seek appropriate support if required. This evaluation of the Wellness Workshop suggests that it has succeeded in this endeavour.

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## Appendices

### Appendix 1: Predicting self reported impact of workshop on well-being (post-workshop Survey 2) from baseline values and demographics

#### Multiple Regression

**Table A. Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.384 <sup>a</sup>	.148	-.075	.751

a. Predictors: (Constant), VHM, blame own circums - S1, VMH, people knowing about it - S1, Only S1 - Friend of person with MH diffs, Only S1 - age, Views mental health, anyone can exper - S1, Only S1 - Self-experience of MH diffs, Only S1 - gender, Only S1 - Work with people with MH diffs, VHM, hard to talk - S1, GHQ1, VHM, afraid of experiencing - S1, VMH, majority of ppl recover - S1, Only S1 - Family member of person with MH diffs, VHM, generally caring - S1, MHSE1pre, VMH, same rights as everyone - S1, Hope1pre

**Table B. ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.357	17	.374	.662	.827 <sup>b</sup>
	Residual	36.704	65	.565		
	Total	43.060	82			

a. Dependent Variable: Participating in WWSshop affected wellbeing? - S2

b. Predictors: (Constant), VHM, blame own circums - S1, VMH, people knowing about it - S1, Only S1 - Friend of person with MH diffs, Only S1 - age, Views mental health, anyone can exper - S1, Only S1 - Self-experience of MH diffs, Only S1 - gender, Only S1 - Work with people with MH diffs, VHM, hard to talk - S1, GHQ1, VHM, afraid of experiencing - S1, VMH, majority of ppl recover - S1, Only S1 - Family member of person with MH diffs, VHM, generally caring - S1, MHSE1pre, VMH, same rights as everyone - S1, Hope1pre



**Table C. Coefficients<sup>a</sup>**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.415	1.237		2.760	.007	
	Only S1 - gender	.196	.217	.112	.905	.369	1.173
	Only S1 - Self-experience of MH diffs	-.063	.197	-.044	-.321	.749	1.406
	Only S1 - Family member of person with MH diffs	-.284	.201	-.185	-1.415	.162	1.302
	Only S1 - Friend of person with MH diffs	.078	.220	.047	.356	.723	1.347
	Only S1 - Work with people with MH diffs	-.072	.197	-.048	-.367	.715	1.316
	Only S1 - age	-.003	.007	-.058	-.462	.646	1.207
	Hope1pre	.016	.028	.118	.560	.577	3.414
	MHSE1pre	.091	.088	.209	1.032	.306	3.137
	GHQ1	-.015	.024	-.085	-.623	.535	1.435
	Views mental health, anyone can exper - S1	.037	.831	.008	.045	.964	2.384
	VMH, same rights as everyone - S1	.062	.406	.027	.152	.879	2.456
	VMH, people knowing about it - S1	-.143	.079	-.249	-1.818	.074	1.426
	VMH, majority of ppl recover - S1	-.039	.094	-.056	-.416	.679	1.381
	VMH, generally caring - S1	-.038	.073	-.072	-.515	.608	1.497
	VMH, afraid of experiencing - S1	-.022	.080	-.036	-.271	.787	1.352
	VMH, hard to talk - S1	.066	.073	.118	.908	.367	1.293
	VMH, blame own circums - S1	-.041	.111	-.049	-.370	.712	1.361

a. Dependent Variable: Participating in WWShop affected wellbeing? - S2