

# Promoting Our Wellness and Recovery (POWER) Peer Prisoner Mentoring Evaluation Study.

## Full Report

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*One of the big things I learned was I took responsibility for me own wellbeing. I learnt that no one else can make me feel angry. No one else can make me feel sad. They might do things that upset me, or annoy me but it's up to me how I react to it. I change me thinking, to pick up me mood.*

(Trainee mentor)

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## Foreword

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The Promoting Our Wellness and Recovery (POWER) is a mentor-led mental health support programme developed for prisoners. POWER involves a systematic approach to the development of personal and interpersonal functioning skills for mentors and mentees, with a focus on facilitating personal responsibility using a psycho-educational format and underlying recovery framework. The initial phase of the programme was targeted at long-term prisoners. This qualitative evaluation of the POWER programme gives us clear insights on the ways in which POWER has impacted positively on people's lives. The evaluation was conducted by Dr Louise Doyle and her research team at Trinity College Dublin.

Research informs us of the stressful situations and the prevalence of serious mental health issues amongst the prison population. Self-harm and suicide rates are much higher inside prison than outside. The prison population have been identified as one of the priority groups for support in Connecting for Life, the National Suicide Prevention Strategy. This evaluation confirms the positive impact of the programme on those trained as mentors, mentees and the impact on the wider prison culture.

As we endeavour to strengthen our knowledge and understanding about effective suicide prevention strategies the importance of rigorous independent evaluations of interventions such as POWER is essential. This evaluation is a clear example which yields important learning as envisaged under Connecting for Life.

Gerry Raleigh

*Director, National Office for Suicide Prevention*

## Acknowledgments

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## Executive Summary

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### Aim of the evaluation

The aim of this project was to evaluate the impact of POWER – a peer prisoner mentoring programme developed and delivered by Suicide Or Survive (SOS). The POWER programme is a training programme aimed to train and equip prisoners with the knowledge and skills to become mentors to other prisoners. The specific objectives of the study were to:

- Explore mentors' motivations for becoming a mentor;
- Explore mentors' perceptions of the POWER training programme;
- Identify mentors' expectations of the mentoring process;
- Elicit mentors' experiences of being a mentor;
- Elicit mentees' experiences of being mentored;
- Elicit key stakeholders' perceptions and experiences of the mentoring programme;
- Identify any improvements that could be made to the mentoring process.

### Methods

This evaluation employed a descriptive qualitative design to meet the objectives. Data collection took place over a 19-month period from April 2015 to November 2016. In-depth interviews were carried out at a number of time points with key stakeholders (n=5), SOS facilitators (n=2), mentors (n=9), and mentees (n=3) during the training period and after graduation.

### Summary of findings

- The POWER training programme and subsequent mentoring processes were very positively evaluated by all mentors.
- The initial programme was envisaged as a formal mentoring process whereby mentors would be allocated specific prisoners to mentor. However, an informal diffuse mentoring structure developed primarily due to the reluctance of prisoners to engage in a formal programme due to fears around trust and confidentiality. In retrospect however, all stakeholders agreed that this diffuse system of mentoring was more suitable for the prison setting and the informal nature of mentoring emerged as a key strength of the programme.

- The mentors had a thorough understanding of the negative impact that prison can have on a person's mental health. The mentors were enthusiastic and proud about being selected for the mentor training. They spoke highly of the accessible nature of the facilitators and enjoyed all aspects of the training and in particular the interpersonal skills they learned through role play. While mentors reported that the training could be challenging at times, they looked forward to their next training sessions.
- At the end of the training, the mentors were well versed about their role and were confident in their ability to work with mentees within the prison. They felt that because of their experiences of being in prison and experiencing distress, they were uniquely qualified and well positioned for the mentor training and subsequent mentoring role.
- Trust was identified as a core necessity with all participant groups advocating the importance of 'being trusted' and 'trusting in' for all those involved in the development and implementation of the POWER programme.
- The mentor training programme demonstrates impact in key areas of personal and interpersonal functioning for mentors. The mentors reported increased levels of confidence, hope and personal responsibility following the training which had a significantly positive impact on their thoughts about their future.
- The personal growth of mentors was recognised by family members, and there were clear improvements in interpersonal relationships and social networks, both inside and outside of the prison. The certificate ceremony was a valuable opportunity for the mentors to highlight their new skills.
- Stakeholders, mentors and mentees reported that the diffuse model of mentoring demonstrated impact in key areas of personal and interpersonal functioning for mentees, including a striking decrease in social isolation for specific individuals and improved prisoner wellbeing and social functioning.
- The mentors and mentees suggested that attitudes to mental health and distress were becoming more positive within the prison since the introduction of the SOS Wellness Workshops, WRAP training and the POWER programme. This change in prison culture is supported by the interviews with prison staff, however staff recognise that there is further work required to improve attitudes and reduce stigma around mental health in the prison.
- Caution is required as we were not able to gain primary data from the mentees to fully assess the impact of the POWER programme on mentees.

## Recommendations

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

### The POWER Programme

- As the mentor programme demonstrates impact in key areas of personal and interpersonal functioning for prisoners, including a striking decrease in social isolation for specific individuals, the further development and implementation of the current training and diffuse mentoring programme is endorsed.
- The current POWER mentor training programme is robust and it is recommended that its key strengths be maintained including; the informal diffuse mentoring structure, the focus on facilitating personal responsibility, the psycho-educational format and the underlying recovery framework.
- The current process of training mentors as WRAP facilitators is considered beneficial by all participants and it is recommended that SOS continue with this and develop the co-facilitation model with a view to a more comprehensive evaluation of that aspect as numbers increase.
- To enhance prison-wide dissemination of the mentoring service effort should be made to ensure that trainee mentors are recruited from all suitable landings and that engagement with stakeholders in the wider prison services continues via Wellness Workshops and WRAP.
- Participants made a number of suggestions such as
  - Encouraging prison officers to attend the Wellness Workshops to support the mentors.
  - Less time between the mentor training sessions in order to complete the training in a shorter time.
  - Including family members, with prisoners' permission, in future research evaluating the impact of the POWER programme.

Analysis of the qualitative data enables the following suggestions:

#### **Mentor training**

- Consider if it is possible to further develop in-prison skills (e.g. creating podcasts of guest speakers which prisoners can share via CDs).

#### **Integration within the prison setting**

- Consider the potential to incorporate information about WRAP and the mentoring programme within the Prison Induction for new arrivals (both prisoners and prison officers). This could include a peer mentoring handbook or manual which clearly sets out the role of peer mentoring for mentors, mentees and staff.
- Consider how best to advocate for sufficient prison resources, such as sufficient places within the secondary supportive services (i.e. Toe to Toe), work places and volunteer opportunities so that prisoners can do what they set out in their



WRAP (managing triggers and beneficial activities). This also includes sufficient resources so that mentors can support mentees in their WRAP (CD players, CDs, Gym time).

### POWER Governance

- For sustainability purposes, it is recommended that support and supervision currently provided to POWER mentors continue to hold a central place in the delivery of the programme. Effort should be made to continue to ensure that prisoners' voices are heard within the development of the SOS package. This may include:
  - Creation of a steering group which includes a SOS mentor, mentee, Samaritan listener and other users of connected services.
  - Creating an Irish prison wide peer-mentoring group or forum run by current and ex-prisoners themselves.

### Evaluation

- Evaluation of the programme will continue to be critical for quality control and we recommend continuing to develop this structure with internal prison stakeholders. As the programme develops, internal assessments of trainee mentors' knowledge and skills will become critical and support continued external independent analysis.
- The evaluation process should continue to assess mentoring in terms of mental health and general wellbeing within prison, rather than reoffending or wider social impact, due to the complexity of the setting and limited funds.
- In order to determine if there was an objective impact on the mental health of both mentors and mentees following the mentoring process, we recommend the pre and post measurement of relevant outcomes including for example incidents of self-harm, violence, visits to doctor, medication usage etc.

## Chapter I: Introduction and Background

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### 1.1 Introduction

This chapter sets out the background and rationale for this evaluation of the POWER peer prisoner mental health mentoring programme before reviewing what is known about the relationship between mental health and imprisonment. Some barriers to accessing help for mental health problems before and after incarceration are briefly identified and issues and challenges around the provision of mental healthcare in prisons is explored. This chapter concludes by presenting an overview of the remaining chapters in this report.

### 1.2 Background and Rationale

Detention in prison is a stressful situation and the prevalence of mental health problems in places of detention is increased compared with the general population (Eytan, 2011). There is often co-morbidity with conditions such as personality disorder, alcoholism, and drug dependence (Linehan et al., 2005, Duffy et al., 2003). Duffy et al. (2003) found that drug and alcohol dependence and their harmful use were by far the most common problems, present in between 61% and 79% of Irish prisoners. Similarly, in another Irish study, 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. 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

### KEY FACTS

Self-harm and suicide are significantly higher in prisoners than in the general population (WHO, 2007).

40% of prisoners have a 'common' mental health problem, such as depression. 10% have a major mental health problem (WHO, 2007).

Over 61% of Irish prisoners use drugs or have alcohol dependency (Duffy et al. 2003).

higher than other countries (Flynn et al., 2012). Rates of psychosis of 3.9% amongst men committed to prison, 7.6% amongst men on remand and 2.0% amongst sentenced men have been identified. It has also been noted that young adults with mental health issues are over-represented in detention and in prison (IPRT, 2015). Kennedy et al. (2004) found that of young offenders with mental health problems, 20% had a lifetime history of mental illness (excluding substance use disorders) and 8% had a history of schizophrenia spectrum disorders. Additionally, Hughes (2012) found that among young offenders there were higher rates of neurodevelopmental disorders, for example intellectual/learning disability than in the general population. Many of these findings are consistent with international studies which indicate that the prevalence of mental health problems amongst prisoners is significantly higher than that found in the rest of the population (Sirdifield, 2012; Fazel & Danesh, 2002; Singleton et al., 1998). 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; WHO, 2007, Gullone et al., 2000; Shaw et al., 2004). 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 rate of prisoners is significantly higher than the general population in many countries (Fazel et al., 2016) and the link to pre-existing, unmet mental health needs is stark. Almost one third of prisoners in England who died by suicide from 2012 to 2014 had existing mental health needs (PPO, 2016).

Ogloff et al., (2007) suggested in the 'Trencin Statement' – a WHO statement on prisons and mental health – that there are a number of contributing factors to explain the high numbers of people with mental illnesses within the criminal justice system. These are:

- A number of prisoners already have mental health problems before entering prison.
- Prison environments are, by their nature, normally detrimental to protecting or maintaining the mental health of those admitted and detained.
- Many vulnerable prisoners have a drug problem prior to entering prisons, and a large proportion have their first drug experience in a prison.
- Diversion schemes, prior to and at the point of sentencing, are often poorly developed, under-resourced and badly managed.

- Prisons have too often become the place used to hold individuals who have a wide range of mental and emotional disorders (WHO, 2007).

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 & 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.

The number of people in prison with a mental health problem should also be looked at in the context of the process of deinstitutionalisation of people with mental health problems. In Ireland the deinstitutionalisation process began in the mid-1970s and similar to many other countries worldwide, this process led to a reduction in psychiatric hospital beds and an increase of people with mental health problems within the criminal justice system (Brennan, 2015; Kelly, 2007). Penrose's law (1939) can be used to describe the inverse relationship between the number of psychiatric hospital beds and the number of prisoners in any given society. Indeed, Penrose's theory remains remarkably robust worldwide in countries which have adapted a community approach to mental health service provision (Singleton et al., 1998; WHO, 2007). As many prisoners already have mental health problems before entering prison it suggests that there may be inherent difficulties in accessing mental health care prior to

## KEY FACTS

An Irish Prisoner is 25 times more likely to come from, and return to, a seriously deprived area. (IPRT, 2016)

19% of Irish sentenced prisoners are serving sentences of 10 years or more. (IPRT, 2016)

The length of time served by life-sentenced prisoners increased from an average of 11 years for prisoners released in 2002, to 20 years for prisoners released in 2014. (Griffin, 2015)

imprisonment and/or with the nature of mental health care provided before being imprisoned.

#### 1.2.1 Barriers to accessing help for mental health problems

A number of barriers which Irish prisoners face when accessing and maintaining links with mental health services prior to incarceration have been identified including; lack of recognition of mental illness by the individual and health professionals, limited referral options, over-reliance on pharmacological interventions to manage mental health problems, stigma, lack of or breakdown of social supports, and limited professional supports within the community (Brennan, 2012). Furthermore, combinations of these barriers with individual circumstances are shown to be important predisposing factors for future involvement with the criminal justice system (Brennan, 2012). Similarly, ex-prisoners with mental health difficulties reported several of these barriers to accessing mental healthcare following release from prison and identified that they had little confidence in community mental health services upon leaving prison (Brennan, 2012). Likewise, Howerton et al. (2007) found that factors such as distrust and lack of confidence in primary mental health services following release were major barriers in seeking help for their mental health problems. Such barriers can lead to long delays in access to appropriate mental health care, consequently having a major impact on the mental health outcome for the individual involved. It is well known that early interventions are vital if mental health problems are to be effectively managed (McGorry et al., 2015). Accordingly, it has been suggested that mental health and advocacy support in accessing services (e.g. challenging stigma around mental health, attending appointments with offenders, and ensuring their needs are communicated) were the most important priority areas for action (Ebberson, 2015).

#### 1.2.2 Challenges with the provision of mental healthcare in prison.

O'Neill (2006: 87) describes prisons as "toxic and inappropriate environments" in which to care for people with major mental illnesses. It is suggested that prisons, due to the growing numbers of people with mental health problems, provide inadequate access to treatment and so give rise to human rights violations of prisoners (Knight & Stephens, 2009). European Union Member States have a legal obligation under the European Convention on Human Rights to safeguard the health and well-being of people they hold in custody. However, two recent reports for the Council of Europe Committee for the Prevention of Torture and Degrading Treatment on the Irish prison system have been very critical of the Irish prison system in

addressing the needs of prisoners with mental health problems (2015, 2011). The issues referred to include lack of places for psychotherapeutic treatment programmes, lack of beds for psychiatric inpatient treatment, and lack of appropriately trained staff. Other deficiencies were insufficient mental state screening routines, deficient or absent psychiatric aftercare, under funding, and insufficient cooperation with the general health systems.

The WHO (2007) is of the opinion that the detection, prevention and proper treatment of mental health problems, together with the promotion of good mental health, should be both a part of the public health goals within prison, and central to good prison management. However, it is well documented that many service deficiencies continue to exist (The Council of Europe Committee for the Prevention of Torture and Degrading Treatment, 2011; Brooker et al., 2009; Dressing & Salize, 2009). Brooker et al. (2009) reported limited screening processes to identify problems when prisoners are committed and inadequate care in prisons in the United Kingdom. The WHO (2007) urged that primary health care providers in prisons should be provided with basic training in the recognition and basic management of common mental health problems. James et al. (2002) indicate that diversion schemes can significantly improve the recognition of mental illness and expedite admission to hospital. Furthermore, Dressing & Salize (2009) note that prisoners in Irish prisons do not have routine assessments prior to release. This can have major consequences on the reintegration of offenders with mental health problems into the community. It is evident therefore that 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 & Mannix-McNamara, 2014).

However, in the last decade there has been an active shift within the penal system in many countries from a concern with punishment towards the paradigm of recovery and reoffender reduction (Crewe, 2012). In addition, the medical model of mental health care provision is increasingly understood as being inadequate to address the current health and well-being needs of prisoners (Woodall et al., 2014). A number of innovative programmes aimed at prisoner mental health and general well-being have been developed and run internationally and to a lesser extent nationally (see Appendix 1). It has been highlighted however that there is a scarcity of rigorous research relating to the development, experience of and effectiveness of prison mental health promotion interventions including peer mentoring

interventions. Where empirical data is presented, sample sizes are typically small and the setting poorly described which limits the generalisability of the findings. When collectively considered however, the research is confirmatory of the general benefit of peer mentoring interventions (South et al., 2014). The literature suggests that adopting a recovery paradigm is more likely to address the wide range of health issues faced by offenders and thus lead to better rehabilitation outcomes (Wexler, 2003). The POWER programme, evaluated in this report, is a peer mental health mentoring programme adapting a recovery orientation to support prisoner mental health.

### 1.3 SOS and the POWER programme

Suicide or survive started in 2003 at Caroline McGuigan's (CEO of SOS) kitchen table. The Eden Programme was the original programme created by Caroline drawing on her own experience of depression, anxiety, a serious suicide attempt and 8 years as a user of the psychiatric services. Caroline had a vision to approach mental health differently, a vision that puts the power and responsibility back in the hands of the individual. A vision that says there is another way that will lead to a person driving their own recovery through practical and educational tools to build resilience and nurture hope and wellbeing. A vision that placed collaboration and partnership at the heart of what Suicide or Survive would do.

Caroline went on to train as a psychotherapist, mental health advocate, group facilitator and activist and has been mentored throughout the years in business and strategic planning. Suicide or Survive (SOS) has grown to be a 'for impact' organisation focussed on breaking down stigma associated with mental health issues and ensuring that those affected have access to quality recovery services that are right for the individual. SOS are working to build a society where people embrace their mental health wellness and those with difficulties are treated with dignity and respect, and experience a service that offers them hope, a safe place and a positive future. SOS is leading the way through active collaboration which will drive positive social change.

Suicide or Survive is a registered charity, which was formally incorporated in January 2005. It delivers the change it was set up to bring about. The education programmes delivered by SOS have been delivered largely to the general public in addition to specific organisations. However, since 2012 SOS have been delivering mental health education programmes (Wellness

Workshops and Wellness Recovery Action Planning (WRAP)) for prisoners and staff in Wheatfield place of detention.

The response from prisoners to the provision of the Wellness Workshops and WRAP was overwhelmingly positive. Prisoners identified a need to talk about mental health issues within the prison setting but also reported a reluctance to do so because of the culture of the prison setting and a perceived stigma around disclosing mental health problems. For SOS, this pointed to an opportunity for further mental health work within the prison which was particularly relevant within the context of the increased mental health stressors within prison and limited capacity and resources to deal with them. An idea was generated to develop a peer prisoner mental health mentoring programme with the aim of providing prisoners with peer support in managing their mental health by using their Wellness Workbooks and their own WRAP programme. The mentor training, detailed in Chapter 3, aims to ensure that people in prison who are struggling with their mental health have support available to them on an ongoing basis so that they can take personal responsibility for monitoring and managing their own mental health. The mentoring focuses on supporting prisoners to use the simple but effective mental health maintenance tools they have learned through the Wellness Workshop and WRAP and on signposting them to the professional services available in the prison. The availability of peers who understand what it is like to be in prison, have experienced similar struggles with their mental health and have used the tools from the Workshop and WRAP provides accessible, user friendly support, breaks down stigma and provides a gateway to professional services both inside and outside the prison for those who need them.

A group of trainee peer mentors was recruited and started training as mentors in 2014. The mentoring programme was named POWER by the mentors; **-Promoting Our WELLness and Recovery**. This report details the qualitative evaluation of the POWER programme by the research team at Trinity College Dublin.

#### 1.4 Summary and Report Overview

This evaluation provides important information on the impact of the POWER mentoring programme on participants and on the wider prison environment. The report is divided into 7 Chapters;



- Chapter 1** provides an introduction and some background information on mental health in prisons;
- Chapter 2** details the methods used in this evaluation;
- Chapter 3** details the set-up of the POWER mentoring programme and the early operationalisation of it within the prison setting;
- Chapter 4** presents the findings from interviews with the mentors;
- Chapter 5** reports the findings from interviews with key stakeholders within the prison, the SOS facilitators in addition to brief interviews from some mentees;
- Chapter 6** reports the findings of impact from all participant groups;
- Chapter 7** 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: Methodology

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### 2.1 Introduction

In this chapter the study aim 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 and procedures with this research.

### 2.2 Aim and Objectives

This study aimed to evaluate the impact of POWER – a peer prisoner mentoring programme developed and delivered by Suicide Or Survive (SOS). The objectives of the study were to:

1. Explore mentors' motivations for becoming a mentor;
2. Explore mentors' perceptions of the POWER training programme;
3. Identify mentors' expectations of the mentoring process;
4. Elicit mentors' experiences of being a mentor;
5. Elicit mentees' experiences of being mentored;
6. Elicit key stakeholders' perceptions and experiences of the mentoring programme;
7. Identify any improvements that could be made to the mentoring process.

### 2.2 Research Design

This evaluation employed a descriptive qualitative design to meet the objectives. Qualitative research is directed at providing an in-depth and interpreted understanding of the social world of research participants by exploring their experiences and perspectives (Ormston et al., 2014). Qualitative research has a particular role to play in evaluation research as it can provide detailed information about processes and outcomes (Ritchie & Ormston, 2014). Crucially, it can help understand the factors that contribute to the successful or unsuccessful delivery of a programme or intervention and can identify the effects of taking part in a programme or intervention on participants which is a significant component of this POWER evaluation (Ritchie & Ormston, 2014). In addition to evaluating the impact of a programme on participants, it can also serve to explore a range of organisational factors surrounding the delivery of a programme and the sustainability of such a programme. The particular design utilised in this evaluation was a qualitative descriptive design. Qualitative descriptive research helps to provide a rich, straight description of an experience or event (Neergaard et al., 2009) and is particularly useful to

explore areas about which there is little known as is the case with this study. The end product of a qualitative descriptive study is a description of participants' own experiences in language similar to that used by participants (Neergaard et al., 2009). Throughout the presentation of findings in Chapters 4, 5 and 6 participant quotes are used to illuminate the phenomenon under investigation and to demonstrate how the findings are grounded in the data.

### 2.3 Data Collection

A combination of individual semi-structured interviews and focus group interviews were conducted with the mentor participants. Data were collected at four time-points. Individual interviews were deemed most suitable for the first round of interviews as they allowed mentors the opportunity to set out their personal motivations for undertaking the POWER training and to establish their expectations of working as a mentor in the prison setting. Focus group interviews were carried out at three time points during the mentoring training. Focus group interviews were chosen as a key data collection method as they enable researchers to determine the perceptions, feelings and thinking of a group of people (Krueger & Casey, 2009) and encourage interaction within the group (Finch et al., 2014). Participants share their own views and experiences, but also listen to and reflect on the experiences of other group members. It is this synergistic process of interacting with other group members which progresses and refines individuals' viewpoints to a deeper and more considered level (Finch, Lewis & Turley, 2014). Morgan (1997) suggests that the data and insights produced in a focus group interview tends to be less accessible without the interaction found in a group as focus groups can facilitate the expression of ideas and experiences that might be left underdeveloped in an individual interview. One benefit of a focus group is that it helps overcome the reluctance a person may have to voice their opinions in a one to one interview. As group discussions and sharing personal experiences in the group were very much part of the POWER programme, it was felt that participants would feel more comfortable taking part in focus group interviews.

While it is obvious that there are many benefits to doing focus groups interviews, there are also some limitations which may be encountered. Participants may censor any deviation from group standards. Peer pressure can restrict the answers to socially desirable responses. This can lead to 'group think' where everyone answers the same way. Morgan (1997) however suggests preparing interview probes and other strategies to head off consensus building early by asking for 'other ways' the issue was addressed or could be addressed; such probes were successfully

employed while conducting the focus groups. Another issue which must be carefully considered is the issue of group dynamics. One of the main goals of a focus group interview is to create a relaxed, permissive environment where participants feel safe sharing divergent viewpoints. Intimidation within the group setting may inhibit interaction and sensitive information may not be shared with the group. However, once again the pre-existing nature of the group, and the fact that trust was already established among its members helped to ensure that members felt comfortable sharing personal information in the group.

Semi-structured individual interviews were used with key stakeholders to explore issues around the delivery, implementation and effect of the POWER mentoring programme. Individual interviews were also carried out with the small sample of mentee participants to identify their experiences of being mentored.

#### 2.4 Recruitment and Sample

All trainee mentors undertaking the POWER training programme were eligible for inclusion in this evaluation. Trainee mentors were those who were serving sentences long enough to complete the 2-year training programme and provide mentoring in Wheatfield following the training. A number of conditions were attached to participating in the POWER programme and these are detailed in the following chapter. The sample for this evaluation was a purposive sample. All trainee mentors were aware from the outset that the programme was being evaluated by an outside agency and were invited to take part in the evaluation. Information sheets informed potential participants of the details of the study including the purpose, process and data collection procedures and were distributed to potential participants in advance of the first stage of data collection. All trainee mentors indicated their willingness to participate in the evaluation and have their voices heard.

There were four sets of interviews undertaken with the mentors and data collection took place over a 19-month period from April 2015 to November 2016. Table 1 provides a breakdown of the interviews conducted over this time period. It is evident that there was some attrition from the first interviews where all trainee mentors were interviewed to the last focus group interview where the views of only 3 mentors were captured. This is explained by a number of reasons; firstly 3 participants withdrew from the mentoring programme for varied reasons including being transferred to another prison and personal reasons. At the second focus group

interview a number of participants were unavailable on the day due to illness and other commitments within the prison. At the fourth and final data collection point, only one mentor remained in Wheatfield and so was interviewed on his own. However, shortly after this, two mentors returned to Wheatfield following their transfer from another prison and so their final perceptions of the POWER training were also captured in a joint interview. In terms of the overall timing of the data collection points, it was originally intended for the second focus group interview to take place approximately six months earlier however as mentors had only begun working in a mentoring capacity at this time, SOS requested that the interviews be delayed to give the mentors the time to get used to the mentoring process before capturing their thoughts on it.

Table 1: Mentor Interviews

Phase	Date	Interview Type	Number of Participants
<b>Training</b>	April 2015	Individual interviews	9
	October 2015	Focus group interview	7 (1 withdrawal due to personal issues. 1 transferred to another prison)
<b>Post-Graduation</b>	August 2016	Focus group interview	3 (1 withdrawn for personal issues. 3 sick/working)
<b>Mentoring</b>	October/ November 2016	One Individual interview and one joint interview	3 (3 transferred to another prison setting. 1 released)

As this evaluation took a whole community approach, key stakeholders were also an important part of this study. All key stakeholders were aware that the POWER programme was being evaluated by an outside agency and were invited to participate in the evaluation. All were provided with an information sheet and agreed to participate. Table 2 sets out the breakdown of key stakeholder interviews. The prison Governor was interviewed twice as he was a key driver for POWER programme and gave the overall go-ahead for it to progress. The Industrial Manager who is a 'Chief' grade in the prison was also interviewed twice as he was heavily involved in the actual operationalisation around the POWER programme and was very familiar with the participants who were undertaking it. The prison Chaplain was also interviewed as she was a key support for the mentors who were undertaking the training. The two SOS trainers (the CEO of SOS and the Programme Manager of SOS) were central to the POWER programme and so were also interviewed twice in addition to providing supplementary written information (e.g. course content) during the course of the evaluation. Three other stakeholders were interviewed once at the end of the POWER programme; one was a prison officer who was

involved in the WRAP training, the Probation officer who was aware of the programme via the prisoners and the other was an outside facilitator who was involved in mentoring the mentors to facilitate the WRAP programme.

Table 2: Key Stakeholder Interviews

Phase	Date	Participant	Data	Topics covered
<b>Training</b>	November 2015	SOS facilitators	Joint interview	Planning and delivering the programme, provided supplementary written information (e.g. course content)
	January 2016	Governor	Individual interview	Expert within the prison system, key driver in the set up and planning of the programme
		Industrial Manager	Individual interview	'Chief' grade Industrial Manager with detailed knowledge and experience of the operationalisation of the programme
		Prison Chaplain	Individual interview	Expert within the prison support system, able to provide insight into prison culture
<b>Mentoring</b>	October 2016	SOS facilitators	Joint interview	Reflections on how training was delivered and received, mentors progress
		Governor	Individual Interview	Reflection of the overall go-ahead for it to progress, barriers of implementation and future planning
		Industrial Manager	Individual Interview	Update as to issues around operationalisation, loss of trainee mentors, any issues around risk
		Probation officer	Individual interview	Insight into how mentors were being received and their support for the mentors who were undertaking the training
		Prison officer	Individual interview	Prison officer with knowledge of WRAP and the mentoring programme
	November 2016	WRAP facilitator	Individual interview	Outside facilitator who was able to discussion mentoring the mentors to facilitate the WRAP programme

The final group to be interviewed were the mentees – those individuals who had been mentored by the mentor participants. In total 3 mentees were interviewed in October 2016. It was hoped initially that a larger number of mentees could be interviewed however, as is detailed throughout this report, the mentoring system developed into an informal, diffuse structure rather than a more formal structure as mentees were reluctant to be formally mentored. Consequently, even though a large number of prisoners had been the recipients of mentoring, the informal nature of it made it difficult to locate individuals to recruit for this research. However, 3 mentees did volunteer to participate in the evaluation and gave short

individual interviews having had time to peruse the information sheet for mentees and sign the consent form.

## 2.5 Data Analyses

All focus group and individual interviews were audio-recorded and transcribed verbatim. Using a thematic analysis approach, guided by Braun and Clarke's analytical framework (Braun & 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, 5 and 6.

## 2.6 Ethical Considerations

Ethical approval to conduct the study was granted by the Faculty of Health Sciences Research Ethics Committee, Trinity College Dublin and from the Irish Prison Service. From an ethics perspective, prisoners are considered to be a 'vulnerable' population because of an increased risk of coercion to participate so there is a requirement to sensitively negotiate their involvement. In this study, 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. Furthermore, research has identified how prisoners reported that taking part in research interviews in prison has a number of benefits including the emotional benefit of feeling better after the interview, having the opportunity to talk to someone, and breaking up the daily routine (Copes et al., 2012). This seemed to be the case in this study as prisoner participants appeared eager to participate in the interviews.

All mentor participants were informed of the evaluation when signing up to the POWER mentorship programme. An information sheet, outlining the aims and process of the study was distributed to each mentor participant prior to each set of interviews. Consent was viewed as

an ongoing process, which was negotiated at each data collection phase of the study. It was not possible to protect most participants' identities and they were made aware of this at the outset of the study. Prison staff were aware of mentors' identity so they were not taking part in the study anonymously. However, any sensitive information disclosed in interviews which identified particular mentors was removed and participants were assigned a code number so that individual mentors are not recognised in the report. There are particular ethical issues involved with conducting focus groups and one is that loss of confidentiality is a very real risk as the researcher cannot control the action of the participants outside of the group setting (Smith, 1995). Consequently, prior to the focus group interviews taking place, a ground rule was made that issues discussed within the focus group should remain within the group. However, it should be noted that the POWER mentors had formed as a group because of their mentorship training and there was already an expectation of confidentiality in terms of their POWER work and a deep sense of trust established among group members. Nonetheless, it is a drawback of the focus group interview that the researcher cannot assure confidentiality to participants, particularly when discussing sensitive topics.

For the three mentee participants, the Industrial Manager was the only person aware of their participation in the evaluation. The mentors were not aware of what mentees had participated in the interviews. As with the mentor participants, they were provided with an information sheet in advance of data collection and were asked to sign an informed consent form prior to the interview. Any information that identified particular mentees was removed from the data and the mentees were assigned a code number so that they are not recognisable in the report. The key stakeholders' participation in the evaluation was not anonymous as it was not possible to protect their identities as their position within the prison and their involvement in the POWER programme was known and they were being interviewed in their capacity as Governor, SOS Facilitator, Industrial Manager, Chaplain etc. All data gathered in this evaluation were password protected and stored in accordance with the Data Protection (Amendment) Act 2003.



## Chapter 3: Establishing and implementing the POWER programme

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### 3.1 Introduction

This chapter describes how the POWER mentoring programme was initiated and established in Wheatfield Place of Detention. The findings here are predominantly informed by two sets of joint interviews which were undertaken with the SOS facilitators who acted as the main trainers on the mentoring programme, in addition to documentation received from SOS. One interview was held early in the training programme and the other at the end of the training programme. The SOS facilitators were Ms Caroline McGuigan (CEO Suicide or Survive) and Ms Paula Lawlor (Programme Manager Suicide or Survive). A small amount of data from interviews with the Industrial Manager and the prison Governor specifically around the set-up and operationalisation of POWER are also presented here however most data relating to these participants are presented in Chapter 5.

#### 3.1.1 Intervention setting: Wheatfield Prison

The prison, built in 1989, is a closed, medium security place of detention for adult males and for sentenced 17-year-old juveniles from the Irish counties of Louth, Meath, Monaghan, Wexford and Wicklow. It has a bed capacity of 540 prisoners, with a daily average of 472 prisoners in 2015, and as is summarised by the Visiting committee as, “*a well-run facility that is in need of modernisation*” (Justice, 2015 p2). Prisoners have access to television, books, and magazines, facilities for tea and coffee and they can put up photos and posters in their cells (Justice, 2016). The prison is part of West Dublin Campus, a new ‘campus based governance’ which includes Wheatfield Place of Detention and Cloverhill Prison. Wheatfield place of detention is run by the operational governor, Mr. Patrick Kavanagh. It runs a range of educational and skill based programmes, and has appeared to take an active approach to increasing the public understanding of prison life and culture.

#### 3.1.2 Setting up the POWER programme

The relationship between SOS and Wheatfield began fortuitously in 2012 when SOS entered a ‘skills sharing’ arrangement with the Prisoner Print Workshop, offering Wellness Workshops in exchange for the printing of their training material. SOS was already a well-established charity focusing on challenging the stigma attached to mental illness, providing a range of educational

and therapeutic programmes including the Wellness Workshop for the Irish public. The one-day Wellness Workshops focus on teaching people simple wellness strategies that enables them to look after their own mental health utilising a narrative approach drawing upon real life experiences of facilitators (see Table 3).

Table 3: SOS Wellness Workshop Content (Doyle et al., 2017).

Wellness Workshop Activity	Content
<b>Your Journey to Wellness</b>	This introductory section is a short presentation on understanding the personal journey to wellness and the importance of taking a proactive approach to mental wellbeing.
<b>Wolf of Hope and Despair (Caroline’s Story)</b>	This section of the workshop focuses on the personal experiences of the lead facilitator (Caroline) who recounts her story of distress and recovery. It focuses on how individuals can either feed the wolf of hope or the wolf of despair. It emphasises how different thoughts and actions can influence feelings and the importance of continually feeding ‘the wolf of hope’.
<b>Stress</b>	This section explains how stress works and what influences stressful reactions. It facilitates participants to assess how stress might impact on them and enables them to identify triggers of stress. It also introduces the concept of mindfulness as a strategy to reduce stress.
<b>Mindfulness Minute</b>	Here the participant is encouraged to practice a mindfulness minute within the workshop, with the help of facilitators.
<b>Bring Calm to your Life</b>	This section focuses on other strategies that encourage calm including breathing strategies and exercising.
<b>The Health Continuum</b>	This section frames mental health as a continuum which requires a daily maintenance plan with mental health strategies specific to the individual to keep the balance towards wellness.
<b>Changing Your Thinking</b>	This section focuses on understanding how thought processes can influence wellness. There is an emphasis on how changing thinking processes can influence emotions and behaviours.
<b>Daily Wellness</b>	Here participants are encouraged to identify personal strategies they can use to develop a daily mental health maintenance plan to booster their own wellness.
<b>The Wheel of Life</b>	This section enables participants to identify particular sections of their life (e.g. family, work, health, finances) which might need attention in order to maximise mental wellness.

Employing some central tenets of positive psychology, the distinct focus is on ‘wellness’ and the promotion of positive individual functioning rather than mental ill-health (Doyle et al., 2017). Evaluations of the SOS Wellness Workshops run for the general public (Doyle et al., 2017) and for prisoners in Wheatfield prison (Keogh et al., in press) have identified positive outcomes in terms of knowledge and understanding about mental health and an increased capacity to identify strategies to manage mental health.

The Wellness Workshops were so positively received by prisoners and staff that SOS also offered their Wellness Recovery Action Plan (WRAP) programme, which has been running in Wheatfield since 2014. WRAP is a self-management plan developed by Mary Ellen Copeland in the US based on research with those with lived experience of mental health problems. The focus of WRAP is to encourage individuals to develop a plan which promotes the maintenance of well-being and the identification of potential stressors. WRAP is delivered in a two and a half-day programme to those who wish to gain a basic understanding of recovery and wellness and culminates in individuals developing their own wellness recovery action plan. A five-day programme is also available to individuals who wish to become facilitators for shorter programme in their own communities. An overview of the content of WRAP is provided in Box 1.

Box 1: Key areas covered within 2.5 day WRAP

<ul style="list-style-type: none"> <li>Key recovery concepts</li> <li>Wellness Toolbox</li> <li>Daily Maintenance Plan</li> <li>Optional Extras</li> <li>Triggers</li> <li>Action Plan</li> <li>Early Warning Signs</li> <li>When things get worse</li> <li>Crisis planning</li> <li>Post crisis planning</li> <li>Certificate Ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Group work and discussion on topics such as ‘What I’m like when I’m well’ and ‘What I need to do Every day to stay well ‘</li> </ul>
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The WRAP programme has been previously positively evaluated in a non-prison setting in Ireland (Higgins et al., 2012; Keogh et al., 2014). To date, 20 Wellness Workshops have taken place in Wheatfield, 19 for prisoners (totalling 369 prisoners) and 1 for prison officers (totalling 29 officers). There have been 7 WRAP programmes for prisoners and 2 for officers totalling 78 prisoners and 26 officers. In 2016, a Level 2 (5-day) WRAP facilitation programme was run during which 6 of the POWER mentors trained as WRAP facilitators.

In 2014 SOS considered developing their prison based work further, and entered discussions with the Governor, key prison personnel including the Chaplains and the Industrial Manager, and most importantly, the prisoners themselves. There were two core drivers for SOS at this

stage. First, during the Wellness Workshops and WRAP the SOS facilitators noticed that a few of the prisoners were very engaged and showing an innate capacity to support their fellow peers. Second, there was a clear need for mental health and general wellbeing support which was not being addressed by current provision. Prisoners were coming forward to the SOS facilitators and reporting that they had been struggling with suicidal thoughts and their mental health generally, but that they had not sought support for this before. The Wellness Workshops and WRAP increased their awareness and provided them with the tools to make positive changes to their lives within prison, as well as after completing their sentence. The SOS facilitators noted how a number of prisoners who had completed the Wellness Workshops and WRAP were implementing their learning and even more importantly were supporting each other to do so. SOS staff believed that these prisoners were demonstrating a *'hunger for change'* and a desire to stop the revolving door of incarceration, release, re-offending and re-incarceration. The WRAP training uses hope, personal responsibility, education, support, and self-advocacy as core concepts, and SOS sought to *'follow through on a spark that had been lit'*. The initiation of mentoring was a response to these two drivers and the bottom-up, user driven, approach to service development is typical of activity within a recovery paradigm, which does not seek to provide a 'one size fits all' service but is instead responsive to the type of setting and adapted to suit the needs of the particular user group.

As highlighted in the literature review, prison settings are generally understaffed, resource poor and training provision is directed towards prisoners who are due for parole, as well as towards prisoners who have been sentenced for offences which involve violence. As with many prisons, Wheatfield's psychological service was identified as being over-stretched with a waitlist (Justice, 2016). As a result of the limited resources within the prison psychological service, there was more of a focus on those prisoners who were serving a life sentence and also those who were suicidal or self-harming. Consequently, it was difficult for prisoners who did not fit that description to access the service in a timely manner. For those who had less severe mental health difficulties, it was likely that they did not need to consult with the psychological service but rather required more informal supports. Furthermore, while it was recognised by SOS that a number of prison staff including the chaplains were doing *'amazing work'* in the area of mental health, prisoner demand outstripped their capacity. It was recognised that peer mentoring might provide the next step; harnessing the potential seen with the prisoners who had engaged

so well with Wellness Workshops and WRAP, and serving the general prison population by supporting prisoners to manage their own mental health.

The POWER programme was based on the widespread introduction of both Wellness Workshops and WRAP within Wheatfield, and focused on peer-mentorship. The programme was developed to provide mentors with the skills to help their peers manage their own mental health by using the Wellness Workbook and supporting them to live their WRAP. As one SOS facilitator identified, peers are uniquely placed within prison to provide support.

*(they are) best placed to be supporting others lads in using this. And they have 24/7 access to each other. You know they're not like the services which are gone in the evening time. So they can actually support people in a way that's very real for them. (SOS facilitator)*

A core feature of the WRAP philosophy is the co-facilitation of WRAP sessions by those who share similar experience and personal expertise. While the Wellness Workshops and WRAP were very successfully implemented in the prison setting by external SOS facilitators, SOS found that there were critical experiences specific to prison life and culture, in particular the experience of triggers to distress and specific actions possible for recovery planning, which needed to be addressed. By training peer mentors who knew and understood the difficulties around serving a sentence, there was greater potential that they would be in a prime position to support others going through similar experiences. Valuing the unique experience of living within the prison environment and the challenges associated with this is also a clear example of how SOS engages with non-hierarchical facilitation and does not seek to establish expertise in the traditional way of some education dynamics between the knower and knowledge seeker.

To this end, SOS developed a process by which selected individuals from within the prison population were invited to train to become mentors for the Wellness Workbook and WRAP through an apprenticeship system. Within this system an individual moves through a structured process from attending a Wellness Workshop and WRAP programme as a participant, to actively using the Workbook and living their own WRAP, to finally going on to mentor others when they have attended the POWER training and developed the appropriate, skills and experience.

## 3.2 Peer mentoring

Peer mentoring is a form of mentoring that usually takes place between someone who has lived through a specific life experience (the peer mentor) and a person who is new to that experience/struggling with a similar experience (the peer mentee). Peer mentoring gives people who are experiencing/ struggling with particular life experiences a chance to learn from those who have found positive ways of working their way through similar experiences. Within the context of the POWER programme, peer mentoring had the added bonus of providing mentors who not only had similar experiences, but had them in the context of being in the same unique environment of a prison with the particular challenges that this brings. It was envisaged that for the mentor, the mentoring experience would allow them to use their experience and learning to help someone else and to develop their own self-awareness and skills through the mentoring process. Benefits to the mentee included learning from another person's experience, having the opportunity to develop their own skills, having the support and encouragement to create change and having the structure to operationalise those changes. The role of the mentor in the POWER programme is to support the mentee to find solutions that work for him in reaching his goals using tools gained from the Wellness Workbook and WRAP. The mentor should help the mentee to believe in himself and his ability to deal with life experiences in an effective way. The POWER mentoring process as originally intended and as actually operationalised is set out later in this chapter.

### 3.2.1 Selecting the mentors

Following attendance at a Wellness Workshop, a number of men stood out to the facilitators as ones who might be suitable as mentors and were invited to attend a second Wellness Workshop to ascertain their suitability to train as mentors. These were men who had '*engaged*' in the workshops and the SOS facilitators identified how they were already '*innately reaching out to people*' and helping other prisoners. They were observed to be '*implementing their learning*' and '*supporting their peers*' which demonstrated their potential to act as mentors. These potential mentors were then invited to attend a WRAP programme in the prison and develop their own WRAP plan. Following successful completion of the programme and development of their own WRAP plan, the CEO of SOS discussed these potential mentors with the Governor to determine his view on their suitability. He signalled his agreement that these individuals could work as mentors based on their engagement with services and general

conduct in the prison. In selecting potential mentors for the programme, the following criteria were considered:

- The individual's sentence length;
- The individual's involvement in other developmental activities within the prison;
- Evidence that the individual is actively using the Workbook and living their WRAP on an ongoing basis;
- The individual's conduct record within the prison;
- The individual's experience of working with/ helping others both inside and outside the prison setting;
- The individual's capacity to share their own lived experience of using the Workbook and living their WRAP in an appropriate manner during the mentoring process;
- The individual's level of self-awareness and awareness of the impact of sharing their lived experience on themselves and others;
- Additional supports available to the individual within the prison setting should they be required.

Prisoners who were on life sentences or relatively long sentences were chosen to ensure that they would be in a position to complete the two-year training programme and would be there in the prison setting to work as a mentor following the training. It was recognised that a two-year training programme was something *'quite unusual'* within the prison setting where prisoners usually embarked on training programmes of significantly shorter duration. Due to the longer duration of the programme, it was important that the proposed mentors be men who would fully commit to the two-year training.

The governor and prison team recognised that some prisoners selected for the POWER programme presented particular risks and security issues for the prison. While acknowledging and supporting the implementation of the mentoring programme, the Governor also had to consider the security and safety of all staff and prisoners. Drawing on his expansive knowledge and experience working in prisons and in consultation with the Chief Officer, the governor weighed up all factors before deciding whether to permit the prisoner to train as a mentor:

*Huge risks so we have taken in people who would have had a long history of drug abuse we have taken people who have had a history of violence who*

*have had a history of going against the prison system over the years. But again it's a decision ultimately that it comes back to meself and the Chief Officer and again the two of us are around a long, long time and know the majority of prisoners anyway. And we would be saying yes we can see how that individual could work, would be willing to trust them in getting this much responsibility but equally if you have someone that has a reputation within the system over the years for knocking against us as we would call it. Well those people if they are willing to come on board they are doing the hard work and they are saying there is another way they are going to be listened to. And if you have someone who is a known drug abuser for years who has been at low points and who now is at a point in their life where they are getting on and they are looking forward...and that stuff is behind them well like you know people will know that and they will say yes ok I know what he is like...(Governor)*

In total, nine mentors were selected for POWER training with 6 actually completing the two-year programme. From the beginning, the SOS facilitators were aware that they would 'lose people along the way' however, following completion of the mentoring training, there was a higher level of mobility than had been originally anticipated with, at one stage, only one mentor remaining in Wheatfield Place of Detention. This was primarily due to mentors being transferred to other prisons. To account for this, there are plans to increase the number of trainee mentors in future cohorts.

There were a number of conditions attached to the training. The CEO of SOS informed all prospective mentors that their suitability for work as a mentor would be assessed both during training and at agreed intervals on completion of their training. They were informed that there would be no remuneration for this work within the prison setting and that taking part in training did not guarantee them work as a mentor either inside or outside the prison setting. They were also informed that SOS reserved the right to remove them as a mentor should the CEO form the opinion based on feedback from those they are mentoring, other mentors and/or the Prison Governor that they are not mentoring others in an effective way. Prior to commencing training as a mentor, participants were also required to adhere to a Code of Ethics which set out the guiding principles behind the work of mentors in Wheatfield Place of Detention. The Code of Ethics was informed by the core values underpinning the work of SOS which are Genuineness, Understanding, Respect, and Acceptance.



### 3.2.2 The POWER training programme

The POWER training was delivered by the two SOS facilitators over a period from August 2014 to May 2016. Training took place once every month, with clinical supervision commencing 6 months in to the training programme and which remained running after the training had been completed. There were two intakes of mentors, the first in August 2014 and the second in March 2015. The groups were merged from April 2015 and the latter group provided with additional support sessions.

Table 4: Content of POWER training programme

Year	Month	Topics	
<b>First year (Aug 14- June 15)</b>	August	Mentoring documents – what is a mentor, supervision, ethics and ethos	
	October	Review of commitment and understanding of documentation	
	November	Groups and group working	
	December	Bio-psycho-social model and effective rehabilitation	
	January		Introduction to Recovery in Mental Health 1. Guest speaker
			Introduction to Recovery in Mental Health 2. Guest speaker
	February	The Mentoring Process – Listening to the Story	
	March		Reflection on learning to date. The Mentoring Process – visioning the future and goal setting
			First meeting with new mentors (Governor also attended)
	April		First day of training with new mentors. Mentoring documents – what is a mentor, supervision, ethics, and ethos
			New mentors introduced to the group. Basic Counselling Skills – listening and empathy
	May		Basic Counselling Skills – listening and empathy
Second day of training with new mentors. Review of commitment and understanding of documentation			
June	Mental health difficulties and treatment approaches. Guest Speaker		
<b>Second Year (Aug 15- July 16)</b>	August	Conflict	
		Wellness Workbook – assignment on stress and mindfulness and roleplays of how this can be used in mentoring	
	September	Wellness Workbook – skills demonstration role plays on using the Think Your Way to Wellness	
	October	Skills demonstration role plays - Empathy	
	November	Empathy – people who are difficult to empathise with and empathy in difficult situations. Mentoring in Prison – practicalities	
	January	Starting the mentoring session – confidentiality. One to one feedback with mentors. Wellness Workbook and WRAP knowledge base check	
	February	Knowledge check – wellness continuum, wolf of hope and despair, triggers and action plan. Role plays of mentoring session	
	March	Mentoring records – what and how to record sessions. Knowledge base – wheel of life. Role plays of mentoring session	
	April	WRAP knowledge base – triggers and action plan. Role plays of mentoring sessions	
	May		5 day WRAP Facilitator Training – in Wheatfield – 6 mentors and 6 people from outside the prison
			Mentoring documents – what is a mentor, supervision, ethics and ethos

	July	Review of commitment and understanding of documentation
<b>Post training</b>	September	Groups and group working
	October	Bio-psycho-social model and effective rehabilitation

Although all trainee mentors had an aptitude for working in mental health, most had no formal training so it was recognised that significant '*skilling up*' was required. The programme comprised a range of teaching and learning methods and covered a wide range of material focusing on the knowledge and skills required to work as a mentor (see Table 4). One of the key tenets of the POWER programme was to train mentors to engage with and listen to someone in distress and to work with them in an empathic manner. Linked in with this was also the skill of connecting with someone and sitting in silence and discomfort. This work was largely delivered through role play which, as identified in Chapter 4, was consistently reported by the mentors as being of crucial importance. Its importance lay in the fact that the mentors' own real life experiences were utilised during role play making the scenarios more real to the participants.

Another key skill imparted during the training was around boundary setting and maintaining confidentiality. This focused on training mentors to understand and manage the boundaries that exist between them and the people they were mentoring. This included understanding the extent of their role and what they could take responsibility for. The SOS facilitators reported that as mentors progressed in their training, they became more confident in helping mentees use the tools available to manage their own mental health, rather than taking on responsibility for mentees mental health. Although a formal programme of training was drawn up, there was also the recognition that the programme needed to be fluid and not rigid. An outline of the programme drawn up at its commencement was produced as a '*skeleton structure*' which allowed for modifications to the mentoring training and accommodated changes within the prison environment. From the outset, the SOS facilitators were keen to ensure that the training programme was fluid enough to bring new trainees on and to ensure that it did not become a '*little club*' of a chosen few which could become stagnant. Two of the nine mentors who undertook the mentoring training began the programme later than their peers, however the existing mentors reacted very positively to the introduction of '*fresh minds*' and absorbed these two members into the group when the groups combined.

One of the key features of the training programme was the atmosphere in which it took place. Trust within the group of mentors and between the mentors and the facilitators was a very important component of the training. This trust was built over time as it was recognised that trust within the prison setting was not common:

*It's like, you know, these lads came together, didn't trust each other. Sitting in the room sussing each other out...and putting themselves out there that they're vulnerable and you do not do that in prison. You do not, the trust isn't there. (SOS facilitator)*

However, as the training progressed trust was established between the group of mentors and between mentors and facilitators leading to very honest disclosures when it came to role play:

*And even in the role play now, the trust that's there. They're using their personal experiences so they can practice their skills...and they have each other's backs. (SOS facilitator)*

Both SOS facilitators explicitly commented on the amount of laughter during the training – while very serious topics were discussed that at times were distressing to participants, there was also space for fun and laughter. The facilitators also report how the mentors were *'hungry for more information'* in each training session. The mentors had come to each session prepared having completed the work that was required of them demonstrating a commitment to the programme.

Although most of the training was delivered by the two SOS facilitators, outside speakers were used on a number of occasions. These were carefully planned and used to bring *'an injection'* of energy into the training. Topics covered by the outside facilitators included mental health diagnosis and recovery, managing conflict and training on mindfulness. One of the successful components of using outside speakers is that they too can bring their life experiences around mental health to the prison setting. In addition, both outside facilitators were men, and although not directly commented on by the mentors, the SOS facilitators suggested that bringing *'a male perspective'* to the exclusively female-led training was beneficial.

During the programme of mentoring, structured supervision sessions took place monthly between the mentors and the facilitators. This provided mentors with the opportunity to talk about and work through issues or problems they faced in their work as a mentor and to get guidance and support from both the supervisors and their fellow mentors. During these

sessions, the mentors presented a scenario or experience from their mentoring and sought feedback from the group on how they managed the situation. This was done while being very careful and respectful of the confidentiality of mentees and being careful not to disclose identifying information about mentees. Allowing for the exchange of ideas between mentors and supervisors enabled mentors to develop their skills with valuable feedback. One of the recurring issues explored within supervision was the challenge around managing and maintaining their own mental health while working with people in distress. The supervision process allowed mentors the time out to get support for themselves in their role as a mentor. In addition to helping mentors work through their experiences with mentees, supervision was also an opportunity for mentors to bring forward issues in their own lives that they were having difficulty with which was perceived as a significant benefit. The facilitators reported how mentors became comfortable with referring mentees on to other mentors if they felt they were not in a good place to help them. In addition, the supervision process was an opportunity for SOS to ensure that mentors were working to the standard required and in line with the Code of Ethics of SOS.

Continued Wellness Workshop attendance and WRAP facilitation was not originally part of the POWER training, however it became an important part of the training as it progressed. Continued presence at these programmes helped to keep the mentors skilled up while also providing an opportunity for their input within these workshops. This was described by the SOS facilitators as being highly valuable within the prison setting as other participants took their lead from the mentors and became more comfortable sharing their personal experiences in front of their peers. In recognition of the importance and benefit of the WRAP programme to the mentors, 6 mentors undertook the 5-day WRAP facilitator training which equipped them to become WRAP co-facilitators.

### 3.2.3 The development of the mentoring process

It was initially envisaged that the POWER programme would train mentors to work largely in a formal way with mentees who would be assigned to them. A seven-stage process was put in place to facilitate the identification and allocation of mentees to mentors and to facilitate the mentoring process (See Table 5)

Table 5: Outline of the initial ‘formal’ mentoring process.

Stage	Description
<b>One</b>	Identification: Potential mentees would be identified at Wellness Workshop and WRAP training by facilitators announcing the availability of mentors to help mentees put their learning from the workshops into practice and asking those interested to come forward.
<b>Two</b>	Pairing mentors and mentees: When an individual applied for mentoring, they would then be matched to a mentor by the CEO with input from the Governor. Trainee mentors were, in the early stages, to be assigned two prisoners (mentees) who requested support in using the Workbook and/ or living their WRAP. Should this first stage of mentorship be successfully negotiated, mentors were then to be allocated five prisoners to mentor while continuing to attend for supervision and living their own WRAP.
<b>Three</b>	Creating mentoring space Mentors would be provided with an office space in which mentoring would take place. During the initial meeting between mentor and mentee, a mentoring checklist and a formal mentoring agreement between the mentor and mentee which set the boundaries and ground rules for how the mentoring would work were to be signed.
<b>Four</b>	Needs identification and goal setting. The mentor and mentee will discuss issues that are of concern to the mentee in relation to his mental wellness. They will work together to identify and prioritise areas that the mentee wants to change in relation to how he manages his mental wellness using the Wellness Workshop and/ or WRAP programme content as a guide. The mentee will then be encouraged to identify goals/targets for each area of change identified and these will be recorded by the mentor and co-signed by mentor and mentee.
<b>Five</b>	Action planning in which the mentor works with the mentee to help him develop an action plan using the material from the Wellness Workshop and/or WRAP. Actions on the plan should be realistic, achievable, measurable and time bound. Potential barriers to carrying out the action should be discussed and ways of overcoming any expected barriers identified and agreed. Agreed actions should be recorded on the action plan in addition to a review date which in the beginning should be every one/two weeks but as mentees become more confident in using skills and techniques from the Wellness Workbook and WRAP, the time between these meetings can get longer. The mentee should use the action plan between meetings to keep track of what he has agreed to do and the progress he is making.
<b>Six</b>	Review. At the next formal mentoring meeting the action plan should be reviewed with each action reviewed in turn. If the action was taken then the mentor and mentee should discuss how helpful it was and the progress made towards the goal it relates to and this should be recorded on the action plan. If action wasn't taken then the reasons for this should be explored and obstacles identified. They should then agree the next actions to be taken regarding the next step in meeting that particular goal using the Wellness Workbook and/ or WRAP. New actions should be recorded on a new Action Plan.
<b>Seven</b>	Closer. When the mentee has reached all of the goals set and is independent in the use of the tools and techniques he has learned from the Wellness Workshop and/ or WRAP the mentoring arrangement should be closed off. A final action plan should be developed detailing the actions the mentee will take to maintain the gains he has made going forward through the use of his learning from the Wellness Workbook and/ or WRAP. The Mentoring Review form should be used to review the process and to get feedback from the mentee on how it has gone for him and what has been most/ least useful in achieving the goals he has set

Early in the mentoring it became apparent to the SOS facilitators that a formal mentoring approach was not necessarily going to be the best way to enact a mentoring programme in the prison setting. The trainee mentors identified how other prisoners were very reluctant to come and speak to them in a formal capacity. As identified in Chapter 4, even talking about utilising any sort of paperwork to record the meeting resulted in an immediate backing off from their fellow prisoners. Although prisoners were keen to seek advice and support from the mentors, they did not want this formalised and documented, and as identified in Table 5, the proposed mentoring system required a number of documents to be completed and co-signed. One of the features of the POWER programme is that it should be sufficiently flexible to adapt to any unforeseen challenges of working within the prison environment and be responsive to the needs of the *'community'*. To this end, the formal mentoring was largely replaced by a more diffuse form of mentoring in which mentoring was to some degree opportunistic and organic and took place in a range of settings including the prison landings, the exercise yard and in the gym. Support was given by mentors *'chatting'* in an informal way with other prisoners. However, as clearly identified by the SOS facilitators, *'these were not unskilled conversations, but skilled supportive conversations'*. The SOS facilitators identified some examples of how even early in the mentoring training the mentors began to proactively seek out prisoners they believed required support:

*Even early on, one of the lads was saying that there was a guy who doesn't come out from behind the door so he just stuck his head in and had a chat so it was very informal but they're supporting each other. (SOS facilitator)*

In addition to mentors identifying people who required support, prison staff also asked mentors to provide support to prisoners they felt were in need of it. Rather than staff formally assigning a mentee to a mentor, they informally asked if the mentors *'could have a word'* with the prisoner. These interactions between mentors and prisoners, though informal, were seen to have a real impact. In addition to the mentors and prison staff identifying people who required mentoring, the SOS facilitators also signposted prisoners who attended the Wellness Workshops and WRAP to seek out the mentors for help implementing what they had learned:

*When we are on a WRAP or Wellness [workshop] from time to time someone would say 'you know this is really stuff I need to look at or work on'. And I'd say well you've got X and Y here and they are our mentors and they would say 'right'. I'd say you got your workbook so why don't you make it your business to link in with one of the mentors informally, because*

*they won't do the forma. And they've said 'yes absolutely' because they get the experience of the day and they want more. (SOS facilitator)*

So while the mentoring was informal and more diffuse in nature, it is clear that it came about in a variety of different ways. A number of practical examples were given of how this diffuse mentoring impacted on prisoners. In one particular situation, a prisoner who for a number of years had spent most of his time in his cell interacting only with officers was identified by the Governor as someone who might benefit from some mentoring. Mentors were assigned to him and worked gently and slowly with him to gradually increase his communication with others and encourage him to spend time outside of his cell. At the time of the first interview with the SOS facilitators, he was undertaking work in the gym with the mentors and training for a 'Couch to 5K' – a gradual running programme which incrementally encourages non-runners to complete a 5 kilometre run. He was also actively looking to engage further with the mentors which was taken as a positive sign by all concerned. At the time of the second interview with the SOS facilitators he was attending a workshop and engaging regularly with his mentors. This was seen as significant progress by all concerned.

The Chaplain and Industrial Manager acknowledged that some of the procedures required in setting up the mentoring programme involved breaking new ground and that without the support of the prison Governor the mentoring programme could not have taken place. As part of the mentoring programme, the Governor permitted a room to be designated for mentors to meet prisoners and at the same time gave permission for mentors to be allowed access to other areas within the prison as part of their role.

*We also we made it possible for some of the mentors to be able to move around the prison at that time of the day, in the evening. Because obviously if a prisoner you know was housed over in one area of the prison he wouldn't necessarily be allowed to travel over to another area. So we gave them a dispensation, the mentors, for that, to be able to move around a bit. And certainly that means they are able to target people then maybe who, you know, they were aware were struggling, and some of them are really effective at that (Industrial Manager)*

At the outset, facilitating and implementing such *novel* practices evoked concern and criticism from prison officers, however, over time attitudes and responses towards such practices became more accepting and positive particularly when they witnessed positive changes in some prisoner's behaviour as a result of the mentoring programme.

*They were sceptical as hell! You know when I said to them, and the boss said to them “listen we’re going to let these two lads over into the cell with him”. Now they thought we were bonkers, and they were saying “haven’t we enough to be doing without babysitting two more going in to him now and what is going to happen”. And you get the usual kind of scepticism as well as “you know these guys they’re going to bring him over drugs” you know. And sometimes in the evening as well when I was saying to officers in some areas of the prison “look two of the lads will be over this evening, they want to see one or two guys over on your landing”. He was saying “no, no, they’re going to be up to no good coming over here” and all that. So what I noticed over the last six to twelve months again was that there was less scepticism and suspicion about the mentors as they went about their work. More and more staff started to see them as actually benefitting. As one or two officers said to me as well “they had a prisoner on the landing, something had happened, you know he was really really down, he wouldn’t go to work, he was staying in the cell” that creates a problem for the officer because they need to address that then. Having a mentor visit this lad and talk to him really helped. (Industrial Manager).*

### 3.3 Summary

This chapter provided the background to the POWER programme and detailed the setting up of the programme in addition to the content and early operationalisation of the programme.

- The POWER programme was established following the successful delivery of Wellness Workshops and WRAP programmes in the prison setting.
- A group of prisoners who showed an aptitude for working with people in distress and who were eager to develop their knowledge and skills around mental health were selected to train as mentors.
- A detailed training programme was developed but remained flexible to be responsive to the needs of the prison community.
- The initial mentoring programme envisaged was a formal mentoring process whereby mentors would be allocated specific prisoners, however an informal diffuse mentoring structure developed and all stakeholders agreed that a formal system was not suitable for many prisoners.
- The establishment of the POWER programme required the ‘breaking of new ground’ in relation to processes within the prison but this was crucial to the operationalisation of the programme.



## Chapter 4: Mentors' Perspectives and Experiences of POWER Programme

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### 4.1 Introduction

This chapter presents some of the findings from the interviews and focus groups with the mentors and aims to describe their experiences of the POWER training and their perceptions and experiences of the mentoring role. Further findings from the mentor interviews detailing the impact of the POWER programme are presented in Chapter 6.

### 4.2 Perceptions and experiences of mentor training

#### 4.2.1 Mentors' motivations for becoming a mentor

All of the mentors were approached by SOS and offered the opportunity to take part in the mentorship programme. The mentors didn't hesitate in accepting the offer and not only were they enthusiastic about the course, they were proud to have been selected from the many people who had attended the workshops that SOS had facilitated in prison. In addition, the mentors were highly motivated about the prospect of becoming mentors and were keen for the initiative to be successful. There were a number of reasons why they were so motivated about becoming mentors and these stemmed from their personal lives as well as from their experiences in prison. However, the most cited reason was the mentors' desire to help other prisoners which was strongly driven by their belief that they had something to offer given their unique experiences both in and out of prison.

The mentors spoke about the negative impact that prison can have on a person's mental health. They had first hand experiences of the stresses that are exerted on prisoners on a daily basis and offered an insight into how everyday stresses are magnified by the prison environment. The mentors recognised that issues such as depression, self-harm and suicidal behaviour were endemic within the prison population and that there was a lack of resources to manage these problems. Most of the mentors knew someone who had died by suicide; either a family member, a friend in prison or someone in their respective communities. The mentors also talked about the extreme loneliness that can be experienced in prison and how it was easy to become isolated from other people, which led to depression. They talked about situations where prisoners did not engage with the prison community at all and chose to be locked up for

long periods of time, even taking their meals in their cell, which had a further detrimental effect on their mental health. One of the mentors suggested that some prisoners used anger as a way of masking their emotions and that many angry outbursts and incidents were driven by the stresses and strains attached to prison life. The mentors also spoke about the stigma attached to mental health problems and the lack of openness about mental health in prison generally, which stemmed from a perceived need to be strong.

*You know men had to be strong and give off this kind of perception of everything is okay with me, you know like. (M1)*

*A lot of people would suffer from depression in prison. You know and they don't even realise they're suffering from depression. (M2)*

*So everybody has mental health problems, especially in prison. Like I'd know from when I was in [prison name] years ago, loads of people just hang their selves, think that's the last way out. (M3)*

*Because some of my friends from back in the old days, they have committed suicide and I wish I could have been there to talk to them about what's troubling them, you know. (M7)*

*Very, very common, especially over this side of things. I've experienced prisoners that have taken their own lives. Prisoners that have overdosed, you know. And maybe if the mentoring programme had been there, you know, some of them people might not be dead. (M8)*

The mentors' desire to help other people within the prison was not only fuelled by their knowledge and understanding of the issues that affect prisoners but also by the fact that the strategies that they learned from SOS had helped them to manage their own mental health. The mentors believed in the underlying philosophy of the SOS message and were keen to pass on the skills they had learned to other people. This is exemplified in the following quotation:

*Because I know how important is it. As I said like, I've been a listener with the Samaritans since 2005. In [prison name] first, then here and so like I was always interested in mental health. And trying to prevent self-harm and suicide in the prison. And I know how sitting down talking to people and people just talking about how they are and what's going on for them can change that mood. And so I just, I wanted to be involved. Now any initiative that comes up I get involved in it because I have an interest in it, I know it works. I know how important it is to share the information with people in the prison. (M4)*

While the mentors' desire to help others was influential, all the mentors believed that their experiences and how they managed their mental health made them uniquely qualified for the mentorship role. They spoke candidly about their lives both in and out of prison and the many traumas that they had experienced. For many, attending the initial Wellness Workshop had been a catalyst which facilitated a greater understanding of mental health and sparked an interest in learning more and beginning to help others. Others talked about how they had always helped people either informally or through the prisoner listener service and the mentorship programme offered another way of extending and formalising this role. While attending the Wellness and WRAP workshops, the mentors felt that the facilitators of the workshops saw something in them that could be developed and it was this 'something' that drew the facilitators to choose them for the mentorship programme. This is demonstrated in the following quotations:

*Well initially, I was like because I'd done the wellness workshop. And I was picked out of the group as one of the possible people that could be a mentor, you know, so. And I'd asked [names facilitators] meself why we, we were picked. And she said that we just stood out in the group as like people who were kind of really kind of insightful. And participatory and helping other people in the group who weren't, you know what I mean. (M1)*

*So, as I say we're only at the very beginning of the mentoring. We were approached probably a month ago. Because in February I did the WRAP and meself and the other new lad were on the course together. And [facilitator] just thought that the two of us had something to give, from our participation on the day like. So I'm involved in the football in here as well like. We must have shown something on the day. (M5)*

One of the mentors described himself as being a 'diamond in the rough' and there was a sense that this rang true for everyone on the training programme; the experiences that they had coupled with the personal growth they demonstrated could be harnessed and channelled through the mentorship role. The mentors demonstrated through their commitment and ability to help support other prisoners that they had the requisite skills that just needed to be further developed and refined:

*I think the skills I've already had, you know. Like particularly from me own experiences, like going through a lot of stuff. And worked out what causing them and learned about meself. I think these things I've had now. But now it's just actually polishing them up. I suppose you could say I'm a bit of a diamond in the rough. And now it's just kind of polishing the rough off now.*

*And using all that stuff, all that experience I have. And the knowledge I've learnt over the years. (M1)*

#### 4.2.2 Mentors' perceptions: Accessing recovery within the prison environment

The mentors spoke positively about the training and the facilitators throughout the interviews and the focus groups and from their descriptions, the training had a positive impact on them in a number of ways and across a range of personal and interpersonal domains. Some of the mentors used the word 'journey', and how they talked about their experiences and how they were now learning to understand and heal from those experiences, resonates with the personal growth that is often referred to as a journey. It was this personal growth that was stimulated and nurtured by SOS that made the mentors believe that they had something to offer prisoners through the mentorship role. The mentors had tremendous respect for the facilitators of the training and spoke positively about them throughout the interviews. They described the facilitators as genuine and open and they valued the time that SOS were taking to provide the mentorship training for them. One of the mentors talked about there being a great dynamic both within the group and between the group and the facilitators and this was promoted by the mutual respect that was held by both parties towards each other. The mentors believed that their life experiences were valued and that the facilitators knew that the success of the mentorship programme rested with them.

*You have a lot of respect towards them, they make us feel like that we're not at a stage of life that we're not bleedin the dirt of the earth, we're normal people like everyone else, you know. They put us in this position where we can help people. As they said themselves, it won't work without us, you know what I mean, that's the simple answer. (FG 1)*

There was a sense that the mentors took pride in their achievements and as previously identified, there was a sense that they were proud to be working with SOS. This pride was apparent when the mentors talked about their blue SOS T-shirts which they wore when attending the training and when they were facilitating or recruiting people for the workshops. The mentors also believed that this sense of pride was reciprocated by the facilitators as exemplified in the following quotation:

*And they're trying to help us you know, they're trying, like I remember one day we were after being here right, we came in and we were all sitting here,*

*all wearing all different kind of clothes, and another time we came in we all had the t-shirts on and we were all sitting here and I said something like Jesus I'm starting to think this is personal, you know and you could see, they were all so proud when we were saying that, that it's our little group you know. (FG 1)*

While there were some references to the mentors finding the training 'tough' and 'challenging' all of the mentors suggested that they were enjoying the course and there was a great sense of comradery among them. It was clear from the interviews that not only did the mentors feel supported by the facilitators, but they also felt supported by each other and this was valued. They made reference to other members of the group and talked about how they supported each other both during and in between training sessions. The mentors looked forward to the training sessions and as a group they appeared to get on very well together and there were several references to how much fun they had during the training. This is highlighted in the following quotations:

*We do have a laugh as well like. But if there's a topic about something serious we'll all have a laugh and just sit back and we'll all put our points in. (M3)*

*Yeah we have some laugh. Even when we're talking about something so serious. We can still make a laugh out of it without minimising the topic that we're discussing you know what I mean. So that's a great help. 'Cos we all enjoy coming up, doing the training. We love [names facilitators] and the two of them are great you know. (M4)*

Reference was also made to the ambience created during the training sessions which the mentors described as a positive, open and relaxed atmosphere. The facilitators were described as 'lovely people' and 'easy to get along with' by the mentors and the provision of sweets and fruits contributed to a positive learning environment where the mentors were able to be open about their experiences.

*I enjoy talking to the facilitators. They're very, very easy to get on with it. They're lovely women, you have to say they're really, really lovely people. And they draw you in. (M6)*

*And [names facilitator], she sort of got me to open up a little bit which was great, you know what I mean. And it just felt really good, they really helped me to open up and you know what I mean try and speak about my life and problems. (M7)*

As previously identified, the mentors talked about support from the facilitators and how they needed and valued this support. They were aware of their limitations and many of the mentors talked about having 'bad' or 'off' days where they would not feel like engaging with anyone particularly mentees. While they were able to manage these days effectively, they found the supervision and support that they received from the facilitators instrumental to the success of the role. In one of the focus groups this was referred to as keeping the mentor alive and something that was missed when the facilitators were on leave:

*Yeah, and then it was just like no supervision for ages like, and it kind of fell off – It was only six weeks but it felt like months. Yeah, it kind of fell off the treadmill, you know like. And I think it was down to staff levels and things in here, I don't think it was anything got to do with the facilitators now, but like it was only six weeks but it felt like months, do you know what I mean like – It keeps you alive, doesn't it? It keeps you alive. (FG 2)*

In the initial interviews the mentors were able to describe in concrete terms some of the things that they were covering during the training sessions in preparation for their role. They spoke about covering the responsibilities of the mentor, the role of SOS, codes of ethics and the boundaries of their role. In addition they talked about learning about recovery and rehabilitation and some of the teaching strategies that were used during the sessions such as role play, group work etc. This is exemplified in the following quotation:

*We just cover different topics. Like we're on the, into role plays now at the minute, we're doing role plays. Sitting down meeting with people and helping them to just talk about their life at the minute. We went over what rehabilitation is, what recovery is. And we've had a speaker in from SOS as well [names speaker]. And he went through his experience and going through what recovery is. And the difference between the wellness model and the medical model. And we covered all stuff like that. We also covered as well the responsibilities of a mentor. What a mentor is, the guidelines and the guidelines of SOS. So we've covered a lot. (M4)*

It was clear that the mentors had covered a lot in the sessions, however at this stage they were quite unclear about the specific skills that they were learning and how the training was preparing them for their role as mentors. However, as the interviews progressed the mentors talked about a range of interpersonal skills that they had developed while they were attending the training sessions. While most of these were communication-based skills such as eye contact, body language and listening, there were other skills that were discussed as well. For

example, being able to recognise when someone is experiencing distress and being able to approach them were also perceived as important skills. In addition, skills such as 'going slowly' and 'taking little steps' were also seen as essential.

*Not wanting to jump in feet first and trying to fix the problem. That's something I suppose, that's the main thing that's stuck in me, like I said earlier, you know. If you see someone struggling or stuff and you just want to help. Even sometimes if you're going in blindly and you're stumbling around. You still just want to help and it's coming from a good place. So it's just kind of trying to rein that in and hold off on doing that you know what I mean. (M1)*

*That was a good skill. The communication, I'm able to speak to people a lot clearer. And I suppose it works both ways, I have to listen too. (M2)*

*Like it doesn't have to be something huge like you know. And then say with the course, it's the same thing, it's small little steps. (M5)*

When the final interviews were being completed, the mentors spoke about their role and the strategies they had learned to use as part of their role. They had a keen knowledge of recovery and WRAP and used a recovery discourse to talk about their experiences of the mentoring process. They also spoke clearly about the skills they had such as listening skills but also about their knowledge of the process. This expertise about their role and the language they use is highlighted in the next quotation. In the following quotations the participants describes his ability to listen and the knowledge he has about letting the mentee talk and really listening to what they say.

*Yeah because like as I said we talk to them and like that identify different triggers for them. And we say that's something that we cover in the WRAP, the wellness recovery action plan and that helps identify triggers. And what we can do when these triggers come up, how we can put an action plan in place and help us through it. And we talk about the daily maintenance plan because like if somebody is talking to me and they're saying that they're having a bad day all the time, I do ask them what can they do for themselves every day. And explain to them then that this, when we do the wellness recovery action plan as part of a daily maintenance plan, that we have these wellness tools. (M4)*

*I mean my ability to listen I think you know because I suppose before all that that urge to help you know and wanting to give people advice and things like that you know to kind of do that. So now I don't I just kind of I say I would listen to them talk and I would ask a question here and there. That is the big difference that is the thing I take most from it you know. (FG 3)*

### 4.3 Perceptions and experiences of the mentoring process

As previously identified, the mentorship process was conceptualised as a formal process between the mentor and a mentee who was a fellow prisoner. The initial interviews and focus group confirmed that the mentors were working towards this goal with many references to the process and the preparation they were receiving for this role. For example there were references to their role as a mentor and how this fitted within a formal relationship with a defined code of ethics. While initially the mentors were vague about how potential mentees would enter into this relationship, in subsequent interviews, the mentors talked about informally talking to or approaching prisoners and then offering a more formal arrangement if they were agreeable. In later focus groups, the mentors also talked about being referred mentees from prison staff in some cases. This involved the mentors keeping records which contained information about the different wellness tools and action plans that they might have discussed with the mentee. In addition, a designated room (POWER Room) for mentor/mentee meetings was also negotiated with the prison staff. However, in practice, the mentors discovered that this formal approach as planned was difficult to operationalize. When the mentors were ready to engage in the mentorship process with fellow prisoners, they found that a tension emerged between the formal process that was anticipated and an informal process that was desired by the mentees. The mentors found that they had to adapt the process as the formal mentorship programme was not being utilised as planned. This is articulated in the following quotations:

*It's not kind of working out the way we kind of planned, you know, because the whole formal thing of going with the mentees in to a room and talking about it, it's not working out like that, so people just, it's more informal like, you know, where you'd be chatting just to people on landings or school or wherever, do you know. (FG 2)*

*When we started the mentoring it was a case of we'd be doing with the intention of sitting down on a one to one, like a formal setting, keeping records and going through all of that, but I think we had to just adapt it because of the environment that we're in, do you know what I mean, that didn't suit this environment, so I think it was good that we were able to change it around and that the facilitators let that happen as well, I think that's great, you know what I mean. (FG 2)*



The mentors reported that the mentees were apprehensive about engaging with the mentors in a formal relationship. There appeared to be three main reasons for this; firstly the mentees preferred the informal process where they encountered the mentors in a more ad hoc way usually chatting to each other on the landings of the prison or in the mentor's cell. Secondly, the mentees did not like the idea of the mentors keeping records and thirdly the mentees were reluctant to meet the mentors in the designated power room. The mentors believed the third issue was related to stigma and the reluctance of the mentees to being seen accessing help and appearing 'weak' or 'vulnerable' to other prisoners. One of the mentors suggested that the mentees wanted help from the mentors but did not want to be seen looking for help. The following quotations help to highlight these points in the mentors' own words:

*I remember one day with someone I was kind of chatting to and I asked him look, you know I'm a mentor, do you want come down and sit down and we'll have a chat about it, as soon as I said that he just shut up shop. He didn't want to do like the whole formal setting, sitting in a room and facing in each other in chairs kind of way, you know. (FG 2)*

*So when people approach us we want to say listen, okay, you can come and see me, do you want to pick a day like, and we'll sit down – then we found that that didn't work because the minute you start whipping out forms people are like what the [----] man, I only want to bleeding talk and you're whipping out [the forms] and start panicking. (FG 2)*

*There's just something about keeping files, you know, there's just something about keeping their files that, we've only finished training so this thing of keeping files, it's all new to them whereas like we've been told about it like three years ago, but they're not ready to do it yet, yeah. (FG 2)*

*People I think would just rather sit down, because of the environment we're in they'd rather just come in and, on the QT, because as well as that if you were to use the room over there that we have they're coming over to it, an officer say brings the two of us over, everybody walking, we walk the whole length of the prison over and people would be thinking to themselves oh, everyone knows where I'm going here, do you know what I mean, so it's easier just to come in to our cells or call us aside in the workshops or wherever we are and say look, can I have a chat with you for a few minutes. I think that's, people feel safer that way. (FG 2)*

One of the mentors said that the informal arrangement was preferred by the mentees because it differed from the formal supports within the prison such as drug counselling or the psychology service. It was suggested that some of the prisoners struggled when they attended

these formal supports and found it easier to drop into one of the mentor's cells for a chat and a cup of tea. The informality of this approach coupled with the knowledge that the mentors could be trusted offered an alternative and easier route to access support service where the prisoners could drop in on the 'QT' without drawing any attention to themselves. There was general agreement that this was the case and that adapting the mentoring process to suit the environment was necessary for the success of the initiative.

*I think it's like the formality of it I think, through our sentences we have to deal with psychologists and drug counsellors and all different counsellors and that's a struggle for some people and then when they see then that they're talking to the lads like ourselves and their still, it's still that formal approach, that it's like going in to the psychology and all that, you know like, whereas they'd rather just sit in the cell with us, have a cup of tea and talk about it. (FG 2)*

Nonetheless the mentors still tried to incorporate the principles of WRAP into these informal discussions with the mentees. This was seen as an easier way to work with the mentees outside of the formal arrangements that were originally planned. For example, one of the mentors talked about how he would talk about the mentee taking personal responsibility or educating themselves about their issues of concern and would try and link these back to the WRAP programme. However, the mentees 'shut up shop' when it was suggested that they might go to the power room or go through the workbooks.

The mentors raised this issue with the facilitators of the programme in subsequent training sessions where they talked about their concerns about the mentoring process as originally designed and that recruiting mentees was not 'taking off'. The mentors' intimate knowledge of the prison environment meant that they had a deep understanding of how prisoners might interface with a service such as this and that an informal approach was going to be more successful. When this was discussed with the facilitators there was a sense that they were happy to work with the mentors and give them the flexibility to operationalize the programme in the best way that suited the environment they were in. In that sense, the original formal approach is still available although the informal approach is the dominant method used. The mentors themselves pondered the future of the formal peer mentoring process as originally conceptualised and while they felt that they were well prepared for this role, they thought that the prison was not ready for this just yet. When asked if the formal mentoring system could be successful, they were unsure. One of the mentors suggested that stigma needed to be

challenged and broken and that it would take some 'brave' prisoners to be seen using the formal mentoring process before it became more mainstream. However, the mentors were satisfied with the informal arrangements as this was something that they were used to and the skills they learned during the training were transferable regardless of the context. In addition, the mentors believed that the informal approach had the potential to reach more people as prisoners could access the mentors at any time outside of a formal arrangement.

*I think it's just going to take a few brave souls just to kind of, to be the first you know, to be seen doing it, you know, people maybe with a bit of standing who don't really care what other people think of them, do you know, who are confident and sure of themselves and think well look, I don't care what this person thinks, I'm going to look after meself. (FG 2)*

#### 4.3.1 Mentors perceptions of their role in prison

When the mentors were asked about what the role of a mentor entailed, they spoke about their role having a number of key actions. These mainly fell into the realm of interpersonal actions, which could be used to develop a relationship with other prisoners that would foster a safe environment to discuss and work through issues of concern. The mentors were aware that they did not 'have all the answers' nor were they there to 'fix people' and their role could be conceptualised as that of a facilitator. This involved being available, being approachable, being supportive, listening to people and helping people to find solutions themselves using the strategies that were covered in the mentorship training.

*The trap that people tend to fall in is offering advice so we kind of like, that's something we're not to do, you know what I mean, they know what they need to do their selves, so sometimes it's a matter of getting them talking and then the solutions come to them. Just by saying things out loud sometimes. (FG 1)*

Consequently, there was an educative element to the mentor's role as well, which involved the passing on of knowledge and skills to other prisoners to help them manage their own mental health. The mentors also understood that they were not there to give advice or to tell prisoners what the solutions were but to help them come up with the ideas themselves. The key roles of the mentor as described by the mentors are displayed in Box Two.

## Box Two: Role of the mentor as described by the participants



While the mentors described their role as an interaction and a relationship between two individuals (mentor and mentee), the mentors also talked about how they had a general role promoting mental health within the prison and setting examples in terms of how they managed their own mental health. This was helped by the fact that as individuals they were well known and well respected in the prison. The mentors spoke about how they were role models for other prisoners and felt it was important that that they were visible, open about their mental health and seen to be using the strategies that they learned. This was described by one of the mentors as believing in the information that they were getting and living their lives by it. Another mentor summed this up by suggesting that he was an ‘ambassador’ for SOS and this was important for the mentor role to be successful. The following quotations highlight these points:

*And this is the discussion now we had in the last class as well. That if we don't live by it... 'Cos people would be watching us, when people know that we're mentors, people will be watching us to see how we're living our life. And if I'm stressed out every day of the week or struggling and not coping with things. They'll look and say, sure he struggles. How am I going to learn and take anything from that, how's that going to improve my life. So I think it's important that we do live, practice what we preach basically. And I think doing the wellness workshops and the WRAP workshop. People'll see that,*

*that this is what we're actually living, you know what I mean and that it works for us. So if it works for us, it'll work for other people. (M4)*

*We have to stop thinking like that now that we're doing this course. 'Cos you're an ambassador you know, they call me the ambassador they do, you know. You're an ambassador for Suicide or Survive. But I just want to make a change you know and change is good isn't it? (M9)*

*Once all the groups that see us kind of putting ourselves into it. They feel more comfortable of actually putting their selves in and hopefully they're learning something from it. (FG 1)*

Another role that was discussed was the mentor's role in advertising, promoting and recruiting people for the Wellness Workshops and the WRAP training programme. The mentors also talked about sitting in on these programmes and assisting other participants if they needed a hand, especially during the WRAP programme. Some of the mentors also completed the WRAP facilitation programme and had begun to facilitate these workshops under supervision, which became another arm of their respective roles.

Central to the role of the mentor was the establishment of trust, not just with mentees, but also within the group of mentors who were completing the training. The mentors suggested that it was difficult for prisoners to establish trusting relationships with other prisoners. One of the mentors stated that you can't trust anyone in prison and that sensitive information was sometimes divulged to third parties, which created further tension in an already tense environment. Furthermore, there was a perception that it was difficult to maintain confidentiality in prison given the close proximity in which everyone lived. Trust and confidentiality were perceived as barriers to be overcome for the mentors who believed that their roles needed to be underpinned by these principles. In addition, trust and confidentiality concerns reduced the possibility that prisoners would come forward if they were experiencing distress. The lack of trust as perceived by the mentors is summarised in the following quotation:

*Really, really you can't trust anyone; you think people are your friends. But they go on and say it to him and then what happens is people will say it to that person. And you are going who are you talking about and then that's, because you're in each other's face, constant, constant, constant. It's a build-up of tension. So the likes of these courses are good for getting the word out there to tell lads that it's okay to talk to someone. (M6)*

The mentors believed that fostering trust with other prisoners was essential to the success of the mentor role. While it was perceived as difficult, the mentors believed that it was possible to develop the trust that was required in order to make the role successful. The importance of trust and confidentiality is evident in the following quotation:

*And I found that a lot about things in prison too. Any kind of groups like that. That confidentiality is always a big thing. Because we're in there but sometimes we're discussing intimate things. You want to be able to trust people, so they have to be able to trust you too. (M1)*

In terms of trust, the mentors believed that a number of factors were in their favour and that slowly, over time, prisoners were beginning to trust them and were more likely to engage with them in a mentor/mentee relationship. This was attributed to being seen as part of the mentorship initiative and being visible in that role. Part of that visibility was wearing the SOS T-shirts which helped to identify them as mentors and provided a level of credibility to their role and the training they were receiving. While it was suggested that the close proximity in terms of living arrangements was a barrier to forming trusting relationships, it was also seen as a facilitator in terms of recognising prisoners who might be in distress.

*'Cos like we're on landings in here. And the landings are very confined, so like before I even done the training, you would notice if somebody was having a bad day. So you would go and say, is everything alright, you know. And because I wasn't in the role I'm in now. Maybe they weren't too forthcoming with it the issues they were having. But now they see me in this role, they find it; like that I'm a trusted figure to speak to. (M2)*

*And when they see us with our t-shirts on us, that like they know what we're here for. They know they can talk to us, they know it doesn't go any further, unless as I say we tell them the boundaries if you think you're doing this or that and we have to go an ACO, we tell them before anything like that. So there's trust between me and there's trust between him. There has to be trust in it. (M3)*

The mentors were aware however that there were limits to the level of confidentiality that could be guaranteed to mentees. This was understood as part of a code of ethics, which the mentors talked about learning during their training sessions. If the mentors felt that a mentee was at risk in some way or if they disclosed that they were going to harm themselves or someone else, then the mentors knew that they had to disclose it to the 'Governor' or the 'Chief'. To maintain the trusting relationship between the mentors and the prisoners, the mentors had to be clear from the beginning the boundaries of the relationship and the

possibility of this happening. One of the mentors talked about prisoners 'ratting' to the prison officers and he was adamant that it needed to be clear that the mentors were not 'rats' by doing this.

*That if they tell me they're going to hurt someone else or themselves, or if they tell me that they have hurt someone else. I'm at liberty to actually disclose that then. But I have to tell them this from the start. That if they do tell me anything like that then I kind of have to speak up. (M1)*

*Well if they say things that we think, that are at risk, we have a right to go to the governor or chief and tell them. And then he'll be, like you're not ratting on him. That's what people think in here, oh you can't be a rat in prison, you're not ratting on him, you just feel that he's going to do something that he's going to regret. (M9)*

#### 4.3.2 Mentoring in prison: Experts by experience

As previously identified, the mentors believed that they were uniquely qualified for the mentorship role that they were being prepared for. Notwithstanding the personal growth that has been discussed briefly already, the mentors' self-experience of mental distress and the many life challenges that they have faced provided them with a level of expertise that they believed was essential to carry out the role. The mentors also talked about other courses that they had completed in prison that also prepared them for the role. Some of the mentors were listeners, and although this was seen as different from mentoring, there were commonalities that complemented their ability to provide support to other prisoners.

*But like I said earlier I've done a lot of work with psychology, I've faced up to a lot of things. I've gone through the mill in the last few years. So I kind of, I feel better prepared. I suppose if you can't help yourself, how do you expect to help others. So I'm a lot stronger and I'm prepared and more self-assured I suppose. (M1)*

*... before they'd [prisoners] be sitting in my cell having a cup of tea and I'll tell them what happened my brother and different experience from different jails I went to and then they come out with a little bit and that's all it takes, ah yeah, you see them the next day and they're real jolly and can I have another chat with you in a few weeks, yeah no bother, do you know what I mean. (M3)*

*I think I have a lot of practical experience and a practical place to come from. You know and I can identify and I'm sure, I feel I can make a connection with people. Because I've been in some of those places myself.*

*So it's just something that stood out for me that I would be interested in pursuing and continuing. (M8)*

In addition, there was recognition that other prisoners were more likely to approach or open up to the mentors about issues that concerned them. The mentors suggested that prison officers were not seen as an avenue of support for prisoners who were experiencing distress. There were two main reasons cited for this; firstly was the belief that prison officers might not respect the prisoners' confidence by telling other prison officers or using what they said against them in some way. Secondly, the mentors believed that the necessary help and support that the prisoners required was not available. For example, if a prisoner told a prison officer that he was having suicidal thoughts, he might end up in isolation [strip cell] for a period of time. In addition, the primary mode of intervention for mental distress in prison was medication, which was also perceived as unsatisfactory.

*You see the thing I find with most prisoners in here that they'd rather talk to someone they know, who's going through a similar experience. That they didn't just learn it in college, you know what I mean like. (M1)*

*As I said, they wouldn't go to an officer. You know but they can come to us. (M9)*

The mentors believed that their personal experience coupled with the training they had received from SOS strongly positioned them as the best people to provide support to other prisoners. The mentors considered themselves to be approachable and they described many instances when other prisoners sought advice and support from them. One of the mentors suggested that each of the mentors brought something different to the group and that their individual and diverse personalities also complemented the role in different ways:

*All the lads that you're going to meet today. They all have their own, their own gifts of mixing with people. Do you know what I mean, you have one that's quiet but he'll suit the quiet people. You've the outlandish ones that can have a laugh. But then they can be serious if they want to be. (M6)*

The mentors were encouraged to bring this experience to the mentorship role and to use it as a channel or a medium to help people. This was described by one of the mentors as a 'real authenticity' which he believed was a powerful tool, which enhanced the relationship between the mentor and the mentee. This authenticity was tapped by the facilitators within the training



sessions and the mentors talked about the many role-plays and scenarios that they were involved in. During these sessions, the mentors talked about real problems and concerns that they were experiencing which helped them to understand the value of their experience and how they could use it to help other people.

*Every one of us that did the training, we all brought real problems that we were having. So like some days it ended up like therapy sessions. So it wasn't as if we were practicing on a fake story. We were dealing with people's real thoughts and real feelings and real problems that they were having. And I think that's what set us really well up, you know what I mean. (M4)*

#### 4.4 Summary

##### Mentor training

- The mentors had a thorough understanding of the negative impact that prison can have on a person's mental health.
- The mentors were enthusiastic and proud about being selected for the mentor training.
- The mentors spoke highly of the training and the facilitators and although they found the training tough, they enjoyed it and looked forward to the training sessions.
- At the end of the training, the mentors were well versed about their role and were confident in their ability to work with mentees within the prison.
- The mentors felt that they were uniquely qualified and well positioned for the mentor training and subsequent role.

##### Mentoring

- The mentorship programme needed to be adapted to a more informal process as potential mentees were not utilising the formal approach originally conceptualised.
- The mentors were positive about this change in process and were confident that a more informal approach would aid the success of the initiative.
- The mentors described many instances of mentoring on an informal basis.
- The mentors acknowledged some challenges to the future of the role and these included the release or transfer of mentors out of the prison and younger prisoners who were not interested in engaging with the mentors.

## Chapter 5: Key stakeholders', SOS facilitators' and Mentees' Perspectives and Experiences on POWER

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### 5.1 Introduction

This chapter presents the findings of the POWER evaluation from the perspectives of the key stakeholders, SOS facilitators and mentees, all of whom were involved in the implementation of POWER. Findings from each group will be presented and supported by relevant quotes. The chapter will conclude with a summary of the key issues presented.

### 5.2 Overview of stakeholders' perspectives and experiences on POWER

From the outset, the stakeholders welcomed the programme as a peer-to-peer, prisoner-led activity, and buy-in was reported from top levels of staff. In fact, in line with the growing interest in the use of peer education and peer support activities in prison; the stakeholders held the view that the mentoring programme had the potential to be a very beneficial and worthwhile activity. Not surprisingly, the stakeholders were very motivated to actively support and assist the development and implementation of the programme:

*The idea of peer education and peer support is kind of something that the prisons are looking very closely at now because we have seen in other incidents where peer education and peer support generally works better, sometimes the lad will take the message quicker off their own. (Industrial Manager)*

As outlined in Chapter 2 under the development and setting up of POWER, the stakeholders viewed the mentoring programme as part of a package, which included the Wellness Workshop and WRAP. Prior to the mentoring programme, they had also encouraged and supported the implementation of these programmes for prisoners and at the same time made the programmes available to prison staff at a venue and time outside of their work area. All key stakeholders and a small number of prison officers attended both programmes and similar to the prisoners and prison officers who had attended, evaluated the workshops very positively:

*The Wellness Workshops they came in ...it was seen very quickly that they had a very clear positive impact on individual prisoners so that kind of spurred us on to develop the relationship with Suicide or Survive. Then they came in with the WRAP programme and we could see again very clearly this was having a positive impact and then now the next stage is the mentoring programme. (Governor)*

*From my own experience of the Wellness Workshops, I found it very helpful to think about how I look after my own well-being including my mental health. (Chaplain)*

*So while the prisoners are going in the workshops, some of the prison guards know what they are going into because they have done it themselves they had three days off and they went into town ....and they did it in that location. (Industrial Manager)*

Without any reservations, all key stakeholders described the implementation of the mentoring programme as a very successful, beneficial and worthwhile activity. In fact, the stakeholders were very pleased and somewhat taken back that the benefits and changes reported and observed far surpassed their expectations, so much so, that they wanted to implement another mentoring group:

*I certainly didn't envisage it coming out as well as it did. Not that I actually didn't see this, what I didn't see was the work that the lads would have put in, I didn't see the fact that they would have kind of gone off themselves and done the very very good work they did with people who were struggling yes. Far better oh way beyond because I want another I would like another mentor group. (Governor)*

*It was great to see such improvements in the lads. (Chaplain)*

Throughout the development and implementation of the mentoring programme, all stakeholders observed and witnessed changes among the mentors, prisoners, prison officers and the prison milieu itself. All changes were overall very positive, however, the stakeholders were aware that the changes observed and reported were developmental and different for each mentor or mentee and therefore unique to each person's individual learning and development at that particular time:

*...in terms of them starting to interact, which is really only, to be fair, over the last kind of six to twelve months, I think there wouldn't have been anything you know noteworthy kind of things happening, starting to happen. I think up to that point you know they were finding their own feet. (Industrial Manager)*

Notwithstanding this, all key stakeholders were pleased to witness the numerous positive and worthwhile changes for those who undertook the role of mentoring, as well their fellow prisoners whom they had supported, informed and assisted:

*Very real changes and again as I was talking about you have the changes to the mentors the changes to the individuals in which they have connected with but then now there is also the changes to the prison itself. (Governor)*

The stakeholders heard directly and indirectly about the mentoring programme and its ongoing development and effectiveness through their different roles and day-to-day formal and informal contacts and interactions with mentors, mentees, prisoners and prison staff:

*I try as a Chaplain to meet the lads casually and just maybe say how did you get on yesterday? (Chaplain)*

*And certainly within that group of nine, there were those you know who struggled at different times with things that arose, or their circumstances, both either here or outside, and certainly I would have noted and would have discussed it with one or two other people here – the differences in them. (Industrial Manager)*

There was consensus among the key stakeholders that the mentoring programme had contributed to several positive changes at both an individual and organisational level; these will now be presented.

### 5.3 Perspectives and experiences of SOS facilitators on POWER.

As identified in Chapter 3, the SOS facilitators were interviewed twice during the course of this evaluation; once shortly after the training had commenced and once at the end of the training. As set out previously, the work of SOS in Wheatfield started initially with the delivery of Wellness Workshops. A core feature of these workshops is ‘Caroline’s story’ in which the CEO of SOS recounts her personal story of distress and recovery. In the opening interview, the CEO of SOS identified how she was hesitant and uncomfortable about sharing her personal story in a prison as she was unsure about how it would be received:

*I was extremely uncomfortable going in...my fear was when I tell my story will they laugh? Or what will they think? (SOS facilitator)*

However, she was reassured by the Governor who encouraged her to trust them and who believed that the prisoners’ response was likely to be positive. This was indeed the case as ‘Caroline’s story’ was received very warmly by the prisoners who in turn shared their stories of personal distress and their journey towards recovery. From the outset then, a trust had been established both with SOS and key prison personnel but also crucially with the prisoner

participants on the Wellness Workshops, the WRAP training and ultimately the POWER mentoring. This trust was central to the success of the POWER programme.

### 5.3.1 Being believed in

One of the significant by-products of the POWER programme was that the mentors knew that the SOS facilitators and key prison personnel believed in them. The SOS facilitators identified how many of the mentors did not always have someone to believe in them:

*They didn't get a lot of support at home, a lot of them, when they were growing up. In school, they were never top of the class/ they didn't achieve. They got themselves into trouble early on. And nobody ever said 'I know you can do this – and actually I'm going to invest in you. (SOS facilitator)*

It was clear that investing in and trusting the mentors to commit to the programme had a positive outcome on them:

*What I've seen is people just flourishing on the basis that somebody said, 'we believe in you'. (SOS facilitator)*

A key tenet of the POWER training programme was that both mentors and facilitators were regarded and treated as equals in the room. Although there were obvious power imbalances that could not be challenged for example, the facilitators got to leave the prison at the end of the working day – the facilitators identified that a key feature of the success of the POWER programme was having the mentors *'on the same par as all of us'*. This again contributed to the trust that had been established between the mentors and the facilitators. It also facilitated a learning environment where the mentors were not judged by others and did not regard themselves as passive recipients of the education programme. The facilitators reported how they were challenged and how the mentors argued back when they believed an approach was not workable. Through this learning the mentors came back the following session and reported how they had learnt so much about themselves. This potential for self-development was identified many times throughout this evaluation of POWER, by both facilitators and stakeholders, but also importantly by the mentors themselves as reported in Chapter 6. The POWER training also offered the mentors credibility within the prison as they were *'fully trained and supervised mentors and WRAP facilitators'*. This provided them with a valuable role and status within the prison community.

### 5.3.2 Learning about self and others

All stakeholders were pleased to report evidence of increased confidence and self-esteem among the mentors, especially as confidence among prisoners was seen as a rare phenomenon and *'in short supply'* at any time:

*... You'll walk in there [prison] and you'll see guys kind of strutting around and all, but a lot of that is just bravado, it is almost like a form of protection in here as well. To appear as strong as possible in order to avoid being picked on, or being considered vulnerable, and asked to do you know things that you don't want to be getting involved in and all that. I mean if you scratch the surface and all with virtually most people there, and it is certainly my experience over many years, you know they are struggling to cope with their own lot (Industrial Manager)*

According to the stakeholders, such positive changes helped the mentors to feel more assured and confident when approaching and connecting with other prisoners as they carried out their mentoring role. Albeit at different levels and different times, the mentors' increased level of confidence was reflected by their interpersonal skills, demeanour and knowledge of issues concerning mental health and well-being. Such skills and attributes helped them to engage in challenging and demanding dialogues with fellow prisoners about emotional and personal issues. The marked changes in the mentors' personal development and learning enabled them to take on the role and responsibility of mentoring, and at the same time, increased their ability to manage their own mental health and cope better with living in prison. As well as changes in confidence, the stakeholders also observed that the mentors had an increased level of awareness and sensitivity to other prisoners and in some instances prison officers. Learning to be more empathic to others helped the mentors to pick up cues of distress, which proved vital when reaching out and connecting with fellow prisoners. This was particularly important when engaging and working with fellow prisoners who presented with challenging behaviours:

*And first of all I suppose with the mentors themselves, and in terms of the training, and watching them develop, in terms of their own confidence I would have noticed that they became more confident to do the mentoring – some more than others within the group. (Industrial Manager)*

*I can see the results because they will talk to me afterwards and they say it's absolutely wonderful what they are doing because they go back into the units and they are telling the other lads about the programme. They are also telling their families about the programmes so families are benefitting from it and I know one guy when he was in court he told the judge about what he was doing (laughs) and it had a I think it had a good effect on the*

*judge. So the news is spreading but I can see they are more confident and they are really it's made a huge difference to their lives and in coping with their prison sentence you know. These are people who have lost their freedom and they are coping with their own issues in prison but they have their family issues as well. (Chaplain)*

*And they got to understand that equally they also gained greater confidence just in themselves as individuals as human beings and going around the prison they gained this confidence and awareness of others and their problems. One through the interaction with the SOS people and trainers and the confidence that they got from the kind of positive affirmations they would have got. The confidence they get from being pushed hard and having to actually reach certain standards that some of them may never have been asked to do before so all of a sudden now it wasn't just a case of turning up. But rather you had to not only reach standards but keep those standards you know and the way you carry yourself the way you interact with other people and the amount of effort that you put into each mentoring session a training session. (Governor)*

### 5.3.3 Being trusted and trusting

The stakeholders were aware that the mentors appreciated and valued being trusted by senior prison staff including the Governor to undertake the role of a mentor. Being trusted provided them with a great sense of self-respect and self-worth, which in turn enabled them to reach out and develop supportive trusting relationships with fellow prisoners. For many of the mentors, this was the first time since entering prison that they felt they had an important role and task to complete, other than being a prisoner. However, at the same time the mentors were also aware of the enormity of their responsibility and at times they doubted and questioned themselves particularly about whether they had the necessary skills and ability to intercede with other prisoners especially at times of crisis.

*Giving them the responsibilities is good because prisoners often are powerless, they lose everything you know when they come into prison. So now the mentors are at a stage when they sit in on the Wellness Workshops they will contribute they will keep an eye on the beginners and support them and encourage them. And getting that from peers is much better than getting it from staff you know. But also, I would have spoken to the lads about that, and some of them were definitely you know of the mind that-yea, exactly that – you know how can I do this? Or why should I be trying to help someone else when I'm struggling myself? (Industrial Manager)*

Over time and with support and encouragement the mentors became increasingly more confident in their role and ability to put what they had learnt on the mentoring programme into

action. As a result, they demonstrated that they could genuinely make a difference to people whom they connected with in their role as mentors.

#### 5.3.4 Facilitating change through connecting

Although the stakeholders acknowledged that it was difficult to be definitive about specific measurable changes as a result of the mentoring programme; they did nonetheless identify particular examples whereby the mentors' input contributed a significant role in facilitating prisoners to make major positive changes in their behaviour and ability to be with others. One such example included the following prisoner:

*We had a prisoner who was extremely isolated one of the more extreme cases who was basically in solitary confinement for months, if not a year or more. He was very violent, unpredictable volatile the staff couldn't be on their own with him. I asked them to just make contact with him in a safe way so there were always two of them with him. After several months of reaching out in various different ways, this prisoner went to the gym and did a 10k run for SOS. He went out into full circulation. (Governor)*

Not surprisingly, such significant and immense changes received much acknowledgement, appreciation and validation from the key stakeholders. It also challenged some prison officers' scepticism and suspicion about the value of peer-to-peer, prisoner-led activity.

*Our staff who work in our segregation block, where this prisoner was housed when he came, they literally couldn't open the door to him without something happening. And for them I suppose more than anybody, they saw exactly the difference that this made, you know. And they were sceptical as hell! You know when I said to them, and the boss said to them "listen we're going to let these two lads over into the cell with him". Now they thought we were bonkers, and they were saying "haven't we enough to be doing without babysitting two more going in to him now, and what is going to happen". And you get the usual kind of scepticism. So what I noticed over the last six to twelve months again was that there was less scepticism and suspicion about the mentors as they went about their work. More and more staff started to see them as actually benefitting (Industrial Manager).*

#### 5.3.5 Breaking down stigma

Although there were several psychological support systems in the prison, the mentoring programme provided 'something extra and different' wherein the prisoners could open up about their problems and issues relating to mental health. Acknowledging that many prisoners can become distressed particularly while incarcerated for long periods of time, helped to reduce the stigma of mental health /distress among the prisoners. At the same time it also



allowed prisoners to explore helpful coping strategies with someone who could ‘understand’, especially as they knew exactly what it was like to be in prison and the daily challenges it presented:

*We have psychology, we have drug counsellors and we have education and workshops and they are all doing the best they can with limited resources. The mentoring .....this is something different? They are talking to someone who knows what they are going through...., they've been there. (Chaplain).*

Gaining more experience and confidence to talk about their problems and emotional well-being also helped the mentors and other prisoners to gain more knowledge about how best to utilise other psychological and educational services provided in the prison:.

*I don't know if taboo is the right word but mental health can be a difficult subject and it is something that by and large I suppose it does affect close to one hundred per cent of the prisoner population really. And so it is something that there is a huge need for, I think the fact that prisoners are comfortable sharing any kind of work that they are doing in that area is kind of breaking down the stigma associated with mental health. Sometimes the lads wouldn't have the language to always articulate how they are feeling, and they wouldn't even have a sense of how they are feeling I suppose the it's one thing maybe knowing how you are feeling and how do you communicate it is another thing. Maybe not even having a sense of what this is what is happening for me. (Probation officer)*

### 5.3.6 Fostering a more inclusive relationship

The stakeholders' support of the mentoring programme and all the trust that it entailed from key stakeholders in particular the Governor, helped to foster a more inclusive relationship between the stakeholders, prison guards and prisoners. In undertaking their role, the mentors were included in some of the decision making processes and as a result they began to understand some of the organisational obstacles in prison as well as the ongoing efforts to improve the prison-prisoner relationship.

*We try to more inclusive yes and actually you know the decisions we make there are reasons for them and you know they can kind of give a different perspective. So it's not just all about them and it's all against them and punitive and so on they do actually see that we are trying to do things and there are reasons why we have road blocks at certain times. (Governor).*

## 5.4 Perspectives and experiences of 'informal' mentees

This section is primarily based on three interviews with prisoners who had first-hand knowledge of the mentoring programme via informal contact with one of the trained mentors, and is supplemented with secondary information from stakeholders and SOS facilitators regarding mentoring cases where we could not access the primary individual. All three prisoners attended one or more SOS Wellness Workshops, and two attended WRAP sessions and spoke about using WRAP tools including meditation, breathing exercises and the use of music (CDs with nature sounds). The 'mentee' prisoners we spoke to were able to identify typical 'triggers' within the prison which were experienced by the prison population, for example 'bad' phone calls, relationship problems with girlfriends and not being able to see their children. During the interview, they also spoke about their own personal situation and their triggers, displaying a strong understanding of how to respond within an 'unwritten' type of action plan. This may suggest that they may have worked out the 'action plan' in their head and were automatically drawing on it.

Mentees had a range of motivations for engaging with the mentor related 'package' of SOS services including the provision of a certificate and attending to spend time with friends. The general awareness of SOS and the wellness days seemed high, with respondents mentioning posters and the t-shirts however, the details of the mentoring process or the WRAP tools were less well articulated in the interviews. There was also a clear ownership over the process, for example, when one mentee responded to possible help provided by the mentors, answered, *"Sure, we helped ourselves"* (Mentee 2). In many ways, this might be expected within a recovery paradigm which supports personal responsibility. All mentees were very positive about the work of the mentors and perceived them as fellow prisoners who attended Wellness Workshops/WRAP alongside them, or facilitated the sessions. The informal nature of the interaction was also stressed, *'I just go into [name] cell and have a chat'* (Mentee 2).

### 5.4.1 The development of trust and talking

Mentees spoke about the need to maintain a strong image for their own safety, *'Show weakness and you are then vulnerable and open to all kinds of abuse'* (Mentee 2). Our interviews also indicate that trust is very hard to establish on the landings and that prisoners have to guard personal information. This creates a barrier with prison officers and other prisoners.

*[Do you talk about these things to prison officers?] Unfortunately no, it is not because we don't want to; it is because there are trust issues. It can get thrown back in your face by some officers, we just don't go there. (Mentee 2)*

Both mentors and the 'mentees' mentioned that some officers were 'grand', but others can 'abuse the situation'. The positive actions of some officers were spoken about widely, including their attendance at the SOS training. It is clear that at least one officer is very well regarded for his capacity to support mental wellbeing, however, 'mentees' were aware he was a 'busy man' and highly sought after.

The need to guard information is likely to isolate prisoners, and prevent them from building or accessing support and social networks. SOS Wellness and WRAP events were seen as making a real improvement.

*It is like anything in here, when you hear people actually opening up and talking, and you well oh Jesus it is ok, it feels safe to talk in here. Because I remember giving my story out and when I came to prison first I would never ever trust. (Mentee 3)*

By providing the conditions for prisoners to start to develop trust, the WRAP and Wellness days seemed to have laid the foundation for mentees to start talking about their lives. Trust was a necessity so that prisoners could talk about their lives and share their feelings; we also have indications from the prisoners that the during the SOS events each group built trust between peers. As the mentors were attending these sessions prisoners seem to have accepted them as 'peer support' and maintained the support agreement (in terms of confidentiality etc.). As one prisoner told us, they trusted the mentor who had attended their group to not discuss sensitive information for example a family member and being in hospital.

## 5.5 Perspectives on Sustainability and Future Development

The SOS facilitators identified a number of issues around the sustainability of the POWER programme. They spoke strongly about the need to find a way to keep the mentorship going citing a ripple effect that was beyond everybody's expectation. A key positive in terms of sustainability is that for the actual prison itself, the implementation of a mentoring system is cost neutral:

*It's not costing the prison any money in terms of resource implications. Because resources are very tight. But there's very limited resource implications of doing this...these are just people helping people. And that's the way it should be everywhere. (SOS facilitator)*

However, it was also identified that the feasibility and success of the programme was largely grounded in the support of key personnel and particularly the prison Governor. There was a concern that if the key people in the prison were to move on, the programme may not have the same support from different personnel and could be shut down.

*My only concern is if he [Governor] moves. That actually we will be shut down, I believe. Or lip service will be paid to this and those men will be let down. And that's my biggest concern...Unless you've got the Governor bought in, it won't happen. (SOS facilitator)*

There already have been moves to extend mental health programmes to other prisons with both Wellness Workshops and WRAP provided in another prison by SOS, co-facilitated by mentors from Wheatfield. There are plans to commence a POWER training programme in other prisons and the expectation is that the training will travel both through the movement of mentors to other prisons but also in time the formal training provided by SOS:

*All the training is not staying in Wheatfield prison, it is travelling. And the learning is travelling and that to me is fantastic, there's no catchment area. (SOS facilitator)*

A final and important point identified by the SOS facilitators is that while the diffuse mentoring system has the capacity to reach far more people that ever would have been reached through a more formal structure, in terms of evaluation, it was 'a challenge trying to actually keep track of the mentoring that was occurring – trying to capture what was actually going on'. Nonetheless, their hopes for the POWER programme was that the change and passion they could see around mental health could be sustained and have an impact both within the prison but also when the mentors are released from prison.

The stakeholders identified some key issues that need further consideration in order to enhance the development of the POWER programme in the future. At the outset, the programme needs to be integrated more into the overall prison services and culture; future success and implementation also requires much input from prisoners and prison staff at all levels. However, the stakeholders were aware that the feasibility and success of the

programme in the future was largely dependent on the support of key personnel in particular the prison Governor and SOS.

*A huge input from whoever say is the sponsoring body so to speak it takes an awful lot of work first as I said first of all to identify those who could probably do the job best. Then to actually provide the whole education input to provide the supervision input and then particularly within prison you have a two-fold in this case you have an external body that is Suicide or Survive and you also have the internal which is the prison service. (SOS facilitator)*

Acknowledging that prisoners move on and therefore 'mentors are lost'; stakeholders need to select potential mentors who have longer prison sentences.

*We need to think about prisoners who have a sentence of at least three years. (Governor)*

## 5.6 Summary

This chapter presented the key findings of the POWER from the perspectives of the key stakeholders, SOS facilitators and mentees, all of whom were involved in the development and implementation of POWER. Each group presents the different strengths of the programme and its impact on promoting mental health and well-being on both an individual and organisational level. Several themes are identified by each group however; all groups advocate the importance of 'being trusted' and 'trusting in' for all those involved in the development and implementation of the POWER programme.

## Chapter 6: Impact of POWER Programme

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### 6.1 Introduction

This chapter presents the key findings related to the impact of mentor training and mentor delivery from the perspectives of the key stakeholders, SOS facilitators, mentors and mentees. Impact was found across three areas; mentors, mentees, and the general prison setting. Findings from each group will be presented and supported by relevant quotes. The chapter will conclude with a summary of the key issues presented.

### 6.2 Impact of POWER for mentors: building confidence, taking responsibility and looking to the future

The POWER facilitators spoke strongly about how the training appeared to impact on the mentors. In addition to being believed in and the establishment of trust among mentors and between mentors and facilitators, there was also a recognised growth in self-awareness:

*There's a massive growth in self-awareness...they're much more proactive and less reactive. I mean we had an experience in the last session where somebody was triggered by something and he said 'ok – now I know what's happened and this is what it is'. And he was able to describe this to the group which was brilliant. (SOS facilitator)*

Mentors were described as developing a vocabulary around mental health – ‘a capacity to put words on stuff’. It was recognised that they were already informally engaging in many activities that they were being trained in, however, the training ‘gave them a growing confidence in their own competence’. In the second interview, the SOS facilitators spoke of a growing sense of personal responsibility among the mentors which was evidenced by them accepting responsibility for their own situations and recognising that ‘there is another way for them’.

The mentors echoed the views of their facilitators, commenting on how the training had impacted on them at a personal and interpersonal level. The training opened up a range of possibilities for them and they talked about the subsequent changes that had occurred which had made a positive impact on their lives. Throughout the transcripts the mentors reflected on their experiences both in and out of prison and were more cognisant of how these experiences had shaped who they were. Being able to acknowledge these experiences and being given the

opportunity to learn about how they impacted on their mental health was hugely beneficial to the mentors. However, the personal journey that the mentors undertook as part of the mentorship training began earlier when they first attended the Wellness Workshop and the subsequent WRAP programme. The mentors recognised and valued this change in themselves and acknowledged that their personal development had begun at the Wellness Workshop which was cemented by the mentorship training. Engagement with SOS provided the mentors with an alternative, unfamiliar worldview which built confidence, helped them to retake responsibility for their lives and offered hope for the future. In addition the mentors were challenged to reflect on the ways that they had traditionally reacted to stress in prison and not just learn new strategies but to implement them as well. The following quotations provide exemplars of these points:

*I brought up me father's suicide, you know in the early days of doing the course. And I just, you know, I was like that was a big trigger for me you know. 'Cos I spent most of me life acting the maggot because like I used to say, yeah I'm doing this because of me da is dead, you know. That was me excuse like you know. And it was easy to fall back into that when that was triggered and I didn't you know. 'Cos I was grateful to the course and what they did for me, you know. I think that's part of the process. Recognising your difficulties and overcoming them (M2)*

*One of the big things I learned was I took responsibility for me own wellbeing. Like I was always one for blaming everyone else around me. Every time I was having a bad day, ah it's because of him, I'd come off a visit and your man wouldn't give me any extra time. But now I take responsibility for it. And I learnt that no one else can me feel angry. No one else can make me feel sad. They might do things that upset me, or annoy me but it's up to me how I react to it. How can I change me thinking, to pick up me mood you know what I mean. Saying well your man wouldn't give me extra time on the visit, he's just a plonker but the next visit I get hopefully I'll get a bit longer, you know what I mean. Self-talk to meself you know things like that that are taken from this. (M4)*

The mentors were optimistic about their future and they talked about how attending the training had fostered this sense of hope. The mentors talked about hearing Caroline's story originally during the Wellness Workshop and how they found her story inspiring. During the mentorship training other guest speakers also came in and talked about their personal experiences and the mentors described how they valued these speakers and how they gave them hope as well. For some of the mentors, this hope inspired them to make plans for when

they were released from prison. A few of the mentors described wanting to continue the work they were doing with SOS when they were released from prison. In the following quotation, the mentor was adamant that he was not returning to prison when he had finished this sentence. In the second quotation, the mentor talks about how he would like to engage in other voluntary work on his release from prison.

*I don't want to be spending years more in prison away from me kids, little things, like I'm not watching them growing up. Watching like their communions and their confirmations. And their eighteens and their twenty firsts... I'm never coming back to prison again. There's no, absolutely no way, I can't. (M6)*

*...there's a bridge so high up that they're all jumping off it. And they're in the water. And it's bitter cold, and they're doing that voluntarily. Like that's stuff I hope further on down the line that I can get in to you know. That I can through this course, you know. (M9)*

For others, this sense of hope was in the here and now and related to their ability to manage the day to day stresses of prison life:

*And [it] would give me great hope that, the fact that I could be struggling for a week or two. But that doesn't mean that me whole world is collapsing you what I mean. Like today is a bad day, yeah and tomorrow it might be better. And if it's not better the next day might be better. (M4)*

Throughout the interviews and focus groups the mentors talked about how the training had made them more confident which was seen as essential to the mentorship role. While initially, confidence was mainly talked about in terms of being able to speak in a group or to open up about personal issues, this changed over the course of the training when the mentors began to talk about confidence in their ability to help people. This level of confidence not only came from the training, but also from the mentor's familiarity with the wellness tools that they practiced since attending the initial Wellness Workshop. During the mentorship training there were many opportunities for them to speak either within the group or during the role plays and over time this increased their confidence. One of the main concerns that the mentors had at the beginning of the training was that they would encounter a particular situation and not know what to say. However, the mentors were confident that with their experience and the training they had received they could respond to most situations.



*Yeah I feel very confident, yeah at the start it was a bit, ah you know just shaky but I feel confident now. I think the training was very thorough, you know what I mean. Like we went over the role plays, the skills practice over and over and over and over again. That it became easier and easier and easier, you know what I mean and now I'm confident enough. (M4)*

*I'm more confident; yes I was just going to say that, like. I can actually if someone approaches me now; I'm not going to think am I going to say the wrong thing. I can actually have the confidence now to say come over here, come on and we'll have a little chat. It's mad to think that I can go up to the governor and say governor will you get the guard over. I need to speak to this fella for about half an hour I can't go up to the landing. Or they'll give you a room to go and talk in. They're meeting us half way, you know and it's great. You know 'cos I wouldn't have having the confidence to do anything like that you know. (M9)*

While this confidence was essential as part of the mentorship role, it also meant that they were more confident in managing their own lives, their mental health and their futures. There was a sense that the mentors were not only optimistic about their future but that they were confident about their ability to succeed, not just in this role, but in other ways as well. One of the mentors adequately sums this up in the following quotation by suggesting that he was confident about being able to live a 'normal life' following the training.

*And I'm more confident in living a normal life you know. I'm happier in meself. Well as I said I feel me moods are an awful lot better. Because I'm referring back to the workbook all the time. And the action plan. Whereas before the mentoring I wouldn't have looked at it as much, do you know what I mean? And so it kind of keeps us going all the time, reinforcing how important is it to look at it. And I find that when I am having bad days, I can pick meself up an awful lot quicker now than I used to be able to, you know. (M4)*

Many of the mentors described themselves as 'changed' since they started the mentorship training. While their optimism about the future and their confidence were part of this change, they were just a part of the mentors overall newfound reflective, thoughtful and measured approach to life. The mentors recognised this change in themselves, but it was also noticeable to the prison staff, other prisoners and the mentors' families. This change was most noticeable when the mentors encountered stressful situations in prison. To highlight this, the mentors were able to talk about this change using a before and after narrative. For example, one of the mentors talked about the death of his mother and how, before the training he would have reacted as he had a history of violence and had attacked the prison officers in the past.

However, the training helped him to manage his emotions and when he was given permission to attend his mother's funeral other people including his family noticed this change:

*Yes sure when I got out for my ma's funeral there people seen me like and I was doing 10 year and I was a demon, I know that myself, but then they'd say oh he's totally different, he's changed, his attitude has changed. Even my missus would be saying to people that he's changed, no he won't change, a leopard will never change his spots, she said he's totally different. So they can see it already you know what I mean. (M3)*

Each of the mentors in their own way spoke about how the training had a positive impact on their life. One of the mentors used an interesting metaphor to describe this change that happened over time. He talked about how his prior life experiences had made him put up a wall between himself and everybody else. However since attending the training he has started to bring that wall down and started to open up and 'come out of himself'. The following quotations provide some more examples of the mentor's respective journeys:

*Well me misses even said to me, she says you are changing, I can see that in you, the way you talk and you're real calm some days. And when you are frustrated you ask for help, whereas I wouldn't, I'd bottle it up and say ah sure I'll push it off. But then that'd be lingering in your head then. (M6)*

*I've got a lot of issues about the years when I was growing up and things like that, you know what I mean and I do, I still put a wall up, a bit like, I'm starting to bring the wall down, you know what I mean. But it's very difficult for me. I am, I am yeah thanks to the facilitators, they've sort of helped me to sort of come out of myself you know what I mean, which has been really good. (M7)*

*Yes other people are kind of looking and when they are doing the course oh they know they keep saying what are you getting out of the course and all. We do be saying it's not what we are getting out of the course I says you want to just do the course and see for yourself. Even me way of thinking and all even the way I am towards people and all you know like I see someone getting a box now I want to intervene and I want to go over and say ah leave it out you know. Where before like if someone is fighting I would just walk by I would look the other way look down that's not my business I would leave I would walk.... I think that is what the course has done you know more empathy towards people. (FG 3)*

*You will be a different prisoner at the end and I know I am different fella sitting here now then I was when I started the course I can't tell you how. Even my family notice a change my mother me sisters are saying you there is something different about you they would be saying to me. (FG 3)*

### 6.2.2 Impact on the mentors' family members

Both SOS facilitators could see what they determined to be a significant change in the lives of the mentors in terms of their relationship with family members. They recounted how the mother of one of the mentors disapproved of him taking part in mental health training as she was concerned about what the neighbours would think. However, following several months of engagement, it is now one of the first things she asks him about when they speak - it is *'becoming part of their conversation'*. Family members recounted to SOS facilitators how they were seeing their family member in a different light following the POWER training. They reported how the mentors were helping family members through their own mental health difficulties and also reported how some family members have attended Wellness Workshops in the community again highlighting the ripple effect of mental health training in prison.

The impact on the children of mentors appears to have been particularly strong. The facilitators identified how mentors used their skills with their children to help them identify what is *'triggering'* them and their reactions to situations thereby helping them to manage their own mental health:

*There was one particular mentor, his young son was going through a tough time and he said it was invaluable to be able to share that [his learning] with his son. And he felt not as helpless then as a dad that he could actually say 'look son, have you thought of this'. (SOS facilitator)*

At the end of the official training programme a graduation was held for all mentors. This was attended by the family members of the mentors in addition to the key staff within the prison and the Director of the National Office of Suicide Prevention. The SOS facilitators commented on how the mentors spoke so eloquently and insightfully at the ceremony and how this appeared to impact on their children:

*When the men stood up and spoke nothing even prepared me for their level of awareness, their insight, I saw children looking at their dad's who've never heard their dads talk like this. (SOS facilitators)*

### 6.3 Impact of POWER for Mentees

While the mentors' experiences of using the skills that they learned mainly happened within the informal process, their interactions with other prisoners in this context were frequent and reoccurring. One of the mentors suggested that between five and ten people spoke to him about specific issues on a daily basis. These were described in a lay capacity as 'having a chat'

with someone where the primary skill used was effective listening. It was not clear if it was the same people who were speaking to the mentors in this way. Within these interactions the mentors took the opportunity to talk about some of the wellness tools that they used such as the mindfulness minute or doing some exercise. Many of the issues that the mentees sought support for were familiar to the mentors who had also experienced them themselves at some point. The main issues that the mentors described were issues around relationships with wives or girlfriends and the stresses of missing family support during a prison sentence. Other issues like meeting with the Governor to make a request or an upcoming parole hearing were also mentioned as issues that occasionally emerged. The mentors were able to empathise with the mentees in these situations and talked about ways of managing stress or they offered support if the mentees experienced a difficult visit or telephone call. The mentors understood the importance of maintaining a routine and having a structure to the day. Therefore work, exercise and contact with other people were key wellness tools that were discussed as effective. Identifying triggers and having a daily maintenance plan were also discussed with the mentees. If the mentee had not attended the Wellness Workshop or the WRAP programme they were encouraged to do so by the mentors.

*Yeah, it's just more, it's more informal when we meet up with people, like people approach us and just, you know they're having a bad day or they're going through stuff. And we sit down and we go through, if they have done the wellness and they've the WRAP we'll do through the materials with them and ask them are they still sticking to the maintenance plan, what's changed for them. (M4)*

*Well it's definitely going to be trying to help fellas along the line. You know if there's things that I've sort of similar experiences. I can sort of say, well this worked for me at the time. But other than that it'll be more like you know, I'd be trying to encourage the people to come up with their own little ideas, you know. Or stuff that I might notice like especially with the football I see fellas, if they're a little bit down. Encourage them to make sure that they go out, do a little bit of exercise. Not to be stuck in behind the door like you know. Even coming out doing a little bit of gym, even just going to the yard, have a little chat like you know. (M5)*

*Consistency and routine is a big thing in my life now I have to have consistency. Because it's just, it keeps your brain focused and forward, do you know what I mean. Just don't be afraid you have to be flexible with your consistency and your routine. (M6)*

The mentors did describe some specific instances where they had worked more closely with mentees. In one incident, the mentors described being asked to support a prisoner who they described as 'difficult' who had been convicted of a very serious crime. Two of the mentors described working with this individual using motivational techniques to help him use exercise to help his mental health. This particular mentee had been spending twenty-three hours a day on 'lock down' and with the help of the mentors he was now back in general population. The mentors also described a hypothetical situation where the mentors might be asked by one of the prison officers to go and chat with a prisoner who they thought could do so with some support.

*Me and [names] were assigned to a fella off [names wing], that's a segregation area. So he was a very difficult prisoner and we started doing the wellness programme and training for a 10k, so that's been a success story. He's on [names wing] now, isn't he? We were asked by the Governor to do that, yeah. The Governor assigned me and [name] and he was a very difficult prisoner, the running, he's on [names wing] now, he's actually out playing football today, like so he went from twenty-three hour lock down to being a normal ....Back to general population now, yeah.....so it's all about trying to motivate and get them in to the training, telling him it's good for the head, then running with him, just being with him, that was it. And slowly he's, like he was in for a serious crime, he started talking to [name] about it and so he would tell [name] listen, I'm in for this and [name] would be like look like everyone is in for stuff like this and it's normal, do you know what I mean. (FG 2)*

*You might get an officer come up to us and say [name] is struggling I have been watching him the last few days I said I will meet you down to [name] but we wouldn't go down in a formal way you know. We just go down in an informal way starting off and then just go down and all not let him know that anybody is after saying anything about you it's just that you are walking by oh how are you keeping. (FG 3)*

In another example one of the mentors talked about helping another prisoner while they were both in the prison gym. The exchange between the two further highlights the informal nature of the mentoring process and how successful these are within this environment. Their conversation and the outcomes are highlighted in the quotation below.

*There is a guy doing life and he's not getting visits off the family and all and we were on the treadmill and he only gets out to go to the gym with us at the time. And I just said to him why don't you write a letter to your father and I only just said to him you know in conversation and that was it. We*

*kept doing the course two weeks later he comes over and he gives me what is the story he says me father is coming here Monday I wrote him a letter. It was just like you know like you are saying little things...So he wrote a letter to his father and explained everything to him and then started writing in prison and organising a visit and now he is coming up to him once a month. And then his brothers are coming up too once every two weeks so he is back getting visits. (FG 3)*

The mentors talked about the differences between the role of the mentor and the role of the listener. While both training programmes had similarities and there was some suggestion of overlap in terms of activities, they were seen as distinctly different. There were no attempts to be critical of the listening service and the mentors spoke highly of the service and its usefulness to prisoners in distress. The difference between the two roles appeared to be in the relationship between the mentor/listener and the prisoner. While supporting and helping were important concepts in both, the listening service was not seen as a working relationship beyond the confines of the particular crisis that was happening for the prisoner at that time. The listening service also appeared to be more of a crisis intervention where there was a real and immediate risk in terms of self-harm or suicide whereas the mentor programme was aimed at a wider range of prisoners who experienced varying levels of distress. In addition, the role of the listener was to offer an impartial ear rather than make suggestions for how the prisoner might manage their crisis now and into the future. There was also less opportunity for the listener to share their experiences with the prisoner, which was strongly emphasised as part of the mentor role. In addition, while a relationship could be formed within the listener dyad, there was a lack of continuity as the help and support centred on the current crisis. This was apparent in how the listener role was administered; a listener was on call for one 24-hour period per week which meant that the prisoner in distress saw the listener on call regardless if they had seen someone else in the past.

*I think the main difference is that like we can kind of follow up where for if you put your light on for a listener...The next night you put your light on you are going to get a different listener or like we continue working with us over a period of time do you know what I mean. (FG 3)*

Furthermore, the listening service was confidential and the listeners could only discuss concerns with the Samaritans whereas, the mentors were obliged to speak to the Governor or Chief if they had any concerns about a particular mentee. The mentor role was not seen as superior to the listener service but something that was different to it.

### 6.3 Impact of POWER on Prison Culture

A palpable change in the atmosphere within the prison has been identified by other stakeholders, mentors and mentees. The SOS facilitators also identified what they believed was a 'normalising' of mental health within the prison. Examples given by prisoners included 'walking and talking' about mental health and how they are feeling in their everyday interactions:

*I was listening to two of the lads the other day....they're doing their walking but when they're walking they're talking you know. And when they're working out they're talking about mental health. It's in the everyday discussions. (SOS facilitator)*

The SOS facilitators described an attitude change towards mental health where mental health is seen as something that impacts on everybody. Feedback from the key people in the prison including the Governor, the Chaplain and the Industrial Manager is that people within the prison are talking about mental health. It has 'broken the stigma of talking about mental health amongst a fairly sizeable cohort of the prisoners there'.

This gradual change in atmosphere was identified by the facilitators as being due to a number of factors including the provision of Wellness Workshops and WRAP training, the provision of POWER training and the availability and visibility of mentors, but also crucially a buy-in from prison staff:

*There's a buy-in from the Governor and there's a buy in from the Chaplain. There's a buy-in from the officers. It's a whole community approach. (SOS facilitator)*

The prison Governor in particular was identified as a key person in the continuation of the POWER programme and mental health awareness generally. The Governor had been a participant on both the Wellness Workshop and on WRAP training and understood the POWER programme and the need for it 'at a very deep level'. In addition to believing in the programme, the Governor was also seen as someone who believed in the potential of prisoners to become mentors and in their potential as human beings.

Similarly, the mentors talked about a slow but increasingly apparent shift in the narrative about mental health within the prison setting. While it was acknowledged that there was a long way

to go, the mentors believed that their role, coupled with the presence of SOS had begun to foster a more open and understanding dialogue about mental health and mental distress. The mentors talked about how other prisoners related to them and the number of prisoners they spoke to about their mental health signalled a wider acceptance of mental distress within the prison environment. While they understood that stigma remained a barrier to the success of the mentor role; they believed that their visibility as champions of mental health made them a conduit for greater change overall. Another sign of this change was the uptake of the Wellness Workshops and the WRAP programmes. This is exemplified in the following quotations:

*It's a big change, even though I'm only in a short while. The amount of people that have actually signed up for the courses. Before like you would've had, no I'm not doing that, you know what I mean, that's a sign of weakness. On some of the landings it might be like that, you know, there might be more drugs or something like that. But like in other areas now when we see sort of fellas. There's eight of us now involved like. And I'd know a lot of fellas on both sides of the prison through the football like. And say, oh you're doing that, you're doing the football you know so you make things better for yourself, if you've the right frame of mind like. You know it's a big thing. (M5)*

*Its breaking down slowly but surely, as [name] said it is happening in the jail, people are seeing the t-shirts more, we got stick at the start but now people are just seeing it as a normal thing like. People want to be part of it. They're asking, like constantly asking you ah can we put our names down. Can you get my name down for this group, can you get me on to this. (FG 2)*

*I think it's starting to change slowly and surely and it's good to see you know that men are able actually to sit down and say oh my head is wrecked today. I don't know why it's wrecked but the fact that you are able to just to say that just to get it out there you know and then I think for the younger lads seeing maybe the older heads being a bit more comfortable around and stuff. Hopefully it will inspire them to be more forthright with how their mental health is you know what I mean. (FG 3)*

The mentors talked about how there was an appetite for change within the prison and that both staff and prisoners want to see a reduction in the amount of tension that often resulted in violence. The mentors suggested that episodes of self-harm, suicide and violence impacted negatively on both staff and prisoners even when they were not directly involved. Any initiative that sought to reduce these episodes and create a more harmonious environment was welcomed. The mentors also suggested that prison officers were essential to fostering any change within the prison and that they influenced the success of the mentoring programme.



The mentors were pleased that the prison officers were getting involved by attending the workshops and facilitating the mentors in terms of movement around the prison. The mentors noted a more positive attitude towards them from the prison officers and there was a sense that the mentors understood that the prison officers also had a vested interest in the success of the mentoring programme as well. This was echoed by the mentees, one of which highlighted changes in the types of conversations he would engage in with the prison officers about their lives outside of prison,

*Changed their attitudes towards us, and us toward them....Talking to an officer about their outside life, never thought that would happen. (Mentee 3)*

In addition, there was a suggestion that those prison officers who had completed the Wellness Workshop were more supportive of the initiative.

*People don't want to hear that because you are on a landing there is only sixteen cells on the landing you don't want to hear two guys down there are bleeding fighting with these two guys up here. Because it makes everybody uneasy and then there is a few guys who are sick do you know what I mean there is a few guys who are here now at the moment like... Really really sick point is prisoners and staff just want to see big changes in here you know what I mean because they don't want to be going home after cutting someone off a window. Or getting someone to a hospital whose face is hanging open do you know what I mean.... (FG3)*

However, the mentors suggested that there were challenges ahead and that these would impact on any positive changes over the months and years ahead. One of these challenges was that many of the originally trained mentors had been released or had moved to other prisons or step down facilities. At one point there was only one of the mentors left at the prison although more people were being recruited into the role. Another challenge mentioned by the mentors was the prison population. During one of the focus groups, the mentors talked about a current influx of young people who did not have any interest in mental health and many of them were misusing drugs. These represented a hard to reach group of prisoners who were at most risk of reoffending and less likely to come forward for help.

*Well you can see in the jail now at the minute, like the jail is awash with drugs because we've a load of younger fellas coming in and - They're still coming in, but they're not ready to face anything yet so they're just in this drug [-----] world at the minute, so it's kind of just a few older people that*

*would face it and come up and say listen, I'm having difficulties. The younger people won't do it and there's bleeding hundreds of them. (FG 2)*

*All the time you are thinking of people who could be good for it who would stand out who would probably come on to be a mentor you know because you move on as the sad fact of life is. Like a couple boys who have done it are out they have moved on so like we are all not probably going to be always here new guys coming on and you are always trying to think he would be a good mentor. And he would be a good this and that you are always trying to get good blokes, anybody that wants to do it we put their name down you know. (FG 3)*

## 6.4 Summary

### **Impact on Mentors and their families**

- The mentors and Power facilitators reported increased levels of confidence, hope and personal responsibility following the training.
- The personal growth was recognised by family members and there were clear improvements in interpersonal relationships and social networks, both inside and outside of the prison.
- The certificate ceremony was a valuable opportunity for the mentors to highlight their new skills.
- The mentor training programme demonstrates impact in key areas of personal and interpersonal functioning for prisoners.

### **Impact on Mentees**

- Stakeholders, mentors and mentees reported positive impact for mentees, including reduction in isolation, improved prisoner wellbeing and social functioning.
- The diffuse model of mentoring demonstrates impact in key areas of personal and interpersonal functioning for prisoners, including a striking decrease in social isolation for specific individuals.
- Caution is required as we were not able to gain sufficient primary data from the mentees to fully assess the impact of the POWER programme on mentees.

### **Impact on wider prison culture**

- The mentors and mentees suggested that attitudes to mental health and distress were becoming more positive within the prison since the inception of SOS and the mentor programme.
- The change in prison culture is supported by the interviews with prison staff, however further research would be required to fully document this.

## Chapter 7: Discussion

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### 7.1 The concept of Peer Mentoring and Support in Mental Health

Peer-based interventions involve the provision of education, support or counselling between individuals who have equal social status or who share similar characteristics or have common experiences (South et al., 2014). Within a mental health context, peer support or mentoring is the provision of support to people experiencing mental distress *by* people who have personal experience of mental distress. Repper (2013) identifies 3 main types of mental health peer support (i) informal or naturally occurring support, (ii) more formal peer-run programmes which exist alongside the mental health services and (iii) employing people with lived experience within statutory services. The POWER programme is an example of the second type of peer-led programme; a formal programme which exists alongside mental health service provision in prison. A systematic review of randomised controlled trials of peer support interventions for people with severe mental illness found positive effects on measures of hope, recovery and empowerment at and beyond the end of the intervention (Lloyd-Evans et al., 2014).

Repper (2013) outlines 8 core principles of peer mental health support. These are detailed below with examples of how the POWER programme meets each of these core principles.

- 1. Mutual:** While peer support workers' experiences' are never identical, they do share some experiences of the people they work with. They have an understanding of common health challenges and of the impact of been diagnosed with a mental health problem. As identified in Chapter 4, mentors on the POWER programme had first hand experiences of the stresses inherent in prison life and were keen for others to learn from their experiences: *'I've gone through a lot of stuff and worked out what was causing the problem and learned about meself...and now it's about using that stuff, all the experience I've had and the knowledge I've learnt over the years'* (M1).
- 2. Reciprocal:** Traditional relationships between mental health professionals and the people they work are grounded in the 'expert' and 'service user' narrative. Peer relationships however do not assume that one part has all the expertise but instead encourages a sharing and exploration of different world views and the generation of solutions together; *'the trap that people tend to fall in to is offering advice...that's something we're not to do...so sometimes it's a matter of getting them talking and then the solutions come to them. Just by saying things out loud sometimes'* (FG 1).

3. **Non-directive:** Instead of prescribing what they believe to be the best course of action for a person, peer support workers help people recognise their own resources and see their own solutions. This is a key feature of the mentoring provided within POWER with mentors recognising the importance of working with individuals to help them find their own way forward, not wanting to *'jump in feet first and fix the problem'* (M1).
4. **Recovery focused:** Peer support engages in recovery focused relationships by inspiring hope, supporting people to take back control of their personal challenges and facilitating access to opportunities that the person values. As discussed in section 7.3 of this chapter, POWER was also very much a recovery-orientated programme. Mentors described how by recounting their own stories of distress and recovery this encouraged mentees and gave them hope for their own recovery. Importantly however the experience of actually being a peer mentor was a hopeful one for mentors who described a greater sense of hope relating to their ability to manage the day-to-day stressors of prison life and also significantly hope for the future and for greater possibilities following release from prison; *'You will be a different prisoner at the end and I know I am a different fella sitting here now then I was when I started the course...even my family notice a change'*.
5. **Strengths-based:** While peer support is about working with someone in distress, it is also about seeing opportunities to grow and exploring with the person how they learn from their experience. It helps the person to identify their qualities and assets that help them recover from their distress. A strengths-based approach also is core to the POWER programme. Mentors are encouraged to help the person identify their own abilities; *'... if somebody is talking to me and they're saying that they're having a bad day all the time, I do ask them what can they do for themselves every day'*. (M4).
6. **Inclusive:** In addition to having experienced mental health difficulties, being a peer is also about understanding the meaning of such experiences within the community of which the person is a part. This was particularly crucial to the POWER programme as the prison setting is such a unique one and the experience of being a prisoner with experiencing mental health difficulties is not widely understood; *'You see the thing I find with most prisoners in here is that they'd rather talk to someone they know who's gone through a similar experience. That they didn't just learn it in college'* (M1).
7. **Progressive:** Peer support is not a static relationship but rather one in which both parties develop and grow, learning new skills and developing new resources. Mentors

on the POWER programme clearly identified how they gained immensely from the experience of being a peer mentor. Chapters 4 and 6 detail how the POWER programme served to increase mentors' self-awareness, self-esteem and sense of responsibility. SOS facilitators reported how the POWER training and associated mentoring was reported as giving mentors a *'growing confidence in their own competence'*; *'I'm more confident in living a normal life. I'm happier in meself...I feel me moods are an awful lot better. And I find that when I am having bad days, I can pick meself up an awful lot quicker than I was able to' (M4).*

8. **Safe:** Supportive peer relationships involve the negotiation of what emotional safety means to both parties. This includes issues around confidentiality, authenticity, a non-judgemental attitude and acknowledging that neither party has all the answers. The issue of emotional safety was important within the POWER programme and in particular confidentiality was seen as being very important by mentors. This was rooted in the belief that there was a stigma attached to mental health problems and a general lack of openness about mental health in the prison. It was recognised that because of the unique closed environment of the prison setting, safeguarding confidentiality could be a particular issue. A significant amount of trust was required both on behalf of the mentors who freely disclosed their own personal experiences, but also on behalf of the mentees who sought help and trusted that their disclosures would be kept confidential; *'Confidentiality is always a big thing. Because we're in here discussing intimate things. You want to be able to trust people, so they have to be able to trust you too' (M1).*

Also within the context of emotional safety is the issue of setting and maintaining boundaries. Kemp and Hendersen (2012) have identified that one of the challenges of peer mental health support is the uncertainty around the area of self-disclosure – knowing when and how much personal information to disclose and how to delineate boundaries. This did not appear to be a problem for the mentors on the POWER programme who appeared confident in their ability to maintain the necessary boundaries. This confidence appears to stem from the educational input they received on this important issue and from the group discussions of real-life scenarios they had around this topic in addition to the supervision they received from the facilitators.

It is clear from these 8 principles that the POWER programme fits very much within a mental health peer support model.

## 7.2 The benefits of peer mentoring within the Prison System

Resistance to professional mental health support within the prison setting has been identified in the literature (South et al., 2014, 2016) and was clearly articulated by participants in this study. This resistance can open the door for peer interventions to meet some of the mental health needs of prisoners. The topic of peer interventions in the prison setting has been relatively poorly researched however a recent large-scale systematic review of the effectiveness of peer-based interventions to maintain and improve offender health in prison settings (South et al., 2014) indicated that they can be of benefit to the peer mentors themselves, the recipients of the mentoring and the wider prison environment. This review also produced a typology of peer interventions within the prison system within which are diverse roles fitting under the broad heading of peer—delivered interventions (Appendix 2). These include: peer education, peer support, the Listener scheme, the Insider scheme, the Peer Support Team programme, prison hospice volunteers, peer mentoring, health trainers, peer advisors and other intervention modes. The evidence from this systematic review suggests that peer interventions within the prison setting are effective at reducing risky behaviours and that peer support services provide an acceptable source of help within the prison environment and has a positive effect on recipients. This following section details how the POWER programme benefitted the mentors, the mentees, the organisation and family members and is supported by reference to academic literature.

### *Benefits of peer mentoring to mentors*

It was clear from the findings of the POWER study that the act and process of becoming and being a mentor had a very positive impact on the mentors themselves. This is a finding which has been identified in other studies (Snow et al., 2006, Edgar et al., 2011; Bagnall et al., 2015) which have found psychosocial benefits for peer prison mentors including an increased sense of self-worth, increased self-awareness, an increased sense of perspective on their lives and more successful reintegration into the community. Peer workers in a prison based 'Peer Support Team' programme in Canada which involved peers providing emotional support to alleviate stress reported improvements in their self-esteem, self-worth and self-confidence as a result of being a peer worker (Delveaux & Blanchette, 2000). The trust that was placed by the prison authorities in the peer workers to work with and support other prisoners was a key factor in improving their perception of self-worth. This finding also came across strongly in POWER,

where mentors identified that the trust placed in them by the Governor and other staff was important to them and ultimately empowered them. Another benefit to mentors identified in the literature include the provision of more fulfilling work opportunities within the prison setting and the potential for better post-release opportunities (South et al., 2014). This was also identified by mentors in the POWER study who reported satisfaction in undertaking training which was meaningful and could have an impact on other people's lives. However, the literature does identify a recurring negative impact on mentors which is the concept of burnout and feeling overburdened. The notion that peer deliverers can be subjected to burnout suggests that supervisory processes for peer workers need to be considered carefully in order to prevent the intervention from becoming counter-productive. However, it is important to note that mentors in the POWER study did not report feeling over-burdened by either the mentoring training or mentoring process however the provision of regular supervision may have guarded against this occurring.

#### *Benefits of peer mentoring to recipients*

Due to the diffuse model of mentoring that emerged in the POWER programme, it was difficult to identify recipients of mentoring who wished to talk about their experience of being mentored. However, those who were interviewed spoke about how having mentors easily available to them, and who willingly disclosed their own difficulties encouraged them to open up about what was bothering them. The mentors identified how their mentoring work served to motivate and encourage other prisoners who were going through a tough time and specific examples were provided of scenarios where prisoners were directly impacted by the mentoring provided. These findings on the beneficial effects of mentoring on recipients have been identified in other studies. In evaluations of the Canadian 'Peer Support Team' programme, peer support from fellow prisoners was shown to help prisoners both practically and emotionally (Blanchette & Eljdupovic, 1998) and was found to be particularly useful for prisoners during the early part of their sentence which is often a difficult time of adjustment. Participants identified how it provided an outlet for venting their emotions and helped to decrease feelings of anxiety, loneliness, depression and self-harm with some indications that it may also have some potential to prevent suicide within the prison setting (South et al, 2014; Hall & Gabor, 2004). It was also clear from the literature that peers were identified as being able to show a greater sense of empathy than prison staff and were also less likely to be

judgemental which was another benefit of peer-based mentoring programmes (South et al., 2014).

#### *Benefits of peer mentoring to staff and the prison system*

Research has demonstrated that peer-based interventions have resulted in a healthier and more supportive prison environment by creating a more caring and humane atmosphere (Snow & Biggar, 2006; South et al., 2014). To have this impact however requires the buy-in of key personnel within the prison system. The importance of organisational and managerial support for the development and sustainability of the peer prisoner programmes was strongly identified in the literature (South et al., 2014; Boyce et al., 2009). This literature also identified the importance of having specific members of staff who were responsible for the logistical operationalisation of the peer programme which included allowing movements of mentors around the prison. This came across strongly in the POWER study and was reported across all groups of participants. The support of the Governor was identified as being particularly important as was the support of the Industrial Manager who was responsible for the everyday operationalisation of the programme. It was recognised that without the continued support of both individuals, the programme itself would not be feasible.

In addition to the support of key prison personnel, staff at prison officer grade have also been identified as important drivers of peer intervention programmes. Staff within the prison are central to the culture and atmosphere created within the organisation. However, prisons are known to be difficult places to work and prison staff are at heightened risk of burnout and mental health problems when compared to other occupational groups (Schaufeli & Peeters, 2000). Prison culture, organisation, and staff shortages can cause high staff stress levels, resulting in staff sickness and producing greater stress for remaining staff (Nurse et al. 2003). Despite the pressures of working within the prison environment, they also have an important role to play in supporting prisoner mental health and research suggests that prison staff, generally, are aware of the frequency of mental health events for those prisoners under their care (South, et al., 2014; South et al., 2016). This POWER evaluation reported how important prison staff were to the set-up of the mentoring programme and to its continued success as our findings indicate that prison officers throughout the prison were largely supportive of the intervention and of the impact it was having on mentors and the prison generally. Although it is important to note that the perceptions of prison officers were not the focus of this evaluation,



it was clear from findings produced by the mentors and key stakeholders that the culture in the prison around the topic of mental health was beginning to change. There was a perceived reduction in stigma and a greater openness around the general area of mental health. This was facilitated by the mentors and their work but also by prison officers becoming involved in and engaging with both the Wellness Workshops and the WRAP programme.

Another organisational benefit of peer-delivered programmes focuses on cost-effectiveness. The SOS facilitators identified how the POWER programme was largely cost neutral to the prison thereby demonstrating its cost-effectiveness to the prison service. Findings from the research literature also suggest that peer-based interventions may be more cost-effective than professionally delivered ones (Devilly et al., 2005; Bagnall et al., 2015) however there is a requirement for further research assessing cost-effectiveness of peer-delivered interventions in prisons.

While mostly positive organisational outcomes were identified in POWER, a number of negative outcomes have been reported in the literature. Kemp and Hendersen (2012) identified that one of the challenges when introducing peer support workers is a lack of role clarity on behalf of both the peer support worker themselves but also from staff within the organisation. This did not come across strongly in findings from the POWER programme as mentors reported being very clear about what their role was and where the professional boundaries lay. However, it is important to note that this evaluation did not include interviews with the formal mental health staff (e.g. psychologists) within the prison so it is not possible to say if they believed there to be a lack of clarity around the mentoring role. Other negative organisational outcomes reported in the literature include a form of resistance by prison staff which manifested in behaviour such as delaying or refusing to open doors for mentors thereby preventing them from undertaking their mentoring work (O'Hagan, 2011). Again, this was not something reported by mentors in the POWER study who in fact reported the opposite, and identified how staff facilitated their movement throughout the prison.

#### *Benefits of peer mentoring to family members*

It is recognised that most prisoners serve short-term sentences so there is great potential for the health effects of prison-based interventions to go beyond the prison and in particular to impact positively on family members (South et al., 2014). In that regard, the impact of the

POWER mentoring programme was felt not only by mentors, mentees and staff within the prison system but also by the family member of mentors. The mentors' personal growth was recognised by family members and there were clear improvements in interpersonal relationships between the mentors and their family members. Mentors also identified how they utilised wellness strategies they learned as part of the POWER programme with family members and particularly their children in helping them deal with distress. There is however a lack of research findings which focus on the effect of being a mentor on the family members of those mentors and this is therefore an area that requires further study.

### 7.3 POWER as a tool of recovery in the prison setting

The POWER mentoring programme is very much rooted in the recovery paradigm. The recovery paradigm is founded on hope, empowerment, healing and connection (Jacobson & Greenley, 2001) and promotes patient (person) choice, responsibility and self-determination (Pouncey & Lukens 2010). However, the exact components of the recovery processes tend to vary between settings, and the academic literature reflects this. A review carried out by Leamy et al. (2011) (Table 6) identified a range of recovery processes in 87 studies located across different settings and while it is clear that there was some diversity between settings, it is also evident from the table below that these recovery processes overlapped in many areas.

Table 6: Recovery processes (Leamy et al. 2011)

Recovery processes	Number (%) of 87 studies identifying the process
<b>Category 1: Connectedness</b>	75 (86)
Peer support and support groups	39 (45)
Relationships	33 (38)
Support from others	53 (61)
Being part of the community	35 (40)
<b>Category 2: Hope and optimism about the future</b>	69 (79)
Belief in possibility of recovery	30 (34)
Motivation to change	15 (17)
Hope-inspiring relationships	12 (14)
Positive thinking and valuing success	10 (11)
Having dreams and aspirations	7 (8)

A core feature of the recovery model is the promotion of empowerment and choice, hence it is seen as working against coercive forms of treatment (Pouncey & Lukens, 2010). However, its application within prison settings produces an 'inherent contradiction' between supporting personal choice and simultaneously pursuing their involuntary detention because of previous antisocial choices (Ward and Manura, 2007). Recovery in forensic terms not only focuses on feeling better but also 'behaving better'; a moral as well as a clinical agenda (Adshead, 2000). The recovery model in the prison setting can be challenged by;

- the values and identity of forensic service users;
- social exclusion as a response by the prison community to trauma and violence;
- hopelessness and the offender identity (Dorkins & Adshead, 2011).

Although the literature suggests that there are tensions with the concept and operationalisation of recovery in the prison setting, findings from this evaluation of POWER suggest that the recovery orientation of the programme was central to its success. Most mentors identified experiencing trauma and distress both in and out of prison so the recovery orientation of POWER was hope inspiring. Mentors frequently identified the personal growth that occurred over the course of the training programme which again is very much central to the recovery paradigm. In particular, 'being believed in' was hugely important to the mentors and their self-esteem, and this clear indication of belief in the mentors by the SOS facilitators, the Governor and others was very validating for the mentors. The POWER programme also utilised a strengths-based approach in which mentors' inherent strengths were nurtured and further developed. It was evident from the findings that mentors displayed different strengths and characteristics; some mentors were jocular and outgoing while others were quieter however it was recognised that these different personalities complemented each other and allowed mentees the opportunity to speak to someone who best suited their needs. While the mentors all had different strengths and characteristics, it was clearly identified by the SOS facilitators and other key stakeholders that all had an aptitude for, and interest in working with people in distress which was fundamental to the mentoring role. It is evident therefore that in line with the work of Drennan and Alred (2013) the concepts of hope, partnership working, responsibility, strengths focus, education, supportive environment and ongoing journey were key tenants in the recovery model employed by SOS and in turn the POWER programme (Table 7).

Table 7: Mapping mentor activity onto the core concepts of WRAP, Recovery, and SOS.

<b>(Facilitating) Personal Responsibility</b>	<b>Support</b>
Drawing up plans	Being non-judgemental
Talking things over	Being approachable
Helping people to acknowledge their distress	Building a relationship with people
Helping people to take responsibility for their mental health	Providing time
Developing wellness plans	Making a connection
Developing action plans	Supporting people
Recognising warning signs/triggers	Listening
Recognising triggers	Being there for people
	Being empathetic
	Helping people get things off their chest
<b>Hope</b>	<b>Education</b>
Breaking down taboos about mental health	Helping people find the answers
Recognising someone is in difficulty	Passing on knowledge
Being a role model	Signposting
Being a positive influence	Promoting mental health

#### 7.4 POWER – a programme to support all prisoners

The prison system has traditionally focused on desistance, the cessation of offending or other antisocial behaviour and decreasing recidivism, a person's relapse into criminal behaviour. Globally recidivism remains high; nearly two-thirds of American prisoners are rearrested within 3 years (Latessa et al., 2014). This focus has directed in-prison interventions toward specific reoffending groups: drug users, violent offenders, sexual offenders, and aligning services to these subpopulations (Latessa et al., 2014). For example, the psychology services within the Irish Prison Service currently deliver two intensive therapeutic programmes which target serious violent and sexual offending (Building Better Lives Programmes) as well as Anger Management programmes and the 'Alternative to Violence Programme'. Internationally, there are a growing number of specialized interventions aimed at prisoners with serious mental illnesses including; police and jail diversion, mental health courts, specialized probation and forensic assertive community treatment (Wolff et al., 2013). However, within psychological interventions the 'needs' of the prisoner are often defined as what is desirable for the public rather than what they maybe require to enhance their psychological wellbeing and/or address

their social needs (Durcan, 2011). In addition, such interventions are too limited to tackle the system level complexity of prisoners' mental health.

The POWER mentoring programme offers a solution to some of these identified problems. It was reported in Chapter 3 that the existing psychological services in the prison setting are, because of resources and severity, focusing on those prisoners who have significant mental health problems or/and are at risk of suicidal behaviour. There is perhaps less scope to provide a mental health or wellbeing service to those prisoners who may struggle to a lesser degree with their mental health but who nonetheless require some support to manage and maintain their own mental health. The findings presented in this evaluation suggest that the POWER programme has the capacity to meet this need. Mentors reported how the emergent informal mentoring process was seen by some prisoners as a welcome difference to the formal help services that were currently available. In particular, it appeared that prisoners' reluctance to use formal services centred around the stigma of being seen to ask for and receive help. The ready availability of mentors and the ability to converse with them informally, *'on the QT'*, made them a more accessible and perhaps appropriate form of support for these prisoners. It is important to note however that mentors were very clear about the extent of the support they could offer and were in a position to signpost prisoners with more serious mental health difficulties to more appropriate help sources. At the outset of the POWER programme, its potential as a peer-to-peer mentoring programme was also recognised by key stakeholders within the prison who identified the need for a service that was *'something different and extra'* to what already existed and could serve to meet a need that was currently unmet. Interestingly, findings from the interviews with the key stakeholders also suggested that using the mentors as a source of support also helped other prisoners to access the more formal support available within the prison.

## 7.5 The POWER programme in the context of suicide prevention

One of the remits of the organisation 'Suicide or Survive' is to increase understanding of suicide and play an active role in its prevention, and delivery of the POWER programme can be seen as one of the strategies to meet this goal. It is recognised within Ireland's Suicide Prevention Policy 'Connecting for Life' (Department of Health, 2015) that prisoners are a particular demographic group who are at a higher risk for suicidal behaviour including completed suicide. As identified in Chapter 1, pre-existing mental health problems, unmet mental health needs, social exclusion,

and the difficulties inherent in incarceration all contribute to a higher prevalence of self-harm and completed suicide among prisoners. In a bid to decrease the suicide and self-harm rate in Ireland, the National Suicide Prevention Policy sets out seven strategic goals which, if implemented, should contribute to this aim. Although the delivery of the POWER programme could be loosely linked to a number of these strategic goals, it can be directly linked to both Goal 1 and Goal 3.

Goal 1 aims 'to improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing'. This goal recognises that in the context of an increased dialogue about mental health in Ireland, there is still a reluctance to talk about personal mental health often as a result of the stigma that still surrounds it. Furthermore, misunderstanding around suicide and suicidal behaviour still persists. In order to meet this goal and its associated objectives a number of actions are proposed including the delivery of mental health promotion and wellbeing campaigns which can increase understanding about mental health, reduce stigma among the general population and priority groups, and signpost to existing services when required. Key partners identified in this endeavour include non-statutory organisations (e.g. SOS). The POWER programme, with its close links to the Wellness Workshops and WRAP, can be considered such a programme.

It was clear from the findings of this evaluation that the mentors had a significantly increased understanding about mental health following the delivery of POWER and this is to be expected as the mentors undertook a mental health training programme of almost two years' duration. However, what is noteworthy is that the understanding around mental health and a shift in attitudes were not solely reported by the mentors but in a ripple-like effect appeared to impact on the wider prison environment, prison staff and most notably the family members of the mentors. Within the findings, it is noted that the culture within the prison became one in which mental health was less stigmatised and more likely to be talked about. There are also particularly poignant descriptions of how family members and particularly children and spouses, were learning about mental health from the mentors with some family members attending Wellness Workshops in the community to further increase their knowledge.

The other goal in 'Connecting for Life' into which the POWER programme directly links is Goal 3 which aims to 'target approaches to reduce suicidal behaviour and improve mental health among priority groups'. This goal recognises a number of demographic groups who are at

elevated risk of suicide and suicidal behaviour including prisoners. A number of objectives are set out to meet this goal and include the delivery and evaluation of targeted initiatives or services for at-risk groups. The POWER programme can be described as a targeted initiative for an at-risk group – prisoners. It was clear from the evaluation that it provided a service that was not already there. While there were very good mental health supports identified including the psychology service and support from the prison Chaplains, there was a gap for a more informal service provided by peers, or ‘experts by experience’, who had a better understanding of the difficulties inherent in being a prisoner. In the findings, mentors reported how everyday experiences are magnified by being in prison and that prison can be a very isolating environment resulting in extreme loneliness and depression. Mentors believed that knowing this and more importantly having experienced this better positioned them to support other prisoners with similar experiences. Through the diffuse model of mentoring which emerged throughout the course of the POWER programme, prisoners sought informal help from mentors which helped them manage their own mental health and in particular helped them work through triggers to situations which caused distress. A number of examples are given throughout the findings which identify how prisoners have been helped by the support of the mentors.

Another objective within the goal focuses on the provision of training on mental health to frontline professionals working with those vulnerable to suicidal behaviour. Although the POWER mentoring programme itself does not set out to train prison officers and other prison staff, the Wellness Workshops and WRAP programmes provided by SOS which are linked in with the POWER programme have done this. Again, examples were evident in the findings of where prisoner officers were in a position to identify prisoners at risk or in distress and informally refer them on to mentors. The ability to identify those at risk and to signpost them to relevant services is a key feature of ‘Connecting for Life’ and the training provided to the prison officers in Wheatfield appeared to support this.

## 7.6 Limitations of the evaluation

Although the results of this evaluation of the POWER peer mentoring programme were positive, they need to be interpreted in light of the following limitations:

- The findings produced here are entirely qualitative and therefore subjective by nature. It is therefore difficult to get a sense of whether the POWER programme had any objective impact on the mentors, mentees or the prison environment.

- Due to the informal nature of the mentoring process, it was difficult to exactly capture the actual extent of mentoring that was occurring. However, our findings do suggest that the diffuse model of mentoring reached a wider cohort of prisoners than the formal process.
- The findings reported in this evaluation are heavily centred on the experiences of mentors in addition to view of key stakeholders. It was only possible to capture the views of 3 mentees in brief interviews. Longer interviews with a greater number of mentees may have produced valuable data on the impact of mentoring on those being mentored.
- This evaluation did not capture the views of mental health professionals working within the prison. This may have identified if there were any difficulties with role clarity and boundaries from the perspective of the mental health professional.

## Conclusion

This evaluation of the POWER programme clearly identified that the availability of peers who understand what it is like to be in prison and have experienced similar struggles with their mental health provides accessible and user friendly support for prisoners who are experiencing distress. The programme was also clearly of benefit to the mentors who reported an increase in confidence, self-esteem and hope for the future. The wider prison community also experienced a positive impact from the POWER programme with an increased focus on mental health in the prison and an apparent reduction in stigma around talking about mental health difficulties. However, it was also identified that the feasibility and success of the programme was largely grounded in the support of key personnel and particularly the prison Governor. Although this was in the context of the POWER programme taking a whole community approach to its delivery, there was recognition that a change in key personnel might negatively impact on its continuation.

There already have been moves to extend SOS provided mental health programmes to other prisons with both Wellness Workshops and WRAP provided in another prison by SOS, co-facilitated by mentors from Wheatfield. There are plans to commence a POWER training programme in other prisons and the expectation is that the impact will travel both through the movement of mentors to other prisons but also in time the formal training provided by SOS. This will ensure that this timely, responsive and innovative peer mentoring programme will have sustainability into the future.



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## Appendix 1: Examples of prison-based peer intervention programmes

### Examples of Educational programmes

Aimhigher- 'mentoring for progression'	Students were provided with personalised advice and support in connection with educational progression opportunities, with the aim of supporting prisoners to go on to college or university, either during their sentence or once released and is now fully integrated into its broader education and job planning programme of the prison. The majority of the project is now delivered by prisoners for prisoners. This project is clearly effective, with re-offending rate for those involved in the Springhill project was under 6% (2007). The project has engaged with 500 prisoners over 3 years, of which 60 went on to further or higher education study while at or once released from Springhill. Costs included; £20,000 set-up, £15,000 in year two and, around £10,000 per year to run. Some costs associated with prison staff time, particularly in the early stages. The estimated average cost of re-offending per prisoner is £150,000. (Huggins, 2010)
<b>ReConnec</b>	An empowerment programme based on 12-sessions covering advocacy and leadership skills. The programme uses transformational leadership theories while providing information on parental rights, housing, and employment. Qualitative evaluation indicated graduates were empowered by the information, and felt that they had improved their communication skills, and able to advocate for themselves and community members. Pinto et al. (2014).

### Examples of innovative non-educational based programmes

Name	Summary
Sport and recreation programmes:	Weak evidence from four Austrian studies suggest that sport has a positive influence on inmates' health and behaviour (Gallant, et al. 2015). Sport is considered to a potential role in embedding numeracy and literacy, promoting higher level learning and motivating prisoners who may be difficult to engage in other resettlement, educational or psychological interventions (Meek, Champion et al. 2012)
Animal-assisted interventions:	A study using St. John Ambulance therapy dog reported that dogs incorporating such dogs in sessions can support individuals with mental health, addiction, and trauma concerns, as the dogs act instinctively and effortlessly with prisoners. (Dell, and Poole, 2015).
Theatre:	Engaging prisoners in Shakespearian theatre built their communication skills, and enhanced access to supportive networks inside and outside prison. There was weak evidence that the intervention built trust, respect, and shared experiences. Challenges were identified including: correctional services' limitations, time and space restrictions and small sample sizes. (Marie Heard, Mutch et al. 2013)
Dialogic literary gatherings (DLGs):	Based on conversational analysis, this group format enabled the women prisoners to discuss and reflect on their biographies, and how they expected their lives to progress after release. The women were then able to consider other pathways, and chances for personal and social change. (Lehane 2011)
Art Therapy:	Increasing evidence that art therapy is effective in promoting socialisation and problem solving skills as well as reducing depression from an evaluation which used Formal Elements Art Therapy Scale (FEATS) and the Beck Depression Inventory-Short Form (BDI-II) as pre and post-test assessments (Gussak, 2004).



Examples of interventions related to mental health and peer mentoring

<p><b>Peer Support Workers (Recovery Innovations)</b></p>	<p>Peer mentoring was implemented in four Pennsylvania prisons based on an 80-hour university level course delivered by 'Recovery Innovations' (Ashcraft and Anthony 2011). This was based on a 230-page textbook, nightly reading and homework assignments, a substantial mid-term exam, an oral exam, and a comprehensive final exam. Teaching was carried out in small workgroups, led by a multidisciplinary team; Pennsylvania's Department of Corrections, its Office of Mental Health and Substance Abuse Services, certified peer specialists trained in forensic peer environments, and the Recovery Innovations training director. The trainers also undertook Recovery Innovations' Leading and Coaching a Peer Workforce, a course that develops recovery oriented coaching skills for peer leaders. The study reported 75% of the students were employed. (Ashcraft and Anthony 2011).</p>
<p><b>Samaritan Listening Service (Ireland, England and Wales)</b></p>	<p>The first prison based Samaritans listening service was launched in 1991 at HMP Swansea becoming widespread through England and Wales. The first Irish prison based service began in 2009 (Arbour Hill and Midlands Prison), expanding to Cloverhill in 2013, and there are now 51 listeners throughout the Irish prison service. A detailed screening process is used and prisoners complete a 6-week training programme before volunteering on a shift-basis, providing cover 24 hours a day. As with the Samaritan phone service, Prisoners Listeners offer a confidential listening service to peers who are feeling distressed. The Samaritan service has been widely evaluated at several sites (over 16) and this body of literature provides strong evidence that listener based schemes are an effective means of providing targeted emotional support for individual prisoners who identify need (Griffiths and Bailey. 2015). However, the evidence that these activities impact on the incidence of suicide and self-harm is less strong. The benefits for the peer deliverer of becoming a listener include improved relationships with staff, other prisoners and their families, self-esteem, self-worth and confidence, social skills and knowledge and awareness of mental health issues (South, 2014). Contact with a listener reduced anxiety, depressive thoughts, and intention to self-harm, improving emotional health and helping with adjustment to the institution (Dhaliwal and Harrower, 2009). Qualitative studies have relieved an associated emotional burden of care and potential 'burn out'. . A significant gap in our knowledge of Listeners' own experiences and the impact on them as individuals. (South, Bagnall et al. 2014)</p>
<p><b>Peer mentoring (Pathways to Recovery/Change, Grow, Live England)</b></p>	<p>Several peer mentoring and support activities run in HMP Belmarsh, a high security prison in England, most of which sits within the Pathways to Recovery programme aimed at reducing drug and alcohol use. Mentors complete six weeks of training, including conflict resolution interpersonal skills and mentoring leading to a NVQ. Peer Mentors are trained to listen and share their experiences, and provide practical advice around harm minimisation and relapse prevention. Each of the 13 peer supporters undertook an Open College Network level 2 qualification in substance awareness and peer mentoring. They received support from a dedicated worker, who ran a weekly mentors' support group and regular one-to-one supervision. Peer mentor are also involved with new individuals arriving at Belmarsh, providing support for new prisoners in the 'first night' centre and help prepare individuals for release by providing information about services out in the community. Peer mentors also support other prisoners with reading and writing. Volunteer placements in the community with 'Change, grow, live' can be accessed by successful graduates on release.</p> <p><i>"I think one of the things that has really made this scheme work is the fact that there</i></p>

	<p><i>is some longevity to it. This isn't just learning a few new skills; these guys will walk away with an NVQ and the option of doing a voluntary placement with us or one of our partners. It gives them a path back into the community."</i> Emma Crowe is a Recovery Worker for the Peer Mentor Scheme at HMP Belmarsh</p> <p>While the organisation provides a number of clear impacts (143 volunteer peer mentors participated in the delivery of prison services during 2015-16), there are few details about the overall process of the peer mentoring (sometimes called support) and few details such as the staff role of 'recovery worker'. See <a href="https://www.changegrowlive.org/prisons/pathways-recovery-hmp-belmarsh">https://www.changegrowlive.org/prisons/pathways-recovery-hmp-belmarsh</a></p>
<p><b>The Learning Ladder (Themes Valley, UK)</b></p>	<p>Launched in 2008, the Mentoring for Progression: Prison Mentoring Project operates in five prisons and Young Offender Institutions in the Thames Valley. Developed by Learning Ladder Ltd, a social enterprise company which developed a 'ladder' approach to curriculum design, progress tracking and assessment for life after levels and Aimhigher MKOB. The Aimhigher (2004-2011) was an initiative by the former Department for Education and Skills and the Higher Education Funding Council for England to widen participation in further education. While the Learning Ladder is aimed at using peer mentoring to improve desistance; reducing re-offending rates to less than 10% among the project's graduates (REF), the project has potential lessons for mental health and wellbeing projects. On arrival at the prison, all prisoners are introduced to the project and between 10 to 15% of prisoners sign up at this point. They are allocated a mentor and together the mentee and mentor work together to develop a Personal Development Plan (PDP). The PDP encourages the mentee to explore ideas for their future, their existing strengths and weaknesses, their skills and experiences as well as future goals and the steps needed to achieve them, which includes producing an action plan as well. Once PDP is complete, the mentor fills in an information request form and Learning Ladder staff put together a personalised information pack for the mentee. This is then used by the mentor and mentee to produce practical steps towards achieving their goals. Discussions are confidential but agreed education and/or training targets are shared with the prison officer who acts as Coordinator to support the mentee's plans and objectives by identifying suitable courses, training and funding opportunities. All peer mentors are currently serving prisoners who have been mentees. They are also required to meet a set of selection criteria, including a role and person specification and receive the endorsement of peers, prison officers and Learning Ladder staff. They are provided with on-going mentoring skills development and are supported with external project team members. The project was evaluated in 2010 and identified typical impact of educational peer-support including, "supports offenders to set realistic and achievable goals, aspirations and expectations, the scheme supports the development of positive role models, commitment, motivation and credibility and offenders are able to set themselves short, mid and long-term goals and the creation of an action plan to reach them"(Huggins,2010) Critically, although Prison staff at all levels were found to provide important support and encouragement, it was recognised that they could not deliver the same type of scheme. The evaluation gave illustrative cost analysis, indicating that there were sufficient savings to be made, and noted that cost per offender progressing through the programme is relatively small and becomes less as more individuals participate.</p>
<p><b>Peer Advice Project (St Giles Trust,</b></p>	<p>Launched in 2002, the St Giles Trust current runs in 30 prisons across England and Wales, training prisoners (and ex-offenders in the community) to work as Peer Advisors. In addition to offering help and advice to their peers, the Peer Advisors undertake a range of roles; giving advice on housing and resettlement, working as orderlies, providing advice and support on training and employment, and acting as</p>

<b>UK)</b>	diversity representatives and listeners (Samaritans). For example, the Peer Advisors in HMP Wandsworth are involved in settling new prisoners settle into prison, running Prisoner Information Desks, supporting prisoners with a range of disabilities and preparing prisoners for their release. A 2015 external evaluation of the Peer Advisor Programme by PwC found that for every £1 invested, £8.54 was gained in societal value, along with the benefits gained by Peer Advisors in terms of training, employment and well-being (ref). The core approach is one of providing the opportunity to become professionally trained and progress into employment, by providing an accredited level 3 Advice and Guidance qualification. Since April 2011 1, 190 people have undertaken the programme, with 72% of which have successfully attaining their NVQ Level 3 in 'Information, Advice and Guidance'. In 2013 the St Giles Trust and the Bell Foundation developed a further accredited qualification in Advice and Guidance (QCF NVQ Level 3) so that it is relevant for foreign national prisoners with English as an additional language. The qualification has during the first year offered been completed by nine prisoners, who in turn support between 30 and 50 prisoners with English as a second language per week.
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Examples of Irish Prison Programmes which may provide future support for POWER

<b>Description</b>	
<b>Living with Life Programme</b>	This programme has run in Midlands Prison from 2012 aimed at long term/life sentence prisoners. There is a monthly 'Living with Life' Seminars series, monthly Life Forum and Toastmasters Club.
<b>Red Cross</b>	Community-based health and first aid (CBHFA). This programme is running in several Irish prisons and has been evaluated (REF). It is aimed at medium to high security male prison and their immediate family members personal development and changed outlook of the volunteers. Inmates attend CBHFA meetings over a period of 4-6 months and an action learning approach is taken and uses module 3 with Community Assessment. Volunteers identify which topics in the volunteer manual to study based on assessment of health risks, giving volunteers themselves personal responsibility for identifying what they need to learn about. After completion students become 'Inmate Irish Red Cross volunteers'. The programme is delivered by Irish Red Cross, Irish Prison Service and Education & Training Boards and teachers and nurses employed in the Midlands Prison.
<b>Gaisce</b>	Since 2004 Gaisce has operating in a small number of Irish prisons aimed at engagement with prisoners under the age of 25. To date 75 young people have received their Bronze Awards, 12 people their Silver Award and 5 people have received their Gold Award, all while in custody. Training occurs in four challenge areas: Personal Skill; Community Involvement; Physical Recreation; and Group Activity. Gaisce has also engaged with over 30 governors of prisons from all over Ireland. This marks a huge leap forward in Gaisce's quest to reach more young people with fewer opportunities. The intention is to train up to 15 new President's Award Leaders (PALs) from within the Irish Prison Service in as many as 8 prisons. See <a href="http://gaisce.ie/reaching-out-to-help-young-offenders-reach-their-potential/">http://gaisce.ie/reaching-out-to-help-young-offenders-reach-their-potential/</a>
<b>Toe to Toe</b>	The Toe by Toe Reading Plan (Shannon Trust Time). This programme, and related educational courses (Read & Spell Toe by Toe and Touch Type), are widely incorporated in many national prison services, supporting prisoner with reading and writing. One example was found of the use of training peer mentors to read and translation for prisoners with English as a second language. See <a href="http://www.toe-by-toe.co.uk/toe-by-toe-in-prisons/">http://www.toe-by-toe.co.uk/toe-by-toe-in-prisons/</a>

## Appendix 2

Typology of Intervention Modes (South et al., 2014)

Intervention mode	Definition
<b>Peer Educator</b>	Communication, education and skills development occurring between individuals who share similar attributes or types of experience with the aim of increasing knowledge and awareness of health issues or effecting health behaviour change. Prison peer educators can deliver formal educational interventions to fellow prisoners and/or engage in awareness raising through social interactions within the prison.
<b>Peer supporter</b>	Support provided and received by those who share similar attributes or types of experience. Peer support in a prison setting involves peer support workers providing either social or emotional support or practical assistance to other prisoners on a one-to-one basis or through informal social networks.
<b>Prison peer supporter interventions</b>	Specific forms of prison peer support include listeners, insiders, the PST programme and prison hospice volunteers.
<b>Listeners</b>	A suicide prevention scheme in which prisoners provide confidential emotional support to fellow prisoners who are experiencing distress. Listeners are selected, trained and supported by the Samaritans and the scheme operates across most prisons in England and Wales.
<b>Insiders</b>	Volunteer peer support workers who provide reassurance, information and practical assistance to new prisoners on arrival in prison.
<b>PST programme</b>	Volunteer peer support workers who provide reassurance, information and practical assistance to new prisoners on arrival in prison.
<b>Prisons hospice volunteers</b>	Prison hospice volunteers provide companionship, practical assistance and social support to terminally ill prisoners. They work as part of a multidisciplinary hospice team.
<b>Peer mentors</b>	Peer mentors develop supportive relationships with and act as role models for mentees who share similar attributes or types of experience. Prison peer mentoring involves prisoners or ex-prisoners working one-to-one with offenders both in the prison setting and 'through the gate'. Prison peer mentoring schemes focus on education and training and/or resettlement and the prevention of reoffending.
<b>Health trainers</b>	Health trainers are lay public health workers who use a client-centred approach to support individuals around health behaviour change and/or to signpost them to other services. Prison health trainers work with fellow prisoners around healthy lifestyles and mental health issues. Prison health trainer schemes are adapted from the community-based health trainer model.
<b>Peer advisors</b>	Peer advisors provide housing and/or welfare benefits advice to other prisoners, particularly new prisoners and those planning for resettlement. Some peer advisors support prisoners 'through the gate' when prisoners leave prison.
<b>Other Intervention modes</b>	Other specific interventions identified in the review: peer training (violence reduction), peer outreach (harm reduction), peer counsellors (substance misuse) and peer observers (suicide prevention).

