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Barriers to positive mental health in a Young Offenders

Institution: a qualitative study

Abstract (250 words)

Objective: To explore the barriers to positive mental health in a group of young offenders. Design: A qualitative approach was used to provide insight into the ways in which mental health for young offenders are experienced and managed. Setting: A Young Offenders Institute (Y.O.I.) accommodating males aged between 18 and 21 years. Method: Participants were recruited voluntarily using posters. Twelve offenders participated in focus groups, an additional three interviews were carried out with individuals who felt uncomfortable in the focus group situation. Results: Participants stressed that feelings in a Y.O.I. could not be shared due to the masculine ethos that had been created on the wings. Listener services were reported to be ineffective for support because it would show weakness and vulnerability to other prisoners. Visiting time was the main highlight in the routine for most young offenders, however leaving family and friends was difficult. In dealing with these emotions young offenders would use coping mechanisms, these included acts of aggression to vent built up frustrations. The issue of prison staff and their effect on mental health was raised by all offenders involved in the research. Unanimously, it was suggested that there are both excellent prison officers who engage with the prisoners, whilst at the same time there are staff who abuse their power and treat prisoners disrespectfully. Conclusion: Promoting mental health is not the principle business of a Y.O.I. however this research has generated some issues for consideration for governors and those working within this setting.

Key words

Young offenders, Prison, Mental health.

Introduction

The mental health of the prisoner population is a particular concern. Some reports have suggested that 90 percent of prisoners have a diagnosable mental health problem including depression and psychosis¹. Young offenders are a particular group who have been identified as having high incidences of psychiatric morbidity including personality disorders and neurotic disorders, this is coupled with high levels of drug and alcohol misuse².

The importance of positive mental health, and not just the absence of mental illness to the health of individuals is widely recognised³. While it is difficult to contemplate positive mental health among prisoners, prison should provide an opportunity for individuals to be helped towards a sense of personal development without harming themselves or others⁴. There is however a contradiction, as imprisonment by its very nature has a detrimental impact on mental health⁵, with research suggesting that the prison environment itself is a barrier to the promotion of good health⁶.

The aims of this research were to increase understanding and explore the barriers to positive mental health in a Young Offenders Institution (Y.O.I.), as previous studies have been concerned with the adult prison population. The underlying concept of mental health in this research was taken to mean something positive and not just the absence of depression or mental illness. The research was guided by a settings approach, based on the notion that health is produced 'outside' of illness (health)

services, and that effective health promotion in tackling inequalities requires investment in the social systems in which people live their lives⁷.

Methodology

A qualitative approach was used in this research which was able to give a representation of reality through the eyes of the young offenders and to provide a direct insight into the ways in which mental health in a Y.O.I. are commonly experienced and managed. Focus groups and semi-structured interviews formed the main body of data collection, this was felt to be an appropriate choice of methods for obtaining participation from members of the prison population, regardless of cognitive ability⁸.

Sampling

The research was carried out within a Y.O.I. accommodating males aged between 18 and 21 years. Participants of the study were recruited voluntarily using posters which were distributed around the wings, healthcare areas and library. The poster design was underpinned by previous research recommendations in this setting⁹, particularly that key gatekeepers in the Y.O.I piloted the recruitment materials. This piloting was conducted through a series of meetings with these gatekeepers.

Initially, 16 prisoners expressed interest in the focus groups. However, 3 participants were withdrawn due to being transferred to another institution before the focus groups commenced. In total 12 young offenders, from four different wings of the prison participated in the study. An additional 3 interviews were carried out with individuals

who felt uncomfortable in the focus group situation and preferred to speak on more individual terms.

Procedure

Due to organisational and security restrictions one of the focus groups had 7 participants and the second focus group had 5 participants. The framework for the focus group schedule was fundamentally based upon the research of Alison Liebling^{10, 11, 12} and MacDonald and O'Hara¹³.

The purpose of the focus group was made clear at the beginning of the group and communicated through written and verbal forms. A non-uniform member of staff from the mental health team sat in on the focus groups but not the one to one interviews. As with participants, the staff member was reminded about the issues of confidentiality and anonymity. The groups were asked if the discussions could be tape recorded. It was important that the participants were fully aware of the purpose of the tape recorder, as audio recording has particular meaning for those who have been arrested, with reference to the *Criminal Evidence Act (1984)*. All attendees agreed to be audio recorded and signed an informed consent sheet. It was stressed that these tapes would be stored securely and away from the prison environment and destroyed after use. It was made clear to all participants that they had the right to withdraw from the study at any time without the need to provide a reason.

Data Analysis

The focus groups were transcribed verbatim and once the transcription process was complete, it was necessary for the researcher to 'immerse' within the data so that the transcript became familiar¹⁴. This process included the re-reading and listening of the focus groups, as well as observing the interview notes and schedule.

Thematic analysis¹⁵ was used to identify relevant constructs, concepts and categories within the data. This was carried out by drawing on the aims of the research as well as issues raised by the respondents and views which recurred in the data. The researcher ensured that examples and concepts that did not fit with preconceived theoretical ideals were considered. It was recognised that because of peer influences the views of the young offenders may differ between those who took part in focus groups and those who participated in one to one interviews. Analysis of the data revealed no major differences or themes between the two.

Ensuring validity and reliability were important features which were necessary for the success of the research. The research was undertaken in a systematic and logical approach with reference to qualitative traditions. The methods for obtaining the data were deemed accurate, honest and thorough.

Findings

This section presents the findings of the research carried out with the young offenders. The results are organised in accordance with themes established from analysis.

Y.O.I. culture and its effect on mental health

The Y.O.I. was constantly referred to as a masculine environment, and the young offenders throughout the focus groups displayed masculine ideas and actions, including bravado and showmanship. Interestingly, this was not observed in the one to one interviews. A minority of young offenders discussed the value of peer support whilst in the Y.O.I. commenting upon the help and support they would receive during times of stress or anxiety, primarily caused from missing family and friends. A majority stressed that feelings in a Y.O.I. could not be shared due to the masculine ethos that had been created on the wings. This masculine ethos prevents people from expressing difficulties, as it is seen as an act which goes against masculine ideals, creating a 'survival of the fittest' atmosphere:

"You come in and you either kill yourself 'cos you can't handle it or you just get on with it" (Focus group 1)

Many of the young offenders were ambivalent about their relationships with their peers 'inside'. It was suggested that they were unable to talk with others about sensitive issues such as missing girlfriends or parents. Rather they continually described fellow young offenders as '*associates*' or people that they just had to get on with to make their sentence run smoothly. The majority of young offenders described not having strong bonds with each other. This was reported to be a consequence of the masculine based environment in the Y.O.I. This is particularly highlighted by one offender who describes the attitude he adopted during the start of his sentence:

"It's like when you first come in here you've got to show people that you're not fucking about" (Focus group 2)

Other support strategies that were set up by the institution to benefit prisoners were also criticised. Listener support services were discussed by all to be ineffective,

reports for its under use surrounded issues around not showing weakness or vulnerability to others:

“I used to be a listener and you’d go into someone’s pad and you’d hear the whole landing say oh you’re a stress head... you hear people shouting slasher slash case slash up case” (Focus group 2)

Other support agencies such as the Samaritans were also criticised and again reported to be rarely used. Instead prisoners suggested that more appropriate support strategies would be those involving ex-prisoners who would understand institutional life and inmate’s circumstances:

“If you could tell someone no-one would be slashing up in jail”

(Interview 1)

Isolation from family and friends

The young offenders talked at length about how being isolated from their family and friends was a particularly difficult aspect of prison life. Visiting time was described by the majority as a time of excitement and anticipation where they felt part of the “*outside world*”. Some suggested how financial and geographical difficulties made visits difficult for their family, those who mentioned this appreciated the strain placed on their families in order to maintain contact:

“It’s difficult at the moment, my wife with the distance and stuff it’s hard for her, it’s financial stuff really” (Interview 2)

Although visiting time was a highlight in the routine for most young offenders, the time after visits was described as a low point of prison life. A number suggested it was a time where they would have to “*get back to reality*” and come to terms with

their imprisonment. After the young offenders had left the visiting room, they would usually return back to their wing or cell. Some described feeling unhappy, stressed, or down, others angry and frustrated. Individuals had various mechanisms to deal with the emotions after a visit, a minority of individuals found support networks with other prisoners, whereas more frequently cited coping mechanisms included acts of aggression to vent built up frustrations:

“I’d smash me pad up not ‘cos I was one of those people that did that but ‘cos I don’t know I’d black out I just used to hate it” (Focus group 2)

Keeping in touch with family and friends outside of visiting time was felt to be an important aspect for the offender’s mental health. Prisoners expressed their frustrations at the limited and short length of time allocated on the telephone, others discussed the problem of ringing mobile telephones and the expense of calls. Although the telephone was important to the majority, some individuals would report immense anxiety after calling a relative if an argument had arisen. This anxiety would translate often into an act of physical violence to another young offender or in some instances self-harm:

“I’ll put the phone down and punch fuck out of the walls I was punching the wall that hard that the whole landing could hear” (Focus group 1)

The effects of prisoner-staff relations on mental health

The issue of prison staff and their effect on well-being and mental health was raised by all offenders involved in the research. Unanimously, it was suggested that there are both excellent prison officers who engage with the prisoners and help them towards their rehabilitation through assisting them with education courses and skill

development, whilst at the same time there are staff who abuse their power and treat prisoners disrespectfully. It was felt that some of the staff were part of an archaic prison culture, where strict discipline is thought to be an essential component in controlling offenders:

“You could wake up in a good mood and an officer could say one thing and it puts you on a downer for the rest of the day...he’s disrespectful and has no respect he talks to you like shit” (Interview 3)

It was suggested by one of the focus groups that prison staff would bring personal problems to their professional work and this would be reflected in their attitude towards the young offenders. Individuals expressed how they would appreciate staff leaving their personal problems away from the workplace, so that it would not influence their performance in the Y.O.I. Some however, were aware of the organisational pressures that staff were under, including the long shifts staff would work and constant verbal abuse they would receive from prisoners. It was perceived by some that unless work conditions were right for staff then nothing would be right for the prisoners. One focus group were quick to suggest that staff were trained to deal with prisoners and that they were paid for taking abuse:

Young Offender 1: Officers should leave their problems at the gate and not bring them into the prison or take them out on us. Some of them can be right miserable bastards...

Young offender 2: I’m not surprised some of them do fifteen hour shifts. I’ve heard lads call them allsorts.

(Focus group 2)

Some positive comments were made by prisoners about the value of female prison staff. This may indicate that the more sensitive nature associated with femininity is required to counter balance the masculine culture which is dominant throughout the ethos of the Y.O.I.

Discussion of the findings

This study has shown that environmental factors can be a barrier to the mental health of young offenders in this setting, this supports other recent research⁶. Masculinity is a dominant feature of the social structure of prison life to an extent which threatens the well-being of weaker and more vulnerable offenders. Prison values are mainly embodied around principles of power and masculinity, with one of the most striking social norms concerning the ability to cope with the demands of incarceration. If prisoners feel that they cannot cope with prison, they have to act as if they can, or suffer in silence. Unwritten codes like these, which are an integral part of prison life exist^{16, 17} and the majority of inmates choose not to violate the regulations of these codes for fear of victimisation.

The motivation to comply with the social pressures of the environment can cause individuals to behave in ways that they believe other people would think are right or commendable. By creating a Y.O.I. culture which is concerned with masculinities and bravado, young offenders feel that displaying more feminine based traits such as support seeking is a display which contradicts prisoner norms. This has a major implication for providing appropriate support mechanisms for young offenders which need to fit with the predominant masculine culture.

The contact a prisoner gets with his family is rationed and sparse and this research supports other studies conducted on this subject¹⁸. Keeping in contact with family and friends has been cited by authors to be problematic⁶ and in that respect this research is no different. A lack of time on the telephone and limited opportunities to call supportive relations causes increases in stress and anxiety, which if left unmanaged spills into acts of aggression. This study would stress and emphasise other research that claims that prisons should do all they can to maintain or rebuild family links, as these relationships are an important buffer for reducing stress caused by incarceration¹⁹. These links are also important in creating a *'health promoting organisation'*²⁰, as viewing family and friends as important contributors to the rehabilitation process of offenders is imperative if conditions are to be created which are not only supportive of mental health, but may reduce the likelihood of re-offending²¹ and increase the chance of employment, training or education on release²². By encouraging families to visit and maintain regular contact this will ensure a healthy and supportive framework into which the offender may return.

Prison staff whose objective it is to uphold the organisational regime and policy but to also show compassion and care to offenders have a contradictory and demanding role. A gap must exist between staff and offenders, but at the same time this gap must be narrowed so that staff are more supportive in both personal and practical ways; often it seems that prison staff are caught between the demands of the prison management and the prisoner sub-culture within wings¹². Officers must show both involvement, contact and support, but also power, authority and order. A middle ground needs to be found which focuses on service delivery, respect and order where staff are not

inflexible but at the same time not too emotionally involved so that discipline is disregarded.

This research supports the value of utilising female prison staff and this finding has been reported in other studies¹². This perhaps indicates that the more sensitive nature sometimes associated with femininity is required to balance the macho male culture which currently dominates prison culture. Currently the organisational culture seems to be occupied by stereotypical 'male competencies' such as strength, authority, assertiveness and discipline¹².

Prison governors need to pay careful attention to the monitoring of staff-prisoner relationships, as they remain crucial to prison life and the mental health of young offenders. However, they seem to lack research or in-depth discussion in the literature by a range of authors. It is important that role perceptions are clear for staff and that training is received so that staff can deal effectively with the mental health needs of young offenders. Staff-prisoner relationships are at the heart of a Y.O.I. and prisons, yet no attention is paid to how staff achieve the task of getting them 'right'¹². This will only be achieved through appropriate staff training and continued research and evaluation within this area.

Strengths and weaknesses

It is difficult without serving a sentence to understand what life in prison is actually like²³. This research has attempted to provide further insight specifically into the life of young offenders, which up until now seems under researched. Using a qualitative approach with the participants captured the subjective reality of the setting and

provided full, rich and descriptive detail. This process may have even been empowering for those participants as offenders were listened to respectfully and their opinions, knowledge and experience valued.

The main weakness of this study however, concerns the potential bias of using self-selected volunteers for the focus groups and the relatively small sample gained for this research. Those who attended may have given an unreflective impression of the setting and a false consensus may have been gained by those with dominant or strong viewpoints. The research population may therefore not fully represent the young offenders in other institutions. If this research was to be repeated it would be beneficial to take into account the views of staff working with young offenders, to gauge their perception of the setting and its affect on the mental health of offenders.

Conclusion

Promoting health and dealing with the health needs of offenders is a complex issue, understandably a Y.O.I. is not principally in the business for mental health promotion. Prisons are penal institutions where the main aims of imprisonment are not primarily to do with self-esteem, autonomy and empowerment rather control discipline and surveillance, usually in an atmosphere which generally contradicts the democratic principles of health promotion²⁰. However, the following are reasonable issues for consideration which have been generated by this research.

Issues for consideration

- Post visit support should be made available after young offenders have seen their family, as this time is a particular low point in the routine.

- Viewing the family and significant others as buffers for reducing the stress for offenders is imperative for the overall rehabilitative process of prisoners.
- Support agencies such as the listener scheme and Samaritans are an important outlet for offenders, but need to regain credibility for the prisoners to utilise the service.
- It may be constructive to consider how the self-help ethos of a Y.O.I. could be developed to enhance more mutual support and a greater sense of community. The experience of conducting this research would suggest that prisoners have a desire to talk about their experiences and are able to make constructive suggestions about how to best change prison life for future prisoners.
- Future training of staff should explore relationships with young offenders and provide more information in how to work effectively with young people.

Words: 3215

References

1. Office for National Statistics. Psychiatric morbidity among prisoners in England and Wales. London: Stationary Office, 1998.
2. Lader D, Singleton N, Meltzer H. Psychiatric morbidity among young offenders in England and Wales. *International Review of Psychiatry*, 2003; 15: 144-147.
3. Tudor K. Mental health promotion. London: Routledge, 1999.
4. World Health Organisation. Mental health promotion in prisons. London: WHO, 1998.
5. Birmingham L. Mental disorders and prisons. *Psychiatric Bulletin*, 2004; 28: 393-397.
6. Nurse J, Woodcock P, Ormsby J. Influence of environmental factors on mental health within prisons: focus group study. *British Medical Journal*, 2003; 327: 480-485.
7. Grossman R, Scala K. Health promotion and organisational development: developing settings for health. Copenhagen: WHO, 1993.
8. Reed J, Roskell Payton V. Focus groups: issues of analysis and interpretation. *Journal of Advanced Nursing*, 1997; 26: 765-771.
9. Caraher M, Bird L, Hayton. P. Evaluation of a campaign to promote mental health in young offender institutions: problems and lessons for future practice. *Health Education Journal*, 2000; 59: 211-227.
10. Liebling A. Vulnerability and prison suicide. *British Journal of Criminology*, 1995; 35: 173-187.

11. Liebling A. Risk and prison suicide. In Kemshall H, Pritchard J. (Eds) *Good practice in risk assessment and risk management 2*. London: Jessica Kingsley Publishers, 1997: 188-205.
12. Liebling A, Price D. Staff-prisoner relationships. A review of the literature. *Prison Service Journal*, 1998; 120: 3-6.
13. MacDonald G, O'Hara. K. *Ten elements of mental health, its promotion and demotion: implications for practice*. Glasgow: Society of Health Education and Health Promotion Specialists, 1998.
14. Silverman D. *Interpreting qualitative data (2nd edn)*. London: Sage, 2003.
15. Pope C, Ziebland S, Mays N. Analysing qualitative data. *British Medical Journal*, 2000; 320: 114-116.
16. Sykes GM. *The society of captives*. Princetown: Princetown University Press, 1958.
17. Newton C. Gender theory and prison sociology: using theories of masculinities to interpret the sociology of prisons for men. *The Howard Journal*, 1994; 33: 193-202.
18. Biggam FH, Power KG. Social support and psychological distress in a group of incarcerated young offenders. *International Journal of Offender Therapy and Comparative Criminology*, 1997; 41: 213-230.
19. Nuestatte A. *Locked in locked out*. London: Calouste Gulbenkian Foundation, 2002.
20. Smith C. 'Healthy prisons': a contradiction in terms? *The Howard Journal*, 2000; 39: 339-353.
21. Social Exclusion Unit. *Reducing re-offending by ex-prisoners*. London: Crown, 2002.

22. Niven S, Stewart D. The role of family and friends in successful resettlement. *Prison Service Journal*, 2005; 159: 21-24.
23. Bosworth M, Campbell D, Demby B, Ferranti SM, Santos M. Doing prison research: views from inside. *Qualitative Inquiry*, 2005; 11: 249-264.