Pilot exploration of low-intensity psychoeducation workbook interventions in a prison setting, adapted for use throughout the COVID-19 pandemic

Lauren Wilson and Rebekah Dervley

Lauren Wilson and Rebekah Dervley are both based within the Forensic and Prisons Directorate at Oxleas NHS Foundation Trust, Dartford, UK.

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Abstract

Purpose – *This paper aims to explore the use of low intensity in-cell workbooks within a psychological therapies service for male prisoners, an intervention adapted for use during the COVID-19 pandemic. It seeks to explore the effectiveness of the intervention in reducing psychological distress, explore individuals' progression through the service following engagement with the workbooks and, finally, to understand individual's experiences of the intervention through evaluating feedback provided.*

Design/methodology/approach – *CORE-10 scores from 66 male prisoners at a Category C prison were evaluated pre and post completion of an adapted in-cell workbook intervention, to explore the potential effectiveness of the intervention in reducing psychological distress. Qualitative feedback given by participants was also explored to understand individual's experiences of engaging with the intervention.*

Findings – *Evaluation of 66 male prisoners revealed significant reductions in psychological distress on the CORE-10. Findings demonstrated that over half of men included in the evaluation were "stepped-up" for further interventions as per the stepped-care treatment model. Feedback forms highlighted the value of the therapeutic relationship and a "something versus nothing" approach.*

Research limitations/implications – *The paper considers several limitations to the research approach, of which future studies should seek to explore when carrying out similar research.*

Practical implications – *The paper includes implications for the use of low intensity self-help interventions in prison psychological services, during a time when the provision of face-to-face interventions was limited due to the COVID-19 pandemic.*

Originality/value – *The paper explores the use of self-help materials in psychological treatment settings, of which there is very little research on in prisons. In addition, the paper contributes to the body of research on psychological well-being during the COVID-19 pandemic.*

Keywords *Prison, Self-help, Pilot study, COVID-19, Psychological interventions, Forensic*

Paper type *Research paper*

Introduction

Numerous studies have found the prevalence of mental health difficulties amongst the prison population to be significantly higher than that of the general population, with research consistently demonstrating higher reporting rates of depression, anxiety, personality disorders and psychosis amongst individuals in prison than their community counterparts (Coid *et al.*, 2002; Stewart, 2008; Fazel and Danesh, 2002). Tyler *et al.* (2019) provide an updated picture of the mental health needs of UK prisoners, reporting high rates of personality disorder, anxiety and mood disorders and post-traumatic stress disorder (PTSD), in addition to high rates of comorbidity. High comorbidity of mental health difficulties in prison has been supported by the Prison Reform (2021) Trust, who found

three-quarters of prisoners in England and Wales to have pre-existing mental health problems, with many suffering two or more mental health conditions, in addition to Birmingham (2003) who found around 20% of prisoners to have four or five major mental health disorders. Morse (2017) reports a direct relationship between imprisonment and increased risk of mental health difficulties, with separation from family and friends, boredom and loss of autonomy identified as key contributing factors.

Substance misuse also poses a significant challenge within prisons, exacerbated by the emergence of New Psychoactive Substances. Use of illicit substances not only contributes to violence, bullying and debt within prison (Moyes, 2018) but also decline in psychological well-being, including aggression, depression, paranoia and episodes of psychosis (Ralphs *et al.*, 2017). These difficulties are widespread, with research suggesting 10%–48% of prisoners report problematic substance misuse and subsequent difficulties with their mental health (Fazel *et al.*, 2006).

In addition to existing disproportionate rates of mental health difficulties in prison, recent research has demonstrated the psychological and social effects of the coronavirus disease (COVID-19) pandemic. Concerns about the consequences of social isolation amongst the general population include increased anxiety, depression and stress, in addition to fears of exacerbation of pre-existing mental health issues and greater difficulty in accessing mental health support in pandemic conditions (Brooks *et al.*, 2020). The prison population have been identified as a group who, as a result of decreased access to mental health support and loss of positive activities, may be at an increased risk to negative consequences on psychological well-being as a result of the COVID-19 pandemic (Holmes *et al.*, 2020). The loss of social support through visits could make adjustment to prison more difficult, increasing the likelihood of the use of maladaptive coping strategies which perpetuate mental health difficulties, for example substance misuse (Hewson *et al.*, 2020). Additionally, restrictions on prison visits negatively impacts preservation of hopefulness and social connectedness during prison sentences, further reducing psychological well-being (Cochran and Mears, 2013). The provision of improved access to targeted psychological interventions for communities affected by COVID-19, including individuals in prison, is therefore recommended to help diminish or prevent future mental health difficulties in light of the effects of a global pandemic (Cullen *et al.*, 2020).

Intervention development

With this in mind, there is clear need for mental health services in prisons which are able to provide support and intervention to address the range of psychological difficulties noted above, particularly during the COVID-19 pandemic when psychological distress is likely to be heightened. Oxleas NHS Foundation Trust provides primary and secondary care delivered by a mental health in-reach team, including a stepped-care group-based psychological therapies service in the Kent prison cluster (HMP East Sutton Park, HMP Maidstone and HMP/YOI Rochester), as well as the Sheppey prison cluster (HMP Swaleside, HMP Elmley and HMP Standford Hill).

During the COVID-19 pandemic, structured stepped-care psychological interventions following guidance from the National Institute for Health and Care Excellence (NICE; NICE, 2011) could not be facilitated due to UK prisons adopting a "lockdown" regime (Priority 1) in line with government guidelines with respect to social distancing. To adapt to these restrictions to meet the continued need for mental health services in prisons whilst adhering to social distancing guidelines, the psychological therapies service set out to review and adapt existing group-based interventions into self-help workbooks for prisoners to complete in-cell. Assistant Psychologists within the service were therefore tasked with producing six psychoeducational workbooks to be offered alongside a time-limited psychological support session with a psychological therapies service practitioner to discuss and consolidate the material, which was socially distanced and at times "through the door" or on a wing landing.

The use of self-help materials in psychological treatment settings has been extensively evaluated and reviewed and has been endorsed as an intervention for mild to moderate anxiety and depression by a series of NICE recommendations (NICE, 2004; NICE 2006b; NICE 2009a), however there is little research on their use in prisons. Maunder *et al.* (2009) found that male prisoners received short-term benefits in anxiety reduction following engagement with self-help booklets, suggesting self-help materials are a promising approach for use in custodial settings, however further studies are necessary to expand upon existing data. Good practice guidance for the use of self-help materials within Improving Access to Psychological Therapies services suggests the main elements should involve engaging the person in guided self-help, identifying key problems and goals to work on, identifying appropriate self-help materials, supporting the person in their efforts to change, reviewing progress and the need for further help, or "stepping up", and the use of assessment and outcome measures to help review of progress (Baguley *et al.*, 2010). The psychological therapies service attempted to adopt this approach as much as possible considering the face-to-face restrictions posed by the COVID-19 pandemic to adapt the way the service model could be delivered. Use of this adapted intervention was implemented in August 2020 and has continued to be used as Step 1 of the service at the prison since this time.

This paper presents an exploration of the psychoeducational workbooks offered as Step 1 of the adapted psychological therapies service treatment model for use throughout the COVID-19 pandemic when group interventions could not be offered, and includes individuals who engaged with this intervention between August 2020 and July 2021.

Research questions

The aim of this pilot service evaluation is to explore the use of low-intensity psychoeducational workbooks with individuals in prison and seeks to review three key areas. First, to explore the potential effectiveness of low-intensity self-help workbooks, with a follow up consolidation session, in reducing psychological distress as measured by CORE-10 scores. The null hypothesis is that there will be no significant change following engagement with the intervention on the dependent variable measured (CORE-10). The experimental one-tailed hypothesis is that there will be significant positive changes in the dependent variable. Secondly, to explore individuals progression through the service in seeking further psychological support following engagement with the Step 1 workbook interventions. Thirdly, to understand individual's experiences of completing low-intensity self-help workbooks in terms of relevance, clarity and accessibility, through evaluating quantitative and qualitative feedback provided.

Method

Participants

A priori analysis using G*Power (Faul *et al.*, 2007) calculated the necessary sample size based on a medium effect size, power of 0.95 and a p value of 0.05 with a two-tailed hypothesis. These variables meant the study was expected to require a minimum of N = 54 participants.

Inclusion criteria included having completed at least three out of the six Step 1 workbooks on offer (see Materials). This was to attempt to increase the reliability and validity of any conclusions drawn from the current project.

A total of 66 male prisoners aged between 18 and 52 (M = 30.70 years) accessing the adapted Step 1 interventions with the psychological therapies service at a Category C prison in Kent were included in the service evaluation. At the time of the current research, the prison functions as a Category C men's prison and young offenders institution, located in Kent, holding around 730 sentenced prisoners (HMPPS). Much of the sample were White

(81.8%); this reflects the ethnicity distribution for the general population at the prison, which is approximately 81.7% White (July 2021). A total of 13.6% of the sample was Black, and this is also reflected in the general population of the prison which is approximately 11.5% Black (July, 2021). This suggests that the psychological therapies service is successfully capturing White as well as Black, Asian and Minority Ethnic clients at Step 1 of the service at a rate consistent with the general population of the prison.

Of the 66 men included in the sample, 13.6% completed just 3 out of the total 6 workbooks, 18.1% completed 4 workbooks, 60.6% completed 5 workbooks and 7.5% completed all 6 workbooks on offer. Emotional Coping Skills and Understanding Personality were the most completed workbooks (93.9%), followed by the Understanding Paranoid Thoughts and Understanding and Managing Trauma workbooks (92.4%). The Bereavement & Other Loss workbook followed (74.2%), and Hearing Voices was the least completed workbook (10.6%). This could be reflective of the more uncommon occurrence of hearing voices or having unusual visual or auditory experiences.

Procedures

The mental health in-reach teams (MHIRT) at each site refer individuals who may benefit from engaging in engaging in psychological therapy to the psychological therapies service. Localised referral meetings at each site, overseen by senior psychological therapists, are designed to determine the risk and need of individual cases and direct to the relevant step of the Stepped care model in operation at each site.

The current evaluation focuses on the outcomes for individuals who engaged in Step 1 interventions (psychoeducational workbooks). Once an individual is taken onto the caseload of a practitioner for Step 1, there is a collaborative assessment of need between the individual and the clinician to determine which workbooks will be provided based on the individual's difficulties, so that only the workbooks which are relevant will be completed. Individuals are then asked to provide informed consent (Appendix 1) and complete a pre-intervention outcome measure (CORE-10, Barkham *et al.*, 2013). These are both uploaded to their health-care record on SystmOne. SystmOne is a centrally hosted clinical computer system used by health-care professionals in the UK to store clinical records of individuals. The individual is then provided with the workbooks they would like to complete (maximum total of 6) and each is followed by a brief 1:1 session to discuss and consolidate the material and session notes are uploaded on SystmOne. The CORE-10 is re-administered post-intervention as well as a feedback form to gather further quantitative and qualitative information. Individuals may then either be discharged from the psychological therapies service or "stepped up" for further interventions as part of the stepped-care treatment model, following re-discussion at the psychological therapies service referrals meeting.

For the current service evaluation, data collection and co-ordination of the research was managed locally, and practitioners within the team were asked to collate their data onto a central spreadsheet. Regular meetings were held with the project supervisor to ensure effective communication.

Materials

Clinical outcomes in routine evaluation (CORE-10, Barkham et al., 2013). The CORE-10 is a questionnaire comprised of 10 items that are designed to tap into psychological distress, including commonly experienced symptoms of anxiety and depression and associated aspects of life and social functioning. Scores on the CORE-10 can range from 0 to 40, with higher scores indicating a greater amount of distress. Individuals were asked to complete this measure pre- and post-completion of the psychoeducational workbooks. Internal reliability (α) of the CORE-10 has been found to be 0.90 (Barkham *et al.*, 2013).

Psychoeducational workbooks. The psychological therapies service offers six Step 1 psychoeducational workbooks in total: Emotional Coping Skills, Understanding Paranoid Thoughts, Understanding and Managing Trauma, Understanding Personality, Bereavement & Other Loss and Hearing Voices. The material of the workbooks, excluding Hearing Voices, was adapted by Assistant Psychologists within the service from group workshops offered prior to the COVID-19 pandemic, and are all informed by cognitive-behavioural principles. This was done in response to face-to-face restrictions posed by the COVID-19 pandemic when the group workshops were no longer able to run. Accordingly, the workbooks focus on the use of self-help techniques and skills for self-soothing which emphasise the interaction between physical, behavioural and cognitive symptoms.

Feedback form. Quantitative and qualitative feedback for the workbooks was collected post-intervention using a locally designed evaluation form (see Appendix 2). Questions 1–5 use a 4-point linear numeric scale to evaluate how helpful, relevant, clear and easy to understand the workbooks were, how effective the facilitator was and whether the number of sessions was "right". Question 6 uses a 10-point linear numeric scale to evaluate the difficulty of the workbooks and Questions 7–9 are open ended to allow for qualitative feedback. This feedback was used to help understand individuals' experiences of completing the workbooks in terms of most satisfied and least satisfied aspects.

Results

Research aim 1

To explore the effectiveness of low-intensity self-help workbooks, with a follow up consolidation session, in reducing psychological distress as measured by CORE-10 scores.

CORE-10 screening questionnaire:

A total of 66 pre-intervention scores were collected prior to completing Step 1 interventions. Seven scores were removed from the dataset as extreme case outliers, this included one high score (40) which was excluded due to the individual later reporting he could not read and therefore did not complete the measure accurately, and six low scores (1, 2, 3, 4, 5, 5) which were excluded due to lack of clinical need. Therefore, a total of 59 scores were evaluated. The mean score was 22.4 (SD = 6.4) which falls within the "moderate to severe" psychological distress category (Barkham *et al.*, 2013). Of the 59, 3 (5.1%) fell into the "non-clinical" range, 5 (8.5%) fell into the "mild" range, 10 (16.9%) fell into the "moderate" range, 18 (30.5%) fell into the "moderate to severe" range and 23 (38.9%) fell into the "severe" range of psychological distress. This range of scores demonstrates that individuals who self-reported mild to moderate distress, who would not necessarily meet threshold for engaging with the MHIRT, are still able to access low intensity interventions offered by Step 1 of the psychological therapies service stepped care model.

A total of 66 post-intervention scores were collected from individuals in prison after completing Step 1 interventions. As noted above, seven scores were excluded as outliers, therefore a total of 59 scores were evaluated. The mean score was 16.2 (SD = 7.1). Overall, this suggests that there was an in-group difference on the CORE-10 before and after completing the workbooks. Further statistical analysis was carried out to explore the significance of this difference. It was also noted that due to the lack of a control group, it could not be concluded that completion of the workbooks alone was the cause of the in-group difference, and that additional factors should be considered.

Statistical analysis. The data were checked to explore whether parametric assumptions were met prior to undertaking statistical analysis. Assumptions of normality, homogeneity of variance, independence and no outliers were sufficiently met.

Scores from 59 prisoners were evaluated using a paired-samples t-test. Results from the pre-intervention CORE-10 scores (M = 22.4, SD = 6.4) and post-intervention CORE-10

scores (M = 16.2, SD= 7.1) indicated a significant difference in psychological distress as measured by the CORE-10, $t(58)= 7.532$, $p < .001$. As noted above, whilst statistical analysis revealed a significant difference in CORE-10 scores, it cannot be concluded that completion of the workbooks alone was the sole contributing factor to this difference due to lack of a control group and uncontrolled extraneous variables. However, this does provide promising evidence that further research into the effectiveness of workbook interventions using a more rigorous design could be warranted.

Research aim 2

To explore individuals' progression through the service in seeking further psychological support following engagement with Step 1 workbook interventions. This aim sought to explore the use of the Step 1 workbook interventions as the first stage of the stepped-care model by examining how individuals who completed Step 1 progressed through the service. Of the 59 men included in the sample, 34 (57.6%) were bought back by their Step 1 practitioners for re-discussion at the psychological therapies service referrals meeting and were "stepped up" for further psychological interventions as per the stepped-care treatment model due to being assessed as needing further psychological support. Reasons for individuals not being "stepped up" included either the individual or practitioner not feeling as though further psychological support was needed, and upcoming release dates meaning there would not be enough time.

Of this 34, 23 (67.6%) were allocated to Step 2 interventions ("Calm & Compassion"), 7 (20.6%) were allocated to Step 3 (Counselling), and 4 (11.8%) were allocated to Step 4 interventions ("DBT Skills" or "Seeking Safety"). The data demonstrate that there is a throughput of clients following the stepped care model, in that more than half of individuals who engaged in Step 1 workbooks were assessed as suitable to be "stepped up" for further psychological intervention with the psychological therapies service. Following trauma-informed principles, an individual would only be "stepped-up" for further psychological support with their knowledge and consent. Whilst there is no comparison group to compare engagement with psychological support following Step 1 interventions or not, the current data suggests that the Step 1 workbooks form an important part of the stepped-care model that is employed in that 57.6% of individuals who completed these interventions went on to seek further psychological support from the service. It could be hypothesised that the relational security, including trust and rapport, built during completion of the Step 1 workbooks was a key factor in supporting individuals to seek further interventions, and this is also something that future research could seek to explore in more depth.

Research aim 3

To understand individuals' experiences of completing low-intensity self-help workbooks in terms of relevance, clarity, and accessibility, through evaluating quantitative and qualitative feedback.

A total of 60 evaluation questionnaires were received. The six that did not complete feedback forms were either transferred to another establishment or released from prison before a feedback form was collected.

Questions 1–5 of the feedback form completed by the sample used a four-point linear numeric scale, where 1 was "strongly disagree" and 4 was "strongly agree". Overall, 84.6% "strongly agreed" or "agreed" that they found the workbooks and check-ins helpful, and 91.6% "strongly agreed" or "agreed" that the workbooks were relevant to them and that they would be able to use some of the coping skills in the future. A total of 95% "strongly agreed" or "agreed" that the facilitator who delivered the intervention was effective, and 88.3% "strongly agreed" or "agreed" that the number of sessions was right. Finally, 93.3%

"strongly agreed" or "agreed" that the information in the workbooks was clear and easy to understand.

Question 6 of the feedback form used a 10-point linear numeric scale, where 1 was "too easy" and 10 was "too hard". Of the 60 responses received, most rated the difficulty of the content of the workbooks as a 5 on a scale of 1–10 (25.8%) and the mean response was 5.56. This suggests that for most respondents, the difficulty of the workbooks appeared "neutral" on a scale of "too easy" to "too hard". It is important to note that some respondents clearly rated the workbooks as "too easy", whereas for others they clearly rated the workbooks as "too hard". This is likely a reflection of the challenge of creating self-help workbook materials pitched at a level to account for a wide range of literacy and intelligence quotient (IQ) levels in the current sample as well as the general wider prison population.

Most satisfied aspects:

Responses to Question 7 ("which aspects of the workbooks and check-ins were you most satisfied with?") were explored to identify key themes for aspects of the intervention individuals were most satisfied with. As the paper simply sought to explore the feedback given in terms of relevance, clarity and accessibility, a structured thematic analysis or interpretative phenomenological analysis (IPA) approach was not deemed appropriate for this purpose of this research, however future research could seek to explore qualitative feedback with more rigor. Many positive comments were made about the role of the facilitator and the relational aspect of the intervention. "I didn't feel like there was anything I couldn't speak to [L] about and felt very comfortable"; "one to one interaction and being able to talk about aspects I wouldn't fully understand on my own"; "the help and encouragement I was given"; "being able to discuss each workbook with my facilitator"; "having someone to talk with".

Positive feedback was also given about how the workbooks themselves helped to aid and improve understanding: "they helped me identify my own problems"; "gained better understanding"; "made me realise I wasn't thinking about my situation in the right way"; "helped me understand my own thoughts and feelings".

Finally, individuals appeared to appreciate the content of the workbooks and the information about positive coping skills given: "the tips the workbooks provide on how to cope"; "helpful to learn new techniques", "distraction techniques"; "gave me tools to use when I'm stressed"; "techniques on how to manage my thoughts".

Least satisfied aspects:

Responses to Question 8 ("what aspects of the workbooks and check-ins were you least satisfied with?") were reviewed to identify key themes for aspects of the intervention individuals were least satisfied with. These included comments about wanting more workbooks and one-to-one sessions, more in-depth content, and not all of the content being relevant or suitable for everyone: "bigger workbooks to go into problems more"; "ask more deeper questions"; "I would have liked a meeting twice a week"; "at least one group session"; "some people might not be able to relate to everything in it"; "some was not suited to me". This feedback was relayed back to the psychologica therapies service practitoners delivering the check-ins, in order to learn from the individuals' experiences and enhance clinical practice.

Discussion

This paper explored the use of low intensity psychoeducational workbook interventions for individuals within a Category C prison, which were designed for use during the COVID-19 pandemic. Overall, Research Aim 1 found promising evidence that low-intensity workbook interventions could play a role in reducing psychological distress as measured by the CORE-10. Research Aim 2 indicated that over half (57.6%) of men included in the evaluation were "stepped-up" for further interventions following engagement with Step 1, as per the stepped-care treatment model. Finally, Research Aim 3 found that individuals

appeared to value the relational aspect of the intervention, and found the workbooks themselves to be useful in improving understanding of their own thoughts and feelings and providing skills and techniques for emotion regulation.

Whilst these preliminary findings point toward promising evidence for the use of low-intensity workbook interventions within prison, it is important that consideration is given to the limitations of this paper as a service evaluation. This pilot paper explores the use of an intervention which is currently used as a "treatment as usual" intervention within the psychological therapies service, therefore it was not deemed appropriate or ethical at this time to have a "no treatment" control group and was not designed to fit the expectations of a randomised controlled trial. Whilst this means the current evaluation lacked the data to explore group differences between a "workbook only" group, a "workbook plus 1:1 consolidation session" group or a waiting list control group, it does provide promising preliminary evidence that the workbook intervention could contribute to reduced psychological distress in male prisoners, and future research could seek to explore this by improving on the methodology employed in this pilot paper.

Furthermore, as stated in the procedure, each workbook was followed up with a brief 1:1 appointment with a psychological therapies service practitioner to review and consolidate the material. Therefore, it cannot be overstated that the Step 1 workbooks themselves are solely accountable for the significant reduction in CORE-10 scores found post-intervention. Indeed, one arising theme from qualitative feedback in the current service evaluation positive role of the psychological therapies service practitioner and the relational aspect of the intervention itself, possibly indicating that a sense of social connectedness – albeit that such relational contact was extremely time-limited – may be an important factor to consider when exploring the effectiveness of low-intensity self-help workbooks in prison settings. There are also certainly additional uncontrolled extraneous variables present which could have contributed to a reduction in psychological distress. This could include engagement with other services within the prison such as chaplaincy or Forward Trust (drug and alcohol service), approaching release date or commencing pharmacological treatments such as antidepressant medication. Future research could seek to gather further information to control for such variables by recording engagement with other services and comparing this to changes in scores on the outcome measure.

Although there is debate within the literature about the effectiveness of psychoeducation, namely, the provision of self-help materials alone versus guided self-help with the direct involvement of a practitioner (Richardson *et al.*, 2008; Gellatly *et al.*, 2007; Furmack *et al.*, 2009; Scholes *et al.*, 2007), and despite the limitations mentioned above, it is important to consider the positive findings of this pilot evaluation within the wider context of the COVID-19 pandemic. As previously discussed, the prison population are a group who were identified as at increased risk of negative effects on psychological well-being as a result of the COVID-19 pandemic due to decreased access to mental health support (Holmes *et al.*, 2020). Therefore, the responsivity shown by the psychological therapies service in adapting group interventions into materials that could be delivered in a socially distanced manner should not be overlooked. Indeed, the findings of this pilot evaluation showed that self-reported psychological distress significantly decreased following engagement with these workbook interventions. This provides encouraging support for the use of low-intensity in-cell workbooks in prison psychological therapies teams, not only during the pandemic when face-to-face work was restricted but also in other circumstances where face-to-face contact is limited, for example, when prisoners are located in the segregation unit. Future research could helpfully evaluate the use of in-cell workbook materials, to strengthen the evidence for the use of such interventions in custodial settings.

Overall, whilst there are certain limitations to this evaluation, the current project does provide some initial evidence in support of the use of psychoeducational workbooks which were adapted for use during the COVID-19 pandemic. During a period where UK prisons operated

within a "lockdown" regime (Priority 1) and many of the support services within the prison were paused or withdrawn, the current evaluation provides promising preliminary support for the utility of this adapted intervention in supporting individuals experiencing psychological distress and in seeking further psychological support as part of a stepped care model. Evaluation of qualitative feedback also highlights the value placed on developing a therapeutic relationship and one to one interaction with a practitioner, as well as recognition of a "something versus nothing" approach, during a time when the service was heavily restricted and the likelihood of experiencing mental health difficulties was increased. This line of research therefore provides a potentially wide range of implications for mental health practitioners working in psychological therapies teams which may inform ways of working in the future.

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Appendix 1

Figure A1 Consent form

[Name]

Workshop Workbooks Consent Form

1. This consent form relates to your participation in completing the workshop workbooks.
2. If requested, a member of staff will check in with you after you have completed the workbooks. Notes about the individual sessions are written and stored on a healthcare system. Other healthcare professionals have access to this system and may cite the notes in their reports in the future.
3. At times it may be appropriate to communicate more general information relating to progress with other professionals working with you for example prison staff, probation. Is there anyone outside of healthcare that you give permission to share your information with?

   ……..

4. If you decide to do the workshop workbooks, you can change your mind at any time. This won't have any consequences for you.
5. If there are concerns relating to managing your risk and it was deemed appropriate, information may be shared with prison staff that support you whilst you are detained in prison, e.g. personal officer, wing staff, ACCT assessors etc. Confidentiality cannot be guaranteed if you share information that places you, others or the establishment at risk. In this situation the information will be reported through the appropriate channels.
6. You may be asked to complete an evaluation form after completing the workbooks to get your views about how you found it. This information will be used to evaluate our service. Completing the evaluation form is voluntary and there will be no consequences should you choose not to complete it.
7. The information you provide on an evaluation form, as well as the data we collect from you before and after completing the workbooks, may be used in future service evaluations. We may also use data about your age and ethnicity. This data will be anonymous and will not include your name or prison number.

(*continued*)

Figure A1

Having read the above, do you consent to this?

☐ **Yes** ☐ **No**

Having read the above information and asked any questions that have been answered to my satisfaction, I consent to completing the workshop workbooks.

Resident's name:

Resident's number:

Resident's signature:

Date:

Appendix 2

Figure A2 Feedback form

The [Name]

In-Cell Workshops Workbook Programme

Feedback Form

Your name: ……

Date:……

Please tick the workshop workbooks you have completed:

☐ Emotional Coping Skills

☐ Understanding Personality

☐ Understanding Trauma

☐ Understanding Paranoid Thoughts

☐ Bereavement & Other Loss

☐ Hearing Voices

In the following questions, please circle one number.

1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree

1. Overall, I found the workbooks and check-ins helpful

   1 2 3 4

2. The workbooks were relevant to me and I will be able to use some of the skills I learnt in future

   1 2 3 4

3. The [NAME] facilitator was effective

   1 2 3 4

4. The number of sessions was right

   1 2 3 4

(*continued*)

Figure A2

5. The information in the workbooks was clear and easy to understand

   1 2 3 4

6. On a scale of 1-10 (1= too easy, 10= too hard), how would you rate the content of the workbooks?

   1 2 3 4 5 6 7 8 9 10

7. Which aspects of the workbooks and check-ins were you most satisfied with?

   .....

   .....

   .....

   .....

8. Which aspects of the workbooks and check-ins were you least satisfied with? What improvements might you suggest for the programme?

   .....

   .....

   .....

   .....

9. Do you have any other comments?

   .....

   .....

   .....

   .....

Corresponding author

Lauren Wilson can be contacted at: lauren.wilson35@nhs.net