

COMMUNITY ENGAGEMENT PROJECT
NATIONAL INSTITUTE FOR MENTAL HEALTH IN ENGLAND

REPORT OF THE COMMUNITY LED RESEARCH PROJECT FOCUSING ON
THE MENTAL HEALTH NEEDS OF YOUNG BLACK AND MINORITY
ETHNIC MEN BASED IN HMP/YOI HINDLEY
CONDUCTED BY
PARTNERS OF PRISONERS AND FAMILIES SUPPORT GROUP
AMONGST BLACK AND ETHNIC MINORITY PRISONERS.

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*National Institute for
Mental Health in England*

The following people were involved in the development and delivery of this project. The peer researchers went by the collective name of the Black Alliance:

Aeron Christopher – 31-years old. Aeron was responsible for coordinating the project. He is employed by Partners of Prisoners (POPS) to oversee the project. He graduated in Applied Psychology from Manchester University and has 3 years experience working as a researcher previously for Greater Manchester Probation service. Aeron was responsible for supporting the peer researchers throughout the project as well assisting in developing the questionnaires and interviews, and analysing findings.

Dale Edwards - 20-year-old prisoner based in Hindley Young Offenders Institute (YOI). Dale was one of the remaining researchers who took part in the community engagement mental health research project. Dale was responsible for carrying out the fieldwork, collating the information and contributing to the report. He achieved a University Certificate in Community Research.

Imran Mahmood – 20-year old prisoner based in Hindley YOI. Imran was one of the peer researchers who engaged in the community engagement research project. Imran was responsible for carrying out the fieldwork, collating the information and contributing to the report. Imran was awarded a University Certificate of Achievement.

Reyhan Mahmood – 20-year old prisoner based in Hindley YOI. Reyhan was one of the peer researchers who engaged in the community engagement research project. Reyhan was responsible for carrying out the fieldwork, collating the information and contributing to the report. Reyhan was awarded a University Certificate of Achievement.

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Executive Summary

Background

Partners of Prisoners and Families Support Group (POPS) is an organisation that provides a variety of services to support anyone who has a link with someone in prison, prisoners and other agencies. POPS are one of several community groups who took part in the National Institute for Mental Health in England's (NIMHE) Community Engagement Programme in 2007/08. The focus of the project is to look at the mental health needs of young Black and Minority Ethnic (BME) prisoners in HMP Hindley. The project had the following aims;

- To understand why fewer BME individuals choose to access mental health services in prison.
- Explore the mental health needs of BMEs prisoners
- Informing future service development in partnership with the statutory sector and other voluntary organizations

Design

POPS recruited 10 prisoners to work as peer researchers within the prison. With the assistance of Uclan, The prisoners were trained in mental health issues and research methods. All the researchers were of Black and Minority Ethnic origin.

12 One to one interviews were carried out amongst a snowball sample of respondents within Hindley prison. The researchers identified several BME men who were interested in completing an interview or questionnaire. All interviews took place either in an inmate's cell, the prison multi faith room or the prison library.

16 self completed questionnaires were carried out with prisoners who chose not to be interviewed.

Key Findings

Racism

Many of the prisoners have encountered racism in the prison and have been subject to racist comments. Racism had a huge impact on the well being of some inmates, leading to feelings of annoyance and isolation. Most of the BME prisoners did not feel uncomfortable being in a prison in which the majority of inmates were of White British origin, but they were unhappy with the racist behaviour and comments of some White British prisoners.

Food affecting mood

The men strongly disapproved of the quality of the food served up to them in Hindley. Complaints varied from the prison not serving halal food, not offering enough food specific to BME groups and offering bland alternatives to traditional food. Few of the men talked about how the quality of the food actually affected their well being and mood. For instance some inmates were annoyed and unhappy about the quality of the food that they received, while others were stressed about halal food not being

provided. Of the few that did discuss how it affected how they felt, their comments were very negative.

Awareness of treatment services

Only a small number of prisoners were aware of any Mental Health Service in Hindley. It appeared that the stigma associated with having a mental health issue was a key reason why many inmates chose not to get help, instead choosing to struggle along independently and conceal any problems. Many of the prisoners were in favour of the idea of a BME mental health service in Hindley.

Black and Minority Ethnic staff

Most of the men welcomed the idea of having more BME prison staff at Hindley. The men feel that BME staff will have a better understanding of the religious needs of some of the prisoners and are better able to empathise with the cultural needs of BME prisoners. The men would feel more supported by having more BME staff in the prison and would feel more comfortable knowing that there are more staff available that they can talk too, who understand and to a degree appreciate the men's needs.

Causes of stress

The main contributor to stress for the men was being away from family, friends and comforts that they would normally take for granted when in the community. The men reported few examples of stressors caused by factors within the prison. Of those mentioned, they tended to be caused by the behaviour of other prisoners such as bullying.

Support for BME families

It was very important to the prisoners that their family members are kept informed as much as possible. The prisoners talked about the importance of family support being in place so that the family are aware of how the prisoner is doing and also that the family have some type of piece of mind. Good communication between the prison and families where English is not their first language was considered hugely important by many prisoners.

Recommendations

More BME prison officers

The overwhelming majority of those questioned wanted to have more BME prison staff at Hindley. The relationship that the prisoners have with staff can play a large part in the quality of their experience of being in prison. It also provides the BME inmates with a type of assurance that they can speak to a prison officer who understands them and can empathise with experiences which are unique to them, which in turn makes the BME prisoners feel less stressed, less isolated and generally more confident.

Interpreters working with families of non English speaking prisoners

The language barrier was a common problem for the prisoners of families where English is not their first language. It often results in the prisoners families not being informed of important information. A future recommendation is for the use of more interpreters in the prison, who can work closely with existing prison based Family

Link Workers. This working relationship will be especially important when a prisoner with non English speaking family needs to communicate with his family.

Greater promotion of Mental Health services in Hindley Prison

Almost all of the prisoners were unaware of the mental health services available to them in the prison. The overall impression from the research was that the prisoners were generally unaware of the options available to them. A greater effort could be made to highlight these services to prisoners during their induction into the prison and also post induction.

Peer Support around Mental Health

The stigma associated with accessing support for a mental health issue was seen as a factor in low service uptake. A recommendation is for volunteers within the prison to be trained in mental health and act as peer support workers. The peers support workers would educate other prisoners about mental health. This interaction may help to reduce the stigma surrounding mental health and could improve understanding around the mental health service available in Hindley, the type of support available and the different types of mental health issues.

Delivering Race Equality

The Delivering Race Equality (DRE) outlines a vision of improved mental health services by providing more appropriate and responsive services, engaging communities and providing better information. The DRE lists a set of service characteristics, many of which link to the outcomes in this research. For example, a prisoner peer support service around Mental health will help to address the characteristic for a more balanced range of effective therapies, such as peer support. Having more BME prison staff will increase satisfaction with services as many prisoners would feel more comfortable being in an environment consisting of more BME prison staff. Offering halal food and careers advice would also increase provide a more appropriate and responsive service.

Providing family interpreters for non-English speaking families of prisoners will help to meet the need of a workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.

BME prisoners do experience stress while in prison for a number of reasons ranging from being away from family and loved ones to being bullied and victimised by other prisoners. Strategies for coping with stress could be included within the induction programme for all prisoners that enter the prison. To ensure that this is not just a solitary intervention, follow up support around coping with stress should take place post induction.

Introduction

The Centre For Ethnicity and Health's Model of Community Engagement

Background

We often hear the following words or phrases:

- Community Consultation
- Community Representation
- Community Involvement/Participation
- Community Empowerment
- Community Development
- Community Engagement

Sometimes they are used inter-changeably to mean the same thing. Sometimes the same word or phrase is used by different people in the same meeting to mean different things. The Centre for Ethnicity and Health has a very specific notion of Community Engagement, and this paper is an attempt to describe it. The Centre's Model of Community Engagement evolved over a number of years as a result of its involvement in a number of projects. Perhaps the most important milestone however came in November 2000, when the Department of Health awarded a contract to what was then the Ethnicity and Health Unit at the University of Central Lancashire to administer and support a new grants initiative. The initiative aimed to get local Black and minority ethnic community groups across England to conduct their own needs assessments, in relation to drugs education, prevention, and treatment services.

The Department of Health had two key things in mind when it commissioned the work; first, the Department of Health wanted a number of reports to be produced that would highlight the drug-related needs of a range of Black and minority ethnic communities. Second, and to an extent even more important, was the process by which this was to be done. If all the Department of Health had wanted was a needs assessment and a 'glossy report', they could have directly commissioned a number of researchers who could have gone into local Black and minority ethnic communities, talked to them about their needs, written up a report, and produced yet another set of reports that potentially do not have any long term impact. This scheme was different however. The Department of Health was clear that it did not want researchers to go into the community, to do the work, and then to go away. It wanted local Black and minority ethnic communities to undertake the work themselves. These groups may not have known anything about drugs, or anything about undertaking a needs assessment at the start of the project; what they would have is proven access to the communities they were working with, the potential to be supported and trained and the infrastructure to conduct such a piece of work. They would be able to use the nine month process to learn about drug related issues and about how to undertake a needs assessment. They would be able to benefit and learn from the training and support that the Ethnicity & Health Unit would provide, and they would learn from actually managing and undertaking the work. In this way, at the end of the process, there would be a number of individuals left behind in the community who would have gained from undertaking this work. They would have learned about drugs, and learned about the needs of their communities, and they would be able to continue to

articulate those needs to their local service providers, and their local Drug Action Teams. It was out of this project that the Centre for Ethnicity and Health's model of community engagement was born.

The model has since been developed and refined, and has been applied to a number of areas or domains of work. These include:

- Substance Misuse
- The Criminal Justice System
- Sexual Health
- Mental Health
- Regeneration
- Higher Education
- Asylum

New communities have also been brought into the programme: although Black and minority ethnic communities remain a focus to the work, the Centre has also worked with:

- Young people
- People with disabilities
- Service user groups
- Victims of domestic violence
- Gay, lesbian and bi-sexual people
- Women
- White deprived communities
- Rural communities

In addition to the Department of Health, key partners have included the Home Office, the National Treatment Agency for Substance Misuse, the Healthcare Commission, The National Institute for Mental Health in England, the Greater London Authority and Aimhigher.

The Key Ingredients

There are four essential ingredients or building blocks to the UCLan Community Engagement model.

1. An issue about which communities and other key stakeholders such as commissioners and policy makers share some concern

The issue can be almost anything, but frequently involves a concern about inequitable access to, experience of or outcome from services. The community and other stakeholders may not agree about the causes of inequity or what to do about it – the key however is that they share a concern. Usually the concern will be framed within some kind of local, regional or national policy context (e.g. teenage pregnancy reduction).

2. The Community

According to the Centre for Ethnicity and Health model, a community engagement project must have the community at its very heart. In order to achieve this, it is essential to work through a host community organisation. This may be an existing community group, but it might also be necessary to set up a group for this specific purpose of conducting the community engagement research.

The key thing is that this host community organisation should have good links to the defined target community¹, such that it is able to recruit a number of people from the target community to take part in the project and to do the work (see section on task below).

It is important that the host community organisation is able to co-ordinate the work, and provide an infra-structure (e.g. somewhere to meet; access to phones and computers; financial systems) for the day-to-day activities of the project. One of the first tasks that this host community organisation undertakes is to recruit a number of people from the target community to work on the project.

3. The Task or Tasks

The third key ingredient is the task or tasks that the community undertakes. According to the Centre for Ethnicity and Health model, this must be action oriented. It should be something that is meaningful, time limited and manageable. Nearly all of the community engagement projects have involved communities in undertaking a piece of research or a consultation exercise within their own communities. In some

¹ The target community may be defined in a number of ways – in many of the community engagement projects it has been defined by ethnicity. We have also worked with projects where it has been defined by some other criteria, such as age (e.g. young people); gender (e.g. women); sexuality (e.g. gay men); service users (e.g. users of drug services or mental health service users); geography (e.g. within a particular ward or estate) or by some other label that people can identify with (e.g. victims of domestic violence, sex workers).

² This is not always possible, for example, where potential participants are in receipt of state benefits and where to receive payment would leave the participant worse off.

cases there has been an initial resistance to doing ‘yet another piece of research’, but this misses the point. As in the initial programme run on behalf of the DH, the process and its outcomes have equal importance. The task or activity is something around which lots of other things will happen over the lifetime of the project. Individuals will learn; awareness will be raised; stigma will be reduced; people will opportunities to volunteer and gain qualifications; new partnerships will be formed; and new workers will enter the workforce Besides, it is important not to lose sight of the fact that it will be the first time that these individuals have undertaken a research project.

4. Support and Guidance

The final ingredient, according to the Centre for Ethnicity and Health’s model, is the provision of appropriate support and guidance. It is not expected that community groups offer their time and input for free. Typically a payment in the region of £15-20,000 will be made available to the host organisation. It is expected that the bulk of this money will be used to pay people from the target community as community researchers². A named member of staff from the community engagement team is allocated as a project support worker. This person will visit the project for at least half a day once a fortnight. It is their role to support and guide the host organisation and the researchers throughout the project. The University also provides a package of training, typically in the form of a series of accredited workshops.

The accredited workshops give participants in the project a chance to gain a University qualification whilst they undertake the work. The support workers will also assist the group to form an appropriate steering group to support the project³.

The steering group is an essential element of the project: it helps the community researchers to identify the community they are engaging with, and can also facilitate the long term sustainability of the projects recommendations and outcomes. The community researchers undertake a needs assessment or a consultation exercise. However the steering group will ensure that the work that the group undertakes sits with local priorities and strategies; also that there is a mechanism for picking up the findings and recommendations identified by the research. The steering group can also support individuals’ career development as they progress through the project

The UCLan community engagement team

The Centre for Ethnicity and Health has a large and experienced community engagement team to support the work. The team comprises of two programme directors, senior support workers, support workers, teaching and learning staff, an administration team and a communications officer. They work across a range of community engagement areas of specialisation, within a tight regional framework.

³ Very often we will have helped groups to do this very early on in the process at the point at which they are applying to take part in the project.

National Programme Directors			
Northern Team	Midlands Team	Southern Team	Senior Programme Advisors
Senior Support Worker		Senior Support Worker	
Support Workers	Support Workers	Support Workers	Drug Interventions Programme
			Citizen Shaped Policing
Teaching And Learning Team			
Administration Team			
Communications Officer			

Programme outcomes

Each group involved in the Community Engagement Programmes is required to submit a report detailing the needs, issues or concerns of the community. The qualitative themes that emerge from the reports are often very powerful. Such information is key to commissioning and planning services for diverse and 'hard to reach' communities. Often new partnerships between statutory sector and hard to reach communities are formed as a direct result of community engagement projects.

In 2005/-6 the Substance Misuse Community Engagement Programme was externally evaluated. This concluded that:

- the Community Engagement Programme had made very significant contributions to increasing awareness of substance misuse and understanding of the substance misuse needs of the participating communities. It also raised awareness of the corresponding specialist services available and of the wider policy and strategy context.
- the Community Engagement Programme had enabled many new networks and professional relationships to be formed and that DATs appreciated the links they had made as a result of the programme (and the improvements in existing contacts) and stated their intentions to maintain those links.
- most commissioners reported that they had gained useful information, awareness and evidence about the nature and substance misuse service needs of the participating organisations.
- all DATs reported positive change in their relationship with the community organisations. They stated that the Community Engagement Programme reports would inform their plans for the development of appropriate services in the future.
- A significant number of the links established between DATs and community organisations as part of the Community Engagement Programme were made for the first time.

- The majority of community organisations reported their influence over commissioners had improved.
- Training and access to education was successful and widely appreciated. 379 people went through an accredited University education programme.
- A third of community organisations in the first tranche reported that new services had been developed as a result of the Community Engagement Programme.
- The vast majority of participants and stakeholders expressed high levels of satisfaction with the project.

The capacity building of the individuals and groups involved in the programme is often one of the key outcomes. Over 20% of those who are formally trained go on to find work in a related field.

The Focus Of This Particular Report

Since 2000 over 200 community groups have taken part in one or other of the Centre for Ethnicity and Health's Community Engagement Work Programmes.

Partners of Prisoners and Families Support Group (POPS) are an organisation that provides a variety of services to support anyone who has a link with someone in prison, prisoners and other agencies. POPS are one of several community groups who took part in the National Institute for Mental Health in England's (NIMHE) Community Engagement Programme in 2007/08. The objectives of the programme were to deliver improve equality of access, experience and outcomes for Black and minority ethnic mental health service users by:

- *Involving Black and minority ethnic prisoners in identifying needs and in the design and delivery of more appropriate, effective and responsive services*
- *Developing links between POPS and other agencies working with young BME groups*
- *Allowing BME prisoners to influence the way services are planned and delivered*
- *Enabling BME prisoners to express views around their experience of being in prison and how this impacts on their well being*
- *To provide capacity building for Black and minority ethnic prisoners, ensuring not only the completion of the work, but also an enhanced ability to articulate identified needs to service providers;*
- *To ensure that Black and minority ethnic prisoners gain a better understanding of the mental health issues within their environment;*

The focus of our work is to look at the mental health needs of young Black and Minority Ethnic (BME) prisoners in HMP Hindley.

The views expressed in the report are those of the group that undertook the work, and are not necessarily those of the Centre for Ethnicity and Health at the University of Central Lancashire.

POPS were interested in working with Uclan due to POPS links with BME families. POPS support BME families and offenders via their family support services, such as Family Link Workers at HMP/YOI Hindley bridging the gap between families on the outside and offenders on the inside. POPS also support families through a free phone telephone helpline number, which has trained Family Caseworkers ready to respond to the needs of families across the country.

In 1998, POPS developed a Black Prisoner Support Project. This was developed in response to the needs highlighted by Black families trying to support a Black offender in the Criminal Justice System. Initially there were dedicated caseworkers helping Black offenders in prisons across the North West of England. The service later developed to include mentors who helped Black offenders on community-based licence or on release. POPS currently run Black Prisoner group work sessions in 6 prisons across the North West of England and Yorkshire/Humberside regions.

Demographics

Statistics show that White males accounted for 84% of the prison population in 2006. Black British males accounted for 11% of the overall prison population, Asian males 3% and Chinese and other minority group males made up 2%. Results were also similar for the female prison population. 84% of the female prison population were White, 11% Black, 1% Asian and 3% Chinese or other ethnic minority group (Home Office, 2006).

The current research was undertaken at HMP Young Offenders Institute Hindley which is located in Wigan outside of Greater Manchester. Hindley opened in 1961 when it was a Borstal. By 1997 it was reclassified as an adult prison and became a joint prison and young offender's institution. Hindley consist of three young adult (18-21 year olds) wings and two juvenile (15-17 year olds) wings.

The table below gives a breakdown of the number of inmates currently detained in Hindley by ethnic group (correct up to March 2008).

Table 1 Prison population in HMP/YOI Hindley

Ethnic Group	Number convicted
Indian	3
Pakistani	16
Bangladeshi	2
Any other Asian Background	1
Black British	8
Black Caribbean	15
Black African	12
Mixed White and Black	18
Mixed White and Asian	2
White British	385
White Irish	2
White Other	5
TOTAL	469

BMEs and the prison population

Black men appear to be over represented in prison even though very few access mental health services. Home Office statistics show that the number of African Caribbean prisoners has leapt 58% since 1997 (Holloway, 2004).

African Caribbean's made up 8% of the total prison population in 1985, but this figure had risen to 12% in 1997. The figure is now 17%. The number of South Asians has also increased recently.

The 'Race Equality in Prisons' report found that for every 100 000 White people in Britain, 188 were in jail. But for Black people the figure was 1,704. That means that Black people are over nine times more likely to be in prison than their White counterparts (Holloway, 2004).

Aims and Objectives

Aims

To understand why fewer BMEs choose to access mental health services in prison.

Explore the mental health needs of BMEs prisoners

Informing future service development in partnership with the statutory sector and other voluntary organisations

Objectives

Recruit 8-10 volunteers from within Hindley prison to carry out the research

Provide volunteers with training and support through POPS and the University of Lancashire

Set up a local steering group

Providing individuals involved in the research with a greater awareness of mental health issues and mental health treatment services.

Methodology

Instruments

A questionnaire containing 46 items which consisted of both open-ended and closed questions was developed⁴. The questionnaires took roughly 20 minutes to complete.

Structured interviews were also undertaken with the prisoners. The interviews took approximately 30 minutes. The information from the interviews was noted by the volunteers. Completed questionnaire and interview items were collected by the volunteers before being passed onto a worker at POPS who ensured that the raw data was stored securely.

Initially, the POPS group planned to run focus groups which would give a small group of prisoners the chance to discuss their feelings regarding mental health issues. While the prisoners responses to items on the questionnaire would be restricted to what the questions asked (regardless of whether the question is open-ended or closed), it was hoped that the focus group would promote an open discussion which allowed their views and feelings to be discussed in greater detail. It would also allow participants to elaborate on points which had been mentioned in the questionnaire. However convening prisoner led focus groups proved to be very difficult in a prison environment, which meant that focus groups were not used in this project. This was due to logistical problems within the prison and not being able to group a random selection of prisoners within a group.

Participants

The participants were Black and Minority Ethnic male prisoners aged between 18-21 in Hindley Young Offenders Institute. The research was carried out within the young adult wings in the prison. In total 28 prisoners successfully completed the questionnaire or interview. 16 prisoners filled in a questionnaire while 12 were interviewed.

Design

One to one interviews were carried out amongst a snowball sample of respondents within the prison. The volunteers identified several BME men who agreed to complete the interview/questionnaire. After being approached, the respondents were used as informants to identify and approach other BME men within the wings.

All interviews took place either in an inmate's cell, the prison multi faith room or the prison library.

Questionnaires were also distributed to BME inmates within the prison. All questionnaires were designed for self completion, but where a respondent needed assistance to complete one (e.g. because of reading difficulties), then one of the peer researchers was used to administer the questionnaire.

Self completed questionnaires were completed wherever the respondents felt comfortable. Completed self administered questionnaires were returned to one of the

⁴ See Appendix for a copy of the questionnaire.

volunteers. The volunteers ensured that all completed questionnaire and interview sheets were sealed in an envelope so that they could not be viewed by anyone else. The sealed sheets were later passed onto the Project Coordinator. Numerical data (quantitative data) was analysed by inputting the data on to Windows Excel and using the information to generate tables. Qualitative data (written and descriptive information) was analysed using a content analysis. This involved recording the frequency of comments made by the respondents in the questionnaire or during interview.

Procedure

POPS have strong working relationships with several prisons across the North West of England. Through this link, POPS were granted permission to approach and work with BME prisoners in Hindley prison.

To recruit the prisoners, POPS required a member of prison staff to allow them entry into the prison and supervision while supporting the volunteers. Hindley allocated a member of staff (the Diversity Manager and later in the project the Principle Officer) who was able to take a member of staff from POPS and Uclan on to the wings. The Diversity Manager also provided POPS with an appropriate room to undertake the training of the volunteers.

The initial procedure was to gather a small group of volunteers of BME origin from within Hindley prison. POPS recruited the volunteers by liaising with the Diversity Manager at Hindley who has a good rapport with many of the BME prisoners in Hindley. The Diversity Manager circulated a letter about the research to BME prisoners which generated expressions of interest. The Diversity Manager fed back to POPS a few weeks later and informed us that around 10-12 men were interested in volunteering to take part in the project. A date was agreed for POPS and Uclan to attend the prison and meet the men for the first time. This initial meeting was an opportunity to, tell the men about the role of POPS and Uclan, discuss the aims of the project, ask questions and talk about how the project may benefit them. The names and prison numbers of the men that volunteered in to the project after this initial meeting were recorded for future correspondence.

Once a group of volunteers was established, they received training and support through Uclan and POPS. The training was delivered in a workshop format. The training involved the men completing one to one work between workshops and having the chance to pursue a certificate of accreditation at the end of the project by completing coursework during the project. The training enabled the volunteers to develop their research skills, gain some knowledge and understanding of mental health issues and work as a team.

The volunteers were involved in the overall research process, from designing the research questions, piloting the questions, selecting a sample group, carrying out fieldwork, collating and analysing findings, to contributing to the write up of the final report

Members of POPS and Uclan would attend the prison at various intervals to offer assistance to the researchers, collect questionnaires that had been completed, discuss any issues arising and offer support.

Steering Group

It was intended that a steering group would be established but this was not achieved in the current project. The role of a steering group is to develop the research beyond the completion of the project and ensure that the outcomes are sustainable. A steering group could identify how the project could fit into agencies' plans and also inform commissioning. POPS were unable to establish a steering group as many of the agencies that were identified as representatives for the group were unable to commit their time into participating within the group. Nevertheless, all of the representatives made contributions to the project through emails and telephone conversations. Moreover, the steering group representatives were kept abreast of developments by communicating with the Project Coordinator by email.

Results

The following section outlines the results and information gained from interviews and questionnaires that were carried out with 28 BME men from Hindley prison. The interview and questionnaire questions were identical.

Core Questions

Table 2 Question 1 Age last birthday

	Age range	Frequency
	18	6
	19	11
	20	8
	Missing	3
Total		28

Table 3 Question 2 Gender

	Gender	Frequency
	Male	28
Total		28

Table 4 Question 3 Ethnicity

	Ethnicity	Frequency
Valid	Black Caribbean	1
	Black African	4
	Mixed White and Black Caribbean	11
	Mixed White and Black African	1
	Pakistani	8
	Asian Other	2
	Missing	1
Total		28

Table 5 Question 4 (a) Were you born in the UK?

	Born in UK	Frequency
	Yes	23
	No	5
Total		28

Table 6 Question 4 (b) If no, how long have you lived in the UK?

	Years	Frequency
Valid	1- 5 years	4
	11 years +	1
Total		5

Table 7 Question 5 Citizenship: Are you a?

	Citizenship	Frequency
Valid	British Citizen	25
	Asylum Seeker	1
	Other	1
	Missing	1
Total		28

Table 8 Question 6 (a) What is your first language (Spoken)?

	Language	Frequency
	English	24
	Somali	4
Total		28

Table 9 Question 6 (b) What is your first language (Written)?

	Language	Frequency
	English	24
	Somali	4
Total		28

Table 10 Question 7 (a) Which languages are you fluent in (Spoken)?

	Language	Frequency
	English	4
	Barwanese	1
	Dutch	3
	Farsi	2
	Finish	1
	Punjabi	4
	Pushto	1
	Somali	4
	Spanish	1
	Swahili	1
	Urdu	4
	Missing	2
Total		28

Table 11 Question 7 (b) Which languages are you fluent in (Written)?

	Language	Frequency
	English	4
	Barwanese	1
	Dutch	3
	Farsi	2
	Finish	1
	Punjabi	4
	Pushto	1
	Somali	4
	Spanish	1
	Swahili	1
	Urdu	4
	Missing	2
Total		28

Table 12 Question 8 What is your religion?

	Religion	Frequency
	None	8
	Christian	3
	Islam	17
Total		28

Table 13 Question 9 Sexuality

	Sexuality	Frequency
Valid	Heterosexual	27
	Bisexual	1
Total		28

Table 14 Question 10 Do you have a disability?

	Disability	Frequency
	Yes	2
	No	26
Total		28

Personal Experiences

11. What does mental well being mean to you?

Many of the men talked about mental health in terms of their well being or how stressed out they were in prison. Frequent responses, which tended to be negative, were;

“Being happy and not stressed”

“When you are worried about something”

“The way you think”

“Being messed in the head”

“Someone with learning difficulties”

“Being mentally ill and not being able to cope with situations”

“Being ill in the mind”

“I think it means your state of mind”

“Depression”

Table 15 Question 12. Do you sometimes get stressed about being in prison?

	Stress	Frequency
	Yes	24
	No	4
Total		28

13. What do you feel causes this stress?

20 of the 28 men approached said that “being away from their family” was the main reason why they were stressed about being in prison.

Other common responses were

“Being away from their friends”.

“Not seeing my children”

“The behaviour of others in the prison”

“Not knowing my release date”

14. How do you deal with this stress?

The men demonstrated a range of coping mechanisms. While some would try to shut worries out of their minds or try to distract themselves by keeping busy, others would try to find people to talk to. Other appeared not to cope well at all and either simply let stress build up or became depressed.

To deal with stress, a lot of the men (12) said that would try and put the stress to the back of their mind and get on with it. Comments like this included,

“I try not to think about it”

“I just get on with things”

“I try and blank it out”

Thinking ahead to what they would do when they are released was another coping mechanism stated.

“I look forward to my release date and future after prison”

6 men chose to study as a way of coping with stress.

“I study hard”

“Keep busy”

“I go to the gym”

“I talk to friends in the prison”

“Contact friends outside of prison”

“I talk to friends over the phone and write to them”

“I’ll speak to friends about it in the jail”

“I let my stress build up”

“I get depressed”

15. How does not being able to talk to family, friends or partners affect your emotional/mental health well being?

“Gets me worried”

“Feel isolated”

“It gets me angry”

16. How do you deal with this?

“I phone my family as often as I can”

“See family thought visits”

“Put it to the back of my mind”

“I try not to let it affect me”

“Sometimes lash out”

17. How do you feel coming from a Black and Minority Ethnic minority community within Hindley?

Common responses to this question were;

“Does not make much of a difference”

“Does not bother me”

“I’m ok with it”

Table 16 Question 18. Would you like to see more Black prison officers in Hindley?

	Prison officers	Frequency
	Yes	23
	No	1
	Don’t Know	4
Total		28

19. How do you feel that more Black prison staff could contribute to your well being in prison?

Almost all of the 28 men that were approached welcomed the idea of having more BME prison staff at Hindley. The main responses to this question were,

“They would have a better understanding of religious needs”

“They understand your culture better”

“You will not get bullied as often by staff that understands you”

“I would feel more comfortable talking to them about any problems”

“They could offer a different angle when it comes to helping Black prisoners”

“I would feel more comfortable”

Table 17 Question 20. Have you experienced racism from anyone whilst in Hindley?

	Racism	Frequency
	Yes	16
	No	11
	Missing	1
Total		28

21. Describe at least one incident of racism in Hindley?

“Verbal abuse from prisoners”

“In the exercise yard somebody called me a paki bastard and go back to your country”

“Some lads calling a Black guy they did not like on their wing a nigger”

“Someone called my friend a paki”

“Being racist towards Blacks in the shower”

“I was racially attacked by more than one person”

22. How did this make you feel?

“Angry”

“Very annoyed”

“Uncomfortable”

“I wanted to fight the guy that said it”

Table 18 Question 23. Do you think that the food provided for you in Hindley meets your cultural needs?

	Food	Frequency
	Yes	5
	No	20
	Don't Know	2
	Missing	1
Total		28

24. In what way does the food affect how you feel?

Some inmates that completed the questionnaire did not answer the question in relation to how the food makes them feel and spoke more about the quality of the food that they receive. Comments about how food affected their mood mainly included the following;

“It makes me upset”

“It’s annoying”

“It makes me angry so much that sometimes I’ve gone through the night without dinner”

“It makes me angry because I can’t get the food I like”

25. How could Hindley improve the care for Black and Minority ethnic offenders?

“A Black and Asian culture courses”

“Black prisoners support group”

Awareness of Services**Table 19 Question 26. Do you know of any Mental Health services in Hindley?**

	MH Services	Frequency
	Yes	5
	No	20
	Missing	3
Total		28

27. What is the service called?

Of the five men that answered yes to question 26, 4 of them were able to name a specific mental health service in the prison;

“Mental health unit”

“The communication service”

“Health care”

Access and Experiences

Table 20 Question 28. Have you used any Mental Health Services in Hindley?

	Service use	Frequency
	Yes	4
	No	24
Total		28

29. If you did was the service of a good quality?

“Yes I found it to be beneficial”

“It was alright”

Table 21 Question 30 Do you feel that the Mental Health services in Hindley cater for Black and Minority Ethnic men?

	Service catering	Frequency
	Yes	5
	No	2
	Don't Know	10
	Missing	11
Total		28

31. How do you feel that these services cater for Black and Minority Ethnic men?

“They cater to what you have to say no matter what ethnic background you are”

“It would help anybody no matter what race they are”

Table 22 Question 32 Do you feel that the Mental health services in Hindley are appropriate for you?

	Service needs	Frequency
	Yes	8
	No	3
	Don't Know	4
	Missing	9
	Not applicable	4
Total		28

33. Why do you feel that they are, or are not appropriate for you?

“On my visits I found them to be very helpful and they listen well. Also they checked up on my mental well being after my visit”

“You get labelled if you go for help”

“I don’t want people thinking I’m off my head if I went to a mental health service”

34. What services if any does Hindley provide to support your return to the community?

“PS Plus and Family links”

“Noms (National Offender Management Service)”

“Probation”

“Carats” (Counselling, Assessment, Referral, Advice and Throughcare)

“Vocational training”

“Pasro” (Prison addressing substance related offending)

“Housing services”

“Imam”

“Connexions”

35. What services are needed within Hindley to support your return back into the community?

“Careers advise”

“Education advice....college courses after release”

“A programme addressing offending behaviour”

“A personal officer”

Recommendations

36. What three things would you like to see in Hindley that meet your needs (If you cannot think of three things, try and mention as many as you can)?

Frequent responses included;

“Careers advice”

“More BME prison staff”

“Better food (i.e. less bland)”

“More access to the mosque for daily prayer”

“More gym time”

“Music course”

“More halal food”

“Better communication links with family”

“A barber who can cater for Black people’s hair”

Table 23 Question 37 Do you think that Mental health services in Hindley need to be improved?

	Service improvements	Frequency
	Yes	4
	No	2
	Don't Know	17
	Missing	5
Total		28

38. If yes, why do think Mental Health services in Hindley need to be improved?

“For a start they need to get promoted better because hardly anyone knows about them”

“If you need to get there, you have to wait for a long time before they see you”

Table 24 Question 39 Would you like to see a Black and Minority Ethnic Mental health service in Hindley?

	See new service	Frequency
	Yes	16
	No	4
	Don't Know	7
	Missing	1
Total		28

40. If you answered yes, why do you think a Black and Minority Ethnic Mental health service would be a good thing?

Many felt that with BME staff supporting the men, they are better able to support the men because they understand more about their needs and cultural issues.

“They know about our culture so we can talk about things that they can relate to better”

“They understand us better”

“BME prisoners have other needs”

41. If you answered no, why do you think a Black and Minority Ethnic Mental health service would not be a good thing?

“No matter who is running the service, if you go people will think you are mad”

“I don't think it will make any difference because you would still feel funny going and feel put off”

42. What would you like a Black Specific mental health service in Hindley to provide?

“Somebody who can speak to parents of Black prisoners about mental health”

“Communication between them and my family and let them know how things are going”

“Someone to speak to about problems”

“A service for dealing with racist bullying”

Table 25 Question 43 Do you think more support needs to be offered to Black and Minority Ethnic families supporting a relative with mental health issues?

	Support for BME families	Frequency
	Yes	16
	No	4
	Don't Know	6
	Missing	2
Total		28

44. Why do you think Black and Minority Ethnic families need more support?

“It’s harder for Black families to get help”

“English is not the first language for some prisoners...we need someone who can work between us (the prisoners) and our families”

“Language barrier between prison and families”

“They don’t much know about how the prison operates”

45. What do you think can be done to break down the barriers for a Black or Minority Ethnic person with mental health issues in getting support from their families?

“More visits from family”

“More support for families”

“Encourage families to work with the prison mental health team”

“Better communication with families”

“Interpreters”

“Family support officers”

“Provide more information”

46. If you have any other general comments about your experience of being in Hindley please mention them.

“Travel expenses for families”

“More visits”

“More young prison staff”

Discussion

Key outcomes

The aims of the project were, to understand why fewer BMEs choose to access mental health services in prison and explore the mental health needs of BMEs prisoners

Racism

Several of the prisoners (16 of the 28 questioned) have encountered racism in the prison and have been subject to racist comments. Understandably, racism had a huge impact on the well being of some inmates, leading to feelings of annoyance and isolation. Most of the inmates were unphased about coming from a predominately BME community into a prison with a White majority. The problem for most BME prisoners was less to do with being in a White dominated environment but more to do with the racist behaviour of some prisoners within that White majority.

Food affecting mood

The men were very clear in pointing out their disapproval of the quality of the food served up to them in Hindley. Complaints varied from the prison not serving halal food, not offering enough food specific to BME groups and offering bland alternatives to traditional food. The men offered suggestions to this issue such as having a Caribbean and/or Asian chef in the prison. Unfortunately only a few of the men talked about how the quality of the food actually affected their well being and mood. Of the few that did discuss how it affected how they felt, their comments were very negative.

Awareness of treatment services

Only 5 of the prisoners approached were aware of any Mental Health Service in Hindley. When asked “Do you know of any Mental Health services in Hindley?” only 5 gave a yes answer. Those who answered yes to this question mentioned “Mental Health”, “health care” and “the communication service”.

It also appears that the stigma associated with having a mental health issue was a key reason why many inmates chose not to get help, instead choosing to struggle along independently and conceal any problems. Nonetheless, 16 prisoners were in favour of the idea of a BME mental health service in Hindley with only 4 prisoners suggesting that a BME mental health service would not be a good idea.

The men were well aware of the services that the prison provides to support their return into the community. The most commonly referenced service were PS plus (Prison service plus), probation and Counselling, assessment, referral, aftercare and throughcare (Carat).

Black and Minority Ethnic staff

Many of the men (23 out of the 28 interviewed) liked the idea of having more BME prison staff at Hindley. The men feel that BME staff will have a better understanding of the religious needs of some of the prisoners and are better able to empathise with the cultural needs of BME prisoners. The men would feel more supported by having more BME staff in the prison and would feel more comfortable knowing that there are staff that they can talk too who understand and to a degree appreciate the men’s needs.

Causes of stress

Interestingly the main contributor to stress for the men was being away from family, friends and comforts that they would normally take for granted when in the community. The men reported few examples of stressors caused by factors within the prison. Of those mentioned, they tended to be caused by the behaviour of other prisoners (e.g. bullying or verbal abuse).

Support for BME families

The prisoners' relationship with their families was a significant theme throughout the questionnaire. As mentioned in the findings from question 13 (*What do you feel causes this stress?*), being away from family was the most frequently referenced cause of stress amongst the prisoners. The findings also showed the importance to the prisoners that their family members are kept informed as much as possible.

In question 45 (*What do you think can be done to break down the barriers for a Black or Minority Ethnic person with mental health issues in getting support from their families?*) the prisoners talked about the importance of family support being in place so that the family are aware of how the prisoner is doing and also that the family have some type of piece of mind. Good communication between the prison and families where English is not their first language was considered hugely important by many prisoners.

Prisoner's needs

In question 36 The men were asked what three things they would like to see in Hindley that meets their needs. This question was purposely generic instead of being specific to mental health and well being. The idea being that the prisoners may feel that it is easier to express their views on what they would like without their answer being specific to mental well being.

There were numerous suggestions to this question (some more practical than others!) the most common suggestions are mentioned below. Of particular importance is the second suggestion (improving communication with non English speaking family members before release). A lack of communication with family members where English was not their first language was cited as a cause of stress for some of the inmates who were nearing release. It also meant that it was difficult for some inmates to put plans into place for when they return to the community because of the language barrier between prison staff and family.

- A black prisoner support group
- Better communication links with family before release, especially if family are non English speaking
- More religious studies
- Greater variety of food
- More association time
- More halal food
- More gym time
- Longer visitation
- More BME staff
- Music courses

Issues and Problems

Undertaking research within a prison raised a few issues when using the community engagement model in such an environment. POPS came across a number of obstacles and difficulties when doing the research in Hindley prison.

Volunteer Dropout

As with any form of research, when volunteers are recruited, there is a chance that a number of people will eventually dropout. With the prisoners, dropout was not necessarily down to losing interest. The original group of volunteers began as a group of 10 prisoners at the stage of delivering the first few workshops, but this number fell to just 3 members by the time the fieldwork was being carried out. The key reason for this steep reduction in numbers was because some of the volunteers were released from prison or transferred to another prison before the climax of the project. The men are detained in a young offender institute up until the age of 21. When the men are approaching the age of 21, they will be transferred to an adult prison. This was the case for several of the prisoners who were recruited as researchers.

Gaining Access

POPS were also reliant upon a third party (Diversity Manager and Principle Officer) when it came to use of a room for meeting the prisoners. This room (the Multi faith room) was restricted for a number of reasons. For instance, the room was frequently used by the prison to run specific groups for the inmates. Therefore the volunteer training and support groups could only run whenever the Multi faith room was available, regardless of the availability of POPS.

Even when both POPS and the Multi faith room were available, the third party needed to be available for POPS to access the room and the prisoners. If the third party was unable to take POPS on the wing on a particular day, the opportunity was lost to go back in the prison until another day.

Time constraints

The regime in prisons dictates that the prisoners would leave their cells at 8.30am and return to their cells at 11.30am before having lunch, going through role-call (a prisoners count) and returning to their cells. They could then leave their cells again at 2.00pm before returning to them again at 4.30 pm. Between 8.30 and 11.30 and between 2.00 and 4.30, the prisoners will be involved in activities such as education or being in the gym, while some afternoons were put aside for visitation. The support and work that POPS could do with the prisoners was restricted to between the aforementioned times. Often visits to see the prisoners could only last for half a day because, the prison staff supervising POPS was only available for half of the day or the room that was being used to see the prisoners was booked for the second half of the day.

Using Questionnaires

All of the questionnaires were self completed by the inmates. Self-completed questionnaires are very efficient as you can get through a large number in a relatively short space of time unlike interviews which are much more time-consuming. However, even though questionnaires may generate a large number of answers, the quality of the answers is not always reliable as some questions may have been misunderstood. Take for instance question 24, *'In what way does food affect your*

mood? Nearly all of the respondents that completed a questionnaire, answered the question by going into graphic detail about how much they dislike the food served in the prison and even offered suggestions for improving the food. Yet they failed to explain how this affected them emotionally. On the other hand, many of the respondents that were interviewed gave an emotion (annoyed, disappointed, upset, etc) to convey their feelings about the food.

With questionnaires it can be difficult to elaborate upon answers given as the respondent is limited to ticking boxes or writing short statements to get your point across. If a respondent has literacy problems, this may create an additional barrier for someone wanting to self complete a questionnaire. This could explain why some respondents only filled in the tick box responses but missed out open-ended questions. Structured interviews served to overcome the problems associated with using questionnaires

Lack of focus groups

Unfortunately running a focus group within a prison environment that POPS had restricted access too, proved not to be feasible. There were two main reasons for this. A random selection of prisoners could not be grouped together without carrying out an assessment of each prisoner beforehand. This was because some prisoners were members of rival gangs and so could not (and should) be grouped together for an activity of this nature due to the potential risk.

Secondly running the group would require the provision of a room that would need to be used exclusively for the focus group. This presented logistical problems. Supervising several prisoners in a group would call for supervision from more than one prison officer, which significantly infringes on the little time that the prison officers have outside of their daily schedule. It is also extremely difficult to arrange for a room to be booked in the prison for the prisoners to carry out an activity which does not fit into their daily planned activities.

Community Engagement within a prison

What was apparent throughout the project was that some aspects of the community engagement model needed to be adapted to accommodate working within a prison. The inability to hold focus groups (as mentioned above) is a prime example of this. Moreover, fortnightly contact with the prisoners was extremely difficult because this contact relied entirely on the availability of a third party based in the prison. The third party was able to take POPS (and Uclan) into the prison and most importantly, supervise the sessional work which took place. Without this third party, POPS could not enter the prison. If the third party was unavailable for a lengthy period of time, the support sessions could not take place.

The resources that are available to groups carrying out a CEP in the community could not be provided to prisoners. For example, prisoners would not have access to their own personal phone to communicate regularly with the Project coordinator or Uclan Support worker. Communication took place with the prisoners either through visits to see the prisoners or by speaking to the Diversity Manager/Principle Officer over the phone. The Principle Officer could pass on messages to the prisoners or inform the Project coordinator of any issues the prisoners needed to raise and feedback.

Furthermore the men could not have access to their own PCs or laptops in prison. The men's access to a PC was limited to when they had education. The PCs were communal so it was not advisory for the men to store potentially sensitive and confidential information on the PC electronically, when other prisoners would also have access to the PC.

Learning and Capacity Building

The prisoners who carried out the research made the following comments about their experience of carrying out a needs assessment and what they gained from the work.

Peer Researcher 1

One of the main problems which I first encountered was the stigma that surrounds mental health. It was only due to my own curiosity that I endured the first few workshops where others chose to leave. Over time I realised that not only was I gaining a credible university qualification but was helping my own community which spurred me on to not only see it through but insure a valid result.

Throughout this project I have not only learned a range of new useful skills but I have also enjoyed myself which can only be credited to my project leaders Nadia from the University of Central Lancashire and Aeron from P.O.P.S. However on a much more serious note I have found that the level of uniformed people within my community is not only worrying but unacceptable. I feel that in a generalization of the feeling within my community that many people would not only use the mental health service if they were aware of it and its use for them. They would feel more comfortable if there was a specific unit for BME individuals.

Although this course was to conduct research I feel that a project along the same lines as this with similar benefits would contribute towards providing information and education. As well as any other things which may be incorporated could only be a bonus. I hope that my suggestions will be considered and look forward to hearing the outcome.

Peer Researchers 2

For the past four months, I took part in the research of this study. I began working with this team later on in its development. Although I missed part of the course content from the start date, I am grateful to be given the opportunity to work with this movement as I appreciated its ambitions and aims. Also, I understand that changes take time to come in to effect and while these potential changes may not benefit myself or anyone around me in the present terms, knowing that it could help a brother in need later in the future brings me immense satisfaction. While serving my sentence to date, I have come across many individuals who have been suffering in silence due to their incarceration. This may be due to being away from family and friends or the enormity of prison life itself. My aims have been to form a kind of relationship between myself and the person I interview. Also to write down the words of the BME residents at HMYOI Hindley, in order to recognise any distress they may be going through. This was done for the purpose of this research however fortunately none of the participants were suffering or in a situation whereby I had to take action myself. My approach has been that of an interviewer, not a mental trained professional,

therefore my observations and interpretations offered here should be read with that in mind.

Peer Researcher 3

Firstly, while we conducted the interviews what had become apparent was the lack of knowledge and information regarding the mental health services available within this establishment. For some reason it did not appear to be as part of the prisons induction programme. Also there was not “relevant” information readily available for inmates to access. To my surprise, most of the inmates “Had no idea” what the services offer them in terms of treatment or simply being there, to be able to discuss issues that may be confronting them. What also came to light was, the feelings of those interviewed, when speaking to members of the “Black Alliance”. How comfortable they felt in disclosing the information we acquired from the interviews. This may not have been the case had it been prison officers or health care staff conducting them. I see this as a vital point, as the outcome of any interview with professional staff it may not have been a truthful conclusion.

As most of the participants were Muslims, it was noted that on numerous report findings, that they found support in their faith and by attending the Muslim chaplaincy services which were held twice a week. It would seem as though they found it a lot easier discussing personal and general issues with the prisons imam rather than with their unit personal officer or any other supervising staff. This further demonstrates that the inmates found it easier speaking to members of their own ethnicity and faith group. Many inmates mentioned using “salah” (prayer) as an effective coping method when they were finding prison life becoming difficult for them. Further to this, there were many suggestions made requesting more classes and times to pray as a group in the prayer room. They felt it would be beneficial to them and a part of practicing Islam as oppose to praying alone in their cells. Another problem that had become evident was the communication barrier between the prison and the inmate’s family. This suggests that, communication channels have to be improved and where necessary interpreters be made available.

In conclusion to this report we feel it necessary to state that we fully support the recommendations discussed and agreed upon. We feel that this would be a huge step in the right to combat these issues and would be of huge benefit towards the wellbeing of the black and minority ethnic prisoners residing within the establishment.

Recommendations

POPS suggest a number of recommendations to address the mental health needs of young BME prisoners based on the outcomes from the research and the aims of the Delivering Race Equality.

Delivering Race Equality

Delivering Race Equality (Department of Health, 2005) is five year action plan for achieving equality and tackling discrimination in mental health services in England. The Delivering Race Equality (DRE) focuses on three main aims:

Appropriate and responsive services – achieved through action to develop organisations and the workforce, improve clinical services and to improve services for specific groups such as older people, asylum seekers and children;

Community engagement – delivered through healthier communities and by action to engage communities in planning service planning supported by 500 new Community Development Workers

Better information – from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This will include a new regular census of mental health patients.

More BME prison officers

A large majority of those questioned (24 out of 28) wanted to have more BME prison staff at Hindley. This was reaffirmed in conversations with the peer researchers who were vocal in wanting to see more BME prison officers. The relationship that the prisoners have with staff can play a large part in the quality of their experience of being in prison. It also provides the BME inmates with a type of assurance that they can speak to a prison officer who understands them and can empathise with experiences which are unique to them, which in turn makes the BME prisoners feel less stressed and less isolated. The upshot of this improved prisoner - prison officer relationship is that more BME prisoners will feel comfortable and more confident, and so heighten their self-esteem. Increased self esteem can assist the process of the rehabilitation of the prisoners because of their improved state of mind and mind set. POPS recommend a review of prison officer recruitment in Hindley to address this gap, with an emphasis on increasing the recruitment of prison officers of BME heritage. The DRE suggest providing more appropriate and responsive services. With the aforementioned evidence, an increase in BME prison staff might ensure that the prison is more responsive to the needs of BME prisoners.

Interpreters working with families of non English speaking prisoners

The DRE aim of providing better information is linked to the need to have more interpreters within the prison. The language barrier was a common but often overlooked problem for the prisoners of families where English is not their first language. It often results in the prisoners families not being informed of important information. This translates as stress both for the prisoners and his family.

A future recommendation is for the use of more interpreters in the prison. Hindley currently has two Family Link Workers employed by POPS who liaise with the

families of the men in Hindley. Interpreters could be used to work more closely with the Family Link Workers when a prisoner with non English speaking family needs to communicate with his family, especially when nearing release.

An effort should also be made to provide more informative prison literature such as leaflets and brochures available in various languages for the information of non English speaking families.

Greater promotion of Mental Health services in Hindley Prison

Almost all of the prisoners questioned were unaware of the mental health services available to them in the prison. There may have been a resistance to accessing support due to the stigma associated with having a mental health issue, but the overall impression from the research was that the prisoners were generally unaware of the options available to them. A greater effort could be made to highlight these services to prisoners during their induction into the prison. Service awareness could be incorporated into the induction programme of all incoming prisoners. Quite often, information that is given to the prisoners at induction is sometimes lost because they do not take the information on board due to tiredness, boredom, hunger or general discomfort. Therefore it is important to provide follow up information post induction.

Peer Support around Mental Health

The stigma associated with accessing support for a mental health issue was seen as a factor in low service uptake. A recommendation is for volunteers within the prison to be trained in mental health and act as peer support workers. Similar to a community development worker, the peers support workers would educate other prisoners about mental health. With the information coming from another prisoner, they will be able to gain trust and build a rapport. This interaction may help to reduce the stigma surrounding mental health and could improve understanding around the mental health service available in Hindley, the type of support available and the different types of mental health issues. The mental health unit in Hindley would need to train volunteers, which will help the unit gain an insight of providing services while also understanding them better. This relates to the DRE aim of engaging communities and providing a service that is responsive to the needs of BME prisoners.

The DRE intends that by 2010, services will incorporate 12 service characteristics. Prisoner peer support services around Mental health will help to address the characteristic for – *a more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments that are culturally appropriate and effective.*

Having more BME staff to work within the prison meets the characteristics of – *increased satisfaction with services* – as many prisoners admitted that they would feel more comfortable being in an environment consisting of more BME prison staff, and also have – *less fear of mental health services among BME communities and service users* – as the increased presence and support of BME staff may help to increase BME prisoner's self esteem.

Providing family interpreters for prisoners with family members where English is not their first language will help to meet the need of – *a workforce and organisation*

capable of delivering appropriate and responsive mental health services to BME communities. As would an increase in BME prison staff.

Appendix One

Questionnaire

Core Questions (Please tick appropriate box)

1 Age last birthday:		<input type="checkbox"/>
2 Gender:	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
	Tran gendered	<input type="checkbox"/>
3 Ethnicity: White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other (please explain)	<input type="checkbox"/>
	
Mixed	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Other (please explain)	<input type="checkbox"/>
	
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Other (please explain)	<input type="checkbox"/>
	
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other (please explain)	<input type="checkbox"/>
	
Chinese or Other Group	Chinese	<input type="checkbox"/>
	Other (please explain)	<input type="checkbox"/>
	

4 Were you born in the UK: Yes
 No

If no, how long have you lived here: Less than 1 year
 1 – 5 years
 6 – 10 years
 11 years or more

5 Are you a: British Citizen
 Refugee
 Asylum Seeker
 Other (please explain)

6 What is your first language?
 Spoken or signed:

Written:

7 Which languages are you fluent in
 Spoken or signed:

Written:

8 What is your religion: None
 Christianity
 Buddhism
 Hinduism
 Judaism
 Islam
 Sikhism
 Other (please explain)

9 Sexuality:

- Lesbian or gay woman
- Homosexual or gay man
- Heterosexual or straight
- Bisexual
- Do not wish to answer
- Other (please explain)
-

10 Do you have a disability:

- Yes (please explain)
- No

Personal Experiences

11. What does mental well being mean to you?

12. Do you sometimes get stressed about being in prison (If not go to question 15)?

Yes	
No	
Don't know	

13. What do you feel causes this stress?

14. How do you deal with this stress?

15. How does not being able to talk to family, friends or partners affect your emotional/mental health well being?

--

16. How do you deal with this?

--

17. How do you feel coming from a Black and Minority Ethnic minority community within Hindley?

--

18. Would you like to see more Black prison officers in Hindley (If not go to question 20)?

Yes	
No	
Don't know	

19. How do you feel that more Black prison staff could contribute to your well being in prison?

--

20. Have you experienced racism from anyone whilst in Hindley (If no, go to question 23)?

Yes	
No	

21. Describe at least one incident of racism in Hindley?

--

22. How did this make you feel?

--

23. Do you think that the food provided for you in Hindley meets your cultural needs?

Yes	
No	
Don't Know	

24. In what way does the food affect how you feel?

--

25. How could Hindley improve the care for Black and Minority ethnic offenders?

--

Awareness of Services

26. Do you know of any Mental Health services in Hindley?

Yes	
No	

27. What is the service called?

--

Access and Experiences

28. Have you used any Mental Health Services in Hindley (if no go to question 34)?

Yes	
No	

29. If you did was the service of a good quality?

--

30. Do you feel that the Mental Health services in Hindley cater for Black and Minority Ethnic men?

Yes	
No	
Don't Know	

31. How do you feel that these services cater for Black and Minority Ethnic men?

--

32. Do you feel that the Mental health services in Hindley are appropriate for you?

Yes	
No	
Don't Know	

33. Why do you feel that they are, or are not appropriate for you?

--

34. What services if any does Hindley provide to support your return to the community?

--

35. What services are needed within Hindley to support your return back into the community?

--

Recommendations

36. What three things would you like to see in Hindley that meet your needs (If you cannot think of three things, try and mention as many as you can)?

--

37. Do you think that Mental health services in Hindley need to be improved?

Yes	
No	
Don't know	

38. If yes, why do think Mental Health services in Hindley need to be improved?

--

39. Would you like to see a Black and Minority Ethnic Mental health service in Hindley (If no go to question 41)?

Yes	
No	
Don't know	

40. If you answered yes, why do you think a Black and Minority Ethnic Mental health service would be a good thing?

--

41. If you answered no, why do you think a Black and Minority Ethnic Mental health service would not be a good thing?

--

42. What would you like a Black Specific mental health service in Hindley to provide?

--

43. Do you think more support needs to be offered to Black and Minority Ethnic families supporting a relative with mental health issues?

Yes	
No	
Don't know	

44. Why do you think Black and Minority Ethnic families need more support?

--

45. What do you think can be done to break down the barriers for a Black or Minority Ethnic person with mental health issues in getting support from their families?

--

46. If you have any other general comments about your experience of being in Hindley please mention them.

**Thank you for taking the time to complete the questionnaire.
Your answers will be kept confidential.**

References

Delivering Race Equality (2005) Department of Health

Holloway, L (2004): Black prison population rises 60% under Labour.
<http://www.blink.org.uk>

Home Office (2006): Prison population in the United Kingdom: by prison service region, April 2006. <http://www.statistics.gov.uk>.