Portfolio Volume 1: Major Research Project

Ethnically minoritised prisoners' perceptions of accessing a therapy service in prison.

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ABSTRACT

Background: It is well-documented that there is disparity in uptake of prison interventions by ethnically minoritised (EM) individuals, although it is not fully understood why uptake is lower. This is particularly true of prison psychological interventions, with limited research having explored this to date. A more nuanced understanding of why EM individuals may face more barriers to accessing therapeutic services in prison is lacking.

Aims: The study aimed to explore the perspectives of EM individuals referred for therapeutic support in prison, to establish what can improve access to prison psychological interventions. It aimed to look at whether there are any factors that facilitate or dissuade engagement.

Method: The study used semi-structured interviews to explore EM individuals' experiences of accessing therapy in prison, using Thematic Analysis. A purposive sample of ten men from four prisons were recruited. They were from black British, black Caribbean, black Jamaican and Jamaican Irish backgrounds.

Results: Six superordinate themes emerged: *Barriers to Accessing Therapy; I Needed Therapy; Right Time, Right Place; What I Gained From Therapy; It Mattered Who I Worked With; Needing To Be More Visible.*

Conclusions and Implications The study builds upon the limited research looking at experiences of accessing therapy by EM prisoners. It contributes knowledge around the barriers to access in the context of prison; namely a feeling of needing to be tough to get through difficult circumstances, stigma and a lack of trust in professionals. It highlights the process by which individuals overcome these reservations. The study also gives insight to how therapeutic services can be more responsive to the needs of a diverse prison population by making efforts to be more visible, flexible and promoting choice in accessing support. The study adds to a growing body of research that challenges the narrative that EM men are hard to engage therapeutically.

Key Terms: Ethnically minoritised, prison therapeutic services, barriers to access, cultural humility.

CHAPTER ONE: INTRODUCTION

1.1 Chapter Overview

This chapter opens with consideration of the relationship between the researcher and the research topic, and positions the research within a critical realist (CR) framework. The key terms used in the study are then introduced. An overview of current literature will be given, highlighting that ethnically minoritised (EM) individuals are overrepresented in the criminal justice system (CJS) but underrepresented in interventions, which may have significant implications for recidivism and wellbeing. Currently, there is little understanding as to why this is replicated in uptake of prison psychological interventions. Research on engagement with community mental health services (MHS) is therefore drawn upon as a better-researched area. The chapter moves into a systematic literature review (SLR) looking at EM individuals' experiences of prison and therapy in prison. It concludes with the current study's rationale and aims.

1.2 Position of the Researcher

Relationship to the Research

I previously worked in the therapy service that participants were recruited from. As the 'trauma pathway' was being developed, I could see improvement in what could be offered to prisoners. Despite apparent progress, I was aware of disparity in uptake, with mainly white ethnic majority prisoners accessing interventions. While working in the prisons, I completed a literature review related to EM prisoners' experiences of prison. Perhaps naively, I was surprised that this issue was replicated at a national level. This led me to question whether more can be done to make services more accessible and relevant.

Coming from a working-class background, I have seen first-hand the differences in accessibility to therapy to people from a poorer background. Seeing the real-life implications and

frustrations this has caused to people close to me, firstly led me in to my career in psychology, and meant that I have tried to hold in mind the importance of making interventions accessible to all. My work experiences have highlighted how accessibility to services may be particularly problematic for EM individuals, therefore I wanted to investigate this further.

In terms of situating myself in the research, there were aspects of both being an 'outsider' and 'insider' in the prison context, with associated strengths and challenges. From an insider perspective, I know the service very well. This may have helped in interviews, and I could perhaps better understand participants' experiences of the system; build a more meaningful rapport; understand prison slang and be comfortable in the prison environment. However, as a white woman working in psychology, participants would have been aware of differences between us including positions of privilege and life experiences. Participants could have seen me as a representative of 'the system', which could have negative connotations. Prior to commencing interviews, I tried to consider both my personal areas of privilege and disadvantage as an important part of being reflexive (Braun & Clarke, 2022), to inform my understanding of how I may be perceived by participants.

Epistemological Stance

I have taken a CR epistemological stance in the research, described as a contextualist method, which sits between essentialism and constructionism (Willig, 1999). This acknowledges the ways individuals make sense of their experience, as well as how the broader social context influences those meanings. CR posits that there is an objective reality but acknowledges also that knowledge of this reality is "always mediated through the filter of human experience and interpretation" (Fletcher, 2017, p. 183). It aims to provide an in-depth explanation of phenomena but also accepts that interpretations of this are shaped by researchers' contextual frameworks. This seemed particularly important to consider in the current study, due to the differences in context of the researcher to participants.

CR therefore gives a framework to explore the deeper structures of social phenomena concerning EM individuals and acknowledges social, cultural and historical factors that may impact upon experiences (Pilgrim, 2020). In the current study, the findings are presented as my interpretation of participants' perceptions of their reality, which are invariably shaped by my frames of reference. This stance is also applied to my consideration of available literature.

1.3 Language and Key Terms

A CR stance posits that language describes an individual's perception of reality rather than creating it (Pilgrim, 2020), in contrast to a positivist epistemological stance which assumes a "direct correspondence between things and their representation" (Willig, 2008, p. 3). It was important to ensure that language used in the study avoided replicating or reinforcing unhelpful discourse. This is particularly important when conducting research involving individuals who are already marginalised, as this can be perpetuated by language (Khunti et al., 2020).

The study has utilised the term 'ethnically minoritised' to describe individuals from an EM background as it was deemed the most appropriate label in the current context. Although both the prison service and NHS have primarily used the term BAME in recent years, terms such as BAME, BME and non-white have been highlighted as being problematic in homogenising EM groups (Khunti et al., 2020). Indeed, despite its wide use by services, Khunti et al. (2020) highlight that as little as 13% of individuals from an EM background would use the term BAME as an appropriate term to define their ethnicity.

Aspinall (2020) further highlights that terms used to describe EM individuals generally do not include white EM groups such as Gypsy, Roma and Traveller (GRT) individuals, despite being some of the most disadvantaged and marginalised groups in Britain. Aspinall argues that terms such as BME and BAME "reproduce unequal power relations where white is not a visible marker of identity and is therefore a privileged identity" (p. 107). Both the Office for National Statistics and Cabinet Office now advise against the use of these acronyms. A report from the Commission on the Future of Multi-

Ethnic Britain (Parekh, 2000) cautioned against the use of terms such as 'minority ethnic' and 'ethnic minority' as the word 'minority' implies lesser importance (Mir, 2016). The term 'minoritised' arguably better reflects the social processes that have led to the marginalisation of some ethnic groups. A full glossary of key terminology used in the study is presented in Appendix A.

1.4 Background

Prisoners from an EM background are over-represented in the CJS in the UK (MOJ, 2016a[1]; Lammy Review, 2017). This has undoubtedly been a significant and enduring issue, but has received increasing publicity in more recent years in media outlets as well as movements such as the Black Lives Matter movement, in Western society. It is well-documented that EM individuals, particularly young men, are more likely to be targeted during 'stop and search' practices and treated more harshly by authorities (Lammy Review, 2017; Youth Justice Board, 2012).

Examples of this include more aggressive treatment by police and prison staff and receiving harsher sentences in court, in comparison to their white ethnic majority counterparts (Jolliffe & Haque, 2017; Keeling, 2017). Keeling (2017) argues this has had "a lasting corrosive impact on young peoples' trust in the police" (p. 2).

[1] Ministry of Justice UK data generally refers to statistics for England and Wales.

School to Prison Pipeline

Such disparity appears to follow a pattern of differential treatment from childhood. Despite past attempts to minimise issues of racial and ethnic inequality in UK schools (Department of Education and Science, 1985; Parekh et al, 2000), issues persist. Darensbourg et al. (2010) highlight that students from an EM background are overrepresented in receiving disciplinary treatment at school, such as temporary and permanent exclusion. This is particularly true for black students and those of dual white/ black Caribbean parentage (EHRC, 2016). EM pupils are over-represented in pupil referrals units and rates of exclusion continue to be a significant issue for black, Gypsy and Irish traveller pupils in particular (Bhopal, 2018; Gillborn & Demack, 2018).

This could have a damaging impact upon future opportunities, as disparities in educational and vocational achievement are also evident (Johnson-Ahorlu, 2012), particularly for black boys (Roberts & Bolton, 2020). The pattern of exclusions of black pupils is noted to be consistent from the age of 4 to 16, however, is more pronounced during the last three years of secondary school, when students prepare to sit their GCSE exams (Gillborn & Demack, 2018), raising concerns around 'off-rolling' pupils; when the removal is primarily in the interests of the school, rather than the pupil. A recent study noted that young adults sentenced to prison were more likely to have had more absence from school and lower educational attainment (Crosweller et al., 2022).

Sitting GCSEs marks "a key point of transition, between family, community and broader society, and into the world of work, which has implications for the maintenance … of inequalities in housing, health, wellbeing [and] employment" (Byrne et al., 2020, p. 111). Education can facilitate social mobility, however, the potential positive implications of this appears to be lacking for some EM groups. EM individuals continue to be underrepresented in apprenticeship schemes, and although diversity of university student is increasing, EM groups are less likely to receive a higher-grade degree. EM individuals continue to be over-represented in unemployment and the prison system (EHRC, 2016; Ross, 2016). The negative outcomes for EM pupils who experience more punitive

actions at school has been termed the 'school to prison pipeline' (Grace & Nelson, 2018). This has received increasing scrutiny, as in many cases, punitive actions taken are noted as being inappropriate to the concerns posed and disproportionately impact children who are already vulnerable (Mallet, 2016).

The reasons for this disparity have been described as being the result of entrenched racial stereotyping and discrimination by school staff (Parsons, 2018). Teachers' stereotypes and low expectations have been noted particularly for black Caribbean pupils (Byrne et al., 2020) and in recent years, concerns have emerged around the stereotyping of Muslim pupils also (Bhattacharyya, 2008). It has been argued that measures such as narrowing of the curriculum, refocusing on 'fundamental British values' and embedding the Prevent agenda in schools have created a hostile environment (Alexander et al., 2015). Gillborn (2005) argues that the patterning of racial advantage represents a form of tacit intentionality on the part of white powerholders and policy makers. He argues that this routine privileging of white interests that continues without questioning is the most dangerous form of white supremacy.

Healthcare Provision

It is also well-documented that health inequalities exist for EM individuals, with poorer experiences of services and outcomes (Chouhan & Nazroo, 2020). This extends to "gross variations and inequalities in the experience and outcomes" for people from EM backgrounds in MHS (Sewell, 2008, p.36). Cooper et al. (2008) argue that the poorer educational outcomes and socio-economic status of EM groups manifest in more use of healthcare services, and therefore it is the responsibility of staff in these services to try to change the consequences of such disadvantage.

However, Sewell (2008) notes that although EM individuals, particularly from Irish, African and African Caribbean backgrounds, are over-represented in community MHS and outreach support services, they are also more likely to be sectioned and subsequently readmitted. This suggests that services work better with white people in engaging and preventing future relapse, which remains a

persistent issue (Chouhan & Nazroo, 2020). It is therefore not surprising that people from EM backgrounds also consistently cite greater dissatisfaction in care received (Commission for Healthcare Audit and Inspection, 2007a). Despite this, inequalities in health are often explained as reflecting biological and cultural difference (Chouhan & Nazroo, 2020). The effects of stereotyping, discrimination, racism and cultural incompetence are often overlooked despite being identified in the delivery of care across health services.

EM individuals have higher rates of admission to MHS via the CJS (Commission for Healthcare Audit and Inspection, 2007a; Halvorsrud et al., 2018). This suggests a significant consequence of discrimination in services could be that difficulties escalate to a point of crisis, which for some may involve committing criminal acts. EM communities' fear or avoidance of accessing services is considered in more detail in the Community Engagement section of the Introduction. These continued issues across different services that are supposed to help individuals seem to mirror what Fanon (1967) termed the fracture of the psychic structure. This refers to the process whereby relationships and constructs in the world that are supposed to provide safety and positive reinforcement are found to be those that cause harm. It seems that for some groups there are multiple points where individuals are either missed or failed by the services that aim to provide support, and this accumulation of disadvantage could play a role in engaging in criminal activity.

Social Inequalities

EM communities experience a range of inequalities which can put them at greater risk of mental health problems and encounters with the CJS (Saunders et al., 2013). These include inequalities across indicators of economic and social wellbeing; being twice as likely to live in poverty than white individuals (EHRC, 2016), have higher rates of unemployment, and live in poorer housing with poorer health (Keating, 2007). The effects of such discrimination are highlighted in the following stark quote:

> *If you're black, you're more likely to be in a prison cell than studying at a top university. And if you're black, it seems you're more likely to be sentenced to custody for a crime than if you're white* (Ross, 2016).

Such an accumulation of disadvantage has been described as creating a "sense of powerlessness, frustration and rage incurred by being locked into a cycle of deprivation" for those in contact with the CJS (Williams & Durrance, 2017, p. 378). This differential treatment could help explain why EM individuals are more likely to perceive authority figures as punitive or threatening, and be mistrustful towards them (Lammy Review, 2017; Mauer, 1999). Wilson (2003) describes how young black men adopt what is termed the Game, as a way to deal with authority figures involving two strategies; "going nuts" or "keeping quiet" which are chosen according to the situation (Cowburn & Lavis, 2009, p. 9). Such ambivalence towards authority figures could be the result of previous negative experiences (Jolliffe & Haque, 2017).

Condry et al. (2016) highlight that for EM individuals in contact with the CJS, their wider circumstances need to be seen as more than just the by-product of imprisonment, and inequities experienced should be addressed in their own right. Indeed, for many, social circumstances many play a role in engaging in crime. They discuss the importance of considering "the very real consequences of imprisonment" (p. 1) and the ways in which the state's power to punish is used disproportionality against those who are already experiencing social disadvantage.

Such reported experiences go against findings of a recent government report which claimed there is no longer evidence of institutional racism in the UK, despite acknowledging that overt prejudice still exists (Commission on Race and Ethnic Disparities, 2021). This fails to represent the lived experience of many individuals. It is also potentially damaging to deny that such issues persist and takes away the onus to try to improve such disadvantage. The report has prompted significant criticism (Gopal &Rao, 2021; Tikly, 2022).

EM Individuals in Prison

As of March 2020, 27% of prisoners were from an EM background, compared with only 13% of the general population. This was even more disproportionate for individuals who identified as black; comprising 3% of the population but 13% of adult prisoners (HMPPS, 2020). EM prisoners have consistently higher rates of recidivism (Gendreau et al., 1996; MoJ, 2018), with prison described as being a 'revolving door' for many (Jolliffe et al., 2017).

It has been argued that overrepresentation in the CJS is the outcome of both deeper social exclusion and marginalization, as well as bias throughout the CJS (Cavadino & Dignan, 2007; Spalek, 2007). Bennett (2013) goes further, stating that the CJS in the UK is deeply implicated in structures of power and inequality. Overrepresentation of EM individuals in UK prisons (Tegnerowicz, 2017) demonstrates the continuation of institutional racism (MacPherson, 1999). Bosworth (2004) questions whether racial difference is sustained by the use of social control, including the use of imprisonment, which is legitimized by its focus on minoritised groups. She proposes that ''it may be that notions of race have simply been written into the entire notion of punishment itself'' (p. 237). Similarly, Choak (2020) highlights that EM individuals can be othered and pathologized, for instance, in the UK gang agenda (Home Office, 2016). Choak highlights this positions young black men as innately criminal, and argues that a decolonial lens need to be applied to research to combat this.

Despite this, it has been noted that prison staff underestimate the effect of racism in EM individuals' experiences of prison (Lammy, 2017). This has been described by Macpherson (1999) to have resulted in a "collective failure… to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin", leading to practices which disadvantage individuals who are not from a white ethnic majority background (p. 28).

It is therefore unsurprising that EM prisoners report worse experiences and outcomes, including feeling invisible in prison due to lack of cultural consideration and few staff of EM heritage

(MOJ, 2016b). They report feeling less respected by prison staff (Jolliffe & Haque, 2017) and may subsequently feel less able to access services (Jacobson et al., 2010) or feel distrustful of services (Mason et al., 2009). The Lammy Review (2017) highlights the under-identification of EM prisoners' vulnerabilities and widespread feelings of being treated less favourably than white prisoners. This is in addition to being less likely to see prisons as having a rehabilitative culture (Bhui, 2009). The HMPPS annual equality report (2020) noted that the proportion of prisoners on Basic Incentives status, (the lowest level of access to privileges, allocated based on behaviour), was highest for black or black British and dual heritage prisoners. Similarly, Quinn et al. (2021) found that EM prisoners were less likely to report they were treated with respect, although noted variation between ethnic groups, highlighting the importance of not homogenising experiences.

A starker example of the lack of racial consideration in prisons is the racist murder of Zahid Mubarek in March 2000 by his cellmate. Lowe and Pearson (2010) highlight that an internal Prison Service investigation (Butt, 2001), a Commission of Race Equality investigation (2003) and an independent public inquiry (2006) all concluded a failure to provide proper care and protection for Zahid due to "collective organisational thoughtlessness about race in the Prison Service" (Lowe & Pearson, 2010, p. 200). Among the damning findings, the public inquiry found that although race relations training was mandatory, less than 30% of staff had received this. Therefore, many had little understanding of race relations. Numerous recommendations were made based on the findings.

Importantly, Jolliffe and Haque (2017) highlight there have been some efforts of prison regimes to operate more fairly since these recommendations, but this has been undermined by restricted regimes and significant cuts to staffing. A recent thematic review (HMIP, 2020) reported some progress in terms promoting engagement in prison programmes. Successful programmes were noted to emphasise the importance of working flexibly and holistically, and recognise the importance of ethnic identity. They were reported to be valued by both staff and prisoners, and

demonstrate more positive ways to encourage EM individuals to engage with rehabilitation initiatives (HMIP, 2020).

Prison Interventions

White offenders currently account for 73% to prisoners in England and Wales (MOJ, 2020)[2], and the majority of prison intervention completions (75%). There seems to be particular disproportionate uptake for some types of programmes, with white prisoners accounting for 85% of sexual offending programmes and 95% of substance misuse programmes (MOJ, 2018). EM individuals' lack of intervention uptake has been highlighted as a persistent problem (Cowburn & Lavis, 2009), and a recent rapid evidence assessment indicated there is insufficient understanding of how to improve outcomes (MOJ, 2018). However, the limited research available suggests that treatment that is culturally-aware, sensitive, inclusive and delivered by staff from similar ethnic backgrounds is preferred, and reduces the likelihood of feeling isolated or misunderstood (MOJ, 2018).

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[2]Statistics given for across all age groups. Statistics for younger prisoners (aged 18-24) are more disproportionate in comparison to the general population and prison intervention uptake, with white prisoners accounting for 59% of the prison population, black prisoners accounting for 21% and Asian participants accounting for 10%.

There may be various reasons for the current lack of knowledge as to why such disparity exists in prison interventions. This includes financial cuts to services in prisons in more recent years; with the National Offender Management Service (NOMS) facing cuts to budget by a quarter between 2011-2015 amounting to around £900 million (Prison Phone, 2018) which could have contributed to a lack of research in the area. Interventions provided in prisons are primarily offered as group interventions, in order to use resources most efficiently. However, this means they are less tailored to individual needs, which may be particularly detrimental to minoritised individuals (Naz et al., 2019).

It has also been highlighted that accounting for what works for EM individuals in prison interventions means acknowledging racism in the CJS and wider society (Durrance & Williams, 2003). Researchers have noted a resistance to empowerment approaches that acknowledge the lived experience of minoritised individuals, resulting in a lack of responsivity by prison and probation services (Players, 2013; Williams & Durrance, 2017).

Therapy in Prison

The lack of understanding around barriers to engagement is even more apparent when considering prison psychological interventions. There is a dearth of research despite a replication of poor uptake of interventions (e.g. Hunter et al., 2019). Some research has investigated how prison therapy is experienced by EM individuals that do access interventions (see SLR), however, this research is in its infancy.

As discussed, there are likely to be a variety of reasons why EM prisoners have consistently higher rates of recidivism (Gendreau et al., 1996; MOJ, 2018), including societal issues. However, it is important that more is done by therapy services within prisons to ensure services are equitable and relevant to all. Individuals in prison may have particularly complex therapeutic needs, and for many, their contact with a psychologist or other mental health professional in prison is the first time

their mental health needs have been considered (McMahon, 2007). As there is currently a lack of research investigating EM prisoners' access to therapy, research looking at engagement in the community is drawn upon later in the chapter to give insight into barriers to accessing MHS more generally.

Meeting EM Individuals' Needs in Prison

Research suggests that EM prisoners are more likely to have experienced traumatic childhood events (Baglivio & Epps, 2016) of a more severe nature (Fox et al., 2015; Hamby et al., 2010). Support for EM victims of trauma may be particularly critical, due to their potentially complex needs (Sawrikar & Katz, 2017) in addition to the often overlooked trauma resulting from experiencing racism (Sanchez-Hucles, 1999). Fernando (1998) argues that we need to move away from pathologizing minoritised individuals through a lens of mental illness, instead understanding difficulties in the context of persistent inequality and the understandable frustration this may cause.

Bradley (2017) highlights the need for Trauma-Informed Care (TIC) which recognises, responds and supports trauma responses for prisoners. However, currently an evidence base for the effectiveness of such approaches is not well-established, with recommendations for further research (NICE, 2018). Moreover, Andrews and Bonta (1994) highlight the importance of responsivity to both prisoners' criminogenic needs (related to level of risk, which are dynamic and associated with the probability of recidivism) and non-criminogenic needs. Non-criminogenic needs are also changeable, and refer to the overall holistic needs of the individual, such as mental health and trauma which may be indirectly linked to recidivism (Leach et al., 2008). Andrews and Bonta discuss the importance of interventions that are responsive to such needs, considering in particular prisoners' social and cultural backgrounds.

Some research suggests it may be important for interventions to incorporate building positive relationships, confidence, self-respect and to empower EM individuals (Jolliffe & Haque, 2017; MOJ, 2018). Targeted interventions that acknowledge the multiple disadvantages that are

faced by young black and Muslim men have been anticipated to improve outcomes for these marginalised prisoners in particular (The Young Review, 2014). It should therefore be questioned as to how relevant current psychological interventions are.

1.5 Community Engagement

Lower engagement and higher drop-out rates has generally been replicated within community MHS (Roberts et al.,2011) with a lack of cultural relevance cited as a reason for non-engagement (Owusu-Bempah & Howitt, 2000). Language barriers and doubts about cultural competency have been noted as further barriers to accessing services (Cooper et al., 2012). Alongside this, EM individuals are more likely to be diagnosed with a serious mental illness, such as schizophrenia, and prescribed higher doses of medication. However, it is disputed that they are disproportionately more likely to have such an illness (Sproston & Nazroo, 2002). EM individuals are also less likely to be offered psychological therapies (Keating et al., 2002; Williams et al., 2006). It is therefore unsurprising that it has been repeatedly highlighted that racialised inequalities in MHS persist (Care Quality Commission, 2011; Fernando, 2017; Kinson, 2009).

Some communities, most notably black Caribbean and black African, are over-represented in psychiatric and secure mental health hospitals (Rutherford & Duggan, 2007). Tegnerowicz (2018) notes black men are subject to more brutal treatment in these facilities due to racial bias. She argues that the dominant biological explanation of psychosis masks the connections between racism and mental health. Black people's negative relationship to MHS, in particular, has been well-documented (Fernando et al., 1998), with a real fear existing within some African-Caribbean communities that involvement with MHS "could eventually lead to their death" (Keating & Robertson, 2004, p. 443).

Keating et al. (2002) posit that this has created a 'circle of fear', involving a reluctance to ask for help which could consequently escalate to crises. This can often lead to compulsory hospital admission, whereby more severe physical restraint and restrictions are used by services as a response to perceived threat. This not only reinforces a view of black men as being dangerous, but

also understandably reinforces these individuals' fear of utilising MHS (Keating et al., 2003), further delaying help-seeking behaviours (Keating et al., 2002). This goes some way in hypothesising the problematic interactions between black men and MHS in particular. However, the model does not consider heterogeneity within or across EM groups due to intersectionality with other important characteristics which may influence interactions with MHS.

There are initiatives that have tried to increase access by marginalised groups. Mac UK (2021) note that young people from EM communities are less likely to access conventional therapy. They highlight that psychologists need to be more proactive in reaching marginalised individuals (Mac UK, 2019). Others argue that services need to utilise co-production and holistic support to promote engagement (Durcan et al., 2014). There is a growing acknowledgement that community psychology approaches may be more responsive to the needs of EM individuals. For example, Breaking Mad is an organisation that uses a community-driven approach, to promote help-seeking behaviour and culturally-sensitive and equitable services for African and Caribbean communities (Breaking Mad, 2021). Others have noted the benefits of community psychology interventions in terms of both uptake and outcomes for EM groups (Vahdaninia et al., 2020; Yasmin-Qureshi & Ledwith, 2020). Therefore, in community settings, more tailored interventions and outreach approaches appear to show promising results.

1.6 Whiteness in Psychology

It should be acknowledged that psychology is overwhelming white, making up 88% of UK clinical psychologists, and 80% are female (BPS, 2015)[3], a consistent demographic since the 1970s (Goodbody & Burns, 2011). There has been an increasing interest in addressing the lack of representation in clinical psychology (Williams et al., 2006) and resulting attempts to increase diversity of the profession (Turpin & Coleman, 2010).

It also raises the question of the relevance of psychological services to EM clients, with the profession being described as "white psychology for white folk" (Wood & Patel, 2017, p. 288). Indeed, psychological models of distress that are Eurocentric and based on individualistic beliefs, such as Cognitive Behavioural Therapy (CBT), dominate the profession (Rimke, 2016). Psychology has also been criticised in its predominant individualistic explanations of distress obscuring other explanations such as systemic, racial and political trauma. Afuape (2016) highlights that this makes psychologists complicit with the political notion that social problems can be treated through individual behaviour change. Ahsan (2020) urges for psychologists to move past processes of "complicity, intellectualisation, avoidance, denial or silent paralysis and centre their discomfort" (p. 52). It has been increasingly called for psychologists to acknowledge and name both overt and covert forms of racism (McInnis, 2017; Wood & Patel, 2017).

1.7 Policy for Equal Access

There are policies in place that reflect the need to ensure equal access to MHS and acknowledge additional barriers to individuals from an EM background. The Equality Act (2010) states that anybody living in the UK should be entitled to the same level of service, with race classed as a protected characteristic that should not impact upon accessibility of interventions.

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[3] Most recent statistics available for demographics of UK Clinical Psychologists

The NHS (2021) research agenda aimed to have a particular focus on diversity and inclusion in service delivery of MHS provision. This aligns with the current research agenda for HMPPS (2019) which also classes research on intervention outcomes for EM prisoners as a current area of priority research. It has been highlighted that more and better-quality research is needed to increase understanding about the barriers to interventions in prison, in order to learn how to make interventions "more responsive and appealing to individuals from different ethnic groups" (MOJ, 2018, p. 3). Despite initiatives in recent years there appear to still be barriers to accessing interventions in prisons and it is not yet fully understood why.

1.8 Therapy Provision in UK Prisons

All prisoner healthcare is provided by the NHS. For mental health support, referrals are received via single point of access to the Mental Health Inreach Team (MHIRT). Psychologists typically work as part of the MHIRT multi-disciplinary team; details on wider MHIRT provision in prisons is provided in Appendix A. It should be noted that there is "marked variation in provision from prison to prison, and a paucity of psychological therapy offers in … some categories of prisoners" (Durcan, 2021, p.43). In the service recruited from, referrals deemed appropriate for therapeutic support are forwarded to the psychology team, who review the referral information and allocate to the appropriate intervention. Anyone who works in the prison service can refer a prisoner and prisoners can self-refer for mental health support.

The stepped-care model of mental health provision in community settings is applied in prisons and is deemed to be best practice (Durcan, 2021). Although steps one to three are seen to mirror provision in Improving Access to Psychological Therapies (IAPT) community MHS, there are some important differences. The context of prison involves working with people with a level of need who would not be deemed appropriate for IAPT intervention (Morse, 2017). Criteria is therefore more flexible due to more complex presentations, such as co-morbidity and co-occurring substance misuse.

1.9 Service Context

The current study focusses on the experiences of EM prisoners referred to a therapy service based in prisons in England. It is a prison-based NHS service, and therefore is primarily concerned with mental health and wellbeing outcomes as opposed to a more specific focus on offender rehabilitation. The stepped-care trauma pathway offers one-off workshops based on CBT, as well as longer-term Compassion Focussed Therapy (CFT) and Dialectical Behaviour Therapy (DBT) groups, and one-to-one counselling and psychology work, including Eye Movement Desensitization and Reprocessing (EMDR). This is in line with NICE guidelines (2011), whereby individuals are initially allocated to the least intensive appropriate option, but can be 'stepped-up' subsequently to more intensive interventions as required.

The implementation of the trauma pathway better reflected the needs of a forensic population, with more alignment to a trauma-informed perspective (Johnstone, 2018). However, the service nonetheless replicated national findings, with regards to uptake of interventions by EM referees being lower than that of their white majority counterparts. It should be noted that TIC has been critiqued for a lack of diverse consultation during development of the approach. Questions have been raised as to what extent the specific trauma experiences of discrimination and racism are understood, despite being acknowledged as traumatic experiences (Pihama et al., 2017).

Due to circumstances surrounding Covid-19, restrictions implemented affected provision of interventions. Instead of the usual format, individuals referred received an initial psychology check-in appointment, and where appropriate had routine follow-up check ins. Group intervention material was adapted to workbooks, which staff checked in on a fortnightly basis. There were also a limited number of psychology telephone sessions offered. It was observed that when these measures were implemented less disparity in engagement was observed.

In addition, a prison-funded programme that aims to increase inclusivity and improve cultural competence within prison settings was consulted with during the project (see Method

chapter). The organisation running the programme has a focus on developing a rehabilitative culture particularly with minority ethnic groups. Many staff are ex-offenders from EM backgrounds and the organisation also has ambassador prisoners, who have completed the programme. It has historically had good uptake of EM prisoners. The programme also had to adapt due to restrictions and offer in-cell workbooks instead of face-to-face sessions.

1.10 Rationale for the Current Study

There has generally been a disparity in uptake of interventions in prisons, with more research needed to "draw firm conclusions" on how services can improve responsivity to EM individuals' needs (MOJ, 2018, p.2). Of the research that is currently available, there has primarily been a focus upon prison-led intervention programmes (MOJ, 2018). There has been even less attention directed towards psychological interventions within prisons, specifically those facilitated by NHS mental health staff.

Prior to Covid-19 restrictions, psychological interventions offered in the prisons accessed appeared to replicate such disparity in uptake of services. However, since these restrictions have been in place and provision has had to be adapted, this has been less evident. It is important to continue such positive change as usual ways of working resume, and investigate if there are further considerations that could help facilitate access.

1.11 Aims

The current study aims to establish what can improve access to prison psychological interventions, from the perspectives of both EM individuals who chose to access or not access services. Specifically, it aims to look at whether there are any factors that facilitate or dissuade engagement, to help inform future service provision. The study will also aim to identify if there are any aspects of the prison-funded programme consulted with during the project, that help facilitate EM engagement.

1.12 Conclusions

The existing literature clearly identifies that there is disparity in uptake of prison interventions by EM individuals, although at present it is not fully understood why. This is particularly true of prison psychological interventions, with limited research having explored this to date. However, it is noted that this seems to replicate a pattern of a lack of access to MHS in the community, indicating a far broader issue in terms of EM individuals' perceptions of and barriers to engaging with services. A more nuanced understanding of why EM individuals may face more barriers to accessing MHS is therefore still lacking, and the experience of those accessing MHS in prison is lacking in particular.

A SLR was therefore carried out to look at current available research on EM individuals' experiences of prison and, more specifically, therapy in prison. This was with the aim of gaining a clearer understanding of the difficulties in accessing such services in prison.

CHAPTER TWO: SYSTEMATIC LITERATURE REVIEW

2.1 Chapter Overview

The chapter starts by outlining the aims of the systematic literature review (SLR). It details the search strategy used and the resulting studies that were included. The quality of the studies is appraised, followed by seven themes that were synthesised from across the studies. The chapter concludes with a critical reflection on the current SLR and implications of the findings.

2.2 Systematic Literature Review Aims

This literature review focuses on the experiences of ethnically minoritised (EM) prisoners and how they may inform accessing prison therapeutic interventions. Initially, it was planned to complete a broad search then scope literature articles on experiences of prison, followed by a more focused search specifically on experiences of accessing therapeutic interventions. However, as there were not sufficient articles looking at experiences of prison therapy, literature exploring experiences of prison more generally were also included. It was felt that inclusion of these studies would give a better understanding of the broader prison context and help to inform how experiences of prison might impact upon help-seeking and engagement with therapeutic services available in prison.

A systematic review of peer-reviewed empirical literature was conducted to answer the following question:

What does the existing literature say about how prisoners from an ethnically minoritised background experience prison, and accessing therapeutic interventions in prison?

2.3 Search Strategy

After initial scoping using Google Scholar, four further databases were accessed via the University of Hertfordshire to retrieve articles for the literature review; Scopus, PubMed, PsycNet and Social Care Online. Several pilot searches were conducted to capture relevant articles and

frequently used terms, and this was used to inform the final search strategy (Appendix B). Titles and abstracts of articles identified as relevant to the review were also examined for key terms.

After scoping literature in the area, the inclusion criteria were refined to studies published since 2010. This was when the Equality Act (2010) was enforced to consolidate and strengthen laws that protect people from discrimination and disadvantage. The Lammy Review (2017) highlighted that there remain issues related to the treatment of EM individuals in prison and a further MOJ report (2018) stated that further work was needed to "understand and draw firm conclusions about how to improve participation and engagement" (p. 2). These reports suggest that there has been limited positive change with regards to treatment of EM prisoners since the implementation of the Equality Act (2010). Literature from prior to 2010 would also be less relevant, due to policy and service changes in NHS and prison service.

Since tragic global events like the murder of George Floyd and Daunte Wright in America, there has been more scrutiny of treatment of EM individuals. Such incidents have been widely publicised and increased the public's awareness and for many, a sense of needing systemic change so that further incidents are less likely to occur. Therefore, older literature was deemed to be less

Table 1

Inclusion and Exclusion Criteria for Literature Review

Inclusion criteria	Exclusion criteria
Published in the English language	Not published in the English language
Published since 2010	Published prior to 2010
Focused on EM prisoners' experiences of prison and/or therapy	Outcome-based
	White majority population
Published in peer-reviewed journal	Conceptual or theoretical focus
Adult Prisoners	Focus on other perspectives
	Interventions in non-prison secure settings
	Prison-based/ offence-related/ rehabilitation intervention
	Young Offenders
	Community Interventions
	Focus on other aspects of the Criminal Justice System (e.g. court, probation)

relevant, despite broadening the literature search beyond UK. It was initially planned to only include UK-based studies, however due to the dearth of research, comparable studies in other countries were included. Table 1 below provides a summary of the inclusion and exclusion criteria for the review.

Literature reviewed was limited to therapeutic interventions within prison settings with adult offenders as it was felt that inclusion of similar interventions in other settings may not be comparable. Although what is perceived to be 'therapeutic' may vary between individuals, for this review only studies investigating experiences of traditional psychological therapy, defined as: "meeting with a therapist (a healthcare professional competent in giving psychological therapy) … to talk about your feelings and thoughts and how these affect your behaviour and wellbeing" individually or as a group (NICE, 2014, Para 1) were used.

The procedure for the systematic review is detailed below:

1. Initial scoping to refine key search terms and language used.
2. Search protocol developed using SPIDER search planning form, including key terms.
3. Search results retrieved from databases using reference managing software.
4. Duplicates removed.
5. Titles and abstracts screened according to the inclusion and exclusion criteria, detailed in Table 1.
6. Remaining full-text articles assessed against the inclusion criteria.

2.4 Results of Systematic Literature Review

Once duplications were removed 206 articles remained. After screening titles and abstracts, 171 articles were excluded, and 35 articles remained for full screening. Of these, 9 articles met the inclusion criteria. Reference lists of relevant articles were checked to identify further articles that met the inclusion criteria, although no additional articles were found (see PRISMA flowchart, Figure 1). Due to the low number of articles retained, as an identified under-researched area, grey literature was also reviewed and those deemed as appropriate were also included, adding a further two articles. Overall, eleven articles were used in the literature review.

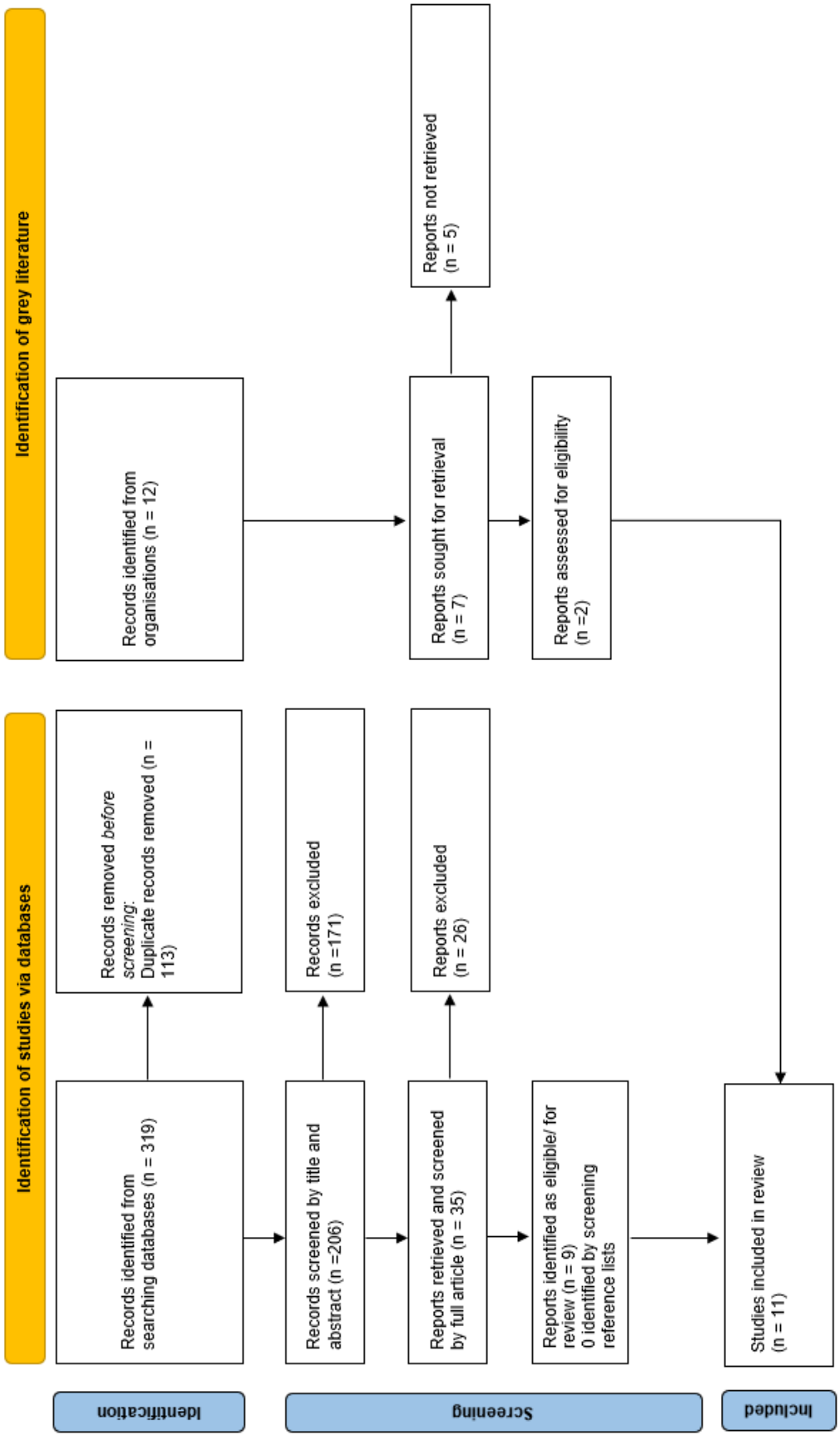

Figure 1

PRISMA Flowchart for Study Selection Criteria

Most studies retrieved were based in England and Wales, one study was based in Belgium. The majority of studies retrieved in the initial searches both in the UK and abroad related to interventions around offending behaviour or substance misuse rehabilitation, as opposed to therapeutic work focussed on mental health and wellbeing, and so were excluded from the review.

The definition of therapeutic intervention adopted lowered the numbers of studies used in the review but meant it could be more focussed on how traditional therapy is perceived and what factors should be considered to increase access to psychological interventions. There are alternative interventions available in prisons that address emotional wellbeing, including those that are co-opted into prisons which generally have better uptake of EM individuals (Kremer, 2010). It was felt inclusion of such interventions could mask issues more inherent to traditional therapeutic interventions in terms of uptake. Where studies included a broader range of participants outside of the inclusion criteria stated, and where participant's views and quotes were clearly distinguished, EM participants' views were extracted to be included in the review so that these views were still captured.

All nine peer-reviewed articles that met the criteria for use in the literature review were qualitative studies, using semi-structured interviews. One study also used a case study of one participant who was interviewed in-depth (Earle & Phillips, 2013). The two grey literature articles reported several methodologies: interviews, questionnaires, focus group, use of available data (government statistics, rapid evidence assessment approach, freedom of information requests) and caseload data.

Table 2

Summary of Studies used in the Literature Review

Author(s) and Title	Aims	Methodology	Participants	Key Findings and Conclusions	Strengths and Limitations
Brookes, M., Glynn, M., & Wilson, D. (2012). Black men, therapeutic communities and HMP Grendon.	To explore the experiences of black prisoners at HMP Grendon, which operates as a therapeutic community (TC).	The study used semi-structured interviews. An adapted form of grounded theory was used to analyse the data collected from interviews.	11 prisoners, who all identified as black. Participants represented several geographical locations from the UK, Africa and the Caribbean.	Four main themes emerged from the interviews: Grendon: discussion of culture-stripping and a sense of powerlessness, but the TC also offered a space to reflect on behaviour. Father deficit: implications of this creating a void for participants which was not addressed in therapy Self-concept: sense of loss of identity and oppression featured strongly and created barriers to meaningful relationships with prison staff Desistance – knifing off: considerations of how to live a crime-free life after prison, and the need to enable prisoners to be active participant in reformation. The research suggested that elements of the TC regime may not be culturally appropriate, appealing, or marketed correctly to black prisoners.	**Strengths:** The article addressed a deficit in research looking at how the TC is experienced by black residents. Thorough consideration of the relationship between the research and participants. Recommendations made for practice based on a culturally based empowerment process. **Limitations:** Cannot be generalised to other prison contexts.
Chistyakova, Y., Cole, B., & Johnstone, J. (2018). Diversity and vulnerability in Prisons in the context of the	To explore the experiences of EM and Foreign National Prisoners (FNPs) in a Category B adult male prison to find out how the specific needs	The research consisted of in-depth semi-structured interviews with a quota sample of prisoners.	Participants (n=16) included three Pakistanis, one Indian, two black Africans, two black Caribbean's, and five	Themes identified were: the prevalence of racism and feelings of vulnerability as a result of this, a lack of access to facilities for EM prisoners and FNPs, a lack of respect from inmates and staff,	**Strengths:** Prison-based study rather than TC-based, making results more generalisable. This study also goes some way in addressing the

Equality Act 2010: the experiences of Black, Asian, Minority Ethnic (BAME), and Foreign National Prisoners (FNPs) in a Northern Jail.	of these prisoners are met. To explore how the prison is responding to and managing prisoner vulnerability in relation to race, since the 2010 Equality Act.	* In-depth semi-structured interviews with prison staff and a focus group with three members of the Independent Monitoring Board were also used. **Interviews were analysed using thematic analysis.	Travellers (one Scottish, two English and two British Irish Travellers). FNPs (n=3) included one Libyan, one Bangladeshi and one prisoner from the Republic of Ireland based on self-identification.	disempowerment and a wish for democratic participation. Isolation and uncertainty were also important themes identified for FNPs. The study concludes that race, as a protected characteristic, leads to vulnerability in the context of prison. Although there was evidence that some steps had been taken to address race issues within the prison, more still needed to be done as issues highlighted in the 2008 Race Review were still present.	dearth in research on FNPs experiences within prison. The study gives a balanced view of both progress made and areas where further improvement is needed. Consideration is also given to the findings in the context of relevant policy and the need for equality outcomes is recommended. **Limitations:** Interviews based in only one prison. The method of analysis is not clearly stated by the authors. There are no practical recommendations made for staff working with EM prisoners/ FNPs day to day.
Croux, F., Vandevelde, S., Claes, B., Brosens, D., & De Donder, L. (2021). An appreciative inquiry into foreign national prisoners' participation in prison activities: The role of language.	Following an appreciative inquiry stance, the aim was to understand how FNPs experience prison, and specifically access to prison activities (e.g. education, work, sports activities, and worship), and to investigate if and how this differs between	Semi-structured interviews were analysed using thematic analysis, with a combination of deductive and inductive analysis.	The research included 51 interviews with prisoners from four Flemish prisons (Belgium). Foreign-speaking foreign nationals (n=37) were compared with Dutch-speaking	The study revealed that several aspects were perceived by the foreign nationals as 'working well', and had several wishes concerning the activities for foreign nationals. The findings show that foreign-speaking FNPs faced additional problems and challenges in prison, whereby language-related problems exacerbate other problems experienced by FNPs.	**Strengths:** The study's appreciative inquiry stance is a novel stance in looking at prisoner experiences, and may have helped facilitate different conversations with participants.

	foreign-speaking and Dutch-speaking FNPs.		foreign nationals (n=14). Selection criteria were used to ensure diversity in terms of (1) nationality, (2) age, (3) spoken languages, (4) length of prison stay, (5) sentencing title, and (6) both non-participants and participants in prison activities.	Some activities were highly accessible to them, and that this facilitated better relationships with prison staff as well as other prisoners from different backgrounds. Participants expressed several wishes, namely adapting the standard activities to offer more culturally relevant activities and allowing prisoners to take up more active roles to improve their experiences of prison. The paper argues that foreign nationals are confronted with an additional pain of imprisonment, "the pain of non-participation" as a result of language and cultural barriers.	It highlights the important role in language in noting the different experiences of foreign-speaking and Dutch-speaking FNPs. The findings encourage a shift from generic to more tailored activities for FNPs. Efforts were made to try to recruit a representative sample. **Limitations:** Despite efforts to recruit a representative sample, only three women were interviewed and researchers struggled to recruit non-participants. Heterogeneity between FNPs is only acknowledged in terms of language.
Earle, R., & Phillips, C. (2013). "Muslim is the New Black" New Ethnicities and New Essentialisms in the Prison.	To consider how persistent patterns of racism are reproduced and challenged in the prison and beyond, using a case study and interviews with prisoners.	The study used an ethnographic approach. Interviews and a case study with participants from two men's prisons in Kent were analysed using Thematic analysis.**	White and ethnic minority prisoners recruited for interviews. Case study of 'Samson", a black British prisoner of West African heritage.	The study indicated a replication of patterns of racism that are evident in wider society, in the context of prison. Findings also indicated that there are complex and changing patterns of ethnic identification which are locally specific, highlighting that authorities should be careful not to homogenise EM individuals. The researchers argue that global views of ethnicity can do injury	**Strengths:** The study provides context as to how patterns of racism may be replicated within prisons. The study focuses specifically on the experience of Muslim prisoners, an area in which research is currently lacking.

				and even epistemic violence, as illustrated by quotes from participants' interviews.	Recommendations are made for future research with a broader scope, as it is acknowledged that experiences may differ between localities. There is careful consideration to avoiding homogenising the experiences of Muslim prisoners, and acknowledgement of the harm this can cause. **Limitations:** Recruitment procedures and method of analysis are less clear in the article. The study also lacks recommendations for practice.
Gavin, P. (2019) 'Prison is the worst place a Traveller could be': the experiences of Irish Travellers in prison in England and Wales'.	The study aimed to look at the experiences of individuals who identified as Irish Travellers, while in prison.	The study used semi-structured interviews with an informant-led interview style. Purposeful sampling was used to identify participants with the help of charities and advocacy groups that worked with Irish ex-prisoners in Britain.	Participants were ex-prisoners from Traveller and non-Traveller backgrounds (n = 37). It considers more specifically the experiences of those who identified as being Irish Travellers (n = 8).	Participants regularly reported name calling, bullying and racism by both prisoners and prison staff. Irish Travellers are described as an invisible minority within society, although are highly visible in prison which is argued to make them vulnerable in this context. The paper also discusses the perceived lack of Traveller engagement with education in the prison system and argues that a lack of literacy has resulted	**Strengths:** The research addresses an under-researched area. Consideration is given to the researcher's relationship with participants. The study highlights that individuals of Roma, Gypsy and Traveller heritage should not be homogenised.

		Thematic analysis was used to analyse interviews.		in Irish Travellers being further excluded within prison.	Some practical recommendations are also made. **Limitations:** The findings are primarily based on interviews conducted with eight Irish Travellers; the small sample size is a limitation of the study. There are also no recommendations made for future research, despite being an under-researched area.
Hunter, S., Craig, E., & Shaw, J. (2019). "Give it a Try": experiences of black, Asian and minority ethnic young men in a prison-based offender personality disorder service.	The study aimed to explore the experiences of EM men on a prison offender personality disorder (OPD) pathway, to identify highlights and challenges of engagement and to what extent they felt a sense of inclusion and belonging.	Qualitative study utilising semi-structured interviews with participants. Interviews were analysed using thematic analysis.	11 EM men engaging in prison-based OPD service	Three main themes were identified: 'Why am I going to be an Outcast' describing the barriers to engagement experienced by participants. 'Give it a try' and 'Nothing but respect' describe processes of overcoming these barriers. Barriers identified were experiencing judgement, alienation and a sense of hopelessness. They were overcome by peer encouragement, developing relationships with therapeutic staff and choice being given to levels of engagement.	**Strengths:** The study is original, in that there had been no research previously investigating the experience of EM offenders on a OPD pathway. It gives insight into the difficulties of EM men in accessing therapeutic services as well as aspects that may help encourage and maintain engagement. The study has implications for both practice and policy, and gives recommendations for future research.

					Limitations: Findings cannot be generalised beyond the context of an OPD pathway.
Jones, L., Brookes, M., & Shuker, R. (2013). An exploration of cultural sensitivity: The experiences of offenders within a therapeutic community prison.	This study aimed to explore the experiences of EM prisoners who had engaged in therapy for a minimum of 12 months, to determine how culturally sensitive HMP Grendon, as a therapeutic community (TC) prison, was to their culture and backgrounds.	A qualitative design was adopted that used in-depth semi-structured interviews to explore participants' experiences. Transcripts were analysed using thematic analysis.	Eight randomly selected EM prisoners who had been engaged in therapy for a minimum of 12 months.	The results indicated that Grendon's EM prisoners experienced a lack of cultural sensitivity when engaging with the therapeutic process. Five main themes emerged: 'therapy and cultural values' described how therapy coexisted with participants' cultural values, including incongruence; 'relating to others' included perceptions of relating to both prisoners and staff as therapy progressed; 'cultural competency' refers to participants' perception of other's ability to interact with individuals of different cultures; 'cultural understanding/ awareness' was linked to feeling understood by others and having a sense of belonging ; and 'responses to experiences' includes both positive and challenging aspects of engaging in therapy.	**Strengths:** The study builds upon previous research in the TC prison and offers practical recommendations. The study identified ways to improve this include increased staff awareness via training and providing increased opportunities for EM prisoners to share their experiences and work collaboratively. **Limitations:** Findings cannot be generalised to other prison contexts beyond the TC. The study also had a small sample size.
Kremer, T. A. A. (2010). The experiences of black foreign national women prisoners in England: A qualitative study.	The study aimed to explore the experiences of black foreign national women in prisons in England, and understand what life was like for them in prison.	The study used in-depth interviews and a focus group with open-ended questions so that discussions were free-flowing and conversational.	Sixty women were recruited from five English prisons.	Participants highlighted the following themes: the presence and rationalisation of guilt or shame in the minds of the women prisoners, instances of discrimination and racism within the prisons, the rupture in family relationships.	**Strengths:** The study provides a good understanding of the experiences of black foreign nation women in English prisons, a vastly under-researched area.

		Transcripts were analysed using a grounded theory approach.		The study concludes that policies for women FNPs in England should take into greater consideration the voice of the black foreign national female prisoner and its histo-racial nuances, particularly as the women account for a sizable portion of the FNP population in England.	It emphasises the intersectionality of race and gender, and indicates that there may be different or additional difficulties faced by women FNPs that need to be considered in policy and practice. The researcher is reflective of their relationship with participants. With 60 participants across 5 establishments the study is more generalisable in its findings of experiences of black female FNPs. **Limitations:** Results cannot be generalised to other EM women FNPs or men FNPs, as well as EM prisoners who are not of FNP status.
Kruttschnitt, C., Dirkzwager, A., & Kennedy, L. (2013). Strangers in a strange land: coping with imprisonment as a racial or ethnic foreign national inmate.	The research focused on the interactions with prisoners and correctional staff of a racially diverse group of Dutch foreign national prisoners imprisoned in England.	Semi-structured interviews were used, which were approximately one hour long. Interviews were analysed using Thematic analysis.**	25 Dutch prisoners held in English prisons. Interviews were conducted in a wide range of institutions for young offenders, females, adult	The study found that although all of prisoners interviewed saw themselves as 'outsiders,' visible minority individuals faced a unique set of challenges relative to their white counterparts, namely the experience of overt racism by both other prisoners (in particular 'lifer' prisoners) and prison staff.	**Strengths:** The authors consider both practical and theoretical implications of the findings. The study considers the experiences of both white and visible minority individuals,

			prisoners of different security levels (Category B and Category C) and FNPs.		highlighting the particular difficulties individuals of colour may face. A heterogenous sample of Dutch participants is used, making the findings more representative. **Limitations:** The authors are not clear in reporting the method of analysis. Only two key themes are identified; further investigation could offer further, more nuanced insight. Participants only included Dutch individuals in English prisons.
Tsintsadze, K. (2021). A record of our own: lockdown experiences of ethnic minority prisoners.	The project aimed to provide a platform for EM prisoners and their families to describe the impact Covid-19 had on their lives and to consider what lessons could be learned for the future. This included the experiences of prisons from the Gypsy, Roma and Traveller communities.*	Questionnaires with open-ended questions to allow for qualitative answers and interviews were used.	87 questionnaires which were completed by prison leavers or family members of prisoners (40 interviews and 47 written submissions) and which covered conditions in 29 prisons. Of the 87 individuals who completed	Findings suggest that although the changes to the prison regime may have been successful in reducing the spread of Covid-19 and saving lives, they also had profound and long-lasting effects on EM prisoners, with one participant describing them as a "double punishment". Issues highlighted include: not enough time out of cells; inadequate communication; inconsistent implementation of the regulations; lack of provision to support prisoners'	**Strengths**: The findings are relatively generalisable in terms of the number of ex-prisoners and establishments covered. The study looks specifically in to the effects of the pandemic and how this affected EM prisoners– it is therefore highly responsive to

			questionnaires/ interviews, 71% were prison leavers (n=62). Of the prison leavers, 82% were male, and 81% had been released before July 2020. In terms of ethnicity, 29 participants identified as black, 15 as Asian 6 as mixed race, 7 as from Gypsy, Roma or Traveller, 4 as 'other' and 1 was undeclared.	mental health; and resourcing and inequalities across the prison estate.	circumstances in recent years and changes to the prison regime as a result. Practical suggestions are made to try to ameliorate the conditions for EM prisoners. **Limitations:** The method of analysis is unclear in the write up of the findings. Questionnaires may glean less information from participants, although should also be acknowledged that it may have given more opportunity for participation for some individuals. The study only looks at the views of ex-prisoners, although this is in the context of the difficulty in accessing establishments during the pandemic.
Williams, K. S., Litchfield, Z., & Earle, J. (2018). Still no way out. Foreign national women and	The report aimed to look at the experience of foreign national women and trafficked women in	The report draws upon data from a number of sources, including published statistics, freedom of information	Quantitative: cases of 585 women service users in prison who received services from Hibiscus in two	The research found that foreign national women, many of whom have been trafficked or coerced into offending, are receiving inadequate legal representation, poor interpreting	**Strengths:** The report makes practical recommendations to the to improve conditions for women EM

trafficked women in the criminal justice system.	the criminal justice system in England and Wales.	requests, inspectorate reports and research with women in prison.	prisons between 2013-17. Qualitative analysis of 182 women who received Hibiscus services between April 2016 – March 2017. Focus group with 7 women in 2017.	services and disproportionate punishment. The findings suggest that measures put in place to protect victims of trafficking and modern slavery are failing to prevent prosecution for offences committed as a consequence of exploitation by traffickers.	prisoners. The report focuses on the experiences of women EM prisoners, an under-researched area and acknowledges the difficult contexts that many of these women have come from. **Limitations:** The study is unclear on the specific methods of qualitative and quantitative analyses used. Information on the ethnicity of participants is not noted, therefore making it difficult to understand which views are and are not being represented in the findings.

*Participants outside of the stated inclusion criteria are excluded from the review

**Authors contacted to clarify methods of data analysis as this was unclear in original article

Seven of the studies analysed interviews using thematic analysis (Chistyakova et al., 2018; Croux et al., 2021; Earle & Phillips, 2013; Gavin, 2019; Hunter et al., 2019; Jones et al., 2013; Kruttschnitt, et al., 2013), one used grounded theory (Kremer, 2010) and one used an adapted form of grounded theory (Brookes et al., 2012). The remaining two did not explicitly state the method of analysis although reported findings as themes[4].

2.5 Thematic Synthesis

Thematic synthesis was used to analyse and synthesise prominent themes from across the papers used in the SLR. Thematic synthesis involves three stages; line-by-line coding, development of descriptive themes and generation of analytical themes (Thomas & Harden, 2008). In the first stage of analysis, papers were coded line-by-line according to meaning and content. More than one code was assigned where appropriate. In the second stage, initial codes were grouped to create preliminary descriptive themes. Finally, descriptive themes were refined into analytical themes and sub-themes. Each theme was considered in relation to similarities and differences to other themes and its own unique meaning. The development of analytical themes requires 'going beyond' the primary studies and generating new interpretive constructs, explanations or hypotheses (Thomas & Harden, 2008).

[4] Attempts were made to request this information via email, but it was advised that the researchers were no longer linked to the organisations and therefore could not provide additional information.

2.6 Critical Evaluation of Study Quality

The studies were evaluated using the Critical Appraisal Skills Programme (CASP; 2018), an appropriate tool for appraising the quality of qualitative studies that takes into account practical implications of research findings (see Table 3). Although Williams et al. (2018)[5] reported quantitative findings from the various data sources analysed, as only descriptive statistics were reported, it was not deemed appropriate to appraise these findings using a mixed-methods tool alongside the predominantly qualitative findings.

All of the studies used in the review contributed meaningfully to the growing knowledge on EM individuals' experiences in prisons and accessing therapy in this context. The papers were generally well-written, with most citing relevant research in the area to give clear context and provide a rationale for their research. Most research clearly stated the research aims, with the exception of Earle and Phillips (2013) which appeared less clear. Although Earle and Phillips (2013) provided a detailed context for situating the research, there was less clarity in stating the research questions and how the findings would meaningfully lead to practical implications.

Generally, the methods used in the studies were appropriate to the research aims. Some studies were less clear in stating method of recruitment (Brookes et al., 2012; Chistyakova et al., 2018; Earle & Phillips, 2013). All studies presented findings as themes, despite some variation in types of analysis used. Some studies (Christyakova et al., 2018; Earle & Phillips, 2013; Kruttschnitt et al., 2013; Tsintsadze, 2021[6]; Williams et al., 2018) were less clear on the methods of analysis used. Christyakova et al. (2018) lacked practical recommendations to be implemented. A particular strength of Earle and Phillips' (2013) study is that it was the only paper to explicitly discuss white

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[5] Grey literature article.

[6] Grey literature article.

privilege, a highly relevant consideration in exploring the experiences of EM individuals.

Although there was limited existing literature on experiences of therapy in prisons, it was promising to see that several of the studies acknowledged and built upon each other's previous findings (Brookes et al., 2012; Hunter et al., 2019; Jones et al., 2013). This allowed for more meaningful practical implications, and suggestions for future research. However, these findings were limited to the context of the therapeutic community (TC) at HMP Grendon and a therapeutic wing in a Category B prison, both of which offer longer-term therapy, and may not reflect the experiences of the general prison population. These studies also only focussed on individuals who engaged in therapeutic intervention; Hunter et al. (2019) note this as a limitation and recommended for future research to include non-engagers to gain a fuller understanding of barriers to engagement.

Several of the studies did not report ethical considerations, which is problematic in the context of the research topic and interviews with a population considered to be vulnerable. However, Brookes et al.'s (2012) study stood out with regards to their thorough consideration of the relationship between the research and participants. They discussed in some detail that the researcher facilitating interviews was black and how this may have helped create a safe space where participants could express their cultural identity. Croux et al.'s (2021) study was also unique in that it took an appreciative inquiry stance, perhaps allowing more space for participants to discuss what they felt was working well, as well as their wishes for change.

Table 3

CASP Quality Criteria for Systematic Literature Review

Code X = not met ? = unclear ✓ = criteria met	**Focus on therapy or prison experience**	**Aims clearly stated**	**Appropriate methodology**	**Appropriate research design**	**Appropriate recruitment strategy**	**Data collected addresses research issue**	**Consideration of relationship between researcher and participants**	**Consideration of ethical issues**	**Rigorous data analysis**	**Clear statement of findings**	**Value of research**
Study											
Brookes, Glynn & Wilson (2012)	Therapy	✓	✓	✓	?	✓	✓	?	?	✓	✓
Chistyakova, Cole & Johnstone (2018)	Prison	✓	✓	✓	?	✓	x	x	?	✓	✓
Croux et al. (2021)	Prison	✓	✓	✓	✓	✓	x	?	✓	✓	✓
Earle & Phillips (2013)	Prison	✓	✓	?	?	✓	x	?	?	✓	✓
Gavin (2019)	Prison	✓	✓	✓	✓	✓	?	✓	?	✓	✓
Hunter, Craig & Shaw (2019)	Therapy	✓	✓	✓	✓	✓	?	✓	✓	✓	✓
Jones, Brookes & Shuker (2013)	Therapy	✓	✓	✓	✓	✓	?	?	✓	✓	✓
Kremer (2010)	Therapy/ Prison	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Kruttschnitt, Dirkzwager & Kennedy (2013)	Prison	✓	✓	✓	✓	✓	x	?	?	✓	✓
Tsintsadza (2021)	Prison	✓	✓	✓	✓	✓	x	?	?	✓	✓
Williams, Litchfield & Earle (2018)	Prison	✓	✓	✓	✓	✓	x	?	?	✓	✓

2.7 Synthesis of Findings

The review synthesises findings from the nine peer-reviewed articles along with two grey literature articles using guidance from Siddaway et al. (2019). After reviewing the articles, the main themes across the literature were identified:

- Relationships with Prison Staff
- Communication
- Self-Identity and Othering
- Hopelessness
- Stigma of Mental Health
- Therapy as a White Construct
- Resilience

Theme 1: Relationships with Prison Staff

Sub-theme 1: Power Imbalance

Relationships with prison staff was a common theme discussed across studies, with many highlighting difficulties. Brookes et al. (2012) reported that participants perceived an 'us versus them' mentality between EM prisoners and staff, and in particular discussed perceiving a very clear power imbalance. This was echoed in other studies (Gavin, 2019; Jones et al., 2013), with some participants describing that they felt dehumanised by staff who seemed indifferent to their needs as individuals (Kruttschnitt et al., 2013). Some studies also discussed a lack of diversity amongst prison staff, which was perceived as problematic by participants, and seemed to further the sense of difference to staff (Chistyakova et al., 2018; Hunter et al., 2018).

Sub-theme 2: Differential Treatment

Some studies also highlighted concerns of differential treatment by prison staff, which participants attributed to their ethnicity. Chistyakova et al. (2018) reported that participants discussed unfair treatment by prison staff, stating that there were different rules for different people. In a case study used in the article, a participant discussed incidents such as the loss of his job without feasible explanation. This led to distrust and a sense of injustice as he believed this to be a result of racial discrimination. The study underlined how such issues experienced in relationships with prison officers was seen as a continuation of problematic relationships with authority figures from a young age.

In Gavin's (2019) study, white Irish Traveller participants also discussed experiencing discrimination and bullying from prison staff. They discussed feeling that there was a 'double-standard', whereby racism towards Travellers was seen as acceptable:

> *"There's a lot of racism against the Travellers. We get called pikey and gyppo every day. But nobody sees this as racism"* (p.144).

In Kremer's (2010) study, which recruited participants from five female prisons in England, the majority of black foreign national (FN) women participants reported experiencing either discrimination or racism by prison staff. They described this predominantly being covert acts of differential treatment, such as having less privileges and access to education, and receiving harsher disciplinary action. They reported being encouraged to request relocation to prisons they were told would be better able to cater to the needs of FN individuals, but on arrival this was not the case. They therefore perceived this as deliberately enforcing segregation. Participants in Williams et al.'s (2018) study highlighted that in some instances FNPs would be detained in prison post-sentence instead of an Immigration Removal Centre (IRC), with no certainty of when they would be deported. Tsintsadze (2021) noted that differential treatment continued to be observed during Covid-19

restrictions, as participants identified that staff seemed to be more discretionary towards white prisoners.

Sub-theme 3: Cultural Competence

Participants in some studies felt that they were not understood by prison staff due to cultural differences. Earle & Phillips (2013) noted a perception by participants that officers were suspicious of them when engaging in conversations and activities that they saw as part of their cultural identity. This was also the case for participants in Kremer's (2010) study, who felt that they were expected to fit in, and that some of their behaviours were "correct[ed]" by staff (p. 161). One participant reflected that this may be a result of staff feeling threatened due to their lack of knowledge of different cultures:

> *"The way we speak, they think that we are arguing or about to fight. Our tone of voice is loud because of the culture we are from …. You have to be loud where I am from. In here… they misunderstand how you speak so they are always feeling threatened by you. You get hassled because of that fear… eventually you lose that part of your identity, you become unsure of who you are"* (p. 162).

Similarly, in Jones et al.'s (2016) study, most participants discussed experiencing a lack of understanding by officers, stating they did not appreciate the context of their lives. Further, they expressed that they could not raise issues related to the lack of cultural competency as they felt it would be met with defensiveness, and was therefore not worth raising. Indeed, the most common experience reported was that participants felt they could not freely express themselves. Such censorship of both behaviours and internal censorship of negative emotions was spoken about as a damaging experience for participants. Earle and Phillips (2013) highlight that prison staff seemed to have a lack of appreciation of heterogeneity between individuals of Islamic faith, and a lack of consideration of routines related to Islam.

In contrast, participants noted that cultural understanding would develop over the course of group therapy (Jones et al., 2016). Some participants reported a sense of hope from observing this progress; to see that attitudes and beliefs were not "stagnant" within this context (p. 9). This progress was, however, reported to come at the cost of the onus being on EM individuals to educate others.

Sub-theme 4: Benefits of Participation

Croux et al. (2021) found that participants highly valued opportunities to participate in activities in prison. They reported having high accessibility to some activities, but there was less accessibility for others that were more dependent on language, such as work and education. Participants highlighted that participating in activities provided a good opportunity for more meaningful social contact with prison staff, providing more positive interactions and having more personal relationships than with staff on the wings:

> *"The teacher [of vocational course] is very friendly and he always treats prisoners with respect and always laughs. We have no complaints about [him]. He's perfect"* (p. 16).

Participants reported there was little diversity in staffing but this was seen as less significant in the context of these more positive relationships. Croux et al.'s (2021) study therefore gave a more nuanced perspective of the varying relationships EM prisoners may have with prison staff. In Jones et al.'s (2013) study, the majority of participants indicated that they felt therapy staff treated them the same as other prisoners, in contrast to relationships with prison staff.

Theme 2: Communication

Sub-theme 1: Language and Educational Barriers

Language has been cited as the main challenge in prison for non-English speaking FNPs, with 57% speaking no English at all (Williams et al., 2018). Participants in Williams and colleague's study reported poor support with interpretation, instead relying on other prisoners to interpret their

conversations and letters. However, participants reported being reprimanded by officers for speaking in other languages. This is in line with reports by participants in other studies in the review (Brookes et al., 2012; Earle & Phillips, 2013).

This also aligns with findings from Gavin's (2019) study with Irish Traveller prisoners, which highlighted the challenges of not being able to read and write. He noted that all participants in the study had left school by the age of 13, and the majority (7 out of 9) did not undertake any educational courses in prison. Participants discussed a sense of feeling disadvantaged by their relative lack of education compared to other white prisoners. It is common for Irish Traveller prisoners to have applications denied due to forms being completed incorrectly (NOMS, 2008). Gavin (2019) therefore argued of the importance of literacy to surviving prison, which is consistent with a well-developed body of literature (e.g. Berry, 2018; Newman, 1993).

Sub-theme 2: Bridging the Gap in Communication

Chistyakova et al. (2018) highlighted the importance of facilitating communication, to increase the involvement of EM prisoners. In the study, Muslim participants described feeling that the Imam was the only person of authority they could rely on in prison. The Imam was described as being respected by both staff and inmates, and valuable to facilitating conversation. Similarly, Traveller participants explained that they only trusted other Travellers in prison, and had allocated their own Traveller representative. This suggests the importance of building ties and liaising with respected individuals to help facilitate communication and avoid the potential barriers that seem to be otherwise present.

Participants also stated that despite engagement remaining low, initiatives by the prison to increase engagement with EM individuals had not gone unnoticed and that they appreciated the efforts to reach out. This seems an important finding, as it suggests that more persistent efforts may affect positive change, even if initial uptake is poor. Croux et al. (2021) found that when discussing 'dreams' for the future, several participants hoped for multilingual spreading of information, both

verbally and in written leaflets so that they could better understand what activities and opportunities were available. Interviewees saw participation in prison activities as an opportunity for different groups of people to interact and learn from each other.

Theme 3: Self-Identity and Othering

In several of the studies, it was evident that being in prison had a negative impact on participants' sense of self. In Christyakova et al.'s (2018) study, a sense of being invisible was one of the main themes identified, and in Hunter et al.'s (2019) study participants described feeling like an outcast. For Earle and Phillips (2013), one participant discussed being "made to feel foreign" (p.7), despite identifying as British. In Brookes et al.'s (2012) study, many participants reported having the feeling that their identity was eroding away due to being expected to fit in with the norm. Participants described a process of culture-stripping, whereby they'd be expected to modify, for example, their demeanour, how they talk, and what they eat. Many described a feeling of judgement on how they looked and acted, and perceived staff as "trying to make us like them" (p.21). These difficult experiences led them to search for a sense of self, which is explored further in the following themes in the review.

Jones et al.'s (2013) participants spoke about feeling that white peers could not relate to them, leaving them feeling marginalised. They reported having better relationships with EM staff and inmates, with these relationships providing a space where they could express themselves and have a sense of belonging. This aligns with Brookes et al.'s (2012) finding that participants felt they had to suppress their cultural identity as white people "don't understand" (p. 9), which over time led to resentment and tension. As a result, they reported that they would only have friendships with other black men, however, this created additional problems due to stereotypes of black men who gathered together in groups. This further compounded interviewees' negative self-concept.

Participants explained that this was a continuation from early life experiences of marginalisation and othering. They described a feeling of being "rootless" and lacking a sense of

identity which ultimately led to feeling disempowered and oppressed. The researchers argued that therapeutic interventions needed to provide a space where EM individuals did not need to defend their racial identity, in order to be effective and increase engagement.

Theme 4: Hopelessness

Many studies reported that participants felt hopeless due to experiencing subjugation across the CJS, which continued during their time in prison, and felt powerless to challenge those in power (Brookes et al., 2012; Earle & Philips, 2013). Participants in Chistyakova et al.'s (2018) study felt it was not worth using the prison complaints procedure, due to a perceived lack of change and potentially negative repercussions. This was also voiced by participants in Kremer's (2010) study. FNPs discussed feeling isolated and having a lack of certainty around their deportation status (Williams et al., 2018). Along with a lack of family contact (Kremer, 2010; Kruttschnitt et al., 2013), some participants felt that their feelings of hopelessness in their current circumstance was impacting negatively on their mental health (Chistyakova et al., 2018). This seemed to be exacerbated further in the context of being imprisoned during Covid-19 restrictions (Tsintsadze, 2021).

Theme 5: Stigma of Mental Health

Several studies noted participants' concerns around the stigma of mental health as a barrier to engaging with psychological interventions. In Hunter et al.'s (2019) study, some participants described how significant individuals in their lives did not recognise the concept of mental health difficulties, and so their perceived difficulties led to feelings of shame. Participants understandably felt they could be stigmatised by their communities and had fear of judgement by family or peers. One participant explained:

"When I was growing my Mum didn't really think I had problems…. Because….. a lot of Caribbean backgrounds, they don't really see mental illness as an illness unless it's serious.

Like you are absolutely bonkers….. But things like depression, bipolar, anxiety…. they just see it as you're rude, you're bad" (p. 19).

Participants also highlighted that having mental health issues is perceived as a vulnerability in prison (Brooks et al., 2012; Hunter et al., 2019). In the context of already being vulnerable due to being from an EM background, participants needed to "work out how to survive" within this environment (Chistyakova et al., 2018, p. 16). It seemed that this may be considered too high a risk to take, and would dissuade them from accessing services. Participants in Hunter et al.'s (2019) study elaborated that they believed such barriers to accessing mental health support are especially true for black men, stating that the perception of them as being tough made it harder to seek help. Understandably, some participants raised concerns about engaging in therapy specifically in prison, and highlighted the difficulty in being expected to engage in potentially emotional conversations and then return to the prison wing (Brookes et al., 2012).

Theme 6: Therapy as a White Construct

Participants in some of the studies questioned the relevance of therapy, seeing it as for white middle-class people (Brookes et al., 2012; Jones et al., 2013). In Jones et al.'s study participants reported that the TC interventions did not address cultural needs and they felt that more individualised therapy was needed. Several participants discussed an incongruence between therapy and their identity and cultural values; the most common experience reported by participants was the perception that they were expected to adapt cultural values to fit the stance of therapy. They reported they could not fully identity with the middle-class English "angle" as it did not fit with their own frame of reference (p. 7). In discussing his first perception of therapy, one participant said:

"The ethos of this place was that they want you to fit in with their middle-class white people – I picked that up straight away" (p. 19).

This was echoed by participants in Kremer's (2010) study; some reported using psychology services in prison but many discussed preferring co-opted organisations. They discussed mainstream services as lacking cultural understanding and only catering to British participants. Some participants spoke of being expected to do things that were not usual in their cultures, which facilitators did not seem to be sensitive to, leaving participants feeling that culture-specific programmes were needed. This replicates findings in community settings (e.g. Owusu-Bempah & Howitt, 2000).

Participants in Brookes et al.'s (2012) study shared concerns around the relevance of therapy, and in particular how it is 'sold' to EM individuals. They discussed having expectations of being an outcast as well as concerns around being judged for being different. Participants stated that even when they did overcome such barriers, they would feel alienated due to a lack of EM group members and staff. These experiences seemed to reinforce perceptions that the service was for white people. Participants also spoke about preconceived beliefs that therapy would not be helpful to them, with some discussing previous negative experiences which informed their views. They discussed therapeutic interventions did not prepare them for leaving prison, which for some highlighted the lack of understanding of "black male social reality" (p. 22).

However, participants elaborated that such negative experiences were more characteristic of early experiences of group therapy. They felt that a negative focus on ethnic identity was less apparent as sessions progressed. Interviewees said that therapy offered respite, and they developed a sense of belonging over time. Several described building quality relationships with staff, which they cited to be a motive to continue therapy, as staff showed persistence in encouraging them to take part. They identified relationships with therapy staff to be caring in nature and perceived them as different to relationships with wing staff as they were characterised by having choices and control.

Theme 7: Resilience

Despite barriers and disadvantages discussed across the research, many participants also highlighted wanting to do the best for themselves while in prison, and saw opportunities for

rehabilitation (Brookes et al., 2012; Jones et al., 2016). Participants in Brookes et al.'s (2012) study discussed engaging in therapy as an opportunity to reflect upon themselves and saw this as a process of self-discovery:

> *"I can learn a bit about myself, why I do these things, to try to change my thought process and my behaviour to a better way"* (p. 19).

Participants in Kremer's study highlighted the importance of finding connection with other EM women while in prison, and the strong bonds this fostered:

> *"It's like we are family, I see all these women as my sisters now. Some of them know things about me my own blood sisters back home do not know"* (p. 185).

In Jones et al.'s (2016) study, participants discussed educating others to their background in the context of attending long-term therapy groups. This discussed being motivated by a desire for positive change, to build relationships between individuals of different ethnic backgrounds. The opportunity to engage in acts of agency as a form of empowerment, was also cited as important for some. In Chistyakova et al.'s (2018) study, Traveller participants reported informally appointing their own representative in response to the prison not making this a formal role. For participants in Kremer's (2010) study, it was suggested that experienced EM women should be mentors to EM women who are new into prisons to help them adjust to circumstances. Similarly, in terms of their wishes going forwards, in Croux et al.'s (2021) study participants discussed wanting more active roles in the prison, in particular wanting to support and organise activities for their peers.

Lastly, despite barriers faced in accessing therapy in prison, participants in Hunter et al.'s (2019) study highlighted that they were still willing to "give it a try", and cited their motives for doing so as providing escapism, engaging with peers, and perhaps most importantly, saw it as something they were doing for themselves:

"I kinda realised that I'm the only one who can benefit….. so I thought like the only positive thing to do was engage and give it a try … And since then I've never stopped" (p.21).

2.8 Critical Consideration of the Systematic Literature Review

It is important to consider the findings of the SLR from a critical perspective. As noted, there were a limited number of studies looking at experiences of prison therapy retrieved. This resulted in broadening out the original search criteria to include EM prisoners' experiences of prison more generally. It should be noted that search terms used in the SLR were limited to terminology commonly used in the UK. This may have affected the resulting number of articles obtained. Terms such as 'indigenous', 'African-American' and 'native American' which are less typically used in the UK, were not considered while searching for literature. It is important to consider this when interpreting the results of the SLR, as more articles from a broader range of countries could have provided different, or more in-depth, insight to experiences of prison and prison therapy. The current findings are therefore limited in their application, and could be built upon in future.

2.9 Systematic Literature Review Conclusion

The SLR identified eleven studies focusing on the experiences of EM prisoners in relation to their experiences of prison and therapeutic interventions in prison. The review was limited to studies published in English and using the specified databases, so further studies may be available. The literature highlighted the difficult experiences in prison more generally, particularly in relation to experiences of overt racism and more covert forms of discrimination. Some positive examples were cited across the literature, although this was predominantly limited to relationships with other EM individuals and with members of staff not based on the prison wings.

One of these exceptions was engaging in psychological interventions, which many participants seemed to appreciate as a markedly different space within prison. However, this appeared to come at the cost of participants either feeling pressure to acculturate to Eurocentric

therapeutic ideas or having to educate others around their background. As noted, these studies were specifically looking at experiences within TC and therapeutic wing settings which does not reflect the typical prison provision of therapy. It is therefore unclear whether EM prisoners engaging in mainstream shorter-term therapeutic interventions manage to overcome the barriers discussed and what their experiences of therapy in prison are. This is particularly pertinent as the research reviewed indicates that the difficult conditions of prison may contribute to exacerbating mental health concerns.

The reviewed studies make practical recommendations for improving circumstances for EM individuals in prison, and recommendations for future research in relation to prison therapeutic interventions. Most notably, investigating therapeutic interventions beyond TC settings and attempting to represent the views of individuals who choose not to access therapeutic services to gain a fuller understanding of what may be needed to make interventions more inclusive. Some studies also emphasised the importance of not homogenising the experiences of EM individuals, and in particular paying attention to intersectionality, which has implications both for practice and future research.

CHAPTER THREE: METHOD

3.1 Chapter Overview

Based the aims of the current study (as stated in Chapter One), this chapter outlines the method used in the study. The research design is discussed, including an explanation for why Thematic Analysis (TA) was chosen. Recruitment and participant demographics are presented. This is followed by describing the data collection process and reflection upon ethical issues and how they were managed. Service user consultation is discussed in the context of developing the research. The chapter concludes with a quality appraisal of the study design.

3.2 Design

Rationale for Qualitative Design

A qualitative design was used for the study, utilising data collected from semi-structured interviews. This was chosen for several reasons. Firstly, as an under-researched research topic, it was felt that the study would benefit from more in-depth and nuanced responses from participants, that allowed for exploration of their perceptions of accessing therapy (Willig, 2008). This aligned with the research aim to better understand the experiences of EM individuals who access therapy in prison, while acknowledging that my lens would influence how I interpret participants' responses in line with a critical realist (CR) epistemological position.

Thematic Analysis

The data collected from interviews was analysed using a TA approach (Braun & Clarke, 2006). TA aims to identify, analyse and interpret patterns across a qualitative dataset (Braun & Clarke, 2006; 2022), with the purpose of reporting patterns of meaning across the data as themes (Braun & Clarke, 2022). Themes are developed through coding the data, to make sense of a range of views (Boyatzis, 1998). As a relatively new area of research, which doesn't yet have clear ideas as to what may be helpful in promoting engagement in therapy for EM prisoners, reporting relevant

themes could contribute to an emerging body of knowledge in the area, and can be built upon in future research. An inductive or 'bottom-up' approach was adopted to facilitate the generation of new ideas (e.g. Frith & Gleeson, 2004). TA also allows researchers to explore heterogeneity between participants (Braun & Clarke, 2022), avoiding homogenising individuals from different ethnic backgrounds, who may have different perspectives.

TA can be applied across a range of theoretical and epistemological approaches, allowing researchers to tailor the method to the needs of their study (Willig, 2013), providing epistemological assumptions are explicit (Holloway & Todres, 2003). When applied using a CR stance, TA not only acknowledges observable data, but also more implicit themes (Boyatzis, 1998; Patton, 1990), accounting for power structures and relations that affect how meaning is co-created by the researcher and participants (Kiger & Varpio, 2020). Braun & Clarke (2022) discuss that consideration needs to be given when conducting research with marginalised groups as to what participants might not tell the researcher because of how they perceive the researcher, or what the researcher may represent to them. This raises the question of how researchers from a privileged or outsider position engage in ethical and politically sensitive ways (Cram et al.,2006). The British Psychological Society (BPS, 2009; 2018) acknowledges the power dynamics inherent in representing the voices and stories of participants, particularly with regards to interactions with authority figures.

The study specifically used reflexive TA, as one way of working towards meeting these responsibilities. Braun and Clarke (2022) argue that a reflexive researcher is a fundamental aspect of TA, which involves being a subjective, situated, aware and questioning researcher and requires critical reflection throughout analysis (Braun & Clarke, 2019a). Braun and Clarke (2022) highlight that it is essential for researchers to reflect on how the research is shaped by their assumptions, as their influence is an inevitable part of the process of knowledge production (Finlay, 2002b). Reflexive TA aligns with a CR stance. This allowed for acknowledging and managing racial and other disparities evident in a research team of white women conducting research with EM prisoners.

It should, however, also be noted that there are disadvantages and considerations that have been highlighted when using TA. Nowell et al. (2017) argue that TA guidelines are less robust than other forms of analysis, allowing for less rigorous and inconsistent data analysis. However, Braun and Clarke (2006, 2022) have set out detailed guidelines of the stages of analysis in TA. Braun & Clarke (2006) highlight that the flexibility of TA which allows for a range of analytic options can result in less focused research. They recommend that TA researchers must use an underlying theoretical framework to aid interpretation. Applying established quality criteria (e.g. Tracy, 2010) further reduces the potential disadvantages of using TA.

Consideration of Alternative Methodologies

Alternative methodologies for data analysis were considered during preliminary stages of designing the study, primarily Interpretative Phenomenological Analysis (IPA) and Grounded Theory (GT). After careful consideration TA was considered more appropriate than IPA for several reasons. Firstly, IPA has a more detailed focus on each individual participant's experience (Smith & Nizza, 2022) which did not align with the current study's aim of identifying themes across a broader dataset. As an under-researched area, it felt more important to focus on breadth of data analysis rather than depth (Spiers & Riley, 2019). For this reason, it was also intended to recruit a relatively heterogeneous sample to capture diversity of perspectives (Fassinger, 2005). Although IPA allows for consideration of how personal experiences are located within wider socio-cultural contexts, this can be considered with a higher number of participants using TA (Braun & Clarke, 2020). Lastly, in the context of looking at experiences of accessing a specific service, TA is considered more appropriate for research where 'actionable outcomes' and implications for practice are given (Sandelowski & Leeman, 2012).

GT aims to generate theories that explain processes behind an aspect of the participants' social world, grounded in their worldview (Glaser, 1978). GT allows to look at both similarities and difference between participants (Charmaz, 2006). It uses a constant comparative approach (Glaser &

Strauss, 1967) whereby analysis begins while data collection is still in progress. This allows for themes to be identified and explored in subsequent interviews, allowing for rich data to emerge. GT was therefore strongly considered as a potential method of analysis for the study. However, there were some notable drawbacks that made TA preferrable.

GT has been adapted with various theoretical underpinnings. However, it currently lacks a well-established CR adaptation, despite potential benefits being noted (Oliver, 2011). It has been argued that a CR epistemological stance may be more suitable in exploring or identifying the underlying causes for phenomena (Taylor, 2018). Although GT accounts for the researcher's role as an interpreter of participants' reality in analysing interviews (Charmaz, 2006), it has been questioned as to what extent results are really grounded in the lived reality of others (Chapman et al., 2015). This seems a particularly important consideration in conveying lived experiences of racial inequality and discrimination.

The concept of saturation is advocated in GT (Charmaz, 2006). Braun and Clarke (2019b) argue that, despite being seen as the 'gold standard' in qualitative research, aiming for theoretical saturation can be problematic. Considering information power of the data may be more helpful, with a focus on reflecting on information richness and how the data meets the aims of the study (Malterud et al., 2016). Another feature of GT is theoretical sampling, whereby the developing analysis informs the ongoing selection of participants (Charmaz & Thornberg, 2020) was not practical in the current study.

TA has fewer and less complex procedures (Braun & Clarke, 2020; Chapman et al., 2015) and can utilise sample sizes below twelve (Braun & Clarke, 2013), both of which were important considerations in the current study due to the recruitment challenges faced. Therefore, overall, TA was considered the most appropriate form of data analysis.

3.3 Ethical Issues

The study received ethical approval from The University of Hertfordshire Health and Science Engineering and Technology Department; Protocol number: LMS/PGT/NHS/02962 (Appendix C), NHS Research Ethics Committee (Appendix D) and Ministry of Justice National Research Committee (Appendix E) prior to data being collected. Due to recruitment difficulties faced, an amendment to recruit additional participants from community settings was submitted and granted (Appendix F). An extension on the completion date for the project was also granted. Participants were provided with the ethics protocol number and details were also given of whom could be contacted if there were any concerns about the research. The study was conducted in accordance with the British Psychological Society's code of ethics (BPS, 2018).

Due to the sensitive nature of the research, there were several ethical issues to consider in order to minimise potential distress to participants. This was particularly important in the context of a white researcher interviewing EM individuals in prison, whereby positions of power and privilege needed to be considered carefully. It was acknowledged that this could trigger experiences of racial discrimination, harm or trauma for participants. Below, it is outlined how ethical concerns were managed throughout the research process. This was considered by the research team and through consultation (see Consultation with Experts by Experience section) to enable interviews to be accessible and safe.

Informed Consent

Potential participants received the participant information sheet (Appendix G), which contained information about the purpose of the study, what participation would involve and information about confidentiality and data storage. An easy-read summary sheet (Appendix H) was also provided, as well as verbal description and opportunity to ask questions for clarification prior to interviews to ensure understanding.

The potential positives and disadvantage of participating were discussed with participants; namely that taking part could cause distress due to talking about their experiences as an EM individual particularly with a white person, but could also allow space for their views and contribute to wider knowledge in an under-researched area. Participants were made aware that topics discussed in the interview may be emotive. While the nature of the questions were not designed to trigger painful or emotive experiences or probe deeply into distressing life events, by asking about experiences as a minoritized individual in prison, there was the possibility of participants sharing experiences that had emotional resonance for them. This was managed by ensuring participants understood they could stop or pause the interview at any time or could choose not to answer a question.

Although it was highlighted that participation in the study was voluntary, it was important to consider that in the context of being in prison, individuals may feel undue pressure to acquiesce to requests made. It was therefore important to highlight to participants that no negative implications would result if they declined to engage. Participants were also provided with information on how to withdraw from the study, should they wish to do so. Participants were asked to sign a consent form (Appendix I) prior to the interview, in addition to giving verbal confirmation to participate. They were also advised that the results would be submitted for publishing and fed-back to the service.

A member of staff from the therapy service was present during the introductory discussions and signed the consent form as a witness. This is due to prisoners being classed as a vulnerable population in research participation, due to being more susceptible to coercion. Participants were advised that the member of staff would not be present during the interview to allow for more open discussion about their views on therapy.

Additional Support

In light of the potential emotional resonance of interviews, the researcher took time to debrief with participants afterwards, discussing how they found the interview, and answering any

additional questions or comments. All participants were given a debrief sheet which contained details of how to seek further support (Appendix J) and information on race-based trauma (Appendix K), a term used to describe and acknowledge psychological harmed caused by racial discrimination. Participants were receptive to discussion around this and accepted material offered to them.

Confidentiality and Data Management

Before interviews, participants were informed that conversations would be confidential to the research team, unless concerns regarding risk to themselves, others or security procedures were raised. They were advised that if there were concerns about risk, the researcher would have a duty of care to raise these concerns. This is in line with existing procedures for managing risk in the prison context. Participants were recruited from several prisons, so it would be harder for staff to identify individual responses.

Data was stored on the secure university OneDrive system. Participants' anonymity was maintained by using pseudonyms, both in data storage and in the final report, so that individuals were not identifiable. Potentially identifying information were reported in a more generalised format, such as age ranges, rather than specific information. Identifying information was stored separately from audio recordings and transcripts. An external transcription service was used to transcribe interviews, under a non-disclosure agreement (Appendix L). Participants were advised that audio recordings and forms containing identifying information would be destroyed after the principal investigator's degree is conferred.

3.4 Consultation with Experts by Experience

As the research team were exclusively white women, it was deemed particularly important to include the perspectives of EM individuals in the design of the study. This was to ensure relevance and not replicate the lack of representation often observed in psychology teams. An organisation that works in several prisons to promote EM engagement was approached to see if any staff would like to provide consultation to the project, which was agreed to.

One consultant was a current prisoner who was an ambassador member of the organisation, after completing the course. The other was an ex-prisoner in the community who worked for the organisation. Through discussion with the lead of the organisation, it was decided that consultants would not be paid but instead receive a letter recognising their contribution to the research. It was believed this would be more useful to them than payment. Consultants were not required to undertake formal training, but regular meetings were held with the lead researcher to discuss their perspectives during their involvement in the study.

Consultation was provided around several aspects of the project. Firstly, informal discussions were held with the two consultants. Initial discussions also focussed on how to complete the project in a culturally-sensitive way. Subsequent meetings focussed on specific aspects of the project; recruitment, specifically ideas around inclusion and exclusion criteria and how to approach participants and give information on the study. One consultant also provided valuable feedback on draft versions of the resources to be distributed to participants.

Both consultants discussed ideas around the structure and content of interviews. This feedback was incorporated to the final interview schedule template. The first interview was therefore used as a pilot interview, with feedback being sought from the participant. All participants were given the opportunity to provide informal feedback during the debrief after interviews, with a general consensus between participants that questions were relevant and discussed in a sensitive manner. Several participants voiced that they valued being explicitly asked if there were areas they wished to discuss that were not covered by the researchers questions. Seeking this feedback allowed the researcher to continuously monitor how participants experienced the interviews.

Through discussion, it was decided to recruit individuals of a white EM background as well as individuals of colour. Both consultants held the view that the criteria needed to be inclusive to all EM individuals to be in line with the aims of the research. This also aligns with emerging literature which highlights white EM individuals are often overlooked in research on EM individuals' but also face many social disadvantages in comparison to white majority ethnic individuals (Cromarty, 2017;

Power, 2003). Consultation continued in to the analysis stage of the project, where emerging codes and themes from the data were discussed and revised accordingly.

3.5 Participants

Recruitment

Participants were recruited by purposive sampling, a non-random sampling method whereby participants are chosen based on qualities they possess, which are deemed to be "the most useful or representative" (Babbie, 2010, p. 195). As research in this area is lacking, it seemed appropriate to approach the topic broadly, and therefore the inclusion criteria were deliberately not too restrictive.

Table 4

Participant Inclusion and Exclusion Criteria

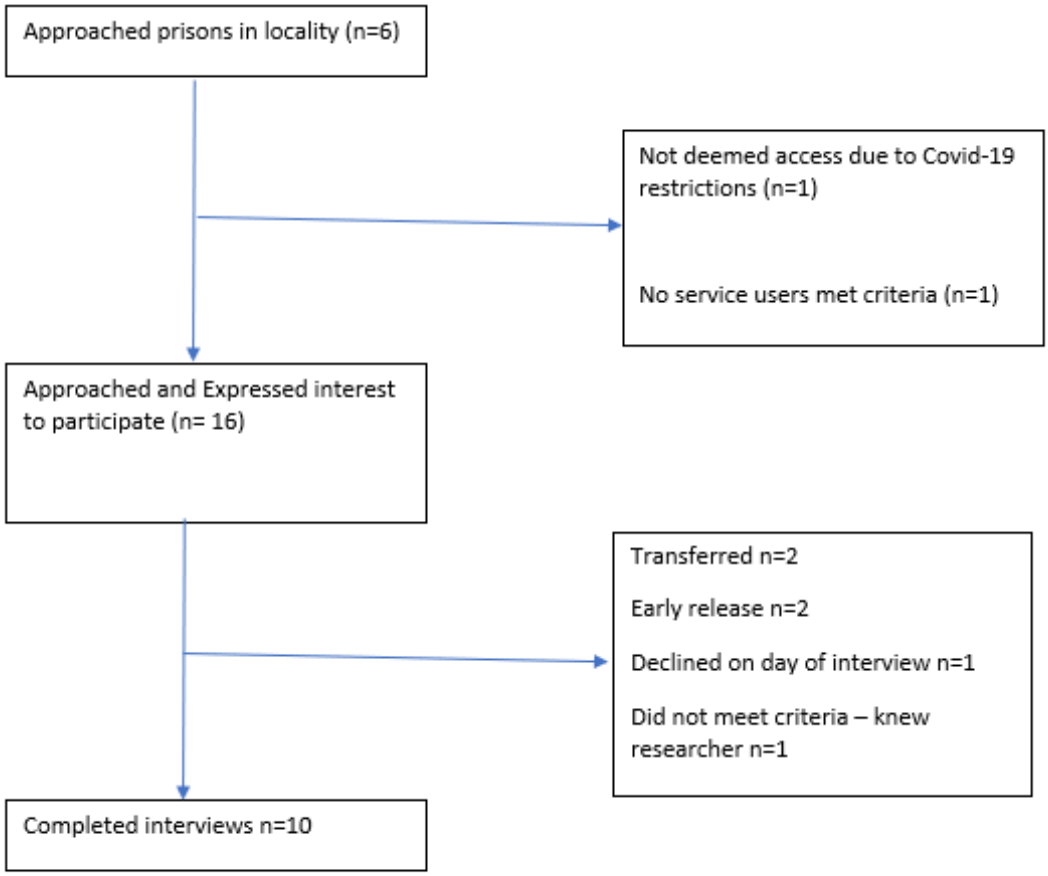
Inclusion Criteria	Exclusion Criteria
-Individuals from an EM background, including white EM individuals	-Individuals who have not been referred to therapeutic interventions
-Has previously been allocated to a therapeutic intervention with the service, and has either engaged or subsequently been discharged due to disengaging with the service.	-Individuals who are not from an EM background
-Adult prisoners -Male or female -Still in prison at the time of recruitment	-Individuals who have previously worked with the researcher in a therapeutic capacity (either individual or group-based work) when she worked in the service

Potential participants were identified via the therapy service referrals database. The database was screened for individuals who had previously been allocated to an intervention, who had either accessed or subsequently been discharged due to not engaging with the service. All individuals who were identified as meeting the required criteria and were still in prison at the time of recruitment were approached by therapy service staff, who provided verbal information on the study along with the participant information sheet and easy-read study summary sheet. Individuals either expressed verbal agreement or were given an expression of interest form (Appendix M) which they could complete and submit to the therapy team. Interviews were then arranged through liaison between the therapy team, lead researcher and prisons for those who expressed interest. Interviews took place face-to-face at the establishments.

Although the researcher applied to recruit from all prisons in the locality of the therapy service (n=6), due to Covid-19 restrictions, access was initially only granted to two prisons deemed to have a low enough risk level for interviews to be completed safely. Other prisons in the area were subsequently approved on a case-by-case basis (see Figure 2, Recruitment Flowchart).

Figure 2

Recruitment Flowchart



Due to the issues presented, options for recruiting ex-prisoners in the community were considered although were subsequently not needed. Participants were recruited from four prisons in total.

Participant Information

All participants were male, six participants self-described their ethnicity as black British, one as black Caribbean, one as black Jamaican and two as Jamaican Irish. Ages ranged from 25 to 55, with a mean age of 34. All participants had been in prison since Covid–19 restrictions had been in place and engaged in therapy during this time. Some participants with longer sentences were already in prison but engaged in therapy during periods of Covid-19 restrictions. Nine of the ten participants had served previous prison sentences. Sentence length ranged from 1 year to life

sentences, with one participant on an indeterminate sentence. Details related to offences and forensic history was not collated for the study as it was not deemed pertinent to the research question and could have impacted on rapport-building.

It was not possible to recruit any participants from a white EM background, female participants or individuals who had chosen not to access support. Although there was access to interpreters for the current study, no participants were recruited who did not speak fluent English. Two individuals that initially agreed to take part but were subsequently transferred or released from prison were individuals who had chosen not to access therapy. In the one female prison in the area only one person was identified as a potential participant due to the relatively low number of prisoners in the establishment. Upon investigation the female identified had only recently engaged in an assessment and had not started intervention. It was therefore deemed inappropriate to approach her for participation.

There was some diversity in terms of age and ethnicity of participants. Although a more diverse sample had been hoped for, due to the challenges faced during recruitment it was not feasible to attempt to extend recruitment further. The researcher was not aware of participant identities until on site (in line with ethical approval granted). Therefore, it has not been recorded as to whether other individuals who were approached but did not participate would have been from a more diverse range of backgrounds.

In total, 10 participants were recruited, each completing an interview that was approximately one hour long. Demographic information and pseudonyms for participants are presented in Table 5.

Table 5

Participant Demographic Information

Participant Pseudonym	Age-Range	Ethnicity (as self-described by participants)	Religion
Kyle	26-30	Jamaican/ Irish	None
Colin	41-45	Caribbean/ British	Catholic
Leon	51-55	Jamaican/ Irish	Rastafarian
Clive	26-30	Black British (African)	None
Marni	26-30	Black Jamaican	Muslim/ Christian
Connor	21-25	Black British	Christian
Tyler	35-40	Black Jamaican/ British	Christian
Jacob	26-30	Black Caribbean	Muslim
Alexander	35-40	Black British	Christian
Elijah	26-30	Black British	None

Participants were given the opportunity to choose their own pseudonyms, so that names of cultural or emotional significance could be used, while also ensuring that these would not be identifiable to anyone who might know them. All but two participants opted to choose their own pseudonym.

3.6 Measures

Interview Schedule

The study used semi-structured interviews, with prompt questions focussing on exploration of why participants either had or had not engaged in the allocated intervention(s), whether there were any perceived barriers to participating, and whether there were any considerations participants feel would promote engagement (Appendix N). Participants were also asked about their experiences of prison more generally and whether they had heard of or engaged with the organisation which promotes engagement by EM individuals.

Interviews began with closed questions focussed on demographic information and then enquiring about the interviewees' understanding of the study. It was felt that starting the interviews with easier questions may help participants feel comfortable and familiarise them with the interview process, prior to moving onto potentially more emotive areas.

The interview schedule covered six main areas. There were alternative sections included to allow for whether the participant had either accessed or not accessed the therapy service.

- Experiences as an EM prisoner
- Perceptions of therapy
- Experiences of therapy in prison OR reasons for non-engagement with the service
- Promoting engagement for EM prisoners
- Impact of Covid-19
- Perceptions of programme promoting EM engagement

Interview topics started more broadly to set the context of the participant's circumstances, before moving to more specific questions related to accessing therapy in prison. Each section had related sub-questions, which allowed for greater opportunity to explore participants' views. It was acknowledged that talking about experiences of being in prison could be difficult, and in most cases led to discussion of experiencing racism. However, it was felt that such insight made subsequent discussion more meaningful, allowing the researcher to better understand participants perspectives and be more responsive to their answers.

3.7 Procedure

Prior to the interviews commencing, information about the study was recapped verbally. Participants were given the chance to ask questions and subsequently signed the study consent form. During initial discussions, the researcher attempted to situate herself to the research, so that participants understood her motives for conducting the interviews. She explained that she used to work in the service, and during this time saw significant disparity in uptake of interventions and so wanted to explore the reasons as to why this may be and whether there was anything that could improve accessibility. She explained that currently there was not much research in the area. The researcher acknowledged her position as a white woman conducting the research, and advised that participants could discuss topics in as much detail as they felt comfortable and could decline to answer, pause or end the interview. It was highlighted that although she used to work in the service, she was attending in the capacity of a researcher rather than a therapist, but could signpost to other services within the establishment.

Time was taken to try and build a rapport with participants. Participants were advised that they may be asked to elaborate on answers and that this was to make sure the researcher fully understood their responses. It felt particularly important to raise this, in the context of being interviewed by a white woman, to avoid participants feeling that they were being asked to justify or prove their experiences.

Interviews were around one hour (45 minutes – 1 hour 5 minutes) and participants were advised that although there was an interview schedule that the researcher would use to prompt areas for discussion, this would be used flexibly. It was important that the interviews were not driven completely by the researcher, so participants could discuss what they felt was most important and convey what they wished to. Follow-up questions were used to gather further information about relevant comments. Where appropriate, the researcher checked her understanding of participant comments by summarising parts of the discussion, to ensure comments had been interpreted correctly. Participants were given the opportunity to add any additional comments at the end of the interview, in case they felt anything important had been missed. Most participants primarily took this as an opportunity to reiterate their positive experiences of engaging in therapy.

3.8 Data Analysis

Braun and Clarke (2022) provide guidelines for the six recursive stages of analysis in TA, whereby themes are developed from initial codes, and conceptualised as patterns of shared meaning organised by a central underlying concept (Braun et al., 2014). The six stages can be applied flexibly to the research question and data, and are detailed below in Table 6.

Table 6

Six Stages of Thematic Analysis

Stage of Thematic Analysis	Details of Analysis Stage
Stage 1: Familiarisation with the data	Immersion in the data until familiar with the depth and breadth of the content. This was done by reviewing audio recordings and repeated reading of transcripts. Data was reviewed actively; looking for preliminary meanings and patterns in the data, and initial reflections were recorded.
Stage 2: Generating initial codes	Production of initial codes from the data, by identifying features of the data that seemed significant. Initial codes were generated inductively from transcripts, and recorded using QSR NVivo 12 (Appendix P). A non-linear, recursive procedure was used, to remain actively engaged with the data. Initial codes were reviewed by the research team and reflective notes of interesting observations were recorded.
Stage 3: Searching for themes	Themes were searched for after all data had been initially coded and collated to re-focus the analysis at a broader level. Codes were exported to Microsoft Word then grouped into potential themes. This process was iterative, with some themes being discarded or merged, and others represented as sub-themes. Prospective themes and sub-themes were visually represented to facilitate further refinement.
Stage 4: Reviewing Themes	Prospective themes and subthemes were first reviewed with the supervisory team and subsequently by one consultee. This was to ensure that themes represented participants' narratives and the overall dataset, as well as checking for internal homogeneity and external heterogeneity (Patton, 1990).

	Refinement continued until themes represented a coherent narrative of the data.
Stage 5: Defining and naming themes	Identifying the essence of each theme, and defining what aspect of the data each theme captures. The data were represented as themes and sub-themes in a preliminary thematic map (Appendix Q). This was further refined with the final thematic map represented in the Results chapter.
Stage 6: Producing the report	The report brought together participants' narrative accounts to convey the story of their experiences within and across themes. Extracts from interview transcripts were included to provide evidence of the concepts discussed, and included examples of similarities and differences between participants.

3.9 Quality, Validity and Self-reflexivity

This section considers the quality appraisal of the project and my positioning as the researcher.

Quality Assurance

Requirements for demonstrating rigour in qualitative analysis differ from those required of quantitative analysis; reliability, validity and replicability generally associated with rigor in quantitative studies are less applicable to qualitative studies as their focus is mainly on the adequacy of the measures (Smith, 2003). Therefore, the CASP (2018) criteria were used to evaluate the quality of the current study to ensure good quality qualitative research.

Table 7

Assessment of the Quality of the Current Research using CASP (2018) Criteria

Quality Criteria (Y = Yes, N = No, ? = cannot tell)	Criteria Met	Evidence for meeting CASP Criteria
1. Is there a clear statement of the aims of the research?	**Y**	The aim of the study was to explore EM individuals' experiences of accessing therapy in prison to establish if steps can be taken to facilitate access to services. The study aims and research questions were clearly stated in Chapter 1.
2. Is a qualitative methodology appropriate?	**Y**	A qualitative methodology was deemed appropriate to address the research aim of exploring EM individuals' perspective of accessing therapy in prison. As an under-researched research topic, a qualitative methodology allowed for more in-depth and nuanced responses from participants, that allowed for exploration of their experiences.
3. Is the research design appropriate to address the aims of the research?	**Y**	The Systematic Literature Review (SLR) indicated a lack of research exploring the experiences of EM individuals accessing therapy in prison, despite a disparity in uptake being noted. The current lack of insight as to reasons for this suggested that qualitative exploration would be beneficial. Specifically, TA was utilised due to its flexible and transparent approach and epistemological stance.

4. Is the recruitment strategy appropriate to the aims of the research?	**Y**	Participants were recruited by purposive sampling whereby participants are chosen based on qualities they possess (Babbie, 2010). This was appropriate to addressing the research aims of exploring the experience of EM individuals who are currently under-represented in research in this area.
5. Is the data collected in a way that addressed the research issue?	**Y**	The data collection process is outlined in detail in this chapter. Interviews were held face-to-face to allow for more in-depth and flexible discussion with participants. Semi-structured interviews with open-ended questions were used so that participant views could be more fully explored and responded to appropriately. This produced detailed interviews which are particularly beneficial in light of the current dearth of research in the area.
6. Has the relationship between researcher and participants been adequately considered?	**Y**	Both my 'insider' and 'outsider' positions in relation to the research topic have been thoroughly considered throughout the project and discussed transparently in this report. This was to situate myself and highlight the subjectivity I bring to the research, which may be quite different to the lived experiences of participants. Methods including keeping a reflective diary throughout the research process (see Appendix R), discussion with consultants, positioning myself in Chapter 1 of the report, regular supervision and review of codes and themes during the analysis process helped to mitigate the influence of my personal biases and consider my relationship with participants.

7. Have ethical issues been taken into consideration?	**Y**	Ethical approval was approved by the University of Hertfordshire, the NHS and prison ethics committees, and ethical considerations were thoroughly considered and addressed throughout the study. Ethical considerations are detailed in this chapter
8. Is the data analysis sufficiently rigorous?	**Y**	Analysis followed guidelines by Braun and Clarke (2022) on the six stages of TA. Analysis was thorough and recursive in nature, resulting in the final themes and sub-themes that were reviewed by the research team and a consultant. Extracts from interviews were also presented to demonstrate concepts discussed.
9. Is there a clear statement of findings?	**Y**	The study findings are summarised in the Discussion chapter, in relation to the research question.

10. How valuable is the research?	**Y**	There is a dearth of research looking at the experiences of EM individuals accessing therapy in prison, despite repeated acknowledgement of disparity in uptake of services. Although some research has started to look at the experiences of prisoners based specifically in therapeutic environments, such research has not extended to the general prison environment and so it is difficult generalise previous findings. The current study addressed this gap in the literature, giving insight into barriers to access in the prison environment, the processes behind shifting attitudes towards engagement and professionals, and gives practical recommendations for how prison-based therapy services can facilitate access and be responsive to EM individuals' needs.

Self-Reflexivity

Self-reflexivity, a process of self-reflection and introspection that considers a researcher's influence upon participants and the research process (Popoveniuc, 2014), was an important consideration throughout the research. As a white woman engaging with participants in a professional capacity, it was important to acknowledge my differing context and privilege, and how this could impact upon interactions and my interpretations in the study. Although acknowledging my subjectivity within a CR framework, it was important to try to minimise the impact of my biases as much as possible in order to represent participants' narratives. Among other measures in place, including consultation with EBEs and regular supervision, a reflective journal was used throughout the study (see Appendix Q), from approaching the study to the final write up of results. Specific considerations are explored further in the Researcher Reflexivity section of the Discussion.

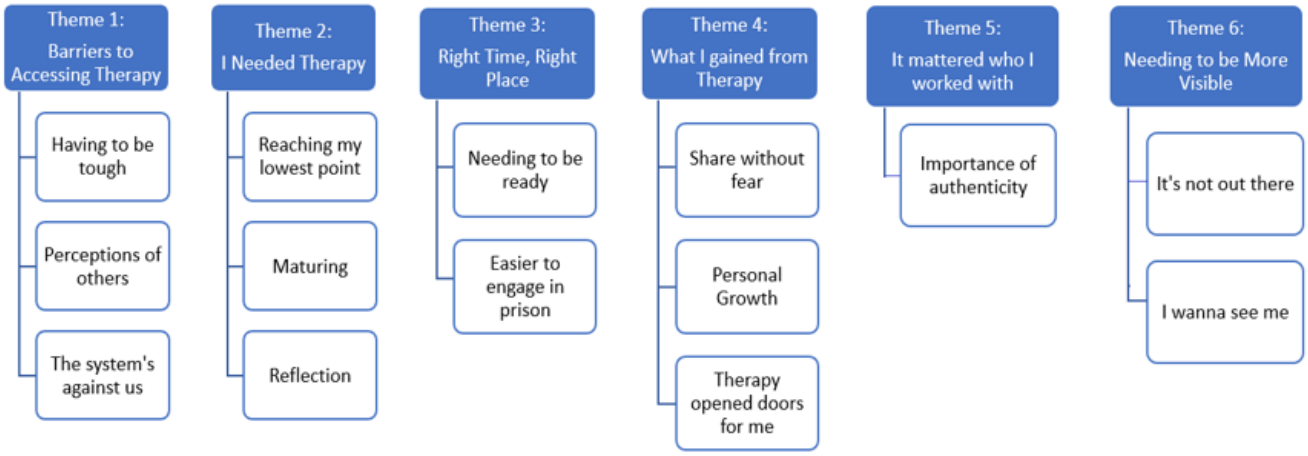
CHAPTER FOUR: RESULTS

4.1 Chapter Overview

This chapter presents the main findings from interviews with participants. Six themes and fourteen sub-themes emerged from data analysis as shown in the thematic map (Figure 3). Extracts from interviews are presented to illustrate themes.

Figure 3

Thematic Map of Themes and Subthemes



4.2 Theme 1: Barriers to Accessing Therapy

This theme captures the barriers participants described which contributed to their previous reluctance to accessing therapeutic services.

Sub-theme 1: Having to be Tough

Participants frequently discussed experiencing difficult life events, which for many seemed to be an enduring feature throughout their lives.

I've experienced a lot of people pass away over the years through the lifestyle that I used to live (…). I've gone through a lot of stuff and I've witnessed a lot of things. (Kyle)

There has been trauma identified from a young age… growing up, through teenage years, coming to prison… over the 22 years I've been away… [names seven relatives] have all died…. In 2019 my niece got murdered, let's roll back to 2009 when my nephew got murdered in [area]. He was 16. He was stabbed by a gang in the chest…. there have been a lot of deaths in my family … it's a lot to take on board. (Leon)

Marni voiced in particular that he felt he had experienced greater adversity in comparison to peers, and therefore struggled to relate to their perceived difficulties:

Sometimes I tell someone what I go through and… then they tell me and I'm thinking pfft, it's not that bad.

Most participants described needing to 'harden' or 'toughen up' in order to survive the impact of prolonged adverse circumstances. Jacob spoke about this in the context of being exposed to gang culture from a young age:

Because I grew up around gang culture, we grew up with people that were doing very bad stuff … so you learnt how to grow up with a bit of toughness and … adapt to life when it comes down to these situations of coming in and out of prison… I adapted very fast as a young kid because obviously I had experience of getting arrested at the age of 10 years old …. So I kind of got used to it from a very young age.

Kyle described having to numb himself to his adverse circumstances, as a way of coping:

I feel like, through experiences, it's toughened me up… I've lost so many people in the past…

I feel like I can cope with it a bit better than others, you know? I sort of just push it aside.

Several participants voiced how such 'toughening' to their circumstances resulted in minimising the difficulties they faced. This may in itself have acted as a barrier to accessing services as they overlooked their mental health and wellbeing needs. Jacob noted:

When I was growing up, you always had that sort of tough mannerism about you, so you start to believe it yourself. I can get through anything in life. So I never sat down for a second and wondered what is actually wrong with me.

There was a narrative amongst interviewees that being a man added to the pressure of having to be strong. Connor vocalised the particular pressures of being a black man and the expectations he felt upon him, which led to him feeling it was not acceptable to express emotions.

Being a black man, I feel like I have to work twice as hard to get where white people are, so I had to be even sterner in how I was thinking and saying [to myself] I'm a black man and I can't cry…. or else …. I'll look weak around others (…) And like that's something that I can't have.

Alexander discussed that in prison there may be even more pressure to appear strong, as this is how black men are expected to portray themselves.

[Prison] is a very … male-dominated environment…I think across the board you're kind of expected to be a certain way… be a man, you're black, you're strong.

It was evident that there was a high prevalence of enduring trauma amongst participants. Many described a sense of needing to be tough, in order to cope with their circumstances. However, it seemed this came at the expense of their needs being unacknowledged in the past. All participants discussed a pressure to be strong because they were male, with several highlighting specifically the intersectional impact of being a black man in prison and associated expectations. Such pressures may have made it harder to access support as they equated this with weakness and vulnerability. However, this interpretation, along with the rest of the findings, is through the lens of the researcher. Potential implications of this are explored further in the Discussion chapter.

Sub-theme 2: Perceptions of Other

Participants described how the views of their friends and family also impacted on their perceptions of mental health and help-seeking behaviours. Many participants discussed this in the context of cultural views and stigma. Alexander described how expressing emotions was perceived negatively in his familial home:

> *So growing up … in a common black household, in my household, you're not really allowed to …. express anything. So if you're angry, go over there and be angry, don't want to see it… if you're frustrated go over there, if you're upset… Whatever it is just get out the way and go and deal with it yourself, so you're kind of forced to hold a lot inside of you.*

Participants consistently spoke about negative connotations associated with mental health that were evident within their cultures. Colin discussed how such views had dissuaded him from accessing mental health services in the past, and felt that this would also be the case for others:

> *I never really chose to … engage…. Because mental health, you know, it comes with a kind of stigma… I think in my culture there is that kind of 'mental health, you're a nutter' … for me growing up… weirdos and mad people … is what I associated with mental health.… So you*

have to understand that in my culture it is a bit like that… and that would be enough to put people off.

Some participants spoke about pre-empting negative reactions from others if they were to disclose engaging with mental health services. Tyler discussed how disclosing less severe mental health struggles may be brushed off by others. Conversely, he felt that more significant mental health difficulties could have profound social consequences for individuals:

If you said you were self-harming (…) They'd think that you've got like…. demons in you… that you need to be sectioned, they wouldn't think 'd'ya know what he's just depressed…we'll book an appointment for the doctors tomorrow and …. see what help we can get'…. From that people probably don't want you in their house (…) Don't really want you around them … It's a big stigma, culturally.

Although not spoken to directly, it may be that Tyler was also alluding to religious ideas which may have impacted upon how his difficulties were perceived by others. Others highlighted that such stigma extended to seeking help from services:

If … you start talking about psychological interventions, straight away you get labelled a mad person. Subconsciously people think there's something wrong with you, because if there's nothing… what do you need to see a therapist for? … It's kind of like a box of negativity. Counselling. Psychology. Therapy. Trauma. It's all bad, bad taboo. (Alexander)

I think with black people … it's wrong to do therapy… when I was growing up, therapy was never a thing in my mum and dad's mouth. It was something that never got spoken about, something that you just don't do. (Connor)

It is therefore understandable why, for Tyler, drinking alcohol or using drugs seemed more viable options to managing difficulties:

> *Culturally you see it… if your mum and dad had a big argument, your dad would go to the pub … and your mum might have a spliff, or she might be a drinker. It's one of them two, there isn't a three … you'd never see them go to a doctor or doing pills, like culturally, it's just … not our thing.*

Many discussed their peers similarly expressed negative views about mental health, and would not have been a source of support for such concerns. Alexander discussed that friends had previously dissuaded him from using services:

> *It's usually looked at as weak… 'What do you need to sit and talk to a lady about something for?…. You know you can talk to us, we're your friends'… it's that type of thing.*

This could imply that his peers had an expectation of therapists as generally being women, which was perhaps a further deterrent to accessing services. Instead, they seemed to deem themselves as a more appropriate source of support. For Kyle this seemed to extend to peers in prison, whereby he was previously concerned about the reactions of others if he were to engage with services:

> *I used to think… that anything they call nerdy or geeky … anything sort of honest, when you're being that bad person, you look at it as like [engaging is] doing something wrong.*

Several participants identified that some individuals in their support network would have been supportive of them accessing therapy; these tended to be female relatives. However, some

participants voiced that other, less helpful views held more weight for them, which would explain their continued reluctance to access professional support.

> *I would have probably been influenced by other people's views but probably only on the contrary, so I don't think I would have been encouraged by people saying 'do it'… I would have been more focussed on the one person that was saying 'what you doing that for'…. I was in a place many years ago really about what everybody else thought and not what I thought or what I wanted to do.* (Alexander)

> *Mum's a little bit softer, like she'd want you to talk to but … I always looked at my dad as the number one male, the alpha, that stereotypical kind of relationship. So if my dad wasn't doing it I wasn't doing it.* (Connor)

This sub-theme captures social pressures faced by participants which they identified as being present outside and within prison. Although some participants described encouragement to access support, this was a less common view within their social network and was superseded by the views of more similar others, seemingly peers or male role models. It seemed that participants' friends saw themselves as a more helpful source of support, although this was not the view of participants. There may have been a suspicion from others around accessing professional support, as explored further in the next sub-theme.

Sub-theme 3: The System's Against Us

This sub-theme captures the anti-authority attitudes that many participants previously held as a result of negative experiences with professionals. Participants discussed having a mistrust of services, including psychology. Colin, among others, discussed such mistrust extending beyond individuals:

As I grew up in my culture there was a lot of, like, 'the systems against us'.

Mistrust appears understandable in the context of participants' descriptions of their lived experiences of feeling let down, and in some cases, targeted by the systems around them. This seemed a consistent feature across their lives. Several participants discussed difficult interactions with the police as a likely result of their ethnicity. Jacob described the lasting impact of being arrested at the age of ten had on how he related to authority figures:

I grew up seeing my older friends go through this stuff, so I felt like it was normal in my area but it's definitely not normal what I went through… I felt like it was more like a racial thing. Like obviously I'm black, I live in an estate where there is a lot of violence and I… got arrested for fitting a description. And it actually wasn't me. (…) So I cried in the police station that day… because it's the first time I'd actually witnessed something like this… But since that day I felt like, it failed me… the system's failed me.

Discussion of racial discrimination whilst in prison featured heavily in the narratives of participants also. Clive discussed witnessing an incident on the wing whereby a white prisoner became verbally aggressive to an officer, without the incident escalating, which he said would not be the case for a black prisoner:

I'm just sitting there. Like in my head that couldn't be a black man (…) He would press the bell…. ten million percent.

Such incidents were frequently described by participants, which they believed was a result of being perceived as more aggressive by officers. Elijah noted that this extended to officers' treatment of individuals presenting with mental health difficulties, which he described as being responded to more punitively:

With black people, it just seems like 'you are being aggressive' not 'ohh maybe there's something wrong with him.' Its 'oh you're just being aggressive; we need you behind your door' … I've definitely noticed that within this prison…. [there's] a difference with some of the white people who need help with their mental health and have had outbursts, and the black people who need help with mental health having their outbursts …. Staff are aware that there's probably some kind of mental health help that [black people] need but they're not given the help after the incident, you're carted off to your cell, you're nicked.

Participants discussed a fear of engaging with mental health professionals. Elijah spoke about a concern of significant consequences for black people engaging with services:

I think a lot of black people … they hear mental health help and they think 'ahh you're gonna be on a psych ward'. It could be something minor … you just have anxiety or depression, manageable things, but I think … they're scared to be labelled as 'oh this is wrong with you' (…) and it may not be something is wrong with you; you may just need help with something.

Tyler echoed these concerns and indicated this may be a reason why some individuals may turn to licit or illicit substances, in an attempt to manage their difficulties:

People don't like asking for help… They're pushed into getting medication, they're pushed into being put in an isolation cell … and [so] they try to self-medicate.

Elijah indicated that these were entrenched beliefs about services within his culture. He discussed his grandfather as holding similar views and avoiding help-seeking behaviours, even with regards to physical health which would likely be less stigmatised than mental health:

They don't know how they're gunna be taken, like … 'are you gunna look at me like I'm just another crazy black problem?' They don't wanna be a problem… like my grandad, he'd rarely

go to the hospital because he didn't wanna be a problem… You don't wanna be that problem, where they feel like they may already be a problem for some people.

Participants also highlighted the additional fear and complexity of trusting professionals in the prison environment, where they felt that confiding in a professional about mental health concerns could hinder making progress during their sentence and may go against them during parole hearings.

Growing up in my environment, my culture… there's a mistrust … especially in prison, the moment you mention psychology people panic. (…) People think psychology is going to stop you, hold you, set you back and keep you in prison… so people shy away from it … It's just literally having that title. Anything to do with psychology people think reports are getting written behind your back, all hush hush you know, get them, get them, get them, get them (…) 'Cos I've seen it across the years in prison. As soon as psychology is mentioned, everybody just shuts off. (Alexander)

There's a lot of fear about if I say this, or if I really say how I feel … then [probation and the parole board] might think that I'm not worthy to progress. So, you have to understand… there's a lot of fear-based stuff going on. (Colin)

There was a consistent narrative amongst participants of having a history of difficult interactions with professionals personally, as well as describing mistrust in services more broadly within their cultures. Particularly within the prison context, participants described a fear of the consequences of accessing therapeutic support.

4.3 Theme 2: I Needed Therapy

This theme illustrates participants' shift in views towards seeking professional support, and what influenced their decision to access therapy. Participants emphasised reaching a turning point, whereby the need to engage became more important than their previous reservations.

Sub-theme 1: Reaching My Lowest Point

Alongside theme one, many participants described an accumulation of such difficult circumstances meaning they reached a point where this was no longer manageable. This led to participants accessing therapy once they reached their lowest point. Several participants recognised the impact of the trauma they had faced, in the lead up to seeking professional support:

> *When you're going through certain traumatic stuff from youth it does kind of affect you later on …. Can you imagine living in an area and feeling like you're treading on eggshells? … So it's long before prison, mental health. And then they carry it to prison and then they end up not doing nothing about their mental health and going out with the same way of thinking.* (Colin)

> *You can either flip out or you become suicidal, or you just let it fester… I become suicidal; I couldn't cope no more.* (Leon)

Marni noted that trying to cope with his difficulties without support became unmanageable over time, even noting the physical toll it took:

> *I think I needed therapy … when I was younger … fifteen, fourteen I got stabbed, like bare [lots of] times. And more things happened to me within that time… still didn't seek help … But when this one happened… I reckon if I didn't get recall, I probably wouldn't have seeked help as well…*

> *….. everything I'd been through over time my body really couldn't handle… You know when it can handle certain things but, like, when it's over the top, you need to open it ….*

Many participants vocalised that they felt it was necessary to reach their lowest point in order to access professional support. In discussing why he decided to engage in therapy in prison, Connor said:

> *I think that was the lowest I've ever been (…) My complete lowest. I was having thoughts play in my head and I've never had that before (…) So I think that was my wake-up call, to say it's time to get help.*

For two participants, the point of accessing therapeutic services came after attempts to end their lives. Both Marni and Leon discussed feeling they could not access support prior to reaching this point:

> *When I came in here I couldn't… see a way out of the situation I was in, I didn't know how to angle it… It's something I've never felt before…. and I wasn't really taking it well…. I woke up one day and … I was getting over my cousin's death, I was grieving and… sometimes I woke up in the morning and I wanted to cry … I couldn't be myself because I was with [a cellmate] ….. so I just got so depressed … and then I just came up with the idea, I thought …I'm gunna take some painkillers… or my head's gunna explode….. At the time I didn't really like asking for help, I didn't wanna tell the staff what I was going through.* (Marni)

> *One day I … just thought … I ain't doing this no more. And I found myself just making a noose (…) But, that's when I got introduced to all these different agencies. Because … it was hard to talk about (…) And I didn't see no light at the end of the tunnel* (…) *Which [is] sad. 'Cos you've got to go to a dark place before you get to a better place.* (Leon)

In summary, the sub-theme captures one factor that contributed to participants' change in mindset towards accessing therapeutic support. Although acknowledging the distress they had faced, many participants described that reaching their lowest point was necessary to prompting a turning point for them. However, the notion of participants' lowest point is subjective, and it is noteworthy that this was conceptualised differently by participants. It is possible that the notion of reaching the lowest point could have come about when looking back retrospectively, on what caused them to seek help in this instance when they had not previously.

Sub-theme 2: Maturing

Participants discussed how their views towards mental health and accessing services had changed over time. Several described that as younger men they felt they had nothing to gain from accessing services. Kyle spoke about feeling he knew better than professionals when engaging in prison interventions:

> *When I was younger I didn't want to liaise with no-one (…..) I didn't want to listen to anything, I thought I knew best.*
> *I'd be sitting in a slouch, no eye-contact, 'whatever'… that sort of attitude.*

Elijah discussed engaging superficially with professionals previously, perhaps as a result of the mistrust and fear of consequences that many participants spoke about:

> *If I was to talk about stuff I'd probably lie and give you a bullshit answer about what you wanna hear, what I think you wanna hear, what would make you feel good about the situation.*

There was a consistent narrative whereby participants emphasised being 'hard work' when they were younger, seemingly placing responsibility upon themselves for not accessing support. Tyler was one participant who vocalised this:

> *Twenty years ago, I would not be in this room. I would not be engaging with people … twenty years ago I was… very very much hard work.*

Clive specifically noted toxic masculinity as impacting upon not seeking help when he was younger, and felt that this had changed over time for him:

> *When I was younger, maybe like in my early teens, it could be a bit of toxic masculinity as well, like thinking nah I can deal with everything, I can't talk about my problems.*

Several participants reported that the views of others had less of an impact as they got older. Jacob spoke about this specifically in relation to being in a gang, and as he matured no longer felt he had to convey a particular image:

> *I'd always try to prove things to everyone else. That's not the way you have to live…. I'm older now so I can actually understand what's really going on with me …When I was that age, thirteen/fifteen, I was growing up in a gang culture area so it was part of the game to me.*

Many participants discussed how their views towards help-seeking have also changed over time. Kyle stated that he no longer felt that professionals where there to "tick boxes", which he attributed to becoming older and having positive experiences of other interventions.

> *I was just a bit twisted and tangled about it, but now as I've got older I realise [services] are … there to help you.*

I've got older and realised that services are there to use, I've learnt a lot about myself .... And I really wish I engaged more in these sorts of services when I was younger.

In conclusion, participants voiced that as they got older their views towards accessing support had changed, as a result of better understanding their own needs. It seemed they were describing being more in-tune with themselves and less preoccupied by perceptions of others, which helped them to not only feel able to access support services, but also want to. This was linked to a sense of reflection, as discussed in the next sub-theme.

Sub-theme 3: Reflection

Prison provided a space for reflection on participants' lives, where they described wanting to better themselves and turn their lives around. Many participants reflected that there was more to life than being 'in and out' of prison and this had played a significant role in their motivation to access therapy. Jacob described how being recalled[7] to prison provided motivation to face his difficulties, as he saw this as an important factor to address so that he did not return to prison again:

I just felt like enough was enough… I need to sit down and work on myself this time because I do not ever want to come back to [prison] again. So whatever it takes, come out of my comfort zone, get to speak to people and just make everyone understand what I'm going through.

_____

[7]Returned to prison if probation terms are broken, this can be with immediate effect.

Similarly, receiving a substantial prison sentence seemed to initiate reflection upon his circumstances for Elijah. This was further prompted by seeing his peers making positive changes and wanting to be a positive influence to his daughter:

> *I've been to prison a few times but … this sentence I got 14 years, so I think it's been quite a slap in the face (…) To…. wake up and better yourself, for you, dya know? … I need to do better, be better and that starts with me.. helping myself, so I use what I can in here.*
>
> *Seeing people around me doing good things and the right things and progressing (…) and then, my daughter … I need to be a role model and … make her see the good in what I can do.*

Many participants voiced that they saw therapy as a means of helping to ameliorate their circumstances. For some this was the primary area they felt they needed to address for positive change, but others described tackling other needs first. Alexander felt that engaging in therapy was the final area of input needed to help to break the cycle of previous difficulties:

> *I think there has been … trauma identified from a young age from … household growing up, through teenage years, coming to prison… I'd identified bits and pieces through … [interventions] I've done in the past. This bit here was really trying to put the icing on the cake… So for me, the purpose of this is really to become the absolute best version of myself that I can, and I don't want to….. continue to carry things….. because when I [get] out of prison I don't want to have any of these things still narrating the way my life pans out.*

To summarise, it seemed that many of the participants had reflected on their circumstances during their current prison sentence. This reflection led to them wanting to better their circumstances, and they felt that addressing their difficulties, often the result of past traumatic experiences, was an important aspect of enabling positive change going forwards.

4.4 Theme 3: Right Time, Right Place

This theme focusses on the importance participants placed on having autonomy in deciding to access therapy at the time that they felt they needed it.

Sub-theme 1: Needing to be Ready

Participants highlighted the importance of it needing to be their choice to engage in therapy, and that in order to engage meaningfully, it should not feel forced upon them by professionals. For example, Kyle described how even though he was aware of interventions available previously, he needed to come to the decision himself to access therapy. He added that despite this meaning he accessed services later, he felt that it was the right time for him which was perhaps more important:

> *I feel a bit upset that I didn't do it before … there's no one to blame…. I just think right time, right place in a way.*

Similarly, Elijah explained how accessing therapy had not felt difficult as he engaged at a point when he felt ready. It therefore seemed that, for him, the barriers to accessing services he'd previously experienced were less significant once he felt ready to engage.

> *That's why I think it was easy, 'cos I got myself to the point where I was ready to go and do that… it was easy.*

Clive emphasised the importance on his own recognition of needing support and subsequently deciding to access therapy. Although he saw himself as an exception in terms of being an EM individual in prison who reached this point:

I feel like I'm maybe a one-off in terms of ethnic minorities engaging in the service… 'Cos I identified I needed someone to talk to about my issues, like my anger, depression, anxiety… that made me engage with them more….. But that was because I identified that I needed to engage with them for my own benefit.

This was particularly interesting as despite the disparity observed in uptake, at least some EM individuals were accessing the service. It may be, however, that this was not visible to service users as explored further in theme six.

Some participants reported that the right time for them to access therapeutic support came after addressing other issues that felt more pertinent initially, in particular addressing substance misuse issues. Alexander spoke about the right time to access therapy for him being after addressing other more fundamental needs, which perhaps enabled him to reflect and process his previous adverse experiences.

As you get older and you go through certain things in life… traumas … you say to yourself, do I want to continue carrying all the things with me from young or do I want to start addressing them. And you choose, like me, to address them, and you start ticking things off….

Because if not…. I'm gonna go outside, same stuff, that cycle. So I had to …. really look at myself and my transformation and say [this is what] I need to do… Give up alcohol, done it… education's been a fantastic thing for me ….. And then these last bits, especially with the counselling intervention, is really more …. between a spiritual and emotional journey … So it's really sitting down and looking at the things within me, understanding why I thought that way, why do I feel that way…. And that was really where I thought … this is the time.

Colin highlighted the importance of having the choice to utilise therapeutic services in the context of the fear EM individuals can experience in relation to mental health services:

> *No matter how hard people try, I think it's down to individuals to wanna feel it themselves, that they need to embrace that… 'Cos you have to understand, when you're going down the mental health road there's a lot of fear. There's a lot of fear.*

Several participants voiced that they have previously felt forced to engage with other interventions, and so had only engaged superficially, as illustrated by Elijah:

> *I think [therapy] went as good as it could have done ... but I think that was more on me being ready to do that. 'Cos I think a lot of people feel … they're not ready to fully engage … but feel like they're forced to…. If you're not ready for it, you're just not gunna do it, or you're just gunna come and have some half-hearted session like, I'm just gunna come and talk shit … or you'll write something down and I'll be like 'mmm yeah, yeah' while I'm trying to read your reactions to stuff that I'm saying.*

This sub-theme captures the importance participants placed on accessing therapy through their own choice, at the right time for them. In the context of barriers present, in particular the lack of trust that many described in professionals, it is understandable that participants discussed not being able to engage unless they were genuinely motivated. For some, other aspects of their lives needed to be resolved first in order to feel ready to access therapeutic support.

Sub-theme 2: Easier to Engage in Prison

Despite difficulties faced by participants in prison, it was frequently stated that it was easier to engage in therapy while in prison than the community. Some participants noted practical

considerations as to why this was easier. Elijah discussed it was easier to access therapy in prison due to travel and financial implications. This may be particularly important when taking account of the socio-economic circumstances of many individuals in prison, and specifically those from an EM background.

> *I need the help, take the help while it's there…. I've not had to travel hours to a meeting to seek the help, I haven't had to go out of my way, it's not … paid for on my oyster card (…) And it's not like a laborious thing, I'm here, use the services that are here to help you.*

Participants also highlighted that there are less distractions in prison compared to the community, which for Jacob meant he would not have considered therapy in the community:

> *[There are] a lot of distractions and because you haven't been through it before or you haven't … handled that situation before, it's like you wouldn't even think of it. Do you know what I mean? I didn't think of it when I was on the outside world.*

Some participants spoke more specifically about having access to drugs and alcohol in the community, which they reported using to self-medicate when facing difficulties. Marni discussed how he would smoke weed or drink alcohol to mask his problems:

> *I was smoking weed a lot on road [in the community] …. I used to wake and bake, so it's like I'm not really noticing my problems, I'm kind of just drinking or smoking 'em away …., I'm not really sitting and thinking about what's really going on… I'm just…. dodging it, you know?*

Participants reported substances were not so readily available in prison, and they were less able to distract themselves by keeping busy, meaning that they could no longer cover over the issues they faced. This may have facilitated participants being able to reflect upon their circumstances while in prison:

I had drink to get away from the PTSD symptoms… (…) I'd go to work, go to the gym, as soon as work's finished, I'd want a drink… that's how you deal with stuff…. But coming to prison I can't get a drink, I can't get anything, so everything's just slowly started to wear off and then [PTSD symptoms] become more prominent. [I] wasn't able to sleep, I wasn't able to function. I wasn't able to do anything. And that's when it hits. I think being in prison it's a lot easier to get help because your symptoms are worsening. (Connor)

Alexander framed the lack of distractions in prison as having a positive influence that allowed him to focus on his needs:

In here it's more focussed and centred around me and what I want to do.

Most participants felt that engaging in therapy in prison allowed for more privacy, and therefore felt more comfortable to confide in this context. This was illustrated by Marni who felt there would not be an equivalent service in the community and that he therefore would not feel as comfortable confiding:

There's no [service] out there. I wouldn't wanna get carried away [in the community], the way I spoke about it, freely… I think I wanted to find a way to go about it that I wasn't just pushing it to the side.

Two participants had previously sought support in the community, but this was not provided. Both voiced that they understandably felt let down by services because of this. Clive discussed how he felt dismissed when he was referred for a mental health assessment but had no follow-up support, after contacting his GP when he recognised that he needed professional input:

And then nothing (…) No letters … No nothing. Then obviously after that happened, I think I just kind of just gave up on the idea, I thought … I'll just try and deal with it myself.

Participants described several reasons why accessing therapy seemed easier while in prison, both in terms of practical reasons as well as comfort in confiding once they had recognised their difficulties. Two participants had felt ready to access support in the community but reported being denied input, and therefore prison was the most accessible route to therapy for them. The implications of this are explored further in the Discussion chapter.

4.5 Theme 4: What I Gained from Therapy

Participants spoke positively about their experiences of therapy. Across participants there was a sense of gaining skills and understanding of themselves, as well as changing their views towards professionals.

Sub-theme 1: Share Without Fear

Therapy provided a space where it felt safe for participants to disclose their concerns, with many describing their therapist as non-judgemental. Many seemed to experience therapy as containing, with several participants describing a sense of relief from having this space. Marni was one participant who explicitly referred to therapy as providing a safe space:

> *I found it good … a safe place I can open up and talk to someone and get someone to understand me as a person …. Who can give some tools and some ways of how to think … I definitely learnt that at therapy.*

For Colin, it seemed that having this space enabled him to open up and be receptive to support.

> *I found it good… to be able to kind of have that safe space to speak and be quite open and seek support and… talk about some sensitive stuff… Which generally I probably would have kept to myself.*

He discussed the importance of overcoming the inherent fear of engaging with professionals, in order to have honest discussions to address his difficulties.

Share without fear innit. Share without fear… and feel comfortable to kind of cleanse yourself…. And speak about what's really going on. What's really going on.

Leon was vocal about the benefits he perceived from accessing therapy, specifically feeling that he was listened to non-judgementally. This seemed important considering that many participants described past experiences as contrasting to this.

Having someone there who don't judge you and you can talk to about your upbringing, what you're going through, what you're experiencing now. And they don't judge you or nothing. Sometimes all you need is somebody to listen to you.
It's just nice to know that you can put all that macho stuff out the door.

Kyle noted the distinction to his past, in feeling able to open up and being listened to.

She sort of unlocked that nervousness around everything and made me feel comfortable … I've never been able to let off like that at somebody in the past (…) It was sort of like a support network for me.

Colin spoke about the benefits of simply having a space to talk, and noted the improvement it made to his mood. It may be that engaging in therapy helped to demystify some of his prior expectations of what it would entail:

Over time I just realised that even talking was a form of therapy… (…) when I was engaging with him, over time I noticed that I started feeling better anyway, naturally. I started to kind of let go of the feelings that I was feeling.

Similarly, for Marni it seemed the positives of having a space to open up to someone went against his prior expectations:

I think I was unsure of, you know, you just… speak and open up and telling 'em what I was really going through … but when I actually did it helps innit.

Some participants voiced that they recognised they had a story to tell, and therapy gave them a space to make sense of their circumstances. Alexander was one participant who voiced this and noted the positive impact it had for him:

It felt refreshing. Because … I've got a story to tell… She was very reassuring … and tried to understand me as a person. ….. I don't know why I expected this scripted version of [therapist] asking me questions …. She literally gave me the floor to talk. And interjected with advice… I just didn't expect that…. I thought that I was going to be sit there and grilled and questioned for an hour. But I really wasn't….. when I came out of there and a couple of my friends said to me 'how did it go?' I said, 'we was just having a chat'. They said 'what about?' I said 'about me'.

For many participants therapy provided a safe space in which they felt able to disclose their difficulties and concerns to someone who did not judge them. Participants noted the positives of having this space, and there was a strong narrative of the value of being listened to. It seemed many participants may not have experienced a space like this previously, and so the value placed on being

listened to cannot be overlooked. For some, it seemed that speaking with a therapist demystified some of their previous concerns about engaging with mental health professionals.

Sub-theme 2: Personal Growth

All participants noted the progress they had made during therapy. Although Connor was still engaging in therapy at the time of his interview, he had already noted progress made which had improved his quality of life:

> *I'm getting more sleep; I feel like I'm on an upward path now rather than staying in the middle and downwards. I feel like it's normalising.*

Beyond acquiring skills, many participants discussed understanding themselves better through engaging with therapy. Marni described how therapy helped him to process traumatic experiences, which he appeared to be re-living, and make sense of difficult feelings:

> *When I done therapy I noticed …. it makes sense that I keep going through a trauma… that's why I needed to feel safe in a room 'cause I got stabbed in a room. But I didn't have the right knowledge to notice why I'm feeling like this… And I'm going through all these things within myself that I didn't know I needed to seek help for at the time.*

For him, it seemed it was helpful to find the language to represent his feelings and experiences, which he gained from one-to-one sessions and workbooks he completed between sessions during lockdown.

> *I didn't know certain words like…. Compassion. I didn't know them things … and was thinking, swear-down, like you're reading it and seeing it and I just thought yeah that's it (…) … I done therapy and I seen the right words for the right feeling and I'm thinking that's how I*

felt at the time, but I didn't know what the word is innit…. Like what the feeling was… I just thought this was normal… to feel that type of way.

Many participants described how therapy helped to normalise expression of difficult emotions and also mental health more broadly. This was illustrated by Kyle:

I'm feeling a lot more emotional. When I was younger, I was so hard-faced. If I was emotional before, I was scared. I wouldn't cry at all, I'm not allowed… As I've got older, I've thought…. it takes a man to cry in a way.

Clive discussed how he had previously felt that seeking a diagnosis would help make sense of his experiences, but no longer felt this was needed.

I feel like it just came along at the right time to make me understand that it's actually ok to be angry, you just need to know how to deal with your anger. And instead of … bottling it up or just letting it explode there's … techniques you can do that can allow you to manage your emotions better.

… it's made me feel like maybe I don't need a diagnosis 'cos I've always thought … maybe I need a diagnosis [to] allow me to understand … what I've got or why my brain is wired up that way …. And [now] there's another part of me which is like no you're fine, you're normal. You just get angry.

Many felt that therapy was cathartic and helped them to 'let go' of unhelpful feelings. For Marni, feeling that he was no longer ruminating over the past seemed to give a sense of physically

letting go of something, which provided relief and seemed to contribute to a change in how he saw himself:

> *I think it makes you a bit more confident in yourself to realise who you are more … And letting out the old you … and the past. One thing about me, yeah, I used to live in the past a lot. When something happened to me, I wouldn't let it go, I walked with it … now I tell myself the past is the past, the future is the future (…) It just makes you a better person … It makes you see things different.… It's kinda healed the pain.*

Leon described how since engaging in therapy, after previously attempting to end his life, he was able to look to the future despite the significant time he had spent in prison:

> *Trust me, I was one of these people who just stopped caring. Now I've started to love myself a bit. I've started to care…. I know what it's done for me and here's somebody who's done like 22 years [in prison] and I don't think I would have reached 23, if you know what I mean?*

This sub-theme captures the feeling of personal growth participants described experiencing as a result of accessing therapy. It seemed their increased understanding helped normalise participants' experiences rather than pathologize more difficult emotions. Therapy for many participants seemed to allow them to let go of difficulties from their past, and move forwards.

Sub-theme 3: Therapy Opened Doors for Me

All participants spoke about their experience of therapy as positive, with many saying it is something they have, or would, recommend to others. Several participants voiced that it helped change their views towards professionals more broadly. For Leon it seemed to give him a sense that genuine support was available, which he'd previously not had:

You start sitting back and thinking, do you know what, there is people who are willing to listen, there is. Sometimes you just got to go out and perhaps ask.

Many participants expressed wanting to engage further, in order to build on the progress made. Kyle described this as breaking a cycle of previously not accessing services:

I have been offered an opportunity to go out and continue doing therapy which I have taken up… It sort of broke that chain you know.

Similarly, despite previously having reservations about accessing therapy in the community, Marni felt his experience of therapy in prison changed his views as he felt it was important to continue to be supported. This seemed a stark contrast from his description of his previous views towards help-seeking.

I'm even thinking about doing therapy when I come out of jail (…) I wanna carry on. I don't wanna come out and just….. try and face everything on my own …. I reckon now … I'd probably use the prison experience to help me speak [in the community] …. I'd be like 'yeah', I found a way in prison to open up and talk.

Other participants expressed a similar wish to engage in therapy in future, as they had already identified that further support would be beneficial to them. This seemed significant compared to participants' previous views of feeling they had to deal with their circumstances alone or by self-medicating. Jacob was aware that returning to the community would present additional challenges that he would benefit from support for:

It's taught me how to be ok in the situation. (…) But I do know when I come outside I do want to see a therapist once a week ….. Remember, I'm going back in a world where the last time I was out there I was going through anxiety attacks… so I know it's going to be different for me on the outside. So that's when I'll need more in terms of work.

For some participants, having a positive experience in therapy encouraged them to access further support for other areas they felt they needed to address. Marni spoke enthusiastically about wanting to access further interventions in prison while he had the opportunity to access support:

It opened up my mind, man… now I'm just like, I wanna engage with anything to do with making me a better version of me and find myself a bit more.

For Jacob, this extended to having a more open and honest relationship with his probation worker, whom he had previously been concerned about disclosing difficulties to:

So now I'm being open and honest with everyone but I'm starting from the bottom. I went to see mental health and speak to them about everything, I want my probation officer to hear this 'cos she will understand what I actually go through on the outside world.

The sub-theme highlights how, for participants, accessing therapy in prison helped change their views towards seeking support which is significant in the context of many participants' previous lack of help-seeking behaviours. Moreover, this shift in attitude extended beyond therapy to accessing other forms of intervention, whereby participants seemed to be planning for the future and how to access further support.

4.6 Theme 5: It Mattered Who I Worked With

Participants discussed the importance of trust and building a rapport with their therapist. In particular, participants emphasised the importance of feeling they could relate to the person they were working with, in order to open up in therapy.

Sub-theme 1: Importance of Authenticity

Authenticity was noted as a key factor in forming a therapeutic alliance by many participants. Most participants voiced that working with a member of staff from an EM background would help ease them into therapy, and automatically create a sense of relatability and credibility. Alexander explained how a sense of relatability to staff can help individuals feel more comfortable from the offset of engagement:

> *I think it automatically breaks the barrier when there's something naturally relatable, without talking like, ok, you can see … we may be from the same background or you'd understand certain things … There's an automatic relatability.*

Tyler described feeling that he could learn more from someone who he was similar to. He felt staff from a similar background would be more credible as they were likely to have had similar life experiences. In contrast, he felt that working with someone from a different, more privileged, background would make him feel that they would not be able to understand his context and so would act as a barrier to engaging.

> *When someone's come in and you can't see yourself… you instantly think 'what do you know?'*
>
> *You might have all the awards in the world, but if the person can't see themselves, you think pfft (…) You feel like a guinea pig.*

For participants that did work with an EM therapist, they found it positive experience and some partly attributed this to a sense of similarity. Tyler noted that although he and his therapist were from different backgrounds, he still found it beneficial to work with a black male therapist.

> *It was just nice to see someone that works in that sector that … not looks like me, because he doesn't look like me but, you know what I mean?*

> *When people [are] of a … similar background as you, you got more understanding … of everything… 'Cos I think he must have …. visually seen what I've seen growing up (…) Even though he's African and I'm Jamaican.*

Colin described the positive experience of feeling represented in the therapy service, which went against his prior expectations:

> *It did make me feel comfortable. Whether or not I can say because he was a black man or not, he made me feel comfortable 'cos I'm actually quite open to discuss things…now…. But I will say it was nice to see someone of my own culture doing that job …. I don't really see black guys in that…. line of work (…) Especially in an establishment like this.… It was refreshing.*

For individuals who worked with a white therapist, therapy was still described as being relevant, as it addressed their primary concerns, and participants felt they had a good therapeutic rapport. Jacob felt that his needs were met while working with a white therapist, and the sessions addressed his feelings of anxiety as he had hoped for. Despite acknowledging he may have had less in common with a white woman, he felt that effort was made to understand his circumstances:

> *Even though she's not understanding the bit from my culture, but anyone with sense would be like, right, actually I understand what you're going through, it's very difficult… It was very hard for me at the time, but she was very reassuring for me … and tried to understand me as*

a person.

Although participants who worked with a white therapist discussed their experiences positively, several highlighted there would be less of a sense of assumed relatability. Connor discussed how he associated a white therapist as being opposite to him, perhaps as a result of viewing their life experiences as different. He noted a potential consequence as being that it could feel more difficult to build a rapport and work with a white therapist:

> *When you think black and black, you think sort of same experience, same upbringing, same sort of lifestyle. When you think white and black you think completely opposites…. I think it possibly would have been easier [working with a black therapist].*

However, Connor went on to explain that this was mitigated by his therapist naming the difference in their contexts, which he felt showed care, consideration and a wish to understand:

> *The difficult thing is, I'm speaking to a white person and [therapist] actually mentioned it first thing when we started talking. 'I know I'm white, I've not had the same upbringing as you, we don't have the same background, we might not have the same culture. But just explain as much to me as possible.' So she ... understood that we're from two different worlds and she wanted to make it as comfortable for me as possible.*
>
> ***….** She took that into account, I wasn't just Joe Bloggs to her. I was actually somebody that she cared about and wanted the best outcome for.*

Two participants, who had worked with white therapists, noted that the assumption of similarity to black staff could be wrong as they may be from different socio-economic backgrounds

and had different life experiences. Elijah discussed this in the context of negative experiences with authority figures:

> *'Cos if you were a black man it's like … 'oh yeah, dealing with authority you know what I mean' but you may not have had any problems with authority, but I'm just automatically assuming that 'cos you're a black man.*

Some discussed how an inherent sense of similarity with black members of staff may bring more consideration in navigating the parameters of the therapeutic relationship, in recognising that they were still attending in a professional capacity despite their sense of relatedness:

> *Sometimes I think it could be bad 'cos you're over relatable (…) …. At the end of it you're doing your job…. You can be friendly, but we're not friends. You're not here to have a pally pally chinwag …. You're here to do your job at the end of the day and I think people may blur lines like 'oh yeah, that's my guy' alright, cool, but he's doing his job.* (Clive)

The theme explores the importance participants placed on feeling their therapist was authentic in establishing a therapeutic rapport. Although more of a sense of automatic relatedness was discussed with black therapists, this alone did not constitute an authentic rapport. Explicit efforts made by white therapists to understand participants, and in particular naming their differing contexts, seemed helpful to creating a meaningful and authentic relationship. Interestingly, some participants pre-empted potential issues in working with a therapist of a different ethnic background to the therapist they had worked with, and regardless of who they worked with were happy with the sessions. Ultimately, all participants experienced therapy as positive and valued the therapeutic relationship they had built.

4.7 Theme 6: Needing to be More Visible

Participants voiced that more needed to be done by the therapy service to increase visibility and reach out to individuals from an EM background. It was felt that this could help to improve

understanding of therapy and overcome reluctance by individuals who may feel they need support but have reservations about engaging with professionals.

Sub-theme 1: It's Not Out There

Participants frequently discussed feeling that there was a need for therapeutic intervention for prisoners from an EM background, but felt there is currently a lack of information and out-reach to enable access.

I didn't even know about this until I attempted to take my life. Like if I had known this before … I may not have attempted to take my life. (Leon)

I didn't know nothing about [therapy service], I had to do madness for it to be given to me. (Marni)

It is stark to note that for both Marni and Leon, attempting to end their lives seemed a more viable option than seeking support in prison, or perhaps even the only option.

Clive indicated that in the context of the barriers that may be faced, more effort may be needed by services to reach out:

To kind of grab their attention more so…. Which is quite sad but it might take a bit more of that for them to feel comfortable in that kind of setting….

… [There's a] lack of outreach towards black and minority (…) I had to kind of find it myself.

Several participants felt that having more of a physical presence on the prison wings would be beneficial to building relations and improving access for people who would not normally consider accessing interventions. Alexander felt that therapy staff could introduce themselves in more flexible or informal spaces:

I think that psychologists … should be spending more time with prisoners one-on-one or even a group setting… just saying 'we are the psychology department, we are here to help. This is what we can do'… I think it needs to be much more of that.

An open-door surgery where a couple of counsellors are sitting in the room and just ... 'feel free to come in and just have a chat'… To open people's minds and open doors, and people can maybe know how it works. I've done projects before where you set up something in a room and you leave the door open, for two weeks nobody will come near it and then oddly one person will ask what's going on in there. They pop in, that person goes and tells two other people, you know?

Connor voiced that such efforts would demonstrate genuine care and support, perhaps going against individuals' prior expectations:

Just anything that that pushes you guys out there to show that you care, you want to help and there's support out there for whoever you are or whatever you're dealing with.

Several participants indicated that a more assertive style was needed in order to stand out, as demonstrated by Marni:

You need to just … reach 'em more innit. Like when you come to jail it's not out there at the minute. I didn't know about therapy… you need to be more firm innit.

As well as highlighting that more links could be made with other departments in the prisons, particularly the Chapel, many participants felt that the therapy service should take part in prison inductions. Leon was one participant who discussed this would be beneficial so that prisoners were better informed about what therapeutic input was available when they arrived in prison:

I think they should have a talk on the induction…. And they tell what services they give. ' Cos no one knows really who they are and what services they have to offer and what they can do for individuals.

Some participants voiced that there were several key messages that needed to be emphasised when sharing information about therapeutic interventions available. Firstly, Elijah highlighted the importance of normalising mental health concerns in information conveyed:

… this doesn't mean there's anything wrong with you… this doesn't mean there's a problem.

Participants also discussed the importance of giving more information about therapy so individuals could make an informed choice around accessing services and to demonstrate the variety of approaches used. It was felt that this would give assurance that therapy could be relevant to anyone.

Just giving knowledge on different methods… so someone could think 'oh that one might actually suit for me'… I'm sure there's such a wide range of methods so someone would pick it and think … 'that actually might help for me'. (Connor)

Colin also spoke about explicitly naming that the service was inclusive to all to access, and saw this as a means of helping to overcome what he described as a stalemate with professionals:

We're here to help…. (…) we're here to help all. Because I do feel from my experience there is a kind of stalemate… Between black and minority ethnic groups and their interactions with the establishment itself which doesn't actually help move them forward.

In conclusion, the sub-theme captures participants' views around the lack of visibility of the therapy service in the prisons. Participants discussed needing to have more presence and sharing

information pertinent to EM individuals who may have preconceptions of therapy, to help overcome reservations and demonstrate effort to make services more inclusive.

Sub-theme 2: I Wanna See Me

Participants discussed that more needed to be done to help EM individuals feel comfortable accessing therapeutic support. Many participants discussed the importance of increasing representation in staffing, to help individuals feel at ease and also feel they could relate to staff. They felt that seeing more diversity in staffing would also help change the perception that therapy is only for white people. Despite his positive experience of therapy, Colin noted the current lack of diversity in the therapy service:

I mean, how many [service] therapists are there from black and minority ethnic groups in here? … Apart from [therapist] I don't think there are many.

Indeed, for Tyler, when asked if he felt there was anything the service could do to improve accessibility his response was simply:

Employ more people of culture [minority heritage].

Tyler discussed that although effort was needed to reach out, it was important in the wider socio-cultural context to ensure that efforts made should not feel forced upon individuals. He felt that in order to overcome potential resistance or reservations, individuals' comfort needed to be considered, and saw diversity in staffing as a way to facilitate this.

It's….. something that's been … instilled in you for all your life, all your parents' life, all their parents' life and now you're just – don't get me wrong it's great that you're trying – but you've gotta eeease.

Many participants also suggested that having therapy mentors or representatives from an EM background could play a key role in increasing representation in the service and help individuals feel more comfortable in accessing therapeutic services. Kyle felt having prisoner representatives for the therapy service could help improve prisoners' understanding of what therapy entails and highlighted how other organisations already had such initiatives within the prisons:

Maybe get the prisoners to have reps or something because… many a time [therapist] has come on the wing and they've gone 'who's that? … where is she from?' ….. the people who are not engaging… don't know that it's there.

In one of the prisons recruited from there was a mentoring scheme, which two participants were mentors for, and was highly regarded within the prison. Elijah discussed why he felt having mentors was helpful to engagement:

It's me, my friend [name], a couple of us, where we kinda run the sessions so… there's a lot more engagement from … other ethnicities, like the group is majority black and other ethnicities and I think they enjoy engaging because we're leading it, it's somebody you're relatable to.

He discussed how the mentoring role allowed for more flexibility, as well as seeing his role as bridging the gap between the therapy service and individuals who may have reservations about liaising with professionals:

I think a lot of the guys enjoy that it is us running the class (…) We're all like them so … I think it does make it more like a personal level (…) … I think people feel comfortable to tell me exactly the same as what they'd have told you, but to sit and tell me it and say 'you can tell them [service staff], no problem'.

Tyler felt this could be particularly important in encouraging younger men to engage, which made sense in light of participants' discussion of the importance of peers' perceptions when they were younger (theme 2, sub-theme 2):

You need young people as well, which is hard because with young people, the maturity level, I would never put an [application] in for Inreach in my twenties (…) … but you need someone of a young age where they can be like 'listen, look at me … this is my background' and you'd think yeah… 'cos if people don't feel comfortable being vulnerable you're never gunna get … a proper conversation out of them.

In summary, participants described that although therapy services needed to be more visible in prisons, thought should be given to ensure individuals feel comfortable accessing services also. A key factor to easing in individuals was more diversity in the service and EM prisoner mentors to help bridge the gap between prisoners and services, so that EM individuals could see themselves represented in the therapy service.

4.8 Chapter Summary

Participants discussed their experiences of accessing therapy in prison, from the initial barriers faced, to ultimately overcoming these barriers when they were ready to engage. Participants were in agreement that their experiences of therapy were positive, and that they had built meaningful relationships with therapists they had worked with. Ways of overcoming cultural differences within the therapeutic space were discussed. However, most participants felt that the service was not visible enough and needed to be more representative of the diverse prison

population. Valuable insight was given as to how participants believed the service could facilitate access for EM individuals. The implications of the current findings and how recommendations can be implemented are considered in the discussion chapter.

CHAPTER FIVE: DISCUSSION

5.1 Chapter Overview

This chapter summarises the study's key findings, in relation to the research aims and existing literature. Implications of the study are discussed in terms of practical steps for improving access to prison therapeutic services to a more diverse population. Theoretical and clinical implications of the findings are also considered. Strengths and limitations of the study are discussed, along with suggestions for future research. The chapter concludes with final reflections on the research.

5.2 Reviewing the Research Aims

The research explored ethnically minoritised (EM) prisoners' perceptions of accessing therapy in prison. The main aim was to establish what could improve access to prison psychological interventions. Specifically, it looked at whether there are any factors that facilitate or dissuade engagement, to help inform future service provision.

The study also aimed to identify if there were aspects of the organisation consulted with that helped facilitate EM engagement (see Introduction). However, none of the participants were aware of or had engaged with the programme, and therefore this aim was set aside.

5.3 Summary of Main Findings

Participants discussed barriers to accessing therapy, namely a feeling of needing to be tough to get through difficult circumstances, stigma and a lack of trust in professionals. They also described the process they went through in overcoming these barriers. All participants were positive about their experience of therapy and the rapport they established with their therapist, despite previous reservations. All participants struggled to make suggestions of how their experience of therapy could have been improved, as they felt sessions were relevant and they gained practical skills and personal insight.

Ways of overcoming cultural differences within the therapeutic space were discussed. Participants expressed that they would like to engage further with both psychological interventions and other interventions available in prison, helping to break the chain of mistrust in services and planning for future engagement, factors that are likely to reduce the likelihood of reoffending as well as improving wellbeing.

However, what participants did describe as needing improvement was the service's effort to reach out and be more visible to EM individuals. This was made most apparent by two participants who described not being aware of therapeutic input available prior to attempting to end their lives, despite the organisation being in-house. It seemed that helping to demystify psychology by transparency in what can be offered and visible efforts to engage with people could start to counter fear and mistrust of services. Participants spoke about the importance of balancing encouragement to access interventions with a sensitive approach that enables choice, to minimise replicating wider power imbalances.

Many participants felt it was important to see themselves represented in services with more diverse staffing. More diversity in services might also help to counter preconceptions, as participants were pleasantly surprised by seeing staff from an EM background. Participants felt that a more informal approach via prisoner mentors would allow for more flexibility for individuals to access support at their own pace which may also feel less daunting than committing to formalised sessions. As well as promoting choice and autonomy, it seemed that such an initiative could be particularly beneficial for younger people who may be influenced by others whom they perceive as role models.

These findings build upon the limited research looking at experiences of accessing therapy by EM prisoners, specifically those in the general prison population. The study has contributed knowledge around the barriers to access in the context of prison, the process by which individuals overcome reservations and how therapeutic services can be more responsive to the needs of a diverse prison population. Perhaps most importantly, the study adds to a small but growing body of

research that challenges the narrative that EM men are hard to engage therapeutically, and offers an optimistic outlook for reparative, positive relationships with professionals.

5.4 Consideration of Results in Relation to Literature

Barriers to Accessing Therapy

Participants' accounts of racist experiences across their lifespan replicated wider literature of continued disempowerment and disadvantage (Keeling, 2017; Saunders et al., 2013). This extended to their treatment in prison, which appeared to impact upon participants' perceived ability in accessing therapeutic support, consistent with research cited in the systematic literature review (SLR) (Brookes et al., 2012; Hunter et al., 2018).

There is a notable amount of literature that supports the pressure EM men, particularly black men, may feel to portray an image of strength, which may result in being less likely to seek mental health support due to connotations of weakness (e.g. Sewell, 2008). This may be even more evident for younger men (Sancho & Larkin, 2020) and in the context of prison (Hunter et al., 2019). Similarly, stigma associated with mental health concerns has been recognised as a deterrent from seeking professional support (Meecham et al.,2021) and may be linked to a lack of information about mental health. Previous research has found that reaching out in culturally-sensitive ways to improve literacy around mental health is needed (Memon et al., 2016).

The current findings suggest that mental health difficulties were experienced as being treated more punitively by prison staff for EM individuals, which is in line with research in community settings (Keating et al. 2003). This suggests that concepts from the circles of fear theory of non-engagement, where perceptions of severity of responses by mental health services (MHS) are reinforced (Keating et al., 2002) may also be relevant in the prison context, but warrants further investigation. The findings suggest that mistrust of services and fear of repercussions may be even more prevalent within the prison population. Building on previous research, the current study

highlights the additional difficulties presented in accessing therapy in prison, and starts to give better insight as to why there is disparity in uptake of therapy in this context.

I Needed Therapy

Despite participants portraying the difficulty in getting to a point where they felt able to access therapy, they highlighted the importance of realising that they needed such support after reaching their lowest point. This appears to be a new insight that has not been explicitly highlighted in other research in the area. It may be that this is more pertinent to prisoners specifically, due to an accumulation of adverse life events and their current difficult circumstances in prison that seem to provide a motive to engage in therapy.

There are parallels to existing literature based on community samples, whereby help is only sought from services at crisis point (e.g. Memon et al., 2016). However, a significant difference in the current study is that participants did not perceive responses by the therapy team to be more severe or restrictive as a result of engaging at their lowest point. Instead, it seemed their experiences and feelings were normalised. Although individuals in contact with other services may have different experiences, the current findings provide evidence of more optimistic interactions with therapeutic services when support is sought, while also acknowledging the challenges faced by individuals in such circumstances.

It is unclear from existing literature whether maturation contributes to shifting attitudes to seeking mental health support. Despite featuring heavily in the current study, it does not seem to be a factor explicitly considered in the limited research in the area, and there is evidence in the wider literature that older adults from an EM background may have similar reservations regarding accessing therapeutic support (Bailey & Tribe, 2021). However, studies cited in the SLR do acknowledge participants' process of reflection which resulted in them wanting to improve their circumstances (Brookes et al., 2012; Hunter et al., 2018). In Brookes et al.'s study, participants attributed this to being within the therapeutic community (TC) environment. The current study

suggests that this may be possible in the general prison environment, without prompting by professionals.

Right Time, Right Place

The researcher was unable to locate any previous research specifically considering prisoners' views of whether it was easier to access therapy in prison or the community. Previous research has noted that socio-economic factors may result in additional barriers to access in the community (Ahmad et al., 2022). The importance participants placed on the convenience of services in prison and not having to travel to attend, should not be overlooked. Despite previous literature highlighting the barriers to accessing therapy in prison (Brookes et al., 2012; Hunter et al., 2018), it may be that prisons are still more accessible than community options. The current findings suggest that prison should be seen as an opportunity to engage EM individuals who may benefit from therapeutic support, while there are seemingly less constraints to access.

Broadly, there is evidence of the importance of individuals feeling ready to access therapy as a factor that impacts upon engagement and therapeutic effectiveness (Miller & Rollnick, 2013). This extends to research with prisoners engaging in therapeutic support (Howells & Day, 2007). It is generally accepted that people in prison may feel additional pressures to engage in interventions in order to evidence their progression. Therefore, it cannot be taken for granted that individuals accessing therapy really feel ready to engage. Promoting choice and ensuring individual readiness would be even more important to avoid feeling under duress to access services given the differential treatment by MHS towards people from EM backgrounds (Sewell, 2008).

What I Gained from Therapy

Some previous research has indicated that EM individuals may be less likely to access therapeutic interventions due to perceiving them as not being culturally relevant. For instance, in Jones et al.'s (2016) study some participants discussed an incongruence between therapy and their

identity and cultural values. Such interactions may increase a sense of powerlessness when accessing healthcare services (Agner, 2020), and serve as a means of maintaining social control (Gramsci & Buttigieg, 1992) by clients feeling pressured to conform to paternalistic ideas. This was not highlighted by participants in the current study. Despite those engaging with white therapists noting they disclosed less about culture and racism, they described therapy as relevant and meeting their needs. However, it should not be overlooked that participants could have had a different therapeutic experience, which may not have been fully elaborated on in the context of being interviewed by a white therapist.

Nevertheless, the current findings build upon the growing literature demonstrating that EM prisoners feel they can build positive relationships with therapy staff, where it feels safe to disclose. Despite it initially feeling difficult to connect with staff who were seen as having different life experiences to them, participants in Brookes et al's (2012) study described how over time they built quality relationships, which were a motive to continue therapy. The importance of having such relationships in prison should not be overlooked and highlights the need to consider ways for all staff to be able to build such positive relationships.

Moreover, a phenomenon observed in the current interviews that was consistent with previous research was participants' reported sense of therapy allowing them to let go of the past (Brookes et al., 2012). This was perceived positively considering previous adverse circumstances for most participants. Maruna and Roy (2007), among others, postulate the concept of prisoners wanting to 'knife off', or sever ties, from harmful environments, peers, or their past more generally as a result of wishing to improve their circumstances. This may play a role in desistance from crime, although the processes surrounding this are as yet unclear.

It was noted by some participants that their views towards seeking a mental health diagnosis or considering medication had shifted, and they no longer felt this was needed. This seemed a particularly pertinent point, in the wider social context whereby 'angry black men' can be

pathologized without consideration of their circumstances, which may have previously been internalised (e.g. Wade, 2006). More generally, the shift observed in participants' views towards accessing therapy and their positive experiences of engagement was experienced by many as opening doors for them, in terms of accessing further support. This adds to a small but growing narrative that goes against the perception of EM men being hard to engage, highlighting the circumstances in which individuals may feel able to access therapy (Dera, 2021).

It Mattered Who I Worked With

In line with some participants' described feelings of automatic relatedness to a therapist from an EM background, there is a body of research that suggests that cultural matching in therapy may hold some advantages (Fabrikant, 1974). For example, reducing emotional labour and allowing for conversations around race and cultural issues (Chang & Yoon, 2011). It may also hold specific benefits for individuals whose first language is not English (Sue et al., 1991).

However, beyond an initial sense of connection to an ethnically similar therapist, participants highlighted the importance of authenticity, compassion and genuine attempts to understand their circumstances. This is in line with some research findings that may offer more nuanced perspectives around cultural matching in therapy. As articulated by participants in the current study, there may be other, less visible, intersecting aspects of a therapist's identity that differ to EM prisoners lived experience (Brown, 2008). Although there is some research in community settings that acknowledges this (Dera, 2021), such differences may be even more pronounced for individuals in prison who largely experience adverse socio-economic circumstances and life events more so than the general public (Condry et al., 2016). Additionally, as noted in the current findings, perceived disadvantages of cultural matching can include perceived overfamiliarity or less well-defined boundaries and concerns regarding confidentiality, suggesting that preferences

in therapist characteristics are more multi-faceted than culture alone. The findings highlight the importance of offering choice in who individuals work with therapeutically (Steinfeldt et al., 2020).

Cultural humility seemed particularly important in building a therapeutic rapport. Cultural humility is defined as a learning-oriented approach to working with people from diverse cultural backgrounds and involves self-evaluation and critique (Tervalon & Murray-Garcia, 1998). It is important to acknowledge that for EM individuals, interactions with professionals and services are perhaps not neutral interactions due to underlying power dynamics and the implications of this needs to be considered (Sewell, 2008). From the current findings it seemed cultural humility was a more important factor in building a positive therapeutic rapport than culture itself.

Needing to be More Visible

Participants were vocal in their shared perception that it is not the process of therapy itself that needed to improve, rather services needing to make a more concerted effort to reach out to EM individuals who may be more marginalised and giving more flexibility and choice to empower individuals to access services.

The findings are in line with research in community settings which has found that outreach initiatives are more effective in facilitating access to therapeutic services in several settings (e.g. Lu et al., 2021; Waid & Kelly, 2020). The findings build upon previous research by moving beyond the experience of therapy in prison, which in the current study was perceived as less problematic. They suggest that additional methods to reach out and promote services may be needed in order to make therapy accessible for a diverse client group. Participants in the current study voiced that this amounted to showing care and effort, which may be needed to help change perceptions of services.

There is recognition of the lack of diversity within the profession of clinical psychology (BPS, 2015) and forensic psychology (BPS, 2020). Although there have been recent efforts to improve this, as yet there has been limited success (Ahsan, 2020). More diverse staffing may help to change

perceptions that therapy is solely for white people. Previous research has also found that mentoring schemes can be particularly helpful in facilitating access to services, and may even contribute to reducing recidivism alongside additional support (Bradley Report, 2009). Prisoners who engage in active roles in prison are more likely to find employment upon release, a key factor in rehabilitation (Visher et al., 2011), although Visher and colleagues note that the benefits of this are less pronounced for EM individuals. Nonetheless, it was recognised in the SLR that EM prisoners want more active and empowering roles which they felt were currently lacking (e.g. Gavin, 2019).

The study builds upon previous findings that suggest that not enough information is provided for informed choices to be made around engagement; Croux et al. (2019) found that participants wanted information to be provided in different languages also, to improve accessibility. This was not shown in the current study, although all participants spoke good English and interpreters were not needed, so may not have been a pertinent concern to participants. Providing such information and advising of the variety of options available could help to demystify perceptions of services. Lastly, more flexible approaches seem to be key to success in community outreach initiatives, and for those who are unsure whether psychological intervention will be helpful to them may facilitate engagement with less pressure than committing to formalised sessions. The combination of a flexible approach and more information allows more choice and control by individuals, noted to be of great importance in the study. The current findings should prompt consideration of how this can be applied within the prison context.

5.5 Links to Theoretical Frameworks

Attachment Theory

The findings of the current study also align with broader psychological theory. Attachment theory (Bowlby, 1969) describes the emotional bond between an infant and their primary caregivers that enables the infant to have their primary needs met. Several distinct attachment style patterns have been identified in infants (Ainsworth et al., 1978; Fearon & Roisman, 2017). These early

experiences are believed to provide a template for how the infant experiences self-perception, perception of others and how they experience closeness with others (Fearon & Roisman, 2017). These findings have been extended to measures of adult attachment (Fraley & Roisman 2014; Roisman et al., 2007) and cross-culturally, when accounting for contextual determinants in expression of attachment-related behaviours (Mesman et al., 2016).

Some research suggests that attachment style can impact upon clients' experiences of therapy. Insecurely attached individuals may experience more barriers in establishing a therapeutic rapport in the early stages of therapy, which need to be considered by therapists (Dallos, 2023). Janzen et al. (2008) found that attachment style may play a role in avoidance in therapy sessions and attachment to therapist may affect the degree of exploration in sessions. In the relation to the current findings, it was evident that participants had experienced significant adverse circumstances and some participants explicitly discussed difficult family dynamics.

Indeed, it is noted that individuals in prison are less likely to be considered to have a secure attachment style, particularly those who have been diagnosed as having a personality disorder (Timmerman & Emmelkamp, 2006; Van Ijzendoorn et al., 2010). This is perhaps unsurprising as research suggests a link between diagnoses of personality disorder and previous exposure to trauma (Dillon et al., 2014). This, alongside the general distrust in authorities described by participants, may make it difficult to engage in therapy. However, as seen in the current study, it may also provide an opportunity for reparative relationships. Participants not only reported building positive and trusting relationships with their therapists, but many also vocalised their hopes of extending this to other professional relationships in future. Additionally, in the current study efforts by the therapy service to reach out to prisoners was seen as a concrete representation of demonstrating care, which may be a particularly important consideration for individuals with potential attachment difficulties. This is also in the context of the prison system which may otherwise largely be perceived as lacking warmth or care, based on the reviewed literature.

Several modalities of psychological therapy advocate for the importance of accounting for attachment difficulties in therapy and trying to provide corrective emotional experiences, where it feels safe to express emotions (e.g. Dallos, 2023; Neborsky, 2006). Bernier and Dozier (2002) argue this is key to therapeutic change. The current findings suggest that this can be achieved in prison therapeutic interventions, and specifically working with EM prisoners who have experience difficult life events.

Rogers' Core Conditions

In developing Person-Centred Therapy, Rogers (1957) proposed three core conditions necessary to the therapeutic approach to achieve a positive therapeutic relationship; empathy, congruence and unconditional positive regard. Although labelled differently by participants in the current study, these core conditions set out by Rogers seem to align with the positive attributes participants discussed gaining from therapy. Participants noted their therapists' kindness, care, authenticity and non-judgemental nature. Although Rogers' wider theory and notion of core conditions have faced criticism for lacking cultural consideration (Tudor, 2011), the attributes proposed did seem to be relevant to participants in the current study. It could be argued that these core conditions are even more important in the context of providing therapy in prison, where many prisoners may have faced particularly difficult experiences, and may have limited experiences of emotional warmth. This further suggests that there are important facets therapists contribute to establishing the therapeutic relationship that go beyond a sense of relatedness.

Trauma Informed Care

Trauma Informed Care (TIC) aims to recognise signs of trauma, integrate knowledge about trauma in to practice and prevent re-traumatisation. In therapeutic settings it aims to create an emotionally and physically safe space, with a resilience and strengths-based focus (Leitch, 2017). As noted in the Introduction chapter, a trauma-informed approach is incorporated in to the therapy service from which participants were recruited. This approach acknowledges that men are socialised against disclosing trauma and distress, as well as being dissuaded from engaging in help-seeking

behaviours (Ansara & Hindin, 2010; Nybergh et al., 2016). This was corroborated by participants in the current study.

An important concept in TIC is its holistic approach and critical consideration of diagnostic labels; it is associated with taking the stance of asking "What happened to you?" as opposed to "What is wrong with you?" (Rosenberg, 2011). Some participants in the current study spoke of the change in their own attitudes towards seeking a diagnosis, in making sense of their difficulties. It may be that the service's stance, which does not focus on medicalisation and normalises common mental health concerns, aided participants changing views towards mental health. As noted in the Introduction, TIC is appropriate in the context of prisons due to the high level of adverse circumstances prisoner have faced (Baglivio & Epps, 2016) which may be especially true of those from an EM background. This may be important to hold in mind even when adverse circumstances are not explicitly discussed, particularly in group settings where it is likely that less personal information is disclosed.

Aspects of therapy that were described as being helpful by participants align with the therapeutic frameworks discussed above. Although the frameworks noted may have differences in their focus, it seemed that participants in the current study found a combination of a sense of genuine care, an ability to contain difficult emotions, non-judgemental attitudes and normalisation of difficulties to be some of the key aspects to positive therapeutic experiences. This also created hope to build further positive relationships with professionals going forwards.

Theoretical frameworks are acknowledged in the Discussion chapter of this project as the relevance of their inclusion became apparent from the study's findings and subsequent evaluation of the study. Therefore, they have been added in 'post-hoc' and are not included in earlier chapters of the project.

5.6 Consideration of Research Quality

The study aimed to better understand EM prisoners' experience of therapy to help facilitate access to services. It builds upon previous research which has looked at EM men's experiences of therapy in prison therapeutic environments, by broadening out to the wider prison population. The findings demonstrate insight to barriers present in prison and provides recommendations on how services could minimise such barriers. The main strengths and limitations of the study are explored below.

Timing of the Study

The study took place at a unique time, when therapy services had already implemented adaptations due to Covid-19 restrictions. The study was able to assess the impact of such measures, and consider how to continue positive steps as normal service was starting to resume. The research therefore provided a timely response to changing circumstances to continue and build upon such positive momentum, at a time when more broadly there has been a greater demand for mental health input (Suhomlinova et al., 2022). However, it also made access to establishments extremely difficult. The additional restrictions faced by prisoners during this time may have also meant participants were more inclined to take part in research, as a means of engaging in a different activity.

Experts By Experience

Although restrictions in place made it harder to engage with experts by experience (EBE), two consultants provided their views and valuable feedback throughout the project. Having consultant input from the start of the project allowed for consistent consideration of how to approach the research in a way that would be meaningful and relevant to participants. This was particularly important as the lived experience of participants was likely to be different to that of the research team. Inclusion of consultants' honest and thoughtful perspectives throughout the project

may have helped to minimise barriers to engaging in the research and help make participants feel more at ease during the interview process.

Having consultant input during data analysis was advantageous in adding an additional perspective and prompted researcher reflection on sense-making within themes. The benefits of including EBEs have been described as enriching the research process (Horgan et al., 2020), and it is hoped that by including their views throughout it avoided being tokenistic. Horgan et al. also highlight that EBE perspectives can prompt professionals' self-reflection on personal values and challenge stereotypical or stigmatizing attitudes.

Researcher Reflexivity

Reflexivity was strongly considered throughout planning and conducting the research. As acknowledged, I saw myself as both an insider and outsider researcher. My insider knowledge of the prisons and therapy service may have helped to build a rapport with participants as I was able to be more responsive during interviews, and perhaps therefore seemed more credible.

However, I knew this would not mitigate my outsider status as a white woman and someone who has not personally experienced imprisonment, which may have been more prominent to participants. I tried to remain mindful of power dynamics that participants also may be acutely aware of in interacting with a professional white woman, who represents what may be seen as a 'typical psychologist'. I tried to limit barriers this could create by situating myself in the research so participants could better understand my positioning and motives to do the research, and prevent feeling 'done to' by highlighting the importance of their perspectives. This seemed to be received well by participants who were receptive to discussions; responding openly to potentially sensitive questions, and seeming comfortable in my presence.

Some initially seemed hesitant specifically in discussing experiences of racism within services, with some participants caveating statements by pre-empting that they might be seen as

"playing the race card". I tried to validate their perspectives and offer reassurance of my respect for their lived experience which seemed to help expression of views as interviews progressed. Although previous research has noted that EM participants may disclose less to white ethnic majority interviewers (Greenwood et al., 2015), it may be that this can be somewhat mitigated by consideration and sensitivity by researchers.

Nevertheless, it seemed that some interviewees associated me as being part of the therapy service, as indicated by several referring to the therapy service as "you" during interviews. Although it is understandable, in the context of me discussing that I used to work in the service, it is worth considering the impact of this on participants responses. Due to the positive experiences of therapy discussed, it may be that this helped participants to feel at ease and may at least partially explain their honesty and rich discussion in interviews. However, it should also be considered that participants may have felt wary to discuss less helpful aspects of their experiences.

Although I tried to check in with participants to avoid potential misinterpretations of their perspectives, my own lens and biases would have inevitably impacted upon my interpretation of the interviews. Using a CR perspective recognises the subjective nature of interpretations of the study findings, although critical consideration was given during theme progression with the wider research team. Alternative interpretations of participants' responses were also considered. However, it should be acknowledged that my lens would have also affected how I approached the interviews; including topics I had chosen to follow up on and aspects I had overlooked during interviews, and thus the understanding gained from the study.

Reflexivity helped to carefully consider carrying out the research, which may have helped in rapport-building and ultimately the in-depth, meaningful interviews that took place.

Systematic Literature Review

As discussed in the SLR, the search terms related to ethnicity used were limited to terminology commonly used in the UK. This is likely to have affected the number of articles obtained

as well as limiting the countries represented in the research retrieved. Although it is likely that EM individuals experience prison and prison therapy differently to ethnic majority prisoners across different countries, the extent and nature of this may vary in different countries. However, a broader range of research from different countries may have provided more in-depth insight to experiences of prison therapy. It could also give more information on similar and different experiences of EM prisoners, and factors that facilitate or dissuade engagement. This is an important consideration in the context of the dearth of research that was retrieved and limits the conclusions that can be drawn from the current SLR.

Selection of Themes

It should be noted that due to the rich, in-depth interviews that took place with participants, the resulting number of themes and sub-themes presented had to be reduced during analysis. Careful consideration was given to presenting the most pertinent findings, however, this meant that some topics that were covered in the interview schedule that transpired to be less prominent were not represented in the final report. This is in line with guidance around analysis and theme development by Braun and Clarke (2022).

In particular, the interview schedule referred to participants' experiences of prison during covid-19. This was included due to the significance of this period in uptake of therapy by EM individuals noted by the therapy service. However, in conversation with participants this appeared to hold less significance, and was elaborated on less so than other areas of conversation even with additional prompts to discussion. Participants' experiences in prison during covid-19 were varied, and other aspects of their circumstances appeared to be more pertinent in their decision to accessing therapy.

In addition, relationships with prison staff are briefly acknowledged in the current report. The extent of participants' difficult life circumstances were also noted, however, both of these topics were represented within sub-themes of a broader theme in the final report. Although they were areas that were discussed in some detail by participants, they were seen as part of the wider context of barriers to engagement in participants' journeys to accessing therapy. This allowed for seeing the combined impact of several factors that dissuaded participants from previously accessing therapy, and therefore to more fully represent their context. These areas have been more widely researched, and the current findings align with previous research looking at EM prisoners' adverse life circumstances and experiences of prison, as cited in the Introduction and Systematic Literature Review chapters.

Sample

Recruitment issues were faced due to covid-19 restrictions still being in place when the study took place. Despite these issues, ten participants were recruited across four prisons. Although the sample was not as diverse as originally hoped, participants were from various backgrounds; some born in the UK and others abroad. Both individuals who had participated in one-to-one and group therapy were represented.

However, all participants were men from black or black British backgrounds. Therefore, they may face particular barriers that may be less relevant to other EM individuals. The perspectives of women and individuals from other EM backgrounds, including white EM individuals, could have contributed a broader range of perspectives. Despite some non-engagers originally agreeing to participate, these interviews were not able to go ahead. It is therefore acknowledged that the research is limited in covering a fuller range of cultural experiences, and could not fully meet the original aims of the study. The findings are subsequently limited in their generalisability of EM prisoners' experiences of therapy. The strength of the current research lies in it connecting strongly

with the experience of some groups who are known to experience racism and exclusion, in line with the general aim of qualitative research (Tracy, 2010).

5.7 Clinical Implications

The study took place in the context of multiple previous reports that have repeatedly outlined the disparity in who accesses interventions in prison, without firm evidence as to why this is or recommendations on how to improve access (Cowburn & Lavis, 2009; MOJ, 2018). There is even less knowledge as to why prison psychological interventions show a similar trend in uptake. The current study adds to a small but growing area of research into the experiences of EM prisoners who access therapy and how to encourage participation.

There are several clinical implications that should be considered from the research findings, that could help facilitate access. Several suggestions made by participants are already implemented by other organisations within the prison regime, and could be incorporated in therapy services also. The five main areas of consideration are:

- Therapy service involvement in the prison induction process
- Increasing visibility in the prison via assertive outreach
- Continuity of measures implemented during covid-19 restrictions that reduced disparity in uptake of interventions
- Implementation of mentoring scheme more broadly across the prisons
- More training for white therapists that incorporates cultural humility, to increase confidence in talking about race and culture with EM clients. This could compliment and build upon the trauma-informed ethos already incorporated in the service, and which is being implemented more broadly across NHS mental health services (MHS)

These considerations are discussed in more detail below in Table 8.

Table 8

Table of Clinical Implications

Clinical Implication	How to Implement in Prison and Potential Benefits of Implementation
Clinical Implication 1: Many participants voiced the value they felt in having therapy staff taking part in prison induction sessions. These are routinely run when new prisoners enter the establishment.	Induction sessions are routinely run in the prisons and used as a means for services to introduce themselves to prisoners. It could be considered whether the therapy service could be incorporated into this also. This seems a relatively easy and efficient way to reach out, particularly as it would enable the service to reach many prisoners at once. Participants felt it would be a helpful way to demystify therapy by sharing information about interventions available. It would also make prisoners more aware of their presence and what the service could offer.
Clinical Implication 2: Participants discussed the therapy service having more presence in prison generally. They specifically mentioned having more visibility on prison wings, and suggested an assertive out-reach style of interacting with prisoners to help engagement.	Therapy services could hold 'open door' events whereby they are present on wings at scheduled times to have more informal discussions with prisoners and share resources about available interventions. Although not specifically mentioned by participants, having more involvement in events taking place in the prison may also be helpful. In particular, cultural or religious events that are marked by the wider establishment could be an additional way to increase visibility. As highlighted by participants, using such platforms to convey key messages that normalise mental health, promote inclusivity and demonstrate the variety of interventions could be key aspects of reaching out and rapport-building.
Clinical Implication 3: It is also notable that measures implemented during Covid-19 restrictions were spoken about positively by participants, and may help explain why the service had observed less disparity in uptake once these measures were in place.	It may be beneficial to consider continuing such initiatives to continue positive steps made. Specifically, measure to consider continuing are: • check-ins by therapists • workbooks to complete between sessions Both of which appeared to complement therapy sessions.

Clinical Implication 4: Participants frequently mentioned that having prisoner mentors from EM backgrounds would help increase accessibility to the service. One of the prisons recruited from had a mentoring scheme linked to the therapy service that was highly regarded, as outlined in the results section.	Although there would be various considerations in terms of suitability to the role (e.g. security, risk status, managing confidentiality) this has been done by other established schemes in prison. Advantages could include: • efficiency with resources and staff time for therapy services • empowering prisoners to access support on their own terms • empowering mentors by giving them skills and providing a route to demonstrate progression made • Above all, seeing similar others in such positions could give EM prisoners hope for their own future and ability to overcome difficulties with support This should be implemented alongside recruiting a more diverse staffing group, and not seen as an alternative way of increasing representation within services.
Clinical Implication 5: Lastly, more thought should be given to how white therapists broach conversations with EM clients in order to acknowledge their differences in a respectable and thoughtful manner.	Training that encourages reflection on therapists' own positioning and cultural humility may be particularly helpful. This could help give white ethnic majority therapists confidence in having such conversations with EM clients. Not only could this help mitigate potential barriers in therapy, but could also go some way in providing positive and perhaps reparative relationships with mental health professionals.

5.8 Implications for Community Services

Although the study focussed on experiences of, and accessibility to, prison interventions, the interviews highlighted issues in accessing support in the community also, which should be considered further. In the context of significant resourcing and staffing issues in NHS MHS more broadly, it highlights the dilemma as to what extent resources should be focussed towards prison-based intervention which currently appear to be the most accessible route to support for some

individuals, or whether more preventive out-reach engagement work in community settings could be more impactful longer-term. Early out-reach intervention in community settings could help lower the level or impact of offending, and indeed perhaps even prevent individuals reaching their lowest point before seeking support. However, this would mean significant change to current service provision in order to make meaningful impact.

It is important to note that recommendations specifically around diversifying staffing alongside cultural humility training would be beneficial also in community MHS and within the profession of psychology more broadly. However, the differences in working with individuals in the criminal justice system (CJS) should also be acknowledged. This includes the extent to which their engagement may be impacted upon by the nature of the crimes they have committed or their involvement with the CJS, both of which can be traumatic experiences in themselves.

5.9 Policy Implications

The study aligns with both the NHS and prison service research agendas (HMPPS, 2019; NHS,2021) which have noted the need for research focussing on diversity and inclusion in service provision. The MOJ (2018) noted the need for more and better-quality research to increase understanding about the barriers to interventions in prison, in order to make interventions "more responsive and appealing to individuals from different ethnic groups" (p. 3). The current study has added to such understanding, in the context of psychological interventions, and offers recommendations which could be incorporated into service policy to ensure promotion of inclusivity. Inclusion of EM service user views at a service design level to co-create services could further achieve such aims; the current findings demonstrate that such perspectives can offer valuable and practical insight to measures needed.

5.10 Dissemination

The research findings will be disseminated in the following ways:

- To participants both as infographics and a written summary (see draft letter, Appendix R) Options for creative ways to share findings as infographics will be explored with the therapy service
- To the therapy service, including recommendations made. Infographic resources will also be shared for ease of communicating the main findings (see draft, Appendix S)
- With the wider psychology service that provides services to forensic settings in the locality, via presentation at the monthly psychology meeting day
- A summary of the findings and recommendations will also be presented to the prisons recruited from
- The findings will be submitted for publishing to relevant journals, starting with The Journal of Forensic Practice and Psychology, Crime and Law
- Dissemination to wider audiences, such as trainee psychologists and CMHTs will also be explored

5.11 Suggestions for Future Research

It would be important to run similar research in prisons with more people who do not have English as a first language, women, white EM or Asian participants and non-engager participants. Future research could build on the current findings with a more diverse sample, capturing a wider spectrum of views to avoid homogenising the experiences of all EM prisoners who utilise therapeutic services. Once there is a wider knowledge base, more focussed research may be more appropriate and useful to think about the specific experiences of different minority groups.

Research that focusses specifically on individuals who choose not to access therapy could give particularly beneficial insight. All participants in the current study had at some point in the past chosen not to access therapy or engaged superficially, so such views are acknowledged in the current study to some extent, but further exploration of the views of individuals who continue to perceive services as inaccessible would be helpful.

As the findings will be shared with the therapy service, the effects of any implemented recommendations such as staff training, out-reach initiatives, or mentoring schemes could be investigated. Research could look at the qualitative experiences of individuals as well as whether adaptations translate to better uptake of services or outcomes, to ensure continued monitoring. Longitudinal exploration of individuals' circumstances post-sentence could also provide valuable insight.

5.12 Conclusions

To conclude, the study builds upon the limited research looking at experiences of accessing therapy by EM prisoners, applied to the general prison population. Specifically, the study has contributed knowledge around the barriers to access in the context of prison, the process by which individuals overcome reservations and how therapeutic services can be more responsive to the needs of a diverse prison population. Namely by making efforts to be more visible, flexible and promoting choice in accessing support.

The research took place after significant changes to service provision in response to the Covid-19 pandemic, with the hope of continuing positive steps made during this time. Perhaps most importantly, the study adds to a small but growing body of research that challenges the narrative that EM men are hard to engage therapeutically, and offers an optimistic outlook for reparative, positive relationships with professionals despite the adverse circumstances many of these men have faced.

The findings align with existing psychological theoretical frameworks that highlight the importance of compassionate, authentic and non-judgemental therapists. This is in addition to viewing client presentations through the lens of potential past adverse life events, in order to be responsive to EM prisoner needs. This can help to provide an emotionally containing and safe space for individuals who may have previously had limited experiences of such relationships in their personal lives.

There were, however, limitations to the current study which could be considered and built upon in future research. Namely, a more expansive literature review which captures a broader range of experiences of therapy across more countries would be advantageous. This is in addition to further research looking at a broader range of EM individuals' experiences of prison therapy or reasons for not accessing services. This would offer more nuanced perspectives in an area that is currently lacking extensive research.

5.13 Final Reflections

I came to the research with some appreciation of the disparity in uptake of services due to my experience of working in prisons prior to clinical psychology training, although like wider systems I was not sure why this may be. From researching the area, I was aware of my own feelings of frustration at how much repetition there was in reports over the years with what felt like limited progress in improvements or understanding, not just in terms of psychology but also other services in prison.

I was therefore keen to explore this further, but questioned if I was the right person to do so. I was aware that I may represent what may be seen as a 'typical psychologist', and attempting to facilitate research may replicate barriers to accessing services. As someone working in a 'helping' profession, at times it felt hard to consider that current practices may not be helpful, or even have the potential to do harm to individuals who are not from a white ethnic majority background.

I was grateful for participants' honesty and the candid conversations that were able to be had. I was continually struck by the generosity and openness afforded to me by the men that participated in the study, motivated by their positive experiences of therapy and hope for improving access for others in future. Many expressed the importance they felt of the research, and this may have been why they were so willing to discuss their experiences.

I am left considering how I take this understanding forwards, both with the individuals I work with and encouraging positive change in the services I work in. In particular, promoting life-long continual learning, open-mindedness and flexibility to understanding the circumstances of the individuals I and my colleagues work with seem to be of particular importance. Working in forensic settings, the consequences of inequality and disempowerment are highly visible, but it seems such settings can be used as an opportunity to reach those that may need support from perhaps some of the most marginalised backgrounds.

REFERENCES

Afuape, T. (2016). Beyond awareness of 'difference' and towards social action: 'Solidarity practice' alongside young people. *Clinical Child Psychology and Psychiatry*, *21*(3), 402-415. https://doi.org/10.1177/1359104516645642

Agner, J. (2020). Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift. *The American Journal of Occupational Therapy*, *74*(4), 1-7. https://doi.org/10.5014/ajot.2020.038067

Ahmad, G., McManus, S., Cooper, C., Hatch, S. L., & Das-Munshi, J. (2022). Prevalence of common mental disorders and treatment receipt for people from ethnic minority backgrounds in England: repeated cross-sectional surveys of the general population in 2007 and 2014. *The British Journal of Psychiatry*, *221*(3), 520-527. https:// doi:10.1192/bjp.2021.179

Ahsan, S. (2020). Holding up the mirror: Deconstructing whiteness in clinical psychology. *Journal of Critical Psychology, Counselling and Psychotherapy*, *20*(3), 45-55.

Andrews, D. A., & Bonta, J. (1994). *The Psychology of Criminal Conduct.* Anderson Publishing.

Babbie, E. (2010). *The Practice of Social Research* (12th ed.). Cengage Learning.

Baglivio, M. T., & Epps, N. (2016). The interrelatedness of adverse childhood experiences among high-risk juvenile offenders. *Youth Violence and Juvenile Justice*, *14*(3), 179-198. https://doi.org/10.1177/1541204014566286

Bailey, N. V., & Tribe, R. (2021). A qualitative study to explore the help-seeking views relating to depression among older Black Caribbean adults living in the UK. *International Review of Psychiatry*, *33*(1-2), 113-118. https://doi.org/10.1080/09540261.2020.1761138

Bennett, J. (2013). Race and power: The potential and limitations of prison-based democratic therapeutic communities. *Race and Justice*, *3*(2), 130-143. https://doi.org/10.1177/2153368713483323

Berry, P. W. (2018). *Doing Time, Writing Lives: Refiguring Literacy and Higher Education in Prison*. Southern Illinois University Press.

Bhui, H. S. (2009). Foreign national prisoners: Issues and debates. In H. S. Bhui (Ed.), *Race and Criminal Justice* (pp.154-196). Sage.

Bosworth, M. (2004). Theorizing race and imprisonment: Towards a new penality. *Critical Criminology*, *12*(2), 221-242. https://doi.org/10.1023/B:CRIT.0000040259.65158.a5

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development.* Sage Publications.

Bradley, A. (2017). Trauma-informed practice: Exploring the role of adverse life experiences on the behaviour of offenders and the effectiveness of associated criminal justice strategies. [Doctoral these, Northumbria University]. Leeds Beckett Repository.

Bradley, K. J. C. B. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. Department of Health. https://www.basw.co.uk/resources/bradley-report -lord-bradley%E2%80%99s-people-mental-health -problems-or-learning

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.* Sage Publications.

Braun, V., & Clarke, V. (2019a). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11(*4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2019b). Novel insights into patients' life-worlds: the value of qualitative research. *The Lancet Psychiatry*, *6*(9), 720-721.

Braun, V., & Clarke, V. (2020). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *British Association for Counselling and Psychotherapy, 21*, 37–47. https://doi.org/10.1002/capr.12360

Braun, V., & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. Sage Publications.

Braun, V., Clarke, V., & Rance, N. (2014). How to use thematic analysis with interview data. In A. Vossler & N. Moller (Eds.), *The Counselling & Psychotherapy Research Handbook* (pp. 183-197). Sage Publications.

Breaking Mad. (2021, November, 30). Breaking barriers, freeing minds: The mission. https://www.breakingmad.org

British Psychological Society. (2009). *Code of ethics and conduct*. British Psychological Society.

British Psychological Society. (2015). *Clinical psychology workforce project.* British Psychological Society, Division of Clinical Psychology. https://www.bps.org.uk/sites/www.bps.org.uk /files/ Page% 20-%20Files/Clinical%20 Psychology%20Workforce%20 Report% 20%2820 15%29.pdf

British Psychological Society. (2018). *Code of ethics and conduct*. British Psychological Society.

British Psychological Society. (2020). *Keeping the momentum in forensic psychology.* British Psychological Society, Division of Forensic Psychology. https://www.bps.org.uk/psychologist /keeping-momentum-forensic-psychology?showfullsite =true

Brookes, M., Glynn, M. and Wilson, D. (2012), "Black men, therapeutic communities and HMP Grendon", Therapeutic Communities. *The International Journal of Therapeutic Communities, 33*, 6-26. https://doi.org/10.1108/09641861211286294

Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback.* American Psychological Association. https://doi.org/10.1037/11752-000

Butt, T. (2001). *Report of the Prison Service Internal Inquiry.* https://www.zahidmubarekinquiry.org.uk/

Care Quality Commission. (2011, March 20). *Count me in 2010: Results of the 2010 national census of inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales.* https://www.cqc.org.uk/sites/default/files/documents/count_me_in_2010_final_tagged.pdf

Cavadino, M., & Dignan, J. (2007). *The Penal System: An Introduction*. Sage Publications.

Chang, D. F., & Yoon, P. (2011). Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships. *Psychotherapy Research*, *21*(5), 567-582. https://doi.org/10.1080/10503307.2011.592549

Chapman, A. L., Hadfield, M., & Chapman, C. J. (2015). Qualitative research in healthcare: an introduction to grounded theory using thematic analysis. *Journal of the Royal College of Physicians of Edinburgh*, *45*(3), 201-205. https://doi.org/10.4997/jrcpe.2015.305

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Sage Publications.

Charmaz, K., & Thornberg, R. (2020). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*, *18*(3), 305-327. https://doi.org/10.1080/14780887.2020.1780357

Chistyakova, Y., Cole, B., & Johnstone, J. (2018). Diversity and vulnerability in Prisons in the context of the Equality Act 2010: the experiences of Black, Asian, Minority Ethnic (BAME), and Foreign National Prisoners (FNPs) in a Northern Jail. *Prison Service Journal*, *235*, 10-16.

Choak, C. (2020). British Criminological Amnesia: Making the Case for a Black and Postcolonial Feminist Criminology. *Decolonization of Criminology and Justice*, 2(1), 37–58.

https://doi.org/10.24135/dcj.v2i1.17

Commission for Racial Equality. (2003, December 1). *Racial Equality in Prisons: A Formal Investigation by the Commission of Race Equality into HM Prison Service of England and Wales.* https://www.jstor.org/stable/community.28327583

Commission on Race and Ethnic Disparities. (2021, March 31). *The report of the Commission on Race and Ethnic Disparities: The Commission's report into racial and ethnic disparities in the UK.* https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic- disparities

Condry, R., Kotova, A., & Minson, S. (2016). Social injustice and collateral damage: The families and children of prisoners. In Y. Jewkes, J. Bennett & B. Crewe (Ed.s), *Handbook on Prisons.* (2nd ed., pp. 622-640). Routledge.

Cooper, C., Spiers, N., Livingston, G., Jenkins, R., Meltzer, H., Brugha, T., McManus, S., Weich, S., & Bebbington, P. (2013). Ethnic inequalities in the use of health services for common mental disorders in England. *Social Psychiatry and Psychiatric Epidemiology, 48*(5), 685-692.

Cowburn, M., & Lavis, V. (2009). Race relations in prison: Managing performance and developing engagement. *British Journal of Community Justice*, *7*(3), 77-89.

Cram, F., McCreanor, T., Smith, L., Nairn, R., & Johnstone, W. (2006). Kaupapa Maori research and Pakeha social science: Epistemological tensions in a study of Maori health. *Hulili*, *3*(1), 41-68.

Critical Appraisal Skills Programme. (2018). CASP Qualitative Checklist. Casp, 2018, 1.

Cromarty, H. (2019). *Gypsies and Travellers.* (Report No. 08083). House of Commons Library. https://dera.ioe.ac.uk/33756/2/CBP-8083. pdf

Croux, F., Vandevelde, S., Claes, B., Brosens, D., & De Donder, L. (2021). An appreciative inquiry into foreign national prisoners' participation in prison activities: The role of language. *European Journal of Criminology*, *20*(1), 251-269. https://doi.org/10.1177/14773708211000633

Darensbourg, A., Perez, E., & Blake, J. J. (2010). Overrepresentation of African American males in exclusionary discipline: The role of school-based mental health professionals in dismantling the school to prison pipeline. *Journal of African American Males in Education*, *1*(3), 196-211.

Dera, N. N. (2021). A Thematic Analysis Exploring Young Black Men's Experiences of Accessing and Engaging in Psychological Therapy within Primary Care. [Doctoral thesis, University of Hertfordshire]. University of Hertfordshire Research Archive.

Durcan, G., Saunders, A., Gadsby, B., & Hazard, A. (2014). *The Bradley Report five years on: An independent review of progress to date and priorities for further development.* Centre for Mental Health.

Durrance, P., & Williams, P. (2003) 'Broadening the agenda around what works for black and Asian offenders'. *Probation Journal, 50*(3), 211–224. https://doi.org/10.1177/0264550503503003

Earle, R., & Phillips, C. (2013). "Muslim is the New Black" New Ethnicities and New Essentialisms in the Prison. *Race and Justice*, *3*(2), 114-129. https://doi.org/10.1177/2153368713483322

Equality Act (2010). Government Equalities Office. https://www.gov.uk/guidance/equality-act-2010-guidance

Equality and Human Rights Commission. (2016). *Healing a divided Britain: the need for a comprehensive race equality strategy.* https://www.equalityhumanrights.com/sites /default /files/healing_a_divided_britain_-_the_need_for_a_comprehensive _race_ equality _strategy _final.pdf

Fabrikant, B. (1974). The psychotherapist and the female patient: Perceptions, misperceptions and change. In V. Franks & V. Burtle (Eds.), *Women in Therapy: New Psychotherapies for a Changing Society.* Brunner/Mazel.

Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counselling psychology research. *Journal of Counselling Psychology, 52*(2), 156–166. https://doi. org/10.1037/0022-0167.52.2.156

Fernando, S. (1998). Part 1: Background. In S. Fernando, D. Ndegwa & M. Wilson (Eds.), *Forensic Psychiatry, Race and Culture*. Routledge.

Fernando, S. (2017). *Institutional racism in psychiatry and clinical psychology.* Palgrave Macmillan.

Fernando, S., Ndegwa, D., & Wilson, M. (1998). *Forensic Psychiatry, Race and Culture*. Routledge.

Finlay, L. (2002b). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research, 12*(4), 531-545. https://doi.org/10.1177/104973202129120052

Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181-194.

https://doi.org/10.1080/13645579.2016.1144401

Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect*, *46*, 163-173. https://doi.org/10.1016/j.chiabu.2015.01.011

Frith, H., & Gleeson, K. (2004). Clothing and embodiment: men managing body image and appearance. *Psychology of Men & Masculinity, 5*(1), 40-48.

Gavin, P. (2019). 'Prison Is the Worst Place a Traveller Could Be': The Experiences of Irish Travellers in Prison in England and Wales. *Irish Probation Journal*, *16*, 137-154.

Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works. *Criminology*, *34*(4), 575-608. https://doi.org/10.1111/j.1745-9125.1996.tb01220.x

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Aldine Transaction.

Goodbody, L., & Burns, J. (2011). Deconstructing personal-professional development in UK clinical psychology: Disciplining the interdisciplinarity of lived experience. *International Journal of Interdisciplinary Social Sciences, 5*(9), 295-309.

Gopal, D. P., & Rao, M. (2021). Playing hide and seek with structural racism. *BMJ, 373*, 1-2. https://doi.org/10.1136/bmj.n988

Gramsci, A., & Buttigieg, J. A. (1992). *Prison notebooks.* New York: Columbia University Press.

Greenwood, N., Habibi, R., Smith, R., & Manthorpe, J. (2015). Barriers to access and minority ethnic carers' satisfaction with social care services in the community: A systematic review of qualitative and quantitative literature. *Health & Social Care in the Community*, *23*(1), 64-78. https://doi.org/10.1111/hsc.12116

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*, *34*(10), 734-741. https://doi.org/10.1016/j.chiabu.2010.03.001

Her Majesty's Inspectorate of Prisons. (2020, October 28). *Minority ethnic prisoners' experiences of rehabilitation and release planning: A thematic review.* GOV.UK https://www.justiceinspectorates.gov.uk/ hmiprisons/wp-content/uploads/ sites/4/2020/ 10/Minority -ethnic-prisoners-and-rehabilitation-2020-web-1.pdf

Her Majesty's Prison and Probation Service. (2019, July 5). *Black and Minority Ethnic service users – effectiveness of rehabilitative services: A summary of evidence relating to the effectiveness of rehabilitative services for BAME people in prison or on probation.* GOV.UK https://www.gov.uk/guidance/black-and-minority-ethnic-service-users- effectiveness-of-rehabilitative-services

Her Majesty's Prison and Probation Service. (2020, November 26). *Offender Equalities Annual Report 2019/20*. Ministry of Justice Official Statistics Bulletin. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_ data/file/938345/hmpps-offender-equalities-2019-2020.pdf

Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, *3*(3), 345-357. https://doi.org/10.1177/1468794103033004

Home Office. (2016). Ending gang violence and exploitation: The cross-government approach to ending gang violence and exploitation. https://www.gov.uk/government/publications /ending-gang-violence-and- exploitation

Horgan, A., Manning, F., O'Donovan, M., Doody, R., Savage, E., Bradley, S. K., Dorrity, C., O'Sullivan, H., Goodwin, J., Greaney, S., Biering, P., Bjornsson, E., Bocking, J., Russell, S., MacGabhann, L., Griffin, M., van der Vaart, K. J., Allon, J., Granerud, A., …… Happell, B. (2020). Expert by experience involvement in mental health nursing education: The co-production of standards between experts by experience and academics in mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, *27*(5), 553-562. https://doi.org/10.1111/jpm.12605

Howells, K., & Day, A. (2007). Readiness for treatment in high risk offenders with personality disorders. *Psychology, Crime & Law*, *13*(1), 47-56. https://doi.org/10.1080/10683160600869767

Hunter, S., Craig, E., & Shaw, J. (2019). "Give it a Try": Experiences of black, Asian and minority ethnic young men in a prison-based offender personality disorder service. *Journal of Forensic Practice, 21* (1), 14-46.

https://doi.org/10.1108/JFP-07-2018 0026

Jacobson, J., Phillips, C., & Edgar, K. (2010). *" Double trouble"? Black, Asian and minority ethnic offenders' experiences of resettlement.* Clinks, The Prison Reform Trust. https://www.clinks.org/sites/default/files/2018-12/Double%20Trouble. Pdf

Johnson-Ahorlu, R. N. (2012). The academic opportunity gap: How racism and stereotypes disrupt the education of African American undergraduates. *Race Ethnicity and Education*, *15*(5), 633-652. https://doi.org/10.1080/13613324.2011.645566

Johnstone, L. (2018). Psychological formulation as an alternative to psychiatric diagnosis. *Journal of Humanistic Psychology*, *58*(1), 30-46. https://doi.org/10.1177/0022167817722230

Jolliffe, D., Cattell, J., Raza, A., & Minoudis, P. (2017). Factors associated with progression in the London pathway project. *Criminal Behaviour and Mental Health, 27*(3), 222-237. https://dio.org/10.1002/cbm.2035.

Jolliffe, D., & Haque, Z. (2017). Have prisons become a dangerous place? Disproportionality, safety and mental health in British Prisons. https://gala.gre.ac.uk /id/eprint/20107 /7/20107%20 JOLIFFE_Have_Prisons_Become_a_Dangerous_Place_ 2017.pdf

Jones, L., Brookes, M., & Shuker, R. (2013). An exploration of cultural sensitivity: the experiences of offenders within a therapeutic community prison. *Race and Justice, 3*(2), 144-158. https://dio.org/10.1177/ 2153368713483324

Keating, F. (2007). African and Caribbean men and mental health. *Ethnicity and Inequalities in Health and Social Care, 2*(2) 41-53.

https://doi.org/10.1108/17570980200900015

Keating, F., & Robertson, D. (2004). Fear, black people and mental illness: A vicious circle? *Health and Social Care in the Community, 12*(5), 439-447.

Keating, F., Robertson, D., & Kotecha, N. (2003). *Ethnic Diversity and Mental Health in London*: *Recent Developments*. Kings Fund.

Keating, F., Robertson, D., McCulloch, A., & Francis, E. (2002). *Breaking the Circles of Fear: A review of the relationship between mental health services and African and Caribbean communities.* Sainsbury Centre for Mental Health.

Keeling, P. (2017). No respect: *Young BAME men, the police and stop and search.* Criminal Justice Alliance. http://criminaljusticealliance. org/wp-content/uploads/2017/06/No-Respect-290617-1. pdf

Khunti, K., Routen, A., Pareek, M., Treweek, S., & Platt, L. (2020). The language of ethnicity. *BMJ, 371,* 1-2. https://doi.org/10.1136/bmj.m4493

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data. *Medical Teacher*, *42*(8), 846-854. https://doi.org/10.1080/0142159X.2020.1755030

Kinson, M. (2009). *Coercion and consent: monitoring the Mental Health Act 2007–2009: The Mental Health Act Commission Thirteenth Biennial Report 2007–2009*. Stationery Office.

Kremer, T. A. A. (2010). The experiences of black foreign national women prisoners in England: A qualitative study. [Doctoral thesis, University of Kent]. Kent Academic Repository.

Kruttschnitt, C., Dirkzwager, A., & Kennedy, L. (2013). Strangers in a strange land: Coping with imprisonment as a racial or ethnic foreign national inmate. *The British Journal of sociology*, *64*(3), 478-500. https://doi.org/10.1111/1468-4446.12028

Lammy, D. (2017). *The Lammy review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System.* GOV.UK. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf

Leach, R.M., Burgess, T., & Holmwood, C. (2008). Could recidivism in prisoners be linked to traumatic grief? A review of the evidence. *International Journal of Prisoner Health*, *4*(2), 104-119. https://doi.org/10.1080/17449200802038249

Lowe, F., & Pearson, J. (2010). Therapy with black and minority ethnic people in prisons and secure mental health settings: Keeping race in mind. In J. Harvey & K. Smedley (Eds.), *Psychological therapies in prison and other secure settings* (pp. 196-210). Willan Publishing.

Lu, W., Todhunter-Reid, A., Mitsdarffer, M. L., Muñoz-Laboy, M., Yoon, A. S., & Xu, L. (2021). Barriers and facilitators for mental health service use among racial/ethnic minority adolescents: a systematic review of literature. *Frontiers in Public Health*, *9*, 1-16. https://doi.org/10.3389/fpubh.2021.641605

Mac UK. (2019, December 19). *Vision, Mission and Values.* https://www,mac- uk.org/vision-mission-

values

Mac UK. (2021, January 2). *Mac-UK responds to Government's Children and Young People's Mental Health Green Paper.* https://mac-uk.org/news/mac-uk-responds -to-mental-health-green-paper/

Macpherson, W. (1999). *The Stephen Lawrence Inquiry.* Home Office. https://www.gov.uk/ government/uploads/system/ uploads/attachment_data/file/277111/4262.pdf

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative Health Research*, *26*(13), 1753-1760. https://doi.org/10.1177/1049732315617444

Maruna, S., & Roy, K. (2007). Amputation or reconstruction? Notes on the concept of "knifing off" and desistance from crime. *Journal of Contemporary Criminal Justice*, *23*(1), 104-124. https://doi.org/10.1177/1043986206298951

Mason, P., Hughes, N., Hek, R., Spalek, B., & Ward, N. (2009). *Access to Justice: a review of existing evidence of the experiences of minority groups based on ethnicity, identity and sexuality.* Ministry of Justice. https://www.academia.edu/2513459/Access _to_Justice_a_ review_ of_existing_evidence_of_the_experiences _of_minority_groups_based_on_ ethnicity_ identity_and_sexuality

Mauer, M. (1999). *Race to incarcerate*. New Press.

McInnis, E. (2017). Black psychology: A paradigm for a less oppressive clinical psychology? Special issue: Diversity. *Clinical Psychology Forum, 299*, 3-8.

McMahon, A. (2007). The Role of Therapy in Prisons. *Inside Out, 28,* 135-145. https://iahip.org/inside-out/issue-28-spring-1997/the-role-of-therapy-in-prison

Meechan, H., John, M., & Hanna, P. (2021). Understandings of mental health and support for Black male adolescents living in the UK. *Children and Youth Services Review*, *129*, 106-192. https://doi.org/10.1016/j.childyouth.2021.106192

Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic communities: a qualitative study in southeast England. *The Lancet*, *388*, 1-9. https://doi.org/10.1016/S0140-6736(16)32312-1

Miller, W.R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.

Ministry of Justice. (2016a, November 10). *National Offender Management Service (NOMS) Workforce Statistics Bulletin.* https://www.gov.uk/government/uploads/system /uploads/ attachment_data/file /591 910/ nomsworkforce -statistics-bulletin-31-december-2016.pdf

Ministry of Justice. (2016b, November 16). *Black, Asian and Minority Ethnic disproportionality in the Criminal Justice System in England and Wales.* https://www.gov.uk/government/publications/black-asian-and-minority-ethnic disproportionality-in-the-criminal-justice-system-in-en gland-and-wales

Ministry of Justice. (2018, July 5). *The effectiveness of rehabilitative services for Black, Asian and*

Minority Ethnic people: a rapid evidence assessment.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment

data/file/721977/ the-effectiveness-of-rehabilitative-services-for-BAME.pdf

Ministry of Justice. (2020, December 2). National statistics: Ethnicity and the Criminal Justice System, 2020. https://www.gov.uk/government/statistics/ethnicity-and-the-criminal-justice-system-statistics-2020/ethnicity-and-the-criminal-justice-system -2020

National Offender Management Service. (2008, December 1). *Race Review 2008: Implementing Race Equality in Prisons – Five Years On.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/294157/1000439 crace_review_part_1.pdf

National Institute for Health and Care Excellence. (2011, May 25). *Common Mental Health Problems: Identification and Pathways to Care.*

https://www.nice.org.uk/guidance/ cg123

National Institute for Health and Care Excellence. (2014, March 1). *Psychosis and schizophrenia in adults – prevention and management: Psychological therapies.*

https://www.nice.org.uk/guidance/cg178/ifp/

National Institute for Health and Care Excellence. (2018, December 5). *Post-traumatic stress disorder.*

https://www.nice.org.uk/guidance/ng116/resources/posttraumatic-stress-disorder- pdf-66141601777861

Naz, S., Gregory, R., & Bahu, M. (2019). Addressing issues of race, ethnicity and culture in CBT to

support therapists and service managers to deliver culturally competent therapy and reduce inequalities in mental health provision for BAME service users. *The Cognitive Behaviour Therapist*, *12*, 1-17. https://doi.org/10.1017/S1754470X19000060

Newman, A. P. (1993). *Prison Literacy: Implications for Program and Assessment Policy.* National Center on Adult Literacy. https://files.eric.ed.gov/fulltext/ED363729. pdf

NHS. (2021, June 25). *Equality, diversity and inclusion strategy.* NHS Health Research Authority. https://www.hra.nhs.uk/about-us/governance/equality-and-diversity/equality-diversity-and-inclusion-strategy/

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1-13. https://doi.org/ 10.1177/1609406917733847

Oliver, C. (2011). Critical Realist Grounded Theory: A New Approach for Social Work Research. *British Journal of Social Work, 42*(2), 371-387. https://doi.org/ 10.1093/bjsw/bcr064

Owusu-Bempah, K., & Howitt, D. (2000). Socio-genealogical connectedness: on the role of gender and same-gender parenting in mitigating the effects of parental divorce. *Child and Family Social Work*, *5*(2), 107-116.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Sage.

Pihama, L., Smith, L. T., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., Te Nana, R., Skipper, H., & Southey, K. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing, 2*(3), 18–31.

Pilgrim, D. (2020). *Critical realism for psychologists.* Routledge.

Players, E. (2013). Women in the criminal justice system: the triumph of inertia. *Criminology & Criminal Justice, 14*(3), 276–297. https://doi.org/10.1177/1748895813495218

Popoveniuc, B. (2014). Self reflexivity. The ultimate end of knowledge. *Procedia-Social and Behavioral Sciences*, *163*, 204-213. https://doi.org/10.1016/j.sbspro.2014.12.308

Power, C. (2003). Irish Travellers: Ethnicity, racism and pre-sentence reports. *Probation Journal*, *50*(3), 252-266. https://doi.org/10.1177/026455050350301

Prison Phone. (2018). *Prison budget cuts: The actual Statistics.* https://www.prisonphone. co.uk/blog/prison-budget-cuts-the-actual-statistics/#:~:text=The%20Extent%20of %20the%20Financial% 20Cuts%20 From%202011%2F12,financial% 20terms%2C%20that%20equates%20to%20around%20 £900%20million.

Quinn, A., Hardwick, N., & Meek, R. (2021). With Age Comes Respect? And for Whom Exactly? A Quantitative Examination of White and BAME Prisoner Experiences of Respect Elicited through HM Inspectorate of Prisons Survey Responses. *The Howard Journal, 60*(2), 251-272. https://doi.org/10.1111/hojo.12413

Rimke, H. (2016). Mental and emotional distress as a social justice issue: Beyond psychocentrism. *Studies in Social Justice, 10*(1), 4-17. https://doi.org/10.26522/ssj.v10i1.1407

Roberts, N., & Bolton, P. (2020). *Educational outcomes of Black pupils and students* (Report No. 09023). House of Commons Library. https://researchbriefings.files.parliament.uk/documents/CBP-9023/CBP-9023.pdf# :~ :text=At%20GCSE%20level%2C%20

young%20people%20from%20the% 20Black,key% 20measures%20than%2 0White%20 pupils%20eligible%20for%20FSM.

Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine*, *41*(1), 71-83. https://doi:10.1017/S0033291710000401

Ross, T. (2016, January 31). David Cameron: 'Black People More Likely to Be in Prison than at a Top University. *The Telegraph*. http://www.telegraph.co.uk/news/politics/david-cameron/12131928/Labours-David-Lammy-to-lead-government-race-review.html

Rutherford, M., & Duggan, S. (2007). *Forensic Mental Health Services: Facts and figures on current provision.* Sainsbury Centre for Mental Health.

Sanchez-Hucles, J. V. (1999). Racism: Emotional abusiveness and psychological trauma for ethnic minorities. *Journal of Emotional Abuse*, *1*(2), 69-87. https://doi.org/10.1300/J135v01n02_04

Sancho, T. N., & Larkin, M. (2020). We need to slowly break down this barrier: Understanding the barriers and facilitators that Afro-Caribbean undergraduates perceive towards accessing mental health services in the UK. *Journal of Public Mental Health*, *19*(1), 63-81. https://doi.org/10.1108/JPMH-12-2019-0099

Sandelowski, M., & Leeman, J. (2012). Writing usable qualitative health research findings. *Qualitative Health Research, 22(*10), 1404–1413.

https://doi.org/10.1177/1049732312450368

Saunders, A., Browne, D., & Durcan, G. (2013). *The Bradley Commission Briefing: Black and minority ethnic communities, mental health and criminal justice.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Bradley_Commission_ briefing1_BME.pdf

Sawrikar, P., & Katz, I. (2017). The treatment needs of victims/survivors of child sexual abuse (CSA) from ethnic minority communities: A literature review and suggestions for practice. *Children and Youth Services Review*, *79*, 166-179. https://doi.org/10.1016/j.childyouth.2017.06.021

Sewell, H. (2008). *Working with ethnicity, race and culture in mental health: A handbook for practitioners*. Jessica Kingsley Publishers.

Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to do a systematic review: A best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annual review of psychology*, *70*, 747-770.

Smith, J. A. (2003). Qualitative psychology: A practical guide to research methods. Sage Publications Inc.

Smith, J. A., & Nizza, I. E. (2022). *Essentials of interpretative phenomenological analysis*. American Psychological Association. https://doi.org/10.1037/0000259-000

Spalek, B. (2007). *Communities, identities and crime*. Policy Press.

Spiers, J., & Riley, R. (2019). Analysing one dataset with two qualitative methods: The distress of general practitioners, a thematic and interpretative phenomenological analysis. *Qualitative Research in Psychology, 16*(2), 276–290. https://doi.org/10.1080/14780 887.2018.1543099

Sproston, K., & Nazroo, J. (2002). *Ethnic Minority Psychiatric Illness Rates in the Community.* National Centre for Social Research.

Steinfeldt, J. A., Clay, S. L., & Priester, P. E. (2020). Prevalence and perceived importance of racial matching in the psychotherapeutic dyad: a national survey of addictions treatment clinical practices. *Substance Abuse Treatment, Prevention, and Policy*, *15*(1), 1-8.

Sue, S., Fujino, D. C., Hu, L.-t., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology, 59*(4), 533– 540. https://doi.org/10.1037/0022-006X.59.4.533

Suhomlinova, O., Ayres, T. C., Tonkin, M. J., O'Reilly, M., Wertans, E., & O'Shea, S. C. (2022). Locked up while locked down: Prisoners' experiences of the COVID-19 pandemic. *The British Journal of Criminology*, *62*(2), 279-298. https://doi.org/10.1093/bjc/azab060

Taylor, S. P. (2018). Critical realism vs social constructionism & social constructivism: application to a social housing research study. *International Journal of Sciences: Basic and Applied Research*, *37*(2), 216-222.

Tegnerowicz, J. (2018). "Maybe it was something wrong with me": On the psychiatric pathologization of black men. *Inequality, Crime, and Health among African American Males*, *20*, 73-94. https://doi.org/10.1108/S0195-744920180000020005

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Healthcare for the Poor and Underserved*, *9*(2), 117-125.

The Young Review. (2014). *Improving outcomes for young black and/or Muslim men in the Criminal Justice System.* Clinks, The Prison Reform Trust. https://www.clinks.org/sites/default/files/2018-10/clinks_young-review_report_final-web0.pdf

Tikly, L. (2022). Racism and the future of antiracism in education: A critical analysis of the Sewell Report. *British Educational Research Journal*, *48*(3), 469-487. https://doi.org/10.1002/berj.3776

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837-851. https://doi.org/10.1177/1077800410383121

Tsintsadze, K. (2021). *A record of our own: lockdown experiences of ethnic minority prisoners.* The Zahid Mubarek Trust. https://thezmt.org/2021/03/31/a-record-of-our-own-lockdown-experiences-of-ethnic-minority- prisoners/

Turpin, G., & Coleman, G. (2010). Clinical psychology and diversity: Progress and continuing challenges. *Psychology Learning & Teaching, 9*(2), 17-27.

Vahdaninia, M., Simkhada, B., Van Teijlingen, E., Blunt, H., & Mercel-Sanca, A. (2020). Mental health services designed for Black, Asian and Minority Ethnics (BAME) in the UK: a scoping review of case studies. *Mental Health and Social Inclusion, 24*(2), 81-95. https://doi.org/10.1108/MHSI-10-2019-0031

Visher, C. A., Debus-Sherrill, S. A., & Yahner, J. (2011). Employment after prison: A longitudinal study of former prisoners. *Justice Quarterly*, *28*(5), 698-718. https://doi.org/10.1080/07418825.2010.535553

Wade, J. C. (2006). The case of the angry Black man. In M. Englar-Carlson & M. A. Stevens (Eds.), *In the room with men: A casebook of therapeutic change* (pp. 177–196). American Psychological Association. https://doi.org/10.1037/11411-009

Waid, J., & Kelly, M. (2020). Supporting family engagement with child and adolescent mental health services: A scoping review. *Health & Social Care in the Community*, *28*(5), 1333-1342. https://doi.org/10.1111/hsc.12947

Williams, P., & Durrance, P. (2017). Resisting effective approaches for BAME offenders in England and Wales: the triumph of inertia. In P. Ugwudike, P. Raynor & J. Annison (Eds.), *Evidence-based skills in criminal justice: International perspectives on effective practice*. Policy Press.

Williams, K. S., Litchfield, Z., & Earle, J. (2018). *Still no way out: Foreign national women and trafficked women in the criminal justice system.* Hibiscus Initiatives, Prison Reform Trust. http://www.prisonreformtrust.org.uk/wp-content/uploads/old _files/Documents/Still%2 l 0No%20Way%20Out%20full %20report.pdf

Williams, P.E., Turpin, G., & Hardy, G. (2006). Clinical Psychology service provision and ethnic diversity within the UK: A review of the literature. *Clinical Psychology and Psychotherapy, 13,* 324-338. https://doi.org/10.1002/cpp.497

Willig, C. (1999). Beyond appearances: A critical realist approach to social constructionism. In D.J. Nightinghale & J. Cromby (Eds.), *Social Constructionist Psychology: A Critical Analysis of Theory and Practice.* Open University Press.

Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). Open University Press.

Willing, C. (2013). *Introducing Qualitative Research in Psychology*. McGraw–Hill Education.

Wilson, D. (2003). ''Keeping Quiet' or 'Going Nuts': Young Black People in Custody at a Time of Childhood Being Re-constructed'. *Howard Journal, 42*(5), 411-425. https://doi.org/10.1046/j.1468-2311.2003.00297.x

Wood, N., & Patel, N. (2017). On addressing 'Whiteness' during clinical psychology training. *South African Journal of Psychology, 47*(3), 280-291. https://doi.org/10.1177/0081246317722099

Yasmin-Qureshi, S., & Ledwith, S. (2020). Beyond the barriers: South Asian women's experience of accessing and receiving psychological therapy in primary care. *Journal of Public Mental Health*, *20*(1), 3-14. https://doi.org/10.1108/JPMH-06-2020-0058

Youth Justice Board (2012, January 26). *Youth Justice Statistics 2010-2011*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279892/yjb-statistics-10-11.pdf

Zahid Mubarek Inquiry. (2006, June 29). *Independent Report: Report of the Zahid Mubarek inquiry.* GOV.UK https://www.gov.uk/government/publications/report-of-the-zahid-mubarek - inquiry

APPENDICES

Appendix A

Glossary of Key Terms

Culture

Culture can be described as "the substance of cohesion between people [which] represents shared ideas, non-material structures, habits and rules that help to circumscribe membership of a group" (Sewell, 2009, p.19). Fernando (1991) notes that culture is often confused with race, and can also incorrectly be seen as an aspect that differentiates from the dominant group (Bhugra & Bhui, 2018). Bhui (2002) further notes that there are subcultures within most modern societies, and that culture is not static, particularly where there are interactions between subcultures.

Interactions between communities and subcultures are also evident within prison settings globally (Bell et al., 2022; Malizia, 2021; Ross, 2021). Therefore, the current study acknowledges the complexity and dynamic nature of culture as a construct (Patel et al., 2000).

Ethnically Minoritised

The study has utilised the term 'ethnically minoritised' to describe individuals from an EM background as it was deemed the most appropriate label in the current context. Although both the prison service and NHS have primarily used the term BAME in recent years, terms such as BAME, BME and non-white have been highlighted as being problematic in homogenising EM groups (Khunti et al., 2020). Indeed, despite its wide use by services, Khunti et al. (2020) highlight that as little as 13% of individuals from an EM background would use the term BAME as an appropriate term to define their ethnicity.

Aspinall (2020) further highlights that terms used to describe EM individuals generally do not include white EM groups such as Gypsy, Roma and Traveller (GRT) individuals, despite being some of the most disadvantaged and marginalised groups in Britain. Aspinall argues that terms such as BME and BAME "reproduce unequal power relations where white is not a visible marker of identity and is therefore a privileged identity" (p. 107). Both the Office for National Statistics and Cabinet Office now advise against the use of these acronyms. A report from the Commission on the Future of Multi-Ethnic Britain (Parekh, 2000) cautioned against the use of terms such as 'minority ethnic' and 'ethnic minority' as the word 'minority' implies lesser importance (Mir, 2016). The term 'minoritised' arguably better reflects the social processes that have led to the marginalisation of some ethnic groups.

Mental Health

Mental health refers to a state of well-being whereby an individual can cope with the typical stresses of life, work productively and contribute to their community (WHO, 2001). It is well-documented that individuals from a low socio-economic status (SES) are more likely to face mental health difficulties (Melzer et al., 2004; Read, 2010). It has been posited that low SES populations have less basic resources available to them, what Cooper (2011) terms 'social safety nets', that are necessary for mental health and wellbeing. EM individuals are disproportionately represented within low SES populations, and are thus more likely to be exposed to such negative experiences (Gilchrist & Kyprianou, 2011).

Race

It is acknowledged that classifying people into racial groups has a long and racist history in western culture, as a crude way to explain status or power (Fernando 1991), rather than being a scientific concept. Lowe and Pearson (2010) highlight that although the use of the term 'race' is not ideal, it is

the currently accepted terminology for defining different racial groups. Khunti et al. (2020) state that disaggregating minority populations allows acknowledgement of different histories and social and economic experiences.

Racism

Racism is discrimination by an individual, community, or institution against a person or people on the basis of their membership of a particular racial or ethnic group, typically one that is a minority or marginalised, and is rooted in the idea that such groups are inferior to majority groups (Bhugra & Bhui, 2002). Institutional racism specifically refers to "discriminatory treatment, unfair policies and inequitable opportunities and impacts, based on race, produced and perpetuated by institutions" (Lawrence & Keleher, 2004, p.1) and ultimately disadvantages people in EM groups (Macpherson Report, 1999).

Therapy

Although it is acknowledged that what is perceived to be 'therapeutic' may vary between individuals, traditional psychological therapy is defined as "meeting with a therapist (a healthcare professional competent in giving psychological therapy) …. to talk about your feelings and thoughts and how these affect your behaviour and wellbeing individually or as a group" (NICE, 2014, Para 1). Examples of this include cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT) psychodynamic therapy and counselling (NICE, 2014; NHS, 2022).

Acronyms used in the Current Study

Cognitive Behavioural Therapy (CBT)

CBT is a talking therapy based on the concept that an individual's thoughts, feelings, physical sensations and behaviours are interconnected, and that negative thoughts and feelings can cause difficulties for the individual. It aims to help deal with overwhelming problems by breaking them down into smaller parts. Unlike some other types of therapy, CBT deals with current problems, rather than focusing on the past. CBT is primarily use as a way of treating anxiety and depression, but can be used for other mental health difficulties also.

Compassion Focused Therapy (CFT)

CFT is a therapeutic approach originally developed to help people with high shame and self-criticism. CFT focuses on three systems of emotion regulation: the threat (protection) system, the drive (resource seeking) system and the soothing system. CFT may be particularly helpful for people experiencing anxiety, by addressing patterns of shame and self-criticism, and developing self-compassion.

Criminal Justice System (CJS)

The criminal justice system in the UK is the collective body responsible for implementing justice in the UK. It consists several main institutions: police, crown prosecution service, courts, the prison system. The criminal justice system has different jurisdictions, structures, and operations in England and Wales, Scotland, and Northern Ireland.

Dialectical Behaviour Therapy (DBT)

DBT is a type of talking therapy based on CBT but has been adapted for people who feel emotions very intensely. The aims of DBT are to help understand and accept difficult feelings, and learn skills to help manage them.

Eye Movement Desensitisation and Reprocessing (EMDR)

EMDR is a therapy used to help people recover from distressing events and the problems they have caused, like flashbacks, upsetting thoughts or images, depression or anxiety. It is recognised by the National Institute for Health and Care Excellence (NICE) as a treatment for post-traumatic stress disorder (PTSD).

Foreign National Prisoner (FNP)

A foreign national prisoner is anyone remanded or convicted on criminal charges who does not have the legal right to remain in the UK. Cases of foreign national prisoners are referred to the Home Office Immigration Enforcement (HOIE).

Mental Health Inreach Team (MHIRT)

In the context of prison, multi-disciplinary MHIRTs provide treatment and support for people with mental health needs. They offer a similar range of specialist care, treatment and support as provided by community mental health services.

Mental Health Services (MHS)

Mental health services provide support to people who are experiencing difficulties in their mental health. They are free to access via the NHS. Typically, individuals are encouraged to access support via their GP who can make a referral for appropriate support. Some services, such as talking therapies, can be accessed via self-referral.

Ministry of Justice (MOJ)

The Ministry of Justice is a major government department, at the centre of the justice system. The MOJ states its aim as to protect and advance the principles of justice, and deliver a world-class justice system that works for everyone in society. They are responsible for: courts, prisons, probation services and attendance centres. The MOJ report to work to ensure that sentences are served and offender rehabilitation is encouraged, providing service in over 300 courts and 100 prisons in England and Wales.

Therapeutic Community (TC)

A therapeutic community is a long-term intervention aimed at reducing the risk of reoffending. TCs are based on the principle that people belonging to a community are able to change through their interpersonal experiences, and personal growth is encouraged. Formal therapy groups are also provided. Prisoners are encouraged to build positive relationships with staff as well as other residents.

Trauma- Informed Care (TIC)

A trauma-informed care approach incorporates awareness of trauma and its impact into all aspects of organisational functioning. An organisation that provides trauma-informed care aims to recognise signs of trauma in service users, integrate knowledge about trauma in to practice and prevents re-traumatisation.

Appendix B

Systematic Review Search Strategy

Terms related to participant group "ethnic minority prisoners"	AND	Terms related to context "prison; therapy"	AND	Terms related to outcome "experience"
"Ethnic minorit* AND Prisoner" OR "Ethnically minoritised AND Prisoner" OR "Minoritised ethnic* AND Prisoner" OR "BAME AND Prisoner" OR "White ethnic Minority AND Prisoner" OR "Black AND Prisoner" OR "Asian AND Prisoner" OR "People of the global majority AND Prisoner" OR "People of colour AND Prisoner" OR "Foreign national Prisoners OR Above search terms with "inmates/ prison*/ offend*"		"Prison AND therap*" OR "Prison AND psychology Interventions" OR "Prison AND psycholog* interventions" OR "Mental Health" OR "Wellbeing" OR Above search terms with "Programme / Group/ Individual intervention"		"Perceptions" OR "Engagement" OR "Access"

Appendix C

Confirmation of Ethical Approval from the University of Hertfordshire

University of Hertfordshire UH

University of Hertfordshire
Higher Education Corporation
Hatfield, Hertfordshire
AL10 9AB

Telephone +44 (0) 1707 284000
Fax +44 (0) 1707 284115
Website www.herts.ac.uk

John M Senior
BSc MSc DSc PGCE CEng FIET FRSA FHEA
Professor of Communication Networks
Pro Vice-Chancellor (Research and Enterprise)

Dr J Scott and Ms S Parrish
Department of Psychology, Sport & Geography
School of Life & Medical Sciences

12 May 2022

Dear Jacqui and Sadie

Re: **UNIVERSITY OF HERTFORDSHIRE SPONSORSHIP IN FULL for the following:**
RESEARCH STUDY TITLE: "What factors affect ethnic minority individuals' engagement in prison psychological interventions: A Grounded Theory"
NAME OF CHIEF INVESTIGATOR (Supervisor): Dr Jacqui Scott
NAME OF INVESTIGATOR (Student): Ms Sadie Parrish
UNIVERSITY OF HERTFORDSHIRE ETHICS PROTOCOL NUMBER: LMS/PGR/NHS/02962
HEALTH RESEARCH AUTHORITY REFERENCE: 298156

This letter is to confirm your research study detailed above has been reviewed and accepted and I agree to give full University of Hertfordshire sponsorship, so you may now commence your research.

As a condition of receiving full sponsorship, please note that it is the responsibility of the Chief Investigator to inform the Sponsor at any time of any changes to the duration or funding of the project, changes of investigators, changes to the protocol and any future amendments, or deviations from the protocol, which may require re-evaluation of the sponsorship arrangements.

Permission to seek changes as outlined above should be requested from myself before submission to the Health Research Authority (HRA) Research Ethics Committee (REC) and I must also be notified of the outcome. It is also essential that evidence of any further NHS Trust or other site permissions is sent as soon as they are received. Copies of annual reports and the end of study report as submitted to the HRA also need to be provided. Please do this via email to research-sponsorship@herts.ac.uk

Please note that University Sponsorship of your study is invalidated if this process is not followed.

In the meantime, I wish you well in pursuing this interesting research study.

Yours sincerely

Professor J M Senior
Pro Vice-Chancellor (Research and Enterprise)
Email: j.m.senior@herts.ac.uk

Appendix D

Confirmation of NHS Ethical Approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

Ariennir gan Lywodraeth Cymru
Funded by Welsh Government

Wales REC 3
Health and Care Research Wales Support Centre
Castlebridge 4
15-19 Cowbridge Road East
Cardiff CF11 9AB

Telephone: 029 2078 5741
E-mail: Wales.REC3@wales.nhs.uk

24 November 2021

Dr Jacqui Scott
University of Hertfordshire
College Lane
Hatfield, Hertfordshire
AL10 9AB

Dear Dr Scott

Study title:	**What factors affect ethnic minority individuals' engagement in prison psychological interventions: A Grounded Theory.**
REC reference:	**21/WA/0283**
IRAS project ID:	**298156**

Thank you for your letter of 22 November 2021, responding to the Research Ethics Committee's (REC) request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Vice-Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Good practice principles and responsibilities

The UK Policy Framework for Health and Social Care Research sets out principles of good practice in the management and conduct of health and social care research. It also outlines the responsibilities of individuals and organisations, including those related to the four elements of research transparency:

1. registering research studies
2. reporting results
3. informing participants
4. sharing study data and tissue

Conditions of the favourable opinion

Confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or NHS management permission (in Scotland) should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All research should be registered in a publicly accessible database and we expect all researchers, research sponsors and others to meet this fundamental best practice standard.

It is a condition of the REC favourable opinion that **all clinical trials are registered** on a publicly accessible database within six weeks of recruiting the first research participant. For this purpose, 'clinical trials' are defined as the first four project categories in IRAS project filter question 2. Failure to register a clinical trial is a breach of these approval conditions, unless a deferral has been agreed by or on behalf of the Research Ethics Committee (see here for more information on requesting a deferral: https://www.hra.nhs.uk/planning-and-improving-research/research-planning/research-registration-research-project-identifiers/

If you have not already included registration details in your IRAS application form, you should notify the REC of the registration details as soon as possible.

Further guidance on registration is available at: https://www.hra.nhs.uk/planning-and-improving-research/research-planning/transparency-responsibilities/

Publication of Your Research Summary

We will publish your research summary for the above study on the research summaries section of our website, together with your contact details, no earlier than three months from the date of this favourable opinion letter.

Should you wish to provide a substitute contact point, make a request to defer, or require further information, please visit: https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/

N.B. If your study is related to COVID-19 we will aim to publish your research summary within 3 days rather than three months.

During this public health emergency, it is vital that everyone can promptly identify all relevant research related to COVID-19 that is taking place globally. If you haven't already done so, please register your study on a public registry as soon as possible and provide the REC with the registration detail, which will be posted alongside other information relating to your project. We are also asking sponsors not to request deferral of publication of research summary for any projects relating to COVID-19. In addition, to facilitate finding and extracting studies related to COVID-19 from public databases, please enter the WHO official acronym for the coronavirus disease (COVID-19) in the full title of your study. Approved COVID-19 studies can be found at: https://www.hra.nhs.uk/covid-19-research/approved-covid-19-research/

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

After ethical review: Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study, including early termination of the study
- Final report
- Reporting results

The latest guidance on these topics can be found at https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/.

Ethical review of research sites

NHS/HSC sites

The favourable opinion applies to all NHS/HSC sites taking part in the study, subject to confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or management permission (in Scotland) being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS/HSC sites

I am pleased to confirm that the favourable opinion applies to any non-NHS/HSC sites listed in the application, subject to site management permission being obtained prior to the start of the study at the site.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Copies of materials calling attention of potential participants to the research [Expression of Interest form]	4	02 November 2021
Evidence of Sponsor insurance or indemnity (non-NHS Sponsors only) [Proof of Insurance]	2	12 October 2021
Interview schedules or topic guides for participants [Draft Interview Schedule]	1	15 July 2021
IRAS Application Form [IRAS_Form_23082021]		23 August 2021
IRAS Application Form XML file [IRAS_Form_26072021]		26 July 2021
IRAS Application Form XML file [IRAS_Form_23082021]		23 August 2021
IRAS Checklist XML [Checklist_23082021]		23 August 2021
IRAS Checklist XML [Checklist_15102021]		15 October 2021
IRAS Checklist XML [Checklist_22112021]		22 November 2021
Letter from sponsor [Sponsorship Letter]		09 July 2021
Other [Transcription Agreement]	1	15 July 2021
Other [University of Herts Legal Liability]	2	12 October 2021
Other [Updated Debrief and further support sheet]	2	12 October 2021
Other [Summary sheet]	3	12 October 2021

Other [REC amendments and outcomes tables]	1	15 October 2021
Other [Summary sheet]	4	02 November 2021
Participant consent form [Consent Form]	4	01 November 2021
Participant information sheet (PIS) [Participant Information Sheet - User Friendly]	2	14 July 2021
Participant information sheet (PIS) [Participant Information Sheet]	4	01 November 2021
Research protocol or project proposal [IRAS Protocol]	1	13 July 2021
Response to Request for Further Information [Email from applicant]		22 November 2021
Summary CV for Chief Investigator (CI) [Chief Investigator CV]		15 July 2021
Summary CV for student [Student CV]	1	12 October 2021

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Learning

We are pleased to welcome researchers and research staff to our HRA Learning Events and online learning opportunities– see details at: https://www.hra.nhs.uk/planning-and-improving-research/learning/

IRAS project ID: 298156 Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

Dr Andrea Longman
Vice Chair

Email: Wales.REC3@wales.nhs.uk

Enclosures: "After ethical review – guidance for researchers"

After ethical review guidance for sponsors and investigators – Non CTIMP Standard Conditions of Approval]

Copy to: Ms Elaine Hubbard

Lead Nation England: approvals@hra.nhs.uk

Appendix E

Confirmation of Prison Ethical Approval

Ministry of Justice

HM Prison & Probation Service

National Research Committee
Email: National.Research@Justice.gov.uk

16/12/2021

APPROVED SUBJECT TO MODIFICATIONS

Ref: 2021-183
Title: What factors affect ethnic minority individuals' engagement in prison psychological interventions?

Dear Sadie,

Further to your application to undertake research across HMPPS, the National Research Committee (NRC) is pleased to grant approval in principle for your research. The Committee has requested the following modifications:

- The research aims and title should be modified to reflect the scope and purpose of the research, making it clear the research is focussing on the experiences of ethnic minority individuals who have engaged with [redacted] and that it is not an evaluation.
- When approaching those who have withdrawn from the service, this should be done sensitively and consider individual circumstances/reasons for withdrawing from the service. If someone has withdrawn and not consented to their details being passed on, they should not be contacted.
- Vouchers should not be given to offenders while under prison or probation supervision. Payment will only be considered in very exceptional circumstances – there will need to be strong evidence that response rates have become problematic in the approved study before seeking approval through the NRC for payments to be made.

Before the research can commence you must agree formally by email to the NRC (National.Research@Justice.gov.uk), confirming that you accept the modifications set out above and will comply with the terms and conditions outlined below.

Please note that the decision to grant access to prison establishments or Probation Service regions (and the offenders and practitioners within these establishments/regions) ultimately lies with the Governing Governor/Director of the establishment or the Probation Service Regional Probation Director of the region concerned. If establishments/regions are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please note that a MoJ/HMPPS policy lead may wish to contact you to discuss the findings of your research. If requested, your contact details will be passed on and the policy lead will contact you directly.

Please quote your NRC reference number in all future correspondence.

Yours sincerely,
Eve Schofield
National Research Committee

National Research Committee - Terms and Conditions

All research

- **COVID-19: changes to the regime at the study sites** – Researchers hold responsibility to follow the guidance set out in the **NRC COVID-19 Medium-Term Plan** and act appropriately to changes in the regime. If the research being undertaken no longer fits the guidelines, researchers should cease fieldwork and confirm they have done so, either by contacting the relevant HMPPS research leads or the NRC. To recommence research, an amendment and updated **NRC COVID-19 Risk Assessment Form** should be submitted to the NRC outlining the changes to the regime, and any proposed changes to the methodology or timescales.
- **COVID-19: risk levels in the researchers' local area-** To reduce the risk of transmission, researchers should follow local and national guidance and not travel in to the research site if they are living in a high risk area with additional restrictions. See here for a list of areas with local restrictions: https://www.gov.uk/government/collections/local-restrictions-areas-with-an-outbreak-of-coronavirus-covid-19.
- **Changes to study -** Informing and updating the NRC promptly of any changes made to the planned methodology. ***This includes changes to the start and end date of the research***.
- **Dissemination of research** - The researcher will receive a research summary template attached to the research approval email from the National Research Committee. This is for completion once the research project has ended (ideally within one month of the end date) and must be sent prior to any output or papers being released or submitted for publication. The researcher should complete the research summary document (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for MoJ/HMPPS decision-makers. The research summary should use language that an educated, but not research-trained person, would understand. It should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. It should be submitted to the NRC. Provision of the research summary is essential if the research is to be of real use to MoJ and HMPPS.
- **Publications -** The NRC (National.Research@Justice.gov.uk) to receive an electronic copy of any output or papers submitted for release or publication based on this research at the time of submission and at least one month in advance of the publication. The date (when known) and location of publication should be clearly outlined.
- **Data protection** - Researchers must comply with the requirements of the Data Protection Act 2018, the General Data Protection Regulation (GDPR) and any other applicable legislation. Data protection guidance can be found on the Information Commissioner's Office website: http://ico.org.uk
  Researchers must store all data securely and ensure that information is coded in a way that maintains the confidentiality and anonymity of research participants. The researchers must abide by any data sharing conditions stipulated by the relevant data controllers.
- **Research participants -** Consent must be given freely. It will be made clear to participants verbally and in writing that they may withdraw from the research at any point and that this will not have adverse impact on them. If research is undertaken with vulnerable people – such as young offenders, offenders with learning difficulties or those who are vulnerable due to psychological, mental disorder or medical circumstances - then researchers should put special precautions in place to ensure that the participants understand the scope of their research and the role that they are being asked to undertake. Consent will usually be required from a parent or other responsible adult for children to take part in the research.

- **Termination** – MoJ/HMPPS reserves the right to halt research at any time. It will not always be possible to provide an explanation, but we will undertake where possible to provide the research institution/sponsor with a covering statement to clarify that the decision to stop the research does not reflect on their capability or behaviour.

Research requiring access to prison establishments and/or Probation Service regions

- **Access –** Approval from the Governing Governor/Director of the establishment or the Probation Service Regional Probation Director of the region you wish to research in. (Please note that NRC approval does not guarantee access to establishments or Probation Service regions; access is at the discretion of the Governing Governor/Director or Probation Service Regional Probation Director and subject to local operational factors and pressures). This is subject to clearance of vetting procedures for each establishment/Probation Service region.
- **Security** – Compliance with all security requirements.
- **Disclosure –** Researchers are under a duty to disclose certain information to prison establishments/probation region. This includes behaviour that is against prison rules and can be adjudicated against, undisclosed illegal acts, and behaviour that is potentially harmful to the research participant (e.g. intention to self-harm or complete suicide) or others. Researchers should make research participants aware of this requirement.

Appendix F

Confirmation of Amendment Approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

Arlennir gan Lywodraeth Cymru
Funded by Welsh Government

Wales Research Ethics Committee 3
Cardiff

Mailing address:
Health and Care Research Wales
Castlebridge 4
15-19 Cowbridge Road East
Cardiff, CF11 9AB

Email: Wales.REC3@wales.nhs.uk
Website: www.hra.nhs.uk

07 July 2022

Dr Jacqui Scott
University of Hertfordshire
College Land
Hatfield
AL10 9AB

Dear Dr Scott

Study title:	**What factors affect ethnic minority individuals' engagement in prison psychological interventions: A Grounded Theory.**
REC reference:	**21/WA/0283**
Amendment number:	**SA001**
Amendment date:	**10 June 2022**
IRAS project ID:	**298156**

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review gave a favourable ethical opinion of the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Document	*Version*	*Date*
Completed Amendment Tool [Amendment tool]	1	10 June 2022
Other [Debrief form - community version]	3	12 March 2022
Other [Expression of Interest - Community version]	5	12 March 2022
Other [Summary sheet - community version]	5	12 March 2022
Other [Community additional letter TFP]	1	06 July 2022
Other [Community additional letter Oxleas]	1	06 July 2022
Participant consent form [Consent form - Community version]	5	12 March 2022
Participant information sheet (PIS) [PIS - Community version]	5	12 March 2022

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

Working with NHS Care Organisations

Sponsors should ensure that they notify the R&D office for the relevant NHS care organisation of this amendment in line with the terms detailed in the categorisation email issued by the lead nation for the study.

Amendments related to COVID-19

We will update your research summary for the above study on the research summaries section of our website. During this public health emergency, it is vital that everyone can promptly identify all relevant research related to COVID-19 that is taking place globally. If you have not already done so, please register your study on a public registry as soon as possible and provide the HRA with the registration detail, which will be posted alongside other information relating to your project.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

HRA Learning

We are pleased to welcome researchers and research staff to our HRA Learning Events and online learning opportunities– see details at: https://www.hra.nhs.uk/planning-and-improving-research/learning/

IRAS Project ID - 298156:	**Please quote this number on all correspondence**

Yours sincerely

PP: Miss Megan Jones
Dr Kath Clarke
Chair

E-mail: Wales.REC3@wales.nhs.uk

Enclosures:	*List of names and professions of members who took part in the review*
Copy to:	*Miss Sadie Parrish*

Wales REC 3

Attendance at Sub-Committee of the REC meeting on 24 June 2022

Committee Members:

Name	*Profession*	*Present*	*Notes*
Dr Kath Clarke	Acting Assistant Director of Clinical Governance (Chair)	Yes	
Dr Andrea Longman	Researcher / Reasearch Coordinator for the Arthritis Research UK Biomechanics and Bioengineering Centre	Yes	

Also in attendance:

Name	*Position (or reason for attending)*
Miss Megan Jones	Approvals Administrator

Appendix G

Participant Information Sheet

01/11/2021, IRAS ID: 298156, Version 4

University of Hertfordshire UH

PARTICIPANT INFORMATION SHEET

1 Title of study

What factors affect ethnically minoritised individuals' engagement in prison psychological interventions?

2 Introduction

You are being invited to take part in a study. Before you decide whether to do so, it is important that you understand the study and what your

involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please take your time to decide whether or not you wish to take part.

3 What is the purpose of this study?

The study aims to understand what can be done by the therapy service to enable people of an ethnically minoritised background to have access to the service, for example group therapy. We want to understand this from the point of view of individuals referred to the service.

We are really interested to find out more about your experience and perspective so that we can develop our understanding of what we should do to make sure that anybody feels comfortable to receive support and therapy available in prison if they want it. We are also interested to know whether there are any other particular reasons that people might choose not to access these supports, for example if there are other types of support that some people might prefer.

'Therapy' refers to talking to a psychologist as one way of having support for mental health or emotional difficulties. [redacted] Service provides individual and group psychological therapy in the prison.

We are also interested in knowing if you have heard of/ participated in the [redacted] program, and any views you may have about this.

4 Who is involved in the research?

My name is Sadie and I am completing a doctorate in Clinical Psychology at the University of Hertfordshire. As part of the course, I am completing a piece of research, and I have chosen this as my research topic. I have worked in the NHS for 7 years, including previously working in the [redacted] Service.

Also in the research team are:

Dr Jacqui Scott is a clinical psychologist, who works on the training program at the University of Hertfordshire, and is my internal supervisor. Jacqui works in the NHS and has also completed research on the experiences of refugees living in the UK.

Dr Rebecca Varma is my field supervisor, and currently works as a forensic psychologist in the [redacted] Service. Dr Amy Lawson who is a forensic psychologist working in the [redacted] Service, is also supporting the project.

Professor Joanna Adler is also supervising the project. She is Head of the psychology department at the University of Hertfordshire and has completed research related to different aspects of the criminal justice system.

5 Do I have to take part?

No, you do not have to take part. It is completely up to you whether or not you decide to take part in this study. If you do decide to take part you will be given this information sheet to keep and you will be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to change your

mind without giving a reason. Any decision you make about whether or not to take part, will not affect you in any way or any treatment/care that you may receive.

6 Who can take part?

Individuals from an ethnically minoritised background referred to the service will be invited to participate in the study. Individuals who do not meet these criteria will not be invited to participate.

7 What will happen if I choose to take part?

If you choose to take part in the study, someone from [redacted] Service will contact you to arrange a suitable time for us to meet.

I will meet with you on the day of the interview, either online or face-to-face, depending on restrictions around Covid-19 at the time of the interview.

Taking part will involve answering some questions with me and talking through your experiences. Before we start, I will give a brief description of the study, and you will have the opportunity to ask questions about me or about this study.

The interview will focus on your experiences as a prisoner from an ethnically minoritised background, and your reasons for choosing to either engage or not engage with therapeutic interventions offered. You will also be asked if you have any ideas on how the service can be more responsive to needs. There will be some general themes covered in the interview, but I will also give you time to share what you think is most relevant.

After the interview, I will give you a debrief sheet. This is a summary of what the study is about for you to keep if you wish, and will also include contact information and other details of who you can contact for support.

Once I have finished the study and written up the findings, if you want, I will send you a summary report of all of the findings. This will be presented as themes covered across participants, rather than on a case-by-case basis, but may include anonymised quotes. The findings will also be submitted for publishing.

Interviews will be audio recorded, and then transcribed (stored as a written file) using a transcription service. Transcripts will be kept anonymous, and will be stored on the University of Hertfordshire's secure OneDrive for 5 years.

8 How long will my part in the study take?

If you decide to take part in this study, the interview will take around 1 hour, however, it may be slightly shorter or longer depending on how much you find there is to say. You can stop the interview at any point if you would prefer not to continue. You may also take time to ask questions beforehand and to have a discussion afterwards if you find that helpful.

9 What are the possible disadvantages of taking part?

Due to the sensitive nature of the topic of the research, you may find that you experience some level of discomfort or distress by what is discussed in the interview.

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the researcher may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

This may mean passing on information to the Healthcare department, the Mental Health Inreach Team (MHIRT), or to the prison if deemed necessary. This would be the only circumstance in which your confidential information would be shared.

10 What are the possible benefits of taking part?

Participating in the research could give you a space to discuss your perspective and experiences as an ethnically minoritised individual. It could also contribute to knowledge in the service and more widely in the field of research as to the experiences of marginalised groups who are offered therapy, and what services

might be able to do to improve the experience and what they offer for such individuals.

11 How will we use information about you?

We will need to use information from you for this research project.

This information will only include what you decide to share with Sadie about your perspectives on accessing therapy within prison. People will use this information to do the research or to make sure that the research is being done properly.

Your NHS number, name and location will also be used by the therapy service in order to approach you to take part in the research.

We will keep all information about you safe and secure. All data (completed forms and interview transcripts) will be stored using the University One Drive with secure access (authenticated duo app), in line with University of Hertfordshire policy. Interview transcripts will also be anonymised.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study, and will therefore not include your name.

Any information that could show who you are (such as the expression of interest form and consent form) will be held safely and securely with strict limits on who can access it and this will be destroyed at the end of the study.

12 What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have. That means that you have the right to stop being involved in the study at any time before or during the interview. Even if you have participated you can still change your mind and ask for your data to be removed up to two weeks after your interview. Unfortunately, after this time, your anonymous data will have been analysed and it will not be possible to remove it. However, it will

not be used in future studies. Any decision you make about whether or not to take part, will not affect you in any way or any treatment/care that you may receive.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study.

13 Where can you find out more about how your information is used?

You can find out more about how we use your information

- at ww.hra.nhs.uk/information-about-patients/
- at https://www.herts.ac.uk/about-us/legal/freedom-of-information-data-protection/data-protection
- by asking one of the research team via [redacted]
- by sending an email to dataprotection@herts.ac.uk

14 Who has reviewed this study?

This study has been reviewed by the Wales research ethics committee (REC) 3.

It has also been approved by the University of Hertfordshire (protocol number: LMS/PGT/NHS/02962).

15 Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with Dr Amy Lawson in [redacted] Service via the application system

If you become distressed during or after taking part in the study, you can seek support from the following services:

- [redacted] **Service:** you can request this via the prison application system
- **Mental Health Inreach Team (MHIRT):** the Inreach team are also contactable via the prison application system
- **Samaritans:** the Samaritans can be contacted 24/7 on 0330 094 5717
- **Chaplaincy:** Chaplains are regularly present on the wings/ houseblocks or contactable via the prison application system

16 Who can I contact if I have a complaint?

Although we hope it is not the case, if you have any complaints or concerns about any aspect of this research, please contact the [redacted] Service (by submitting a general application). If you have concerns about how your information has been handled you can contact the Data Protection Officer (details can be provided by the research team).

If you are not happy with their response or believe they are processing your data in a way that is not right or lawful, you can complain to the Information Commissioner's Office (ICO) (www.ico.org.uk or 0303 123 1113).

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix H

Participant Summary Sheet

02/11/2021, IRAS ID: 298156, Version 4

University of Hertfordshire UH

RESEARCH SUMMARY SHEET

What factors affect ethnically minoritised individuals' engagement in prison psychological interventions?

My name is Sadie and I'm a research student interested in how therapy is provided in prisons and how this can be improved.

Currently there is not much research available about why ethnically minoritised individuals may choose to access, or not access, therapy services in prison.

You have been approached to take part in the study as someone who has previously been referred to the [redacted] We would like to understand more about your reasons for accessing or not accessing the service.

If you choose to take part, we will arrange a time to meet when I will ask you some questions about your views of the therapy service. You will also be asked if you have heard of the [redacted] programme, and any views you have on this.

We will make sure no-one can work out who you are from the reports we write.

The Participant Information Sheet (Version 4, dated 01/11/2021) tells you more about this.

Appendix I

Participant Consent Form

01/11/2021, IRAS ID: 298156, Version 4

University of Hertfordshire UH

PARTICIPANT CONSENT FORM

What factors affect ethnically minoritised individuals' engagement in prison psychological interventions?

Protocol Number: LMS/PGR/NHS/02962

Approving Committee: Health and Care Research, Wales Research Ethics Committee (REC) 3

	PLEASE ENTER INITIALS TO CONFIRM
1)I confirm that I have been given a Participant Information Sheet (Version 4, dated 01/11/2021) for the study. I have been given details of my involvement in the study, and have had the opportunity to have any questions I may have answered.	
2) I understand that my participation is voluntary and that I can withdraw, without having to provide reason and will not experience any negative repercussions from doing this.	
3) I am aware that I can withdraw up to 2 weeks after participating in an interview for the study.	
4) I understand that my interview will be audio recorded and I have been informed about how this will be used.	
5) I understand that when a report is written and published about the study, quotes or sentences from my interview may be used, but any identifying information will be removed or changed. I consent to publication of these anonymised quotes.	
6) I have been told how information relating to me (data obtained in the course of the study, and data provided by me	

about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.	
7) I understand that in the event that I experience emotional distress as a result of the topics covered in the interview, I can make contact with Dr. Amy Lawson, [redacted] Service, should I wish to seek support around this. Other options for support have also been shared with me.	
8) I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the matter may be referred to the appropriate authorities (Healthcare department/ Mental Health Inreach Team/ prison staff).	
9) I consent to raw data collected in interview to also be used anonymously for further analysis as part of future projects, within the specified time frame of 5 years in which the data will be stored.	
10) I give consent to the Healthcare department in the prison being informed that I am taking part in the study.	
11) I give my agreement to take part in the above study.	

PARTICIPANT
Name:

Signature:

Date

LEAD RESEARCHER
Name:

Signature:

Date:

INDEPENDENT WITNESS

Name:

Signature:

Date:

If you have any queries concerning this document, please contact Dr Amy Lawson in [redacted] Service via the prison application system.

Appendix J

Participant Debrief Sheet

12/10/2021, IRAS ID: 298156, Version 2

University of Hertfordshire UH

Debrief Information

What factors affect ethnically minoritised individuals' engagement in prison psychological interventions?

Thank you for giving your time to take part in this research. We hope that the research will give us a better understanding of what can be done by the therapy service to enable people of an ethnically minoritised background to have access to the service.

We hope that this understanding will also help us to think about whether there are any factors that currently make it harder for ethnically minoritised individuals to access the service. This could impact upon how these services are delivered in future, to make them more accessible.

Currently there is not much research available about why ethnically minoritised individuals may choose to access, or not access, therapy services in prison. Some studies suggest that ethnically minoritised individuals may be more likely to access such services in prison if interventions are seen to be culturally relevant and if there is diversity among staff, in terms of ethnic backgrounds.

The information about your experience and understanding will be kept confidential, and the recording will be deleted after the project is finished. If you wish to withdraw your consent you can do so, by contacting the [redacted] within 2 weeks of the interview.

We hope you have had a good experience of participating. However, it is acknowledged that the topics of discussion in the interview could be upsetting for you to talk about. We hope that some of the resources on the next page will be helpful should you find yourself needing some extra support after the study.

If you have any complaints about the study, please contact the research team by submitting an application to the [redacted] Service.

Thank you again for your participation.

Contacts for further support

The professional code of conduct and ethical approval for this study means that the researcher, Sadie Parrish, cannot personally support individuals with support beyond the remit of the study. This is why we have created this debrief sheet with a list of contact details for further support.

- **Support via [redacted] Service: i**f you would like to speak with someone from the therapy service you can request this via the prison application system
- **Mental Health Inreach Team (MHIRT):** the Inreach team are also contactable via the prison application system, if you are experiencing distress
- **Samaritans:** the Samaritans can be contacted 24/7 on 0330 094 5717
- **Chaplaincy:** Chaplains are regularly present on the wings/ houseblocks or contactable via the prison application system

Please note: *This debrief sheet should not be considered equivalent to consultation with a professional – please do seek additional support should you feel this is needed.*

Appendix K

Race-Based Trauma Information Sheet

Race- Based Trauma

Racial trauma, or race-based traumatic stress (RBTS), is the mental and emotional injury caused by racial bias and ethnic discrimination, racism, and hate crimes. Anyone that has experienced an emotionally painful and uncontrollable racist encounter could experience race-based traumatic stress.

Experiences of race-based discrimination can have negative psychological impacts on individuals and their wider communities. For some individuals, prolonged incidents of racism can lead to symptoms like those experienced with post-traumatic stress disorder (PTSD). This can look like depression, anger, recurring thoughts of the event, physical reactions (e.g. headaches, chest pains, insomnia), hypervigilance, low self-esteem, and mentally distancing from the traumatic events. Some or all of these symptoms may be present in someone with RBTS and symptoms can look different across different cultural groups.

It is important to note that unlike PTSD, RBTS is not considered a mental health disorder. Racialized trauma can come directly from other people or can be experienced within a wider system.

Types of traumatic stressors:

Direct Traumatic Stressors

Direct traumatic stressors include all direct traumatic impacts of living within a society of structural racism or being on the receiving end of individual racist attacks. A person experiencing a direct traumatic stressor may face barriers due to inequitable policies. Additionally, a person experiencing a direct traumatic stressor may be the victim of individual physical and verbal attacks or may face microaggressions.

Vicarious Traumatic Stressors

Vicarious traumatic stressors are the indirect traumatic impacts of living with systemic racism and individual racist actions. Vicarious traumatic stressors can have an equally detrimental impact on mental health as direct traumatic stressors.

Transmitted Stressors

Transmitted traumatic stressors refer to the traumatic stressors that are transferred from one generation to the next. These stressors can come from historically racist sources or may be personal traumas passed down through families and communities. Such sustained collective trauma can make ethnic minority individuals vulnerable to developing mental health issues.

How can you prevent RBTS?

Often the most immediate recourse for healing RBTS is through self-care. Taking steps to proactively care for your mind, body, and spiritual self can serve as a protective measure and an act of resistance against racialized traumatic stressors.

If you believe you may be suffering from race-based traumatic stress injury, you can seek therapeutic support.

Appendix L

Non-Disclosure Agreement for Transcription

15/07/21, IRAS ID: 298156, Version 1

Non-Disclosure Agreement with Transcription Company

This non-disclosure agreement is in reference to the following parties:

Sadie Parrish (discloser)

and

Lesley Beadsley (transcriber)

- The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.
- If the recipient is able to identify and knows the participant in the recording, the recipient agrees to cease transcription, inform the disclosure and destroy any copies of the recording.
- The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.
- The recipient agrees to return and/or destroy any copies of the recordings they were able to access provided by the discloser.

TRANSCRIBER TO COMPLETE:

SIGNED: 

NAME: Lesley Beadsley, trading as Alltypes Secretarial Services

DATE: 25 May 2022

University of Hertfordshire UH Ethics Committee

This is an official notification by student of the University of Hertfordshire in respect of a study involving human participants.

Title of study: What factors affect ethnic minority individuals' engagement in prison psychological interventions?

Protocol Number:
Approving Committee: Health, Science, Engineering & Technology ECDA

The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

If you have any queries concerning this document, please contact me, Sadie Parrish Trainee Clinical Psychologist, 07740820242, [redacted] or my supervisor Dr Jacqui Scott, [redacted]

Appendix M

Participant Expression of Interest Form

02/11/2021, IRAS ID: 298156, Version 4

University of Hertfordshire UH

EXPRESSION OF INTEREST FORM

What factors affect ethnically minoritised individuals' engagement in prison psychological interventions?

Please make sure you have first read the Participant Information Sheet.

Please note: This study is part of Sadie's doctoral training, and therefore there are time limits to complete the project. If more than the required number of participants register their interest to participate, it may be that not everyone who expresses an interest can take part in the research.

We hope that this research will contribute a better understanding of what can support and what gets in the way of accessing therapy for people from minoritised ethnic backgrounds while in prison.

First and Last name:	
Age:	
Gender:	
Ethnicity:	
Location (wing/ houseblock):	
Do you have any routine commitments that you would like	

us to bear in mind when booking interviews? (i.e. work, religious activities, etc).	

Please submit your completed Expression of Interest form to the [redacted] Service.

What happens to this information?

Regardless of whether you are chosen to be interviewed, the above information you have provided will be kept **strictly confidential** in accordance with the Data Protection Act 2018. Hardcopies of documents information will be stored electronically and only accessible by Sadie and Dr. Jacqui Scott (supervisor). Electronic documents will be password protected and stored on the University of Hertfordshire secure OneDrive.

Thank you for your time.

Appendix N

Interview Schedule

Introduction:

-Introduce myself and why I am doing the research

-Recap the rationale and aims of the research

-Any questions/ queries?

-Recap participant information sheet and sign consent form with witness present

-Advise of the interview process:

- Prompt questions will be used, but flexible structure.
- Follow-up questions will be asked to check understanding.
- Acknowledge that it may be difficult discussing experiences as an EM individual, particularly with a white researcher. Advise that interviews can be pause, participant can decline to answer questions, or stop at any time.

Demographic information:

-Age

-Ethnicity

-Religion

-Sentence Length

-First time in prison?

Pseudonym:

Topic Area	**Questions/ Prompts**
Introduction to study participation	• Can you explain to me in your own words what you understand the study to be about? *Could you tell me what you understand the aims of the study to be? What is your understanding of my role (as the interviewer)?*
Experiences as a prisoner from an ethnic minority background	• Can you tell me about your experience of being in prison? *Do you think being from an EM background has affected your experience of prison?* • Can you tell me about relations with prison staff? *Would you say there is diversity in staffing?* *Do you feel able to confide in / trust staff?* • Have restrictions in place due to Covid-19 impacted upon your experience of prison?
Perceptions of therapy *For individuals who have accessed therapy, prefix with 'prior to accessing therapy' etc	• Can you tell me about your views on therapy? • Based on your understanding of therapy, do you think it is something that would be relevant to you *(If not, then could you expand on this?)* • Do think that therapy would align with your cultural beliefs/views on mental health issues and how to seek help. • Have you any previous experiences of accessing therapy/ mental health services *(If so, were they positive/ negative? Did it inform your decision whether to engage at present?)*
Therapy in the context of prison	• Do you think it would be easier/ harder to access therapy in prison, compared to in the community? *Could you tell me what the pros and cons of accessing therapy in prison were for you?* • Could you tell me about how you were referred to therapy? *Did you refer yourself to therapy (if so, what were your reasons for seeking a referral?)* • Could you tell me about your experience of accessing [redacted]

	Did the ethnicity of your therapist impact upon your experience of therapy (if so, could you explain any helpful/ unhelpful aspects of this) Were there any particular aspects of therapy that were helpful or unhelpful?
OR Reasons for not accessing therapeutic service	• Are there any particular reasons as to why you did not access therapy when referred? • Did you perceive any barriers to accessing the service? *(If so, could you expand on what these barriers were?)* • Have you had any face-to-face contact with staff from BTS? *(If so, what was your experience of this?)* • Did the intervention you were referred for seem relevant to you (could you expand on why/ why not?) • Did any face-to-face contact or written correspondence feel like it was conveyed in a culturally appropriate way?
Perceptions of [redacted]	• Have you heard of the Aspire Higher Programme? *(If so, what are your perceptions/ experiences?)* • What are your experiences of different types of support in prison? *Are there any that seem more useful/ relevant to you?*
Promoting engagement for EM prisoners	• Is there anything in particular that you think would encourage/ make you feel more able to access therapy in prison? OR • Is there anything the service can do to promote engagement for individuals from an EM background? *If so do you have any ideas on how this could be done?*

Is there anything else that you would like to add that we haven't covered in the questions so far?

Debrief:

-Check in about experience of the interview/ how feeling after the discussion

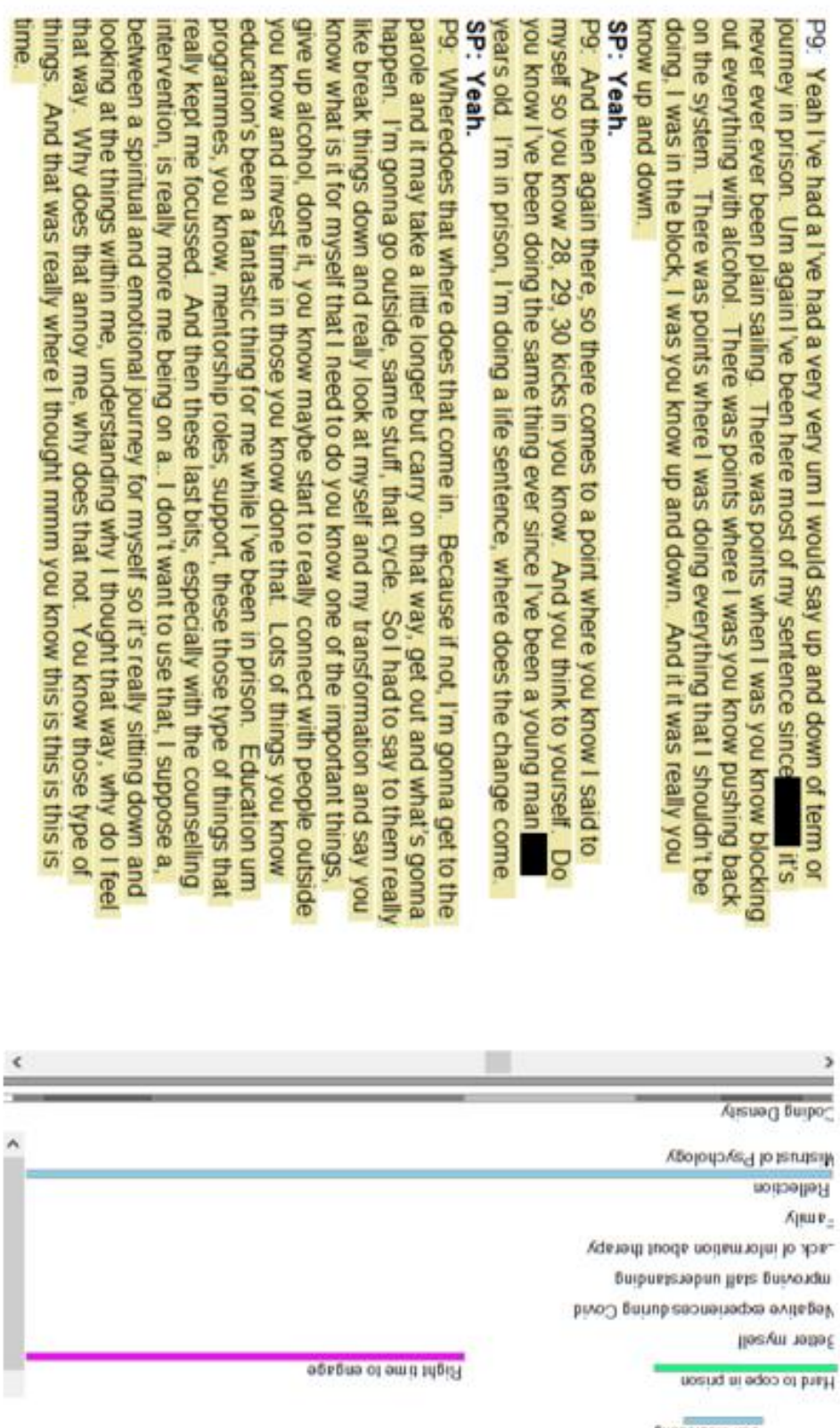
-Any other comments?

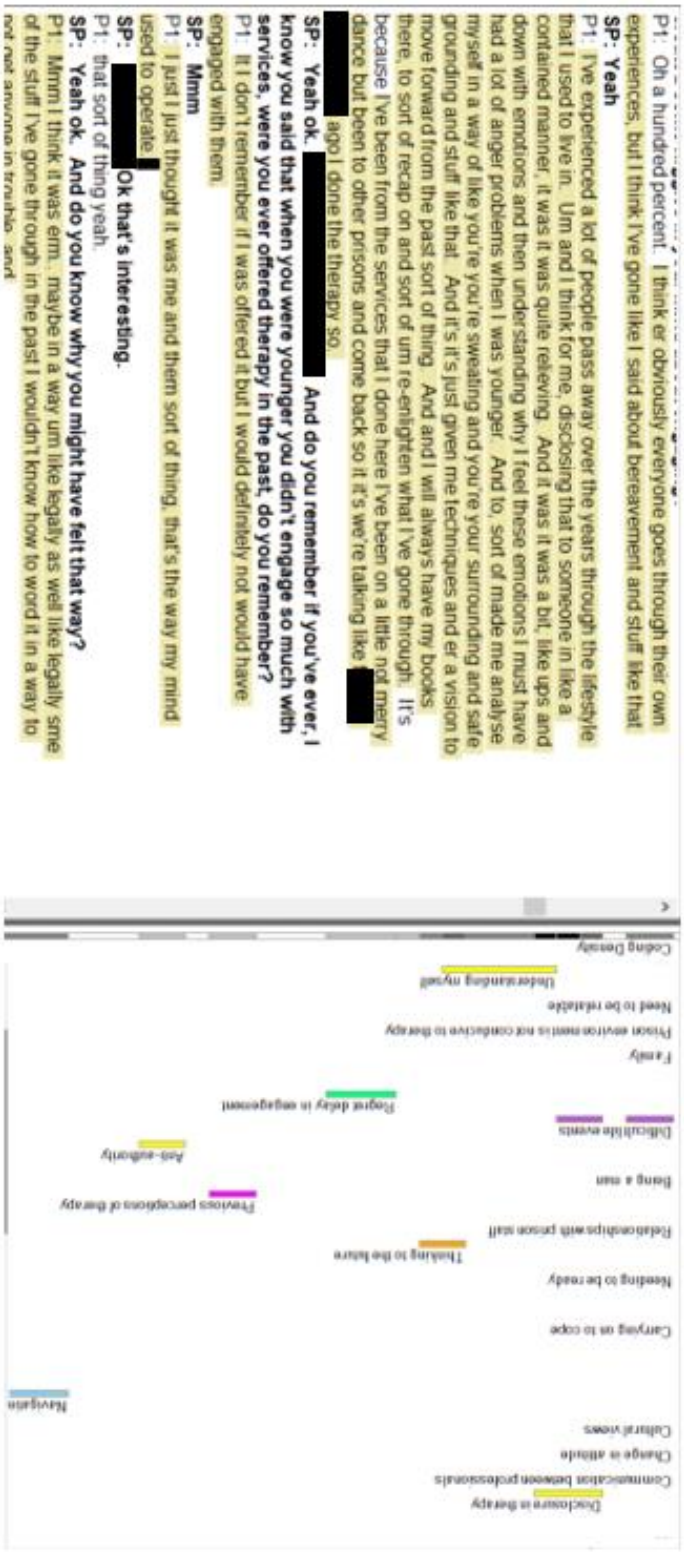
-Share debrief sheet and race-based trauma information

-Ideas for dissemination

Appendix O

Transcripts with initial codes on NVivo




P1: Oh a hundred percent. I think er obviously everyone goes through their own experiences, but I think I've gone like I said about bereavement and stuff like that
SP: Yeah
P1: I've experienced a lot of people pass away over the years through the lifestyle that I used to live in. Um and I think for me, disclosing that to someone in like a contained manner, it was it was quite relieving. And it was it was a bit, like ups and down with emotions and then understanding why I feel these emotions I must have had a lot of anger problems when I was younger. And to, sort of made me analyse myself in a way of like you're you're sweating and you're your surrounding and safe grounding and stuff like that. And it's it's just given me techniques and er a vision to move forward from the past sort of thing. And and I will always have my books there, to sort of recap on and sort of um re-enlighten what I've gone through. It's because I've been from the services that I done here I've been on a little not merry dance but been to other prisons and come back so it it's we're talking like [redacted] ago I done the therapy so.
SP: Yeah ok. [redacted] And do you remember if you've ever, I know you said that when you were younger you didn't engage so much with services, were you ever offered therapy in the past, do you remember?
P1: If I don't remember if I was offered it but I would definitely not would have engaged with them.
SP: Mmm
P1: I just I just thought it was me and them sort of thing, that's the way my mind used to operate.
SP: [redacted] Ok that's interesting.
P1: that sort of thing yeah.
SP: Yeah ok. And do you know why you might have felt that way?
P1: Mmm I think it was erm, maybe in a way um like legally as well like legally sme of the stuff I've gone through in the past I wouldn't know how to word it in a way to
Coding Density
Understanding myself
Need to be reliable
Prison environment is not conducive to therapy
Family
Difficult life events
Regret delay in engagement
Anti-authority
Being a man
Relationships with prison staff
Thinking to be brave
Needing to be ready
Carrying on to cope
Barriers perceptions of therapy
Disclosure in therapy
Communication between professionals
Change in attitude
Cultural views
Having pain

you know work towards different goals, you know. And when I'm having bad days I can go to the office and say boss can you phone up therapy and ask them to pop down and see me. And they come down and see me.
SP: Yeah
P3: Know what I mean and it's just nice to know, where before I didn't have that. I didn't have somebody at the end of a phone. I didn't have someone saying can you we'll come and see you tomorrow. So I had a day to look forward to. Do you see what I mean where now I've got that, when I'm having a really shit day I'll ask can I see this person. Can I see that person.
SP: Yeah
P3: And I know within 24 hours they're gonna come and see me. Know what I mean.
SP: Yeah. Er I'm wondering when you say that you you didn't know about that sort of thing before, I'm wondering do you think there there could be more done by services to..
P3: Of course there is.
SP: ..reach out
P3: Of course, of course. Of course they could. Because like I said that to you then, it took A??[name] to come down on the wing for someone to notice her talking to me, right, where I think instead of having the induction on the wing or in your cell, I think they should have a talk on the induction, you know. Whether they want to do a one to one or if they were having a group and they and they tell what services they give. Cos no one knows really who they are and what services they have to offer and what and what they can do for individuals. Like um they give me a goal book. Know what I mean. And feelings. And that's something I never used to do, write down my feelings. Cos that's what you don't... you show your feelings, especially in here in these places. You don't. But it's just nice to know that you can put all that macho stuff out the door. Do you know what I mean.
Professionals only responded to crisis
Family
Declining in
Lack of representation in psychology
New ways of coping
Negative experiences during Covid
Identify other prisoners need help
Reaching out to other prisoners
Lack of information ab
Positives of th
Image in pr
Coding Density

counselling um counselling. Um I find that for black people there is a massive massive, I mean probably for everyone in prison but especially my culture, there's a massive taboo around counselling, therapy, psychology, whatever you want to call it. Because we're taught, I'm taught as a young man growing up, goodness me, don't trust them people.

SP: Ok.

P9: You know that's actually from you know from home. Young. Growing up. Don't trust them people, don't talk to them people, you know stay away from them. Um actually thinking about it now a sense of prejudism is involved in that as well because it's like you know they're' they're you know predominantly white, they're in suits, they're you know that type of stigma.

SP: Mmm.

P9: Um.. as you get older and you go through certain things in life, you know you go through certain traumas you go through certain sentences, certain offenses and stuff and you say to yourself, do I want to continue carrying all the things with me from young or do I want to start addressing them. And you choose, like me, to address them, and you start ticking things off.

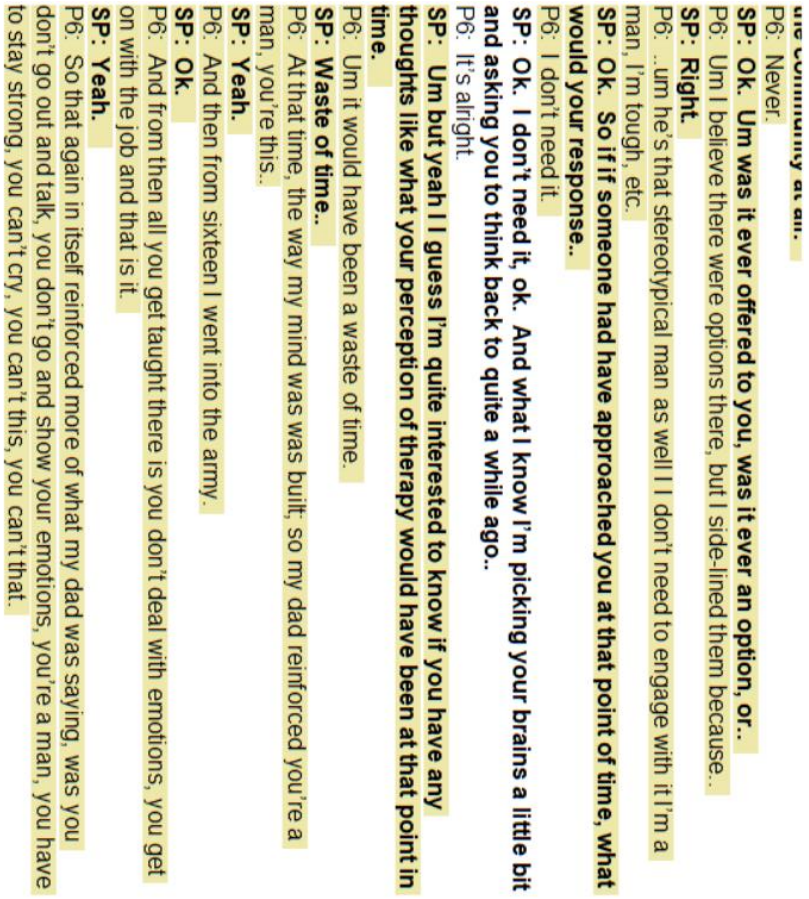
SP: Yeah.

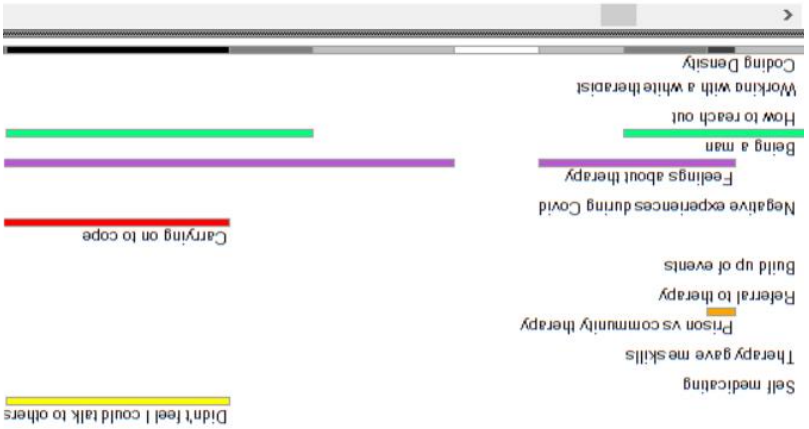
P9: So I thought to myself you know what would be the harm in my engaging in counselling. Thankfully for me, which I didn't know, my counsellor I have known in the prison for years and I just didn't know she was a counsellor.

SP: Ok [laughter]

P9: She said to me, I am one. And I was like, really? So you didn't know that. I didn't. So it made it a lot easier because I've known her for years. And um yes I I I really got involved in it really just to try and see if I can continue to work on me um but then I'm at the stage now where maybe ten years ago I would be worried about what people think. I'm not fussed about what people think now. Whether people think why is [redacted] sitting down there with the counsellor he looks silly, fine. I actually do know what the counsellor has done for me over the last ten sessions and it's been pretty, actually it's been very good.

P4: And um like it's it's been an experience that I've had to kind of just deal with like um brush under the rug. Should I say. It was like yeah you ask for a job or whatever like they tell you they put you on the list and d d de de and people that come to the wing after you get jobs before you but then it's like how how how is that even possible, how have I not got the job. They're like ah.. and then they come up with some excuse or other some excuse or other like he was here before or de blah blah blah blah or you done this or you done that. And it's just like. It's meant to be like equal opportunities like, it really doesn't feel like there's equal opportunities. I feel like that's also because like the staffing levels are also representative of the the levels of like ethnic minorities that are in society. So like out of a hundred um out of a hundred prison staff maybe like ttt 85/95 will be, like yeah lets just say 85 will be white and then 15 will be from ethnic minorities.
SP: Do you think that impacts on how you relate with staff.
P4: Oh yeah definitely. I feel like me personally I'm I'm I'm adaptable so in terms of um yeah er I'm adaptable. So in terms of like getting on with people, like I don't really find it that hard.
SP: Mmm.
P4: But then I do witness like people from my background like having conflicts with officers and prison staff. Only because of clash of cultures.
SP: Right.
P4: Like an example would be like the young black man might be frustrated that he hasn't got his dinner or like he needs a toilet roll or something, or he'd like an app or something like. He might just be frustrated and express his frustration in terms of ahh brother you lot are fucking taking the piss all the time de de de de. And on the perceived end from the officers point of view you're now being aggressive. Or you're being, you're being er challenging or whatever. Or whatever word they wanna use. But in reality that is just the cult.. that's just the culture differen.. that's the culture clash. Like because maybe if he used different words or like cos a lot of
Racism in prison
Prison vs community therapy
Prison staffs lack of cultural und
Prison environment is not conducive to therapy
Positives of therapy
Normalising emotion
Negative experiences during Covid
Needing to be ready
Needed help for a long time
Need to be relatable
Need more sessions!
Maturing
Improving staff understanding
I needed therapy
Having to turn a blind eye to racism in prison
Coding Density


the community at all.
P6: Never.
SP: Ok. Um was it ever offered to you, was it ever an option, or..
P6: Um I believe there were options there, but I side-lined them because..
SP: Right.
P6: ..um he's that stereotypical man as well I I don't need to engage with it I'm a man, I'm tough, etc.
SP: Ok. So if if someone had have approached you at that point of time, what would your response..
P6: I don't need it.
SP: Ok. I don't need it, ok. And what I know I'm picking your brains a little bit and asking you to think back to quite a while ago..
P6: It's alright.
SP: Um but yeah I I guess I'm quite interested to know if you have any thoughts like what your perception of therapy would have been at that point in time.
P6: Um it would have been a waste of time.
SP: Waste of time..
P6: At that time, the way my mind was was built, so my dad reinforced you're a man, you're this..
SP: Yeah.
P6: And then from sixteen I went into the army.
SP: Ok.
P6: And from then all you get taught there is you don't deal with emotions, you get on with the job and that is it.
SP: Yeah.
P6: So that again in itself reinforced more of what my dad was saying, was you don't go out and talk, you don't go and show your emotions, you're a man, you have to stay strong, you can't cry, you can't this, you can't that.


Didn't feel I could talk to others
Carrying on to cope
Negative experiences during Covid
Feelings about therapy
Being a man
How to reach out
Working with a white therapist
Coding Density
Self medicating
Therapy gave me skills
Prison vs community therapy
Referral to therapy
Build up of events

P10: Erm... Two separate points, but they do merge into one 'cos obviously a lot people with mental health needs and d-d-d-... they might not know how to access the help, or the right way to access help, but might be in the middle of having a little episode or something

SP: Mmm

P10: but I think.... That can be perceived as aggressive on all fronts, but I think generally with black people, it just seems like 'you are being aggressive' not 'ohh maybe there's something wrong with him' its 'oh you're just being aggressive; we need you behind you're door'

SP: Right

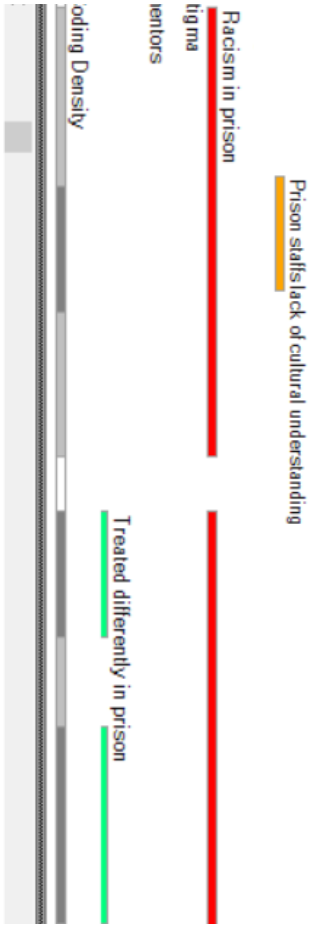
P10: yeah, and I've definitely noticed that within this prison. 'cos I haven't been on any other wing other than being on this wing since I've been here

SP: Ok

P10: I've been here about [redacted] now and have definitely noticed a difference with some of the white people who need help with their mental health and have had outbursts, and the black people who need help with mental health having their outbursts

SP: Mmm yeah, and again can you speak to that a bit more, in terms of how that might look different?

P10: Erm its different in the sense of erm.. no names but erm somebody on the wing, he regularly has outbursts but he's got a wing job, he's kept his wing job, and I've seen people have outbursts and staff are aware that there's probably some kind of mental health help that they need but they're not given the help after the incident, you're carted off to your cell, you're nicked, and then... and I've seen that happen a few times



P2: Ah do you know do you know what I think no matter how hard people try I think it's down to individuals to wanna feel it themself that they need to embrace that. Do you know what I mean?

SP: Yeah.

P2: Cos it's not easy cos you have to understand yeah when you're going down the mental health there's a lot of um fear. There's a lot of fear. There's a lot of fear about if I say this, or if I say how I really feel then maybe my probation then maybe my parole board and maybe the doctors they might share it with this one and then maybe they might think that I'm not worthy to progress. So you have to understand there's a lot of that in play as well. So there's a lot of fear-based stuff going on, whereas me I kind of sit like now wear my heart on my sleeve I feel like I'm in a good place better places now than I've been in a long time, do you know what I mean. And it's been evidenced in um reports and staff and whatever else. Do you know what I mean, so I guess it was more a fear.

SP: Yeah

P2: And I had to go through that, face that fear and be quite open. You know what I mean about oh yeah I feel quite stressed, do you know what I mean and now I feel like I'm in a good place for it.

SP: Yeah.

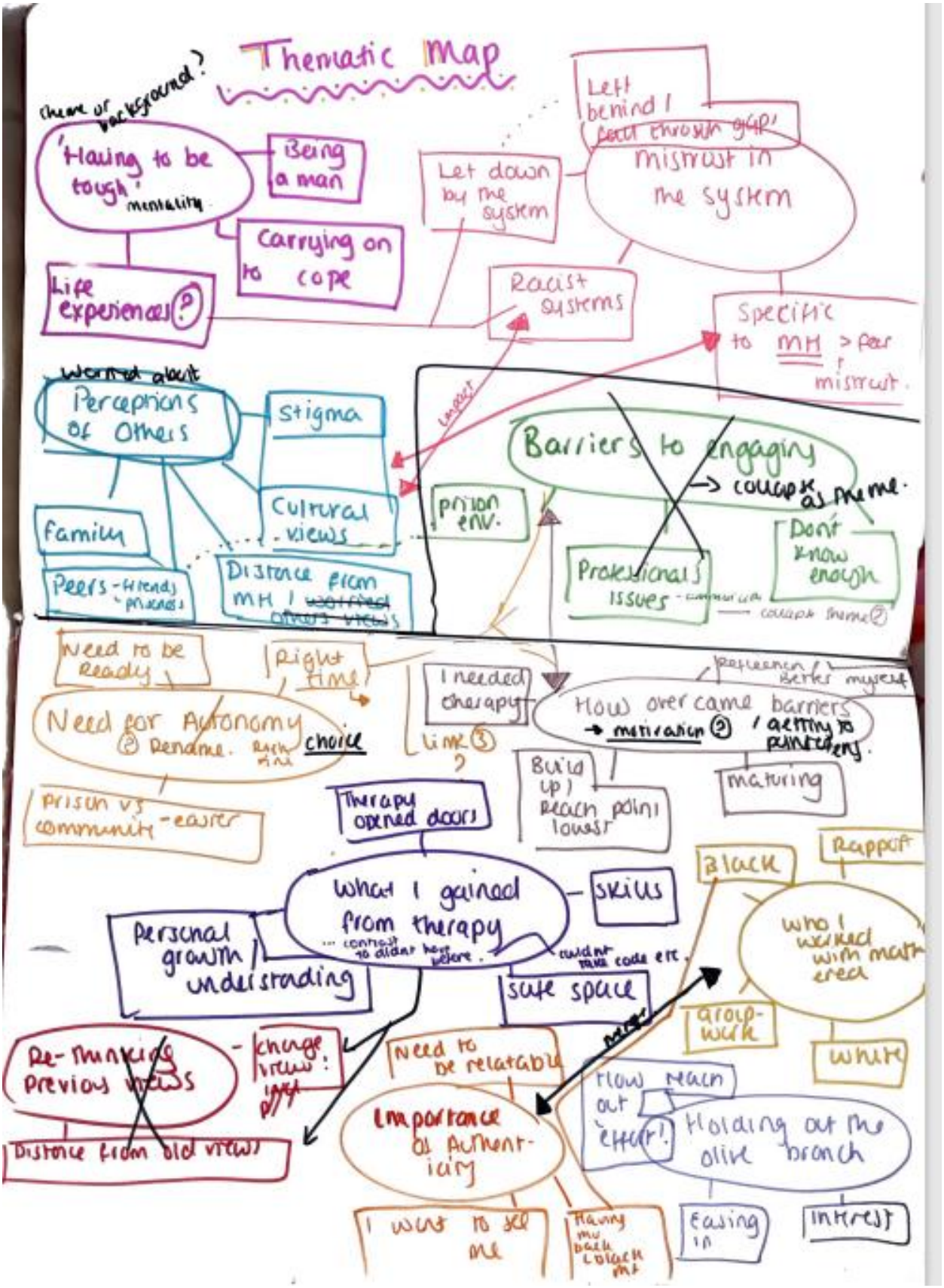
P2: Do you know what I mean.

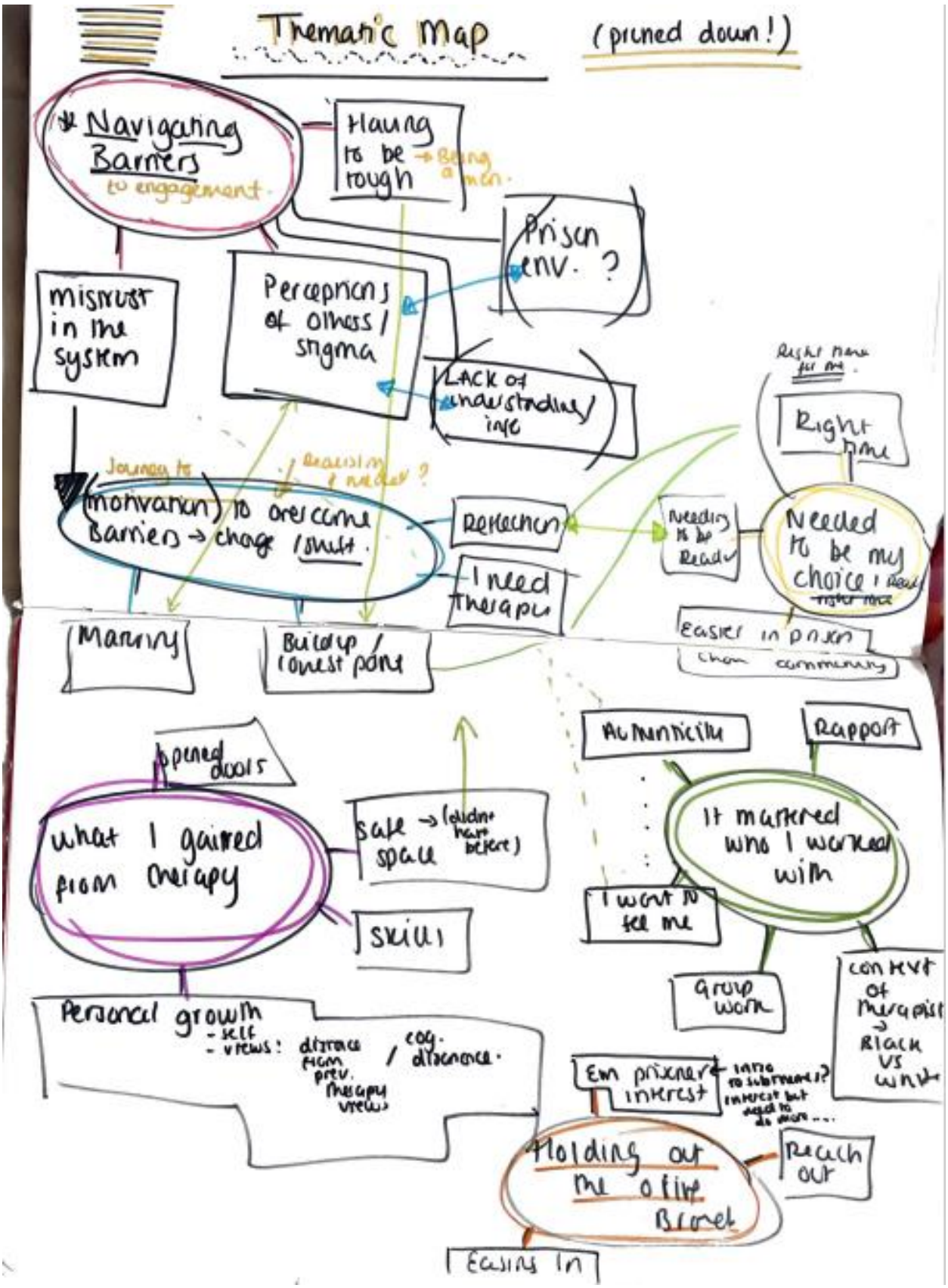
SP: Definitely. I guess in terms of saying about that that fear, I guess I'm wondering um if there's anything services could do to help?

P2: Um, you know like going going round going round on the wings, going round on a wing at a time where people are out yeah and um just speaking to people like 'hi I'm here from [redacted] Do you know what I mean. On a general one, and then I think word of mouth maybe would help me cos I I would be quite quite vocal if I see someone that was really stressed to say look man have you ever thought about talking to [redacted] or talking to the professionals or you know what I mean, I would.

Appendix P

Progression of Themes and Subthemes




Thematic Map
(pruned down!)
Navigating Barriers to engagement
Having to be rough
Being a man
Prison env. ?
misrust in the system
Perceptions of illness / stigma
LACK of understanding/ info
Right time for me
Right time
Journey to (motivation) to overcome Barriers → change / shift
Reflection
Needing to be Ready
Needed to be my choice
I need therapy
Easier in prison than community
Maturity
Build up / lowest point
Alliance
Rapport
opened doors
what I gained from therapy
safe → (didn't have before)
space
skills
It mattered who I worked with
I want to be me
group work
context of therapist → Black vs white
Personal growth
- self
- views: distance from prev. therapy views / cog. dissonance.
Em prisoner interest
Holding out the olive Branch
Reach out
Easing in

Final Themes

1) Navigating Barriers to Accessing Therapy

Theme Summary: This theme captures the barriers participants described which contributed to their reluctance to accessing therapeutic services in the past.

Subthemes:

Having to be Tough: Most participants discussed experiences of having to 'toughen up' to survive difficult life circumstances. This included experiences of racism from childhood, which persisted in their interactions with services including prison. Some participants discussed a particular pressure for black men to be perceived as strong, which has previously made them less likely to access mental health support.

Perceptions of Others: This subtheme looks at how participants were previously influenced by the views of others, including cultural expectations, which participants felt were not encouraging of help-seeking behaviours. Participants spoke about friends and family having negative views of mental health concerns and being concerned about the stigma of mental health, particularly when they were younger.

The System's Against Us: highlights participants' mistrust in services which further limited perceived options in seeking support. In particular, participants highlighted the fear of repercussions from disclosing mental health concerns in prison, believing this could impact upon their progression.

2) I Needed Therapy

Theme Summary: Participants emphasised reaching a turning point, whereby the need to engage became more important than barriers/ reservations.

Subthemes:

Reaching my Lowest Point: Most participants (9/10) discussed a build-up of events from past negative experiences. There was a high prevalence of previous trauma that was evident for participants, which led to engaging in therapy once they reached their lowest point. Many participants vocalised that they felt they needed to reach the lowest point, where their situation was no longer manageable, in order to engage. For two participants this came after attempts to end their lives.

Maturing: Participants discussed their views towards therapy/ mental health views when younger, and how they have changed over time. Many participants emphasised being 'hard work' when they were younger and discussed their lack of willingness to engage. They discussed specifically how their views towards help-seeking and expression of emotions have changed over time, this included prioritising their needs over others' views.

Reflection: Prison provided a space for reflection on participants' lives, whereby they wanted to better themselves/ turns things around. Many participants voiced that they reflected that there was more to life than being 'in and out' of prison, and saw therapy as a means of helping to ameliorate their circumstances.

3) Right Time, Right Place

Theme Summary: Importance of autonomy in choice to engage and feeling ready/ able to engage.

Subthemes:

Needing to be Ready: Participants highlighted the importance of it needing to be their choice to engage in therapy, that it can't be forced upon them, in order to engage meaningfully. Several participants voiced that they have previously felt forced to engage with interventions, and so would not fully engage/ pay 'lip service'.

Easier to Engage in Prison: Despite difficulties faced in prison, it was deemed easier to engage than in the community for several reasons. Firstly, for practical reasons (on site, don't have to travel/ pay to get there – 'here to be used'). Participants discussed there are also less distractions in prison than in the community, which meant that they could no longer 'cover over' issues (ie use of drugs, alcohol, busy lifestyle). This allowed for space to reflect. Most participants felt that engaging in therapy while in prison allowed for more privacy, and they felt more comfortable to confide in this context. Two participants sought support in the community but this was not given.

4) What I Gained from Therapy

Theme Summary**:** Participants spoke positively about their experiences of therapy, and having a space to talk. Across participants there was a sense of gaining skills and understanding of themselves, as well as changing their views on professionals which has had wider implications.

Subthemes:

"Share Without Fear": Therapy provided a space where it felt safe to disclose. Although participants didn't explicitly compare this to their past, there seemed to be a distinct contrast in feeling able to 'open up' and being listened to. Participants discussed a genuine sense of care from their therapist, and some vocalised caring for themselves more since they engaged. Some participants voiced that they recognised that they had a story to tell, and therapy helped give them the words to make sense of their circumstances. Participants were keen to emphasise the importance of honesty and disclosure in their sessions.

Personal Growth: All participants noted the progress they had made during therapy. Beyond acquiring skills, participants discussed understanding themselves better, and normalisation of mental health. (Participants also seemed to go through a process of previously distancing themselves from mental health concerns, to after therapy distancing themselves from cultural views/ stigma around therapy)
Many felt that therapy was cathartic and helped them to 'let go' of unhelpful feelings from the past.

Therapy Opened Doors for Me: Having a positive experience of therapy helped to change views on professionals. Many participants expressed wanting to engage further (other courses, further therapy in future, wanting to help others), wanting to build on the progress made so far. Many participants linked their willingness to take part in the research to their experience of therapy. Some participants voiced this as breaking the cycle of not accessing services, and seemed to shift to a more future-focussed way of thinking.

5) It Mattered Who I Worked with

Theme Summary: Participants discussed the importance of trust and building a rapport with their therapist, and in particular the importance of feeling they could relate to the person they were working with in order to open up in therapy.

Authenticity: All participants voiced that working with a member of staff from an ethnic minority (EM) background would help 'ease them in' to therapy, and create a sense of automatic relatability and credibility. For participants that did work with an EM therapist, they found it positive experience and partly attributed this to a sense of similarity with their therapist. For individuals who worked with a white therapist, they described therapy as being relevant (ie focus on trauma/mood difficulties which were their central concern) and felt they has a good therapeutic rapport. They also discussed their experiences positively, but several highlighted there would be less of a sense of assumed relatability. One participant discussed this was mitigated by his therapists naming this in their first session, which he felt showed care, consideration and a wish to understand. Two participants noted that the assumption of similarity to EM staff could be wrong (ie from a more affluent background, experience with authorities), or may feel 'over-relatable'. Some participants held back from discussing racist incidents with a white therapist due to concerns they may be seen as 'playing the race card'.

6) Needing to be More Visible

Theme Summary: Participants discussed an interest and need by other EM individuals in prison, but more needs to be done by therapy services to reach out in order to overcome reluctance and the lack of information about therapy, as well as involving EM individuals in services.

It's Not Out There: Participants highlighted that the service needs to be more visible in the prisons, and make links with other departments (particularly chapel and probation). Many participants felt the service should take part in prison inductions, and some discussed having more of an 'open door policy'. They felt that effort needed to be made to reach out (more of an assertive outreach style?) in order to overcome the lack of information about the service. Key messages to convey: we are here for everyone, flexible/ variety of approaches as well as normalising mental health and struggling in prison. Reaching out was seen as equating to showing that the service cares for some participants.

I Wanna See Me : more representation in staff helps to put individuals at ease. Many participants also suggested that mentors could play a key role in 'bridging the gap' between staff and EM prisoners (scheme present in one prison which was highly regarded), this was felt to be particularly important in encouraging younger men – helping to overcome reluctance at an earlier point rather than getting to lowest point. Gentle encouragement was seen as important (needing to balance with maintaining choice in theme 3). The importance of meaningful consultation with EM individuals was also highlighted by some participants.

Appendix Q

Reflective Diary Extracts

13th August 2021

Reflective Diary entry following discussion with both EBEs. Although the discussions took place separately, it struck me that both EBEs had similar views and rationale regarding recruitment criteria. This had previously caused debate amongst the research team, namely whether white EM individuals should be recruited for the study as it was felt that they may have different experiences to people of colour.

Both EBEs felt that in order to meet the research aims, the research needed to be fully inclusive, and recruit white EM individuals also. They both discussed strong views on the importance of inclusivity. I was aware of my own initial surprise at how strongly both EBEs felt about this, and also reflected on mine, and the wider research teams, assumptions during discussion before these meetings. Although we had recognised the need for research and the disadvantage faced by white EM individuals, we had perhaps seen more of a distinction based on the visibility of EM status. It struck me that we had assumed more of a differentiation in experiences than EBEs had and I wondered what had led to this assumption.

One EBE in particular was vocal in his views against this division, discussing what he described as a "black versus white mindset". I wondered how it could have been perceived by EBEs, or indeed potential participants, if the study had gone ahead based on the original rationale for recruitment criteria. Although the intention would have been to recognise a unique set of experiences, it seems it could have been perceived as 'singling out' people of colour. It made me reflect on how, what was seen as a positive and respectful consideration, through the lens of a white research team, could have been tokenistic or damaging. Ultimately this led to a turning point in deciding upon the recruitment criteria, led by the perspective of EBEs, and prompted me to continue questioning my perceptions going forwards with the research.

19th May 2022

Reflective entry after first day of interviews (Participants 1 and 2). I was happy with how the interviews had gone, and how open participants had been to discussion with me about their views and experiences. I reflected on the initial conversations I'd had with participants, where I'd discussed my own context and reasons for doing the research. It seemed that participants had received this positively, and they had agreed that they felt the research was needed based on their experiences. However, I also considered the potential negative implications of my disclosure, namely that I could be seen as a representative of 'the system' or the therapy service which could cause barriers in what they would be willing to discuss with me.

Despite this, participants openly commented on their perception of professionals, including me, as a white woman working in psychology. As I had previously worked in the prisons, I felt relatively at ease in the moment in acknowledging how myself and other professionals may be perceived, as I have engaged in similar conversations informally in the past. However, I was also aware of my own feelings in relation to how I relate to positions of privilege: understanding that I hold positions of privilege in comparison to participants, namely being from an ethnic majority background and having experienced the advantage of social mobility. However, I am also woman and have experienced some difficulties associated with being from a low socio-economic background. I

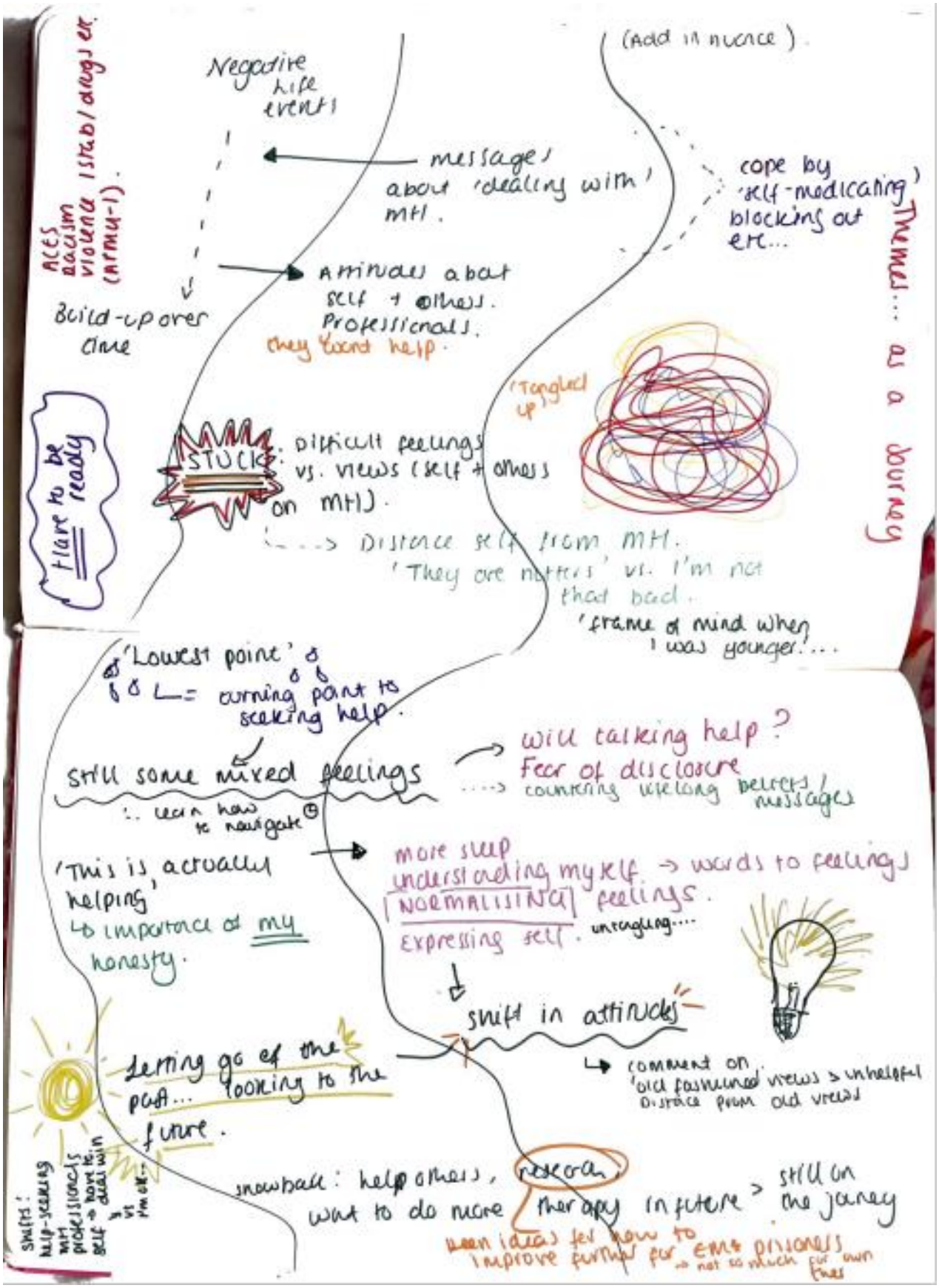
therefore didn't fully align myself to the views of middle-class professionals discussed, despite understanding why participants may hold such perceptions.

I reflected back on previous concerns I'd had that, as a white woman, I may not be the right person to do the research, but felt that the interviews went well. I felt this may have been helped by my 'insider' knowledge of the service and prison, as well as taking time to rapport-build and positioning myself, including acknowledging racial differences. The participants gave positive feedback about the interviews during our debrief discussions, although it struck me during these informal discussions that they seemed grateful that I was doing the research as they said it was needed. Although there could be several reasons why they came across this way, or indeed why I interpreted it this way, it made me very aware of the power differences between myself and participants and helped me to keep in mind the responsibility of helping to convey the voices of individuals whose voices are not normally heard.

5th August 2022

Reflective entry following research team meeting. During the meeting we discussed preliminary codes (which had been sent in a document in advance). We engaged in conversation about how I arrived at the codes and discussed quotes used in the wider context of the interviews. Although there was agreement with many of the codes, I was prompted to consider both my impact upon interviews and also my interpretation of the data collected.

Although I had tried to stay curious while coding the interviews, I was aware that my perspective would be influencing how I was interpreting the data. Due to previously working in the prisons, and some elements of conversation in particular which I felt were similar to comments made by prisoners I had previously worked with, it was important that I didn't make assumptions about the meaning of participants' comments. I found it helpful to talk through the codes and how I had made sense of discussion with participants to make sure I wasn't leaning on prior assumptions, and hearing perhaps more objective views of the research team. Indeed, I think earlier in the research process I was more aware of how my previous work experience may have influenced participants' views of me. I was more aware of how my experiences affected my interpretations when I listened back to audio recordings and read transcripts of interviews. I considered the different potential meanings of their comments, and what aspects I'd followed up on or nor followed up on in interviews. I thought about how this shaped what was covered in the interviews, despite having a flexible interview schedule so that aspects that were important to participants could be explored.


ACES
Racism
violence
(ARMU-I).
Negative life events
Build-up over time
messages about 'dealing with' MH.
Attitudes about self + others. Professionals.
they could help.
(Add in nuance).
cope by 'self-medicating' blocking out etc...
Themes... as a journey
'Tangled up'
STUCK
difficult feelings vs. views (self + others on MH).
--> Distance self from MH.
'They are nutters' vs. I'm not that bad.
'frame of mind when I was younger...'
Flare to be ready
'Lowest point' = turning point to seeking help.
still some mixed feelings
.. learn how to navigate
will talking help?
Fear of disclosure
----> countering lifelong beliefs/messages
'This is actually helping'
--> importance of my honesty.
more sleep
understanding myself -> words to feelings
NORMALISING feelings.
expressing self.
untangling....
shift in attitudes
--> comment on 'old fashioned' views > unhelpful
Distance from old views
letting go of the past... looking to the future.
snowball: help others, want to do more
research therapy in future > still on the journey
been ideas for how to improve further for EM& prisoners -> not so much for own lives
shifts: help-seeking not professionals -> how to deal with MH etc...

Appendix R

Draft Letter of Study Results

Dear XXXXX,

I would like to thank you again for taking part in the study:

Ethnically minoritised prisoners' perceptions of accessing a therapy service in prison.

Your time taken and generosity in discussions are greatly appreciated, and I am getting in touch to share the main findings of the study with you.

When interviews took place, I asked all participants firstly if they would like the findings to be shared with them, and secondly how they would like to receive this information. As some participants wanted to receive them as infographics and others wanted a more detailed summary of the findings, I have included both in this letter.

The full project will also soon be available to view on the University of Hertfordshire research repository at: https://uhra.herts.ac.uk

The findings are presented as a combination of participant views, as discussed at the time of your interview.

If you would like to offer any feedback, please contact the [redacted] Service (previously known as the [redacted] Service).

Thank you,

Sadie Parrish

Summary of Themes and Subthemes

Theme 1: Barriers to Accessing Therapy

Theme Summary: This theme captures the barriers participants described which contributed to their reluctance to accessing therapeutic services in the past.

Subthemes:

Having to be Tough: Most participants discussed experiences of having to 'toughen up' to survive difficult life circumstances. This included experiences of racism from childhood, which persisted in their interactions with services including prison. Some participants discussed a particular pressure for black men to be perceived as strong, which has previously made them less likely to access mental health support.

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Theme 2: I Needed Therapy

Theme Summary: Participants emphasised reaching a turning point, whereby the need to engage became more important than barriers/ reservations.

Subthemes:

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Reflection: Prison provided a space for reflection on participants' lives, whereby they wanted to better themselves/ turns things around. Many participants voiced that they reflected that there was more to life than being 'in and out' of prison, and saw therapy as a means of helping to ameliorate their circumstances.

Theme 3: Right Time, Right Place

Theme Summary: Importance of autonomy in choice to engage and feeling ready/ able to engage.

Subthemes:

Needing to be Ready: Participants highlighted the importance of it needing to be their choice to engage in therapy, that it can't be forced upon them, in order to engage meaningfully. Several participants voiced that they have previously felt forced to engage with interventions, and so would not fully engage/ pay 'lip service'.

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Many felt that therapy was cathartic and helped them to 'let go' of unhelpful feelings from the past.

Therapy Opened Doors for Me: Having a positive experience of therapy helped to change views on professionals. Many participants expressed wanting to engage further (other courses, further therapy in future, wanting to help others), wanting to build on the progress made so far. Many participants linked their willingness to take part in the research to their experience of therapy. Some participants voiced this as breaking the cycle of not accessing services, and seemed to shift to a more future-focussed way of thinking.

Theme 5: It Mattered Who I Worked with

Theme Summary: Participants discussed the importance of trust and building a rapport with their therapist, and in particular the importance of feeling they could relate to the person they were working with in order to open up in therapy.

Authenticity: All participants voiced that working with a member of staff from an ethnic minority (EM) background would help 'ease them in' to therapy, and create a sense of automatic relatability and credibility. For participants that did work with an EM therapist, they found it positive experience and partly attributed this to a sense of similarity with their therapist. For individuals who worked with a white therapist, they described therapy as being relevant (ie focus on trauma/mood difficulties which were their central concern) and felt they has a good therapeutic rapport. They also discussed their experiences positively, but several highlighted there would be less of a sense of assumed relatability. One participant discussed this was mitigated by his therapists naming this in their first session, which he felt showed care, consideration and a wish to understand. Two participants noted that the assumption of similarity to EM staff could be wrong (ie from a more affluent background, experience with authorities), or may feel 'over-relatable'. Some participants held back from discussing racist incidents with a white therapist due to concerns they may be seen as 'playing the race card'.

Theme 6: Needing to be More Visible

Theme Summary: Participants discussed an interest and need by other EM individuals in prison, but more needs to be done by therapy services to reach out in order to overcome reluctance and the lack of information about therapy, as well as involving EM individuals in services.

It's Not Out There: Participants highlighted that the service needs to be more visible in the prisons, and make links with other departments (particularly chapel and probation). Many participants felt the service should take part in prison inductions, and some discussed having more of an 'open door policy'. They felt that effort needed to be made to reach out (more of an assertive outreach style?) in order to overcome the lack of information about the service. Key messages to convey: we are here for everyone, flexible/ variety of approaches as well as normalising mental health and struggling in prison. Reaching out was seen as equating to showing that the service cares for some participants.

I Wanna See Me: more representation in staff helps to put individuals at ease. Many participants also suggested that mentors could play a key role in 'bridging the gap' between staff and EM prisoners (scheme present in one prison which was highly regarded), this was felt to be particularly important in encouraging younger men – helping to overcome reluctance at an earlier point rather than getting to lowest point. Gentle encouragement was seen as important (needing to balance with maintaining choice in theme 3). The importance of meaningful consultation with EM individuals was also highlighted by some participants.

Draft Infographic Resource

Theme 1: Barriers to Accessing Therapy

This theme captures the barriers participants described which contributed to their reluctance to accessing therapeutic services in the past

Theme 2: I Needed Therapy

Participants emphasised reaching a turning point, whereby the need to engage became more important than reservations.

Theme 3: Right Time, Right Place

Importance of autonomy in choice to engage and feeling ready/ able to engage.

Theme 4: What I Gained from Therapy

Participants spoke positively about their experiences of therapy, and having a space to talk. Across participants there was a sense of gaining skills and understanding of themselves, as well as changing their views on professionals which has had wider implications.

Theme 5: It Mattered who I Worked With

Participants discussed the importance of trust and building a rapport with their therapist, and in particular the importance of feeling they could relate to the person they were working with in order to open up in therapy.

Theme 6: Needing to be More Visible

Participants discussed that there is an interest/ need by other EM individuals in prison, but more needs to be done by therapy services to reach out in order to overcome reluctance and the lack of information about therapy, as well as involving EM individuals in services.