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

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MANUSCRIPT DETAILS

TITLE: Ethnically minoritised prisonersâ€™ perceptions of accessing a therapy service in prison.

ABSTRACT:

It is well-documented that there is disparity in uptake of prison interventions by ethnically minoritised (EM) individuals. It is not fully understood why uptake of prison interventions is lower, although research indicates that experiences of racism and a lack of representation in therapy services may negatively impact accessibility. There has been limited research to date exploring the low uptake of prison psychological interventions. 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 and make them more equitable.

The study used semi-structured interviews to explore EM individualsâ€™ experiences of accessing therapy in prison, using Thematic Analysis. A purposive sample of ten men from four prisons in England were recruited.

Six superordinate themes were identified; It Mattered Who I Worked With and Needing To Be More Visible are explored in the current article.

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 research therefore provided a timely response to changing circumstances to continue and build upon such positive momentum. 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.

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.

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:

â€¢ Therapy service involvement in the prison induction process

â€¢ Increasing visibility in the prison via assertive outreach

â€¢ Continuity of measures implemented during covid-19 restrictions that reduced disparity in uptake of interventions

â€¢ Implementation of mentoring scheme more broadly across the prisons

â€¢ 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-

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informed ethos already incorporated in the service, and which is being implemented more broadly across NHS mental health services

The study adds to a growing body of research that challenges the narrative that EM men are hard to engage therapeutically.

The study builds upon the limited research looking at experiences of accessing therapy by EM prisoners. The study 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.

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Methodology: 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 in England were recruited.

Findings: Six superordinate themes were identified; *It Mattered Who I Worked With* and *Needing To Be More Visible* are explored in the current article as the most relevant themes to practice improvement.

Originality: The study builds upon the limited research looking at experiences of accessing therapy by EM prisoners. The study 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 Words: Ethnically minoritised, prison therapeutic services, barriers to access, cultural humility.

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INTRODUCTION

Background

Ethnically minoritised (EM) prisoners are over-represented in the British criminal justice system (CJS) (MOJ, 2016a [1]; Lammy Review, 2017). This significant, enduring issue 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 arises from practices such as disproportionate targeting during 'stop and search' and subsequent harsher response throughout the CJS (Lammy Review, 2017; Youth Justice Board, 2012). For example, more aggressive treatment by police and prison staff and receiving harsher sentences in court, in comparison to their white ethnic majority counterparts (Jolliffe and Haque, 2017; Keeling, 2017). Keeling (2017) argues this has had "a lasting corrosive impact on young peoples' trust in the police" (p. 2).

Members of marginalised communities are also at greater risk of developing mental health problems which can increase the likelihood of encounters with the CJS (Saunders et al., 2013). They are 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).

Accumulating disadvantage can create a "sense of powerlessness, frustration and rage incurred by being locked into a cycle of deprivation" potentially worsened by CJS contact (Williams and Durrance, 2017, p. 378). Unsurprisingly, EM individuals are more likely to perceive authority figures as punitive or threatening, and to be mistrustful towards them (Lammy Review, 2017; Mauer, 1999). Wilson (2003) describes one perspective of how young black men adopt 'the Game', as a way to deal with authority figures. It involves either "going nuts" or "keeping quiet" depending on the situation (Cowburn and Lavis, 2009, p. 9) and may result from previous negative experiences (Jolliffe and Haque, 2017).

> *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).

Condry et al. (2016) highlight that wider circumstances need to be seen as more than just the by-product of imprisonment, and that inequities experienced should be addressed directly. Indeed, for many, social circumstances contributed to offending behaviours. Condry and colleagues discuss the importance of considering "the very real consequences of imprisonment" (p. 1) and how the state's power to punish is used disproportionality against those who already experience social disadvantage.

EM Individuals in Prison

In March 2020, 27% of prisoners in England and Wales were from an EM background, compared with 13% of the general population. This was even starker for individuals identifying 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).

CJS overrepresentation may be the outcome of deeper social exclusion, marginalisation, and systemic bias (Cavadino and Dignan, 2007; Spalek, 2007). Bennett (2013) goes further, stating that the UK CJS 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 social controls, including imprisonment, which is legitimised by its focus on minoritised groups. Similarly, Choak (2020) highlights how EM individuals have been othered and pathologised in the gang agenda (Home Office, 2016) which positions young black men as innately criminal.

Macpherson (1999) highlighted the "collective failure… to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin", that led to practices which disadvantage individuals who are not from a white ethnic majority background (p. 28). Yet, prison staff continue to underestimate the effect of racism in EM individuals' experiences of prison (Lammy, 2017).

Despite acknowledging that overt prejudice still exists, the UK government concluded that there is no longer evidence of institutional racism in the UK, (Commission on Race and Ethnic Disparities, 2021). This removes the onus to improve such disadvantage and the report prompted significant criticism (Gopal and Rao, 2021; Tikly, 2022).

EM prisoners report worse incarceration experiences and outcomes, including feeling invisible due to lack of cultural consideration and few staff of EM heritage (MOJ, 2016b). They report feeling less respected by prison staff (Jolliffe and Haque, 2017) and less able to access services (Jacobson et al., 2010) or are more distrustful of services (Mason et al., 2009). This is in addition to being less likely to see prisons as being rehabilitative (Bhui, 2009). The HMPPS annual equality report (2020) noted that the highest proportion of prisoners on Basic Incentives status, (the lowest level of access to privileges, allocated based on behaviour), were black or black British and dual heritage individuals. Similarly, Quinn et al. (2021) found that EM prisoners were less likely to report being treated with respect, whilst acknowledging variation between ethnic groups.

A thematic review (HMIP, 2020) reported some progress in promoting engagement in prison programmes. Successful programmes emphasised the importance of working flexibly and holistically, and recognised the importance of ethnic identity. They were valued by staff and prisoners, and demonstrated more positive ways to encourage EM individuals to engage with rehabilitation initiatives (HMIP, 2020).

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Prison Interventions

Seventy-three percent of prisoners in England and Wales are white (MOJ, 2020)[2], and they are the majority of prison intervention completers (75%). There seems to be disproportionate uptake for some programmes, with white prisoners accounting for 85% of sexual offending programmes and 95% of substance misuse programmes (MOJ, 2018).

EM individuals' lower intervention uptake is enduring (Cowburn and Lavis, 2009), with insufficient understanding of how to improve outcomes (MOJ, 2018). Yet, interventions that are culturally-aware, sensitive, inclusive and delivered by staff from similar ethnic backgrounds are preferred, and reduce the likelihood of feeling isolated or misunderstood (MOJ, 2018).

Although there have been efforts to operate prisons more fairly, they have been undermined by restricted regimes and significant cuts to staffing (Jolliffe and Haque, 2017). This includes the National Offender Management Service (NOMS) facing budget cuts of 20% between 2010-2015 (MOJ, 2022). To use resources most efficiently, prisons interventions are primarily offered as group-delivery. This reduces responsiveness 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 structural racism (Durrance and 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 and 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 similarly low

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uptake rates (e.g. Hunter et al., 2019). Some research has investigated how prison therapy is experienced by EM individuals who do access interventions (Brookes et al., 2012; Hunter et al., 2019; Jones et al., 2013), however, this research is in its infancy. More needs to be 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).

Meeting EM Individuals' Needs in Prison

EM prisoners are more likely to have experienced traumatic childhood events (Baglivio and Epps, 2016) of a more severe nature (Fox et al., 2015; Hamby et al., 2010) with potentially more complex needs (Sawrikar and Katz, 2017) in addition to the often overlooked trauma resulting from experiencing racism (Sanchez-Hucles, 1999). Fernando (1998) argues for a move away from pathologising minoritised individuals and instead understanding difficulties in the context of persistent inequality and the understandable concomitant frustration.

Moreover, Andrews and Bonta (1994) highlight the importance of responsivity to both prisoners' criminogenic needs and non-criminogenic needs. Non-criminogenic needs include mental health and trauma which may be indirectly linked to recidivism (Leach et al., 2008).

Policy for Equal Access

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. The NHS (2021) research agenda aimed to focus on diversity and inclusion in delivering mental health services (MHS). This aligned with the research agenda for HMPPS (2019) which also classed intervention outcomes for EM prisoners as an area of priority

research. More and better-quality research was seen as needed, in order to learn how to make interventions "more responsive and appealing to individuals from different ethnic groups" (MOJ, 2018, p. 3). Despite recent initiatives, there were still barriers to accessing interventions in prisons.

Service Context

The current study focusses on the experiences of EM prisoners referred to an NHS provided, prison-based therapy service in England. It is primarily concerned with mental health and wellbeing outcomes (as opposed to offender rehabilitation) and provision is guided by NHS England Health & Justice Commissioning service specification (2018). Consistent with NICE guidelines (2011), 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).

The implementation of the trauma pathway better reflected the needs of a forensic population (Johnstone, 2018). Nonetheless, the service replicated national findings, with uptake of interventions by EM referees being lower than that of white majority referees. Trauma informed care has been critiqued for a lack of diverse consultation during development and questions have been raised about whether specific trauma experiences of discrimination and racism are properly embedded (Pihama et al., 2017).

Delivery during this fieldwork was also adapted in response to Covid-19 restrictions. Referred individuals received an initial psychology check-in appointment, and where appropriate had routine follow-up individual check ins. Group-based delivery was adapted to workbooks, which staff checked fortnightly. There were also a limited number of psychology telephone sessions offered.

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Rationale for the Current Study

More research is needed to improve services' responsiveness to EM individuals' needs (MOJ, 2018), in the context of potentially more complex needs due to prior experiences of disadvantage and lower uptake of prison interventions. Past research has primarily focused upon prison-led intervention programmes (MOJ, 2018) with even less attention directed towards psychological interventions within prisons, specifically those facilitated by NHS mental health staff.

Aims

The current study aimed to better understand the perspectives of EM individuals including people who chose to access therapy services or chose not access them. It considered factors that facilitate or dissuade engagement, intending to help inform future service provision.

METHOD

Qualitative data was collected through semi-structured interviews. As an under-researched research topic, it was felt that the study would benefit from in-depth and nuanced information from participants, that allowed for exploration of their perceptions of accessing therapy (Willig, 2008). As such, inductive, reflexive thematic analysis (TA) was used (Braun and Clarke, 2006, 2019).

Reflexive TA aims to facilitate identification, analysis and interpretation of patterns across a qualitative dataset (Braun and Clarke, 2006; 2022), with the purpose of reporting patterns of meaning across the data as themes (Braun and 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, reporting relevant themes could contribute to an emerging body of knowledge and practice supporting therapy for EM prisoners. Among other measures in place, including consultation with EBEs (Experts by Experience) and regular supervision throughout the research, a reflective journal was used for the duration of the study.

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The research took a critical realist (CR) epistemological stance, 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.

Ethics

Ethical approval for the study was sought and received from the Health Research Authority (~~Wales REC 3 which has responsibility for research involving prisons and prisoners~~).

Ethical issues considered started ~~firs~~t by acknowledging the context of the lead author being a white researcher interviewing EM individuals in prison, supported by an all-white, all female, supervisory panel. In addition to ongoing reflexivity of research team members, to include the perspectives of EM individuals in the design of the study, an organisation that works in several prisons to promote EM engagement was approached for assistance in recruiting two experts by experience as consultants to the project.

One consultant was a current prisoner who was an ambassador member of the organisation. The other was an ex-prisoner in the community who worked for the organisation. Regular meetings were held with the first author to discuss consultants' perspectives and incorporated their feedback from study design through to initial analysis and reporting.

Potential participants received the participant information sheet ~~from therapy service staff (who were not otherwise connected to the research)~~ which contained information about the purpose of the study, what participation would involve and information about confidentiality and

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data storage. ~~An easy-read summary sheet was also provided, as well as verbal description and opportunity to ask questions.~~ This information was recapped prior to interviews starting.

The potential advantages and disadvantages of taking part were discussed, including that topics in the interview may be emotive, although the questions would not probe deeply into distressing life events. Participants understood that they could choose how much to share, could stop or pause the interview at any time, and could choose not to answer questions.

Although it was stressed 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. It was therefore important to highlight to participants that no negative implications would result if they declined involvement. Participants were also provided with information on how to withdraw from the study.

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 and information on race-based trauma, a term used in the materials to describe and acknowledge psychological harm caused by racial discrimination. All participants were receptive to discussion around this and accepted material offered to them.

~~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, in line with duty of care~~. Participants were recruited from several prisons, so it would be harder for staff to backwards-identify de-individuated responses subsequently reported.

Procedure

Participants were recruited by purposive sampling, choosing participants deemed to be "the most useful or representative" (Babbie, 2010, p. 195). As research in this area is lacking, it seemed

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appropriate to approach the topic broadly, and therefore the inclusion criteria were deliberately not too restrictive.

Table I

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 the	-Individuals who are not from an EM background
-Adult prisoners	-Individuals who have previously worked with researcher in a therapeutic capacity
-Male or female	
-Still in prison at the time of recruitment	

Potential participants were identified via the therapy service referrals database. Staff 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 met the inclusion criteria and were still in prison were approached by therapy service staff. Although the researcher applied to recruit from all six prisons in the locality of the therapy service, due to Covid-19 restrictions, access was approved on a case-by-case basis (see Figure 1) and participants were recruited from four of the prisons.

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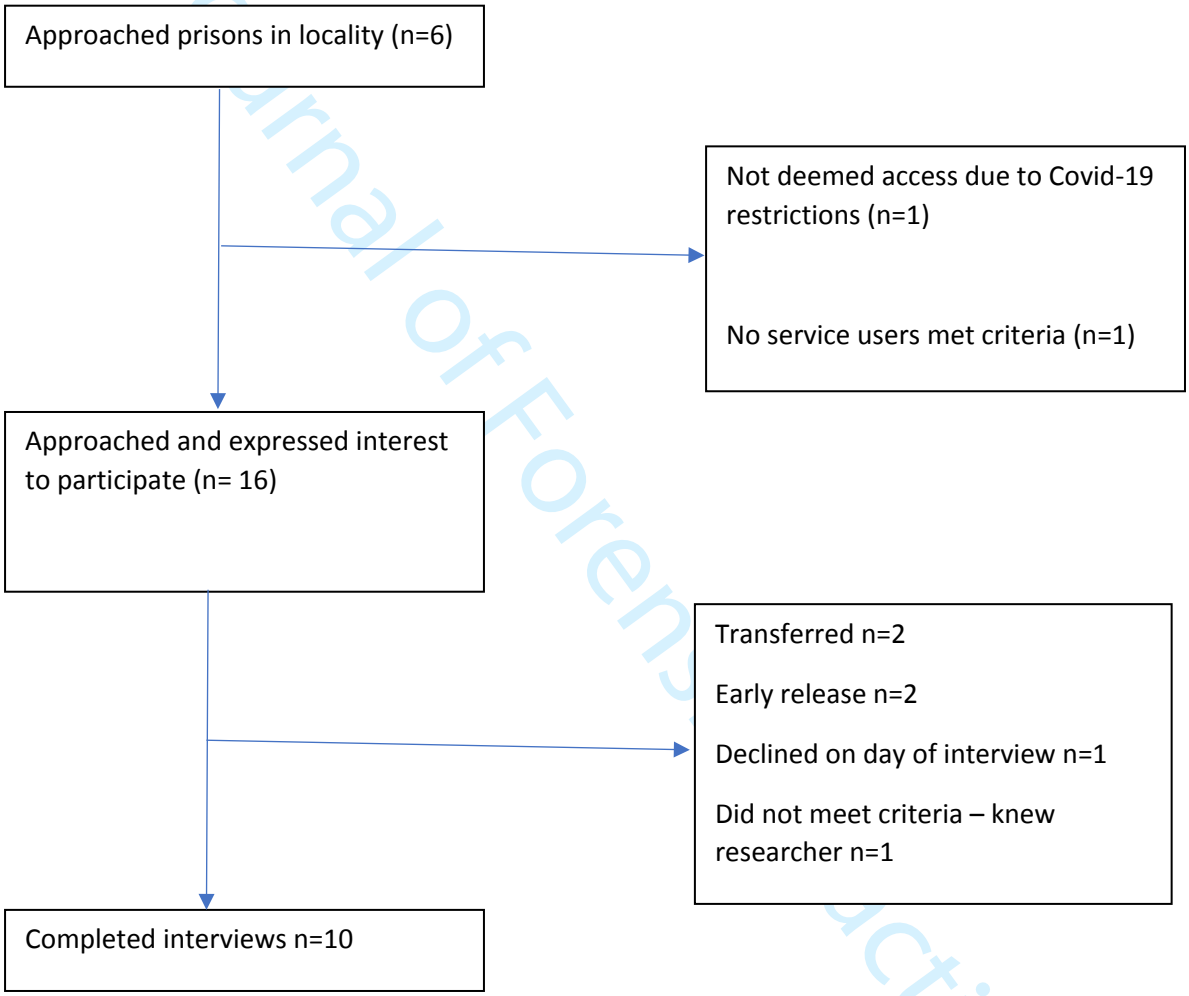
Figure 1

Recruitment Flowchart



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Participants

10 participants were recruited, each completing an interview that was approximately one hour long (ranging between 45 – 70 minutes). Demographic information and pseudonyms for participants are presented in Table II.

Table II

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

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 engaged in therapy in the context of COVID-19 restrictions. Nine of the ten participants had served previous prison sentences. Current sentence length ranged from one year to life sentences, with one participant on an indeterminate sentence. Details related to offences and forensic history was not collated for the study.

Although there was access to interpreters for the current study, all participants recruited spoke fluent English. Two further individuals were recruited but were subsequently transferred or released from prison were individuals who had chosen not to access therapy. Attempts were made unsuccessfully to identify and recruit female participants.

Materials

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The study used semi-structured interviews, with prompt questions focussing on experiences as an EM prisoner, perceptions of therapy, exploration of why participants either had or had not engaged in offered intervention(s), whether there were any perceived barriers to participating, and whether there were any considerations participants felt would promote their engagement.

Interviews began with easier questions to attempt to help participants feel comfortable and familiarise them with the interview process, prior to moving onto potentially more emotive areas. Follow-up questions were used to gather further information about relevant comments. Participants were given the opportunity to add any additional comments at the end of the interview. Participants primarily took this as an opportunity to reiterate their positive experiences of engaging in therapy.

It was acknowledged that talking about experiences of being in prison could be difficult, and for most participants this 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.

Participants were advised to discuss topics in as much or little detail as they felt comfortable and that they could decline to answer, pause or end the interview at any point. The recording device was turned on at the start of interviews, after background information had been discussed, and participants were advised when recording started.

Data Analysis

Braun and Clarke (2022) argue that a reflexive researcher is fundamental to TA, which involves being a subjective, situated, aware and questioning researcher and requires critical reflection throughout the six stages of analysis (Braun and Clarke, 2019). Braun and Clarke's (2022) guidelines for recursive TA were followed, where themes were developed from initial codes, and conceptualised as patterns of shared meaning organised by a central underlying concept (Braun et al., 2014). TA also allows researchers to explore heterogeneity between participants (Braun and

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Clarke, 2022), avoiding homogenising individuals from different ethnic backgrounds, who may have different perspectives.

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).

FINDINGS

Six themes and fourteen sub-themes emerged from data analysis as shown in the thematic map (Figure 2). This paper focusses on the findings potentially of most relevance to practice improvement: *It Mattered Who I Worked With* and *Needing To Be More Visible.* The additional themes and subthemes will be explored in subsequent publications concentrating more on intrinsic and extrinsic factors influencing individuals' decisions.

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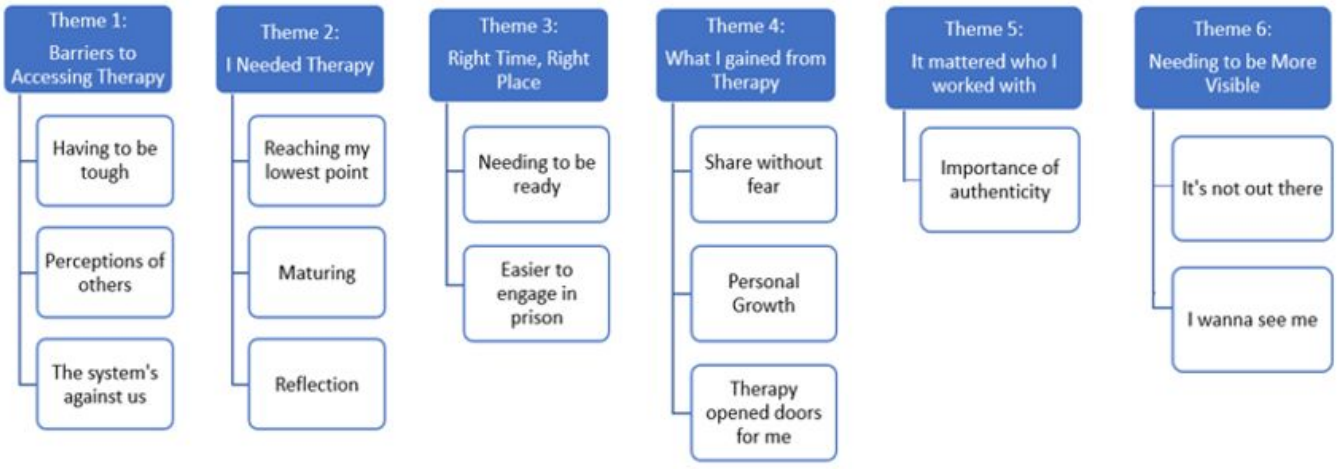
Figure 2

Thematic Map of Themes and Subthemes



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 have helped ease them into therapy, conferring relatability and credibility. Some participants explained how this can help individuals feel more comfortable engaging from the offset.

Tyler described feeling that he could learn more from someone similar to him. 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.

Participants who had worked with an EM therapist, found it positive and some partly attributed this to a sense of similarity. Tyler also 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?"*

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

> *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.*

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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 anxiety as he had hoped. Despite acknowledging he may have had less in common with a white woman, he felt that effort had been made to understand his circumstances.

Although participants who worked with a white therapist discussed their experiences positively, several highlighted that there was 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. However, he 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 name] *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 other participants, who had worked with white therapists, noted that the assumption of similarity to black staff could also be wrong as they may be from different socio-economic backgrounds and had different life experiences.

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Yet 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. Some participants pre-empted potential issues in working with a therapist of a different ethnic background but regardless of who they worked with, were happy with the sessions.

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 was a lack of information and out-reach to enable access. 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.

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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 a greater 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.*

Connor voiced that such efforts would demonstrate genuine care and support, perhaps going against individuals' prior expectations. Several participants also 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. It was felt that this would be beneficial so that prisoners were better informed about what therapeutic input was available when they arrived in prison.

Some participants voiced that there were several key messages that needed to be emphasised when sharing information about therapeutic interventions available. Elijah highlighted the importance of normalising mental health concerns in information conveyed and participants discussed the importance of giving more information about therapy so individuals could make an

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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. 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.

Overall, 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 their positive experiences of therapy, some participants noted the current lack of diversity in the therapy service.

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]. He 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.

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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.

Two participants were mentors for a highly regarded prison mentoring scheme. Elijah discussed why he felt having mentors was helpful to engagement: "*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 also felt this could be particularly important in encouraging younger men to engage.

In summary, participants described that although therapy services needed to be more visible in prisons, thought also should be given to ensure individuals feel comfortable accessing services. 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.

DISCUSSION

The findings build upon the limited research looking at experiences of accessing therapy by EM prisoners and adds to a small but growing body of research that challenges the narrative that EM

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men are hard to engage therapeutically. It offers an optimistic outlook for reparative, positive relationships with professionals.

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 better allowing conversations around race and cultural issues (Chang and 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 (Steinfeldt et al., 2020). 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 experience adverse socio-economic circumstances and life events even more markedly (Condry et al., 2016). Additionally, as noted in the current findings, possible disadvantages of cultural matching can include perceived overfamiliarity or less well-defined boundaries and concerns regarding confidentiality, suggesting that preferences in therapist characteristics are multi-faceted and nuanced. The findings highlight the importance of offering choice in who individuals work with therapeutically (Steinfeldt et al., 2020).

The importance of therapeutic alliance to intervention effectiveness has been well-researched, across modalities of therapy (Baier et al., 2020). Cultural humility seemed particularly important in building a therapeutic rapport in the current study. Cultural humility is defined as a learning-oriented approach to working with people from diverse cultural backgrounds and involves

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self-evaluation and critique (Tervalon and 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). This is arguably more prevalent in the context of prisoners' engagement with professionals (Blasko et al., 2018; Palombo, 1997). From the current findings it seemed that cultural humility was more important than culture itself.

Participants were also vocal in their shared perception that it is not the process of therapy itself that needed to improve. Rather, services need 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 effective in facilitating access to therapeutic services in several settings (e.g. Lu et al., 2021; Waid and Kelly, 2020). The findings 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 by white people. Previous research has also found that mentoring schemes can be particularly helpful in facilitating access to services and may contribute to reducing recidivism (Bradley Report, 2009).

The study suggests that not enough information is provided for informed choices to be made around engagement. 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. For those who are unsure whether psychological

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intervention will be helpful to them, it may be possible to facilitate engagement with less pressure than committing to a set number of formalised sessions. The combination of a flexible approach and more information, allows more choice and control by individuals. The current findings should prompt consideration of how this can be applied within the prison context.

Consideration of Research Quality

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 at a time when 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 EBEs, 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 the process 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, this leads to a brief consideration of the lead author's self-reflections.

Researcher Reflexivity

Reflexivity was strongly considered throughout planning and conducting the research. As the interviewer had previously worked in the therapy service, she saw herself as both an insider and outsider researcher. Her knowledge of the prisons and therapy service may have helped to build a rapport with participants and perhaps conferred greater credibility. However, this would not

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mitigate her outsider status as a white woman and someone who has not personally experienced imprisonment, which may have been more prominent to participants.

The research team tried to remain mindful of power dynamics and that participants may have held expectations about interacting with someone they may have seen as a 'typical psychologist'. The interviewer tried to limit barriers this could create by situating herself in the research and working to prevent feelings of being 'done to' by highlighting the importance of their perspectives. Participants were receptive to discussions; responding openly to potentially sensitive questions, and seemed comfortable in her presence.

Although the researcher tried to check in with participants to avoid potential misinterpretations of their perspectives, her own lens and biases would have inevitably impacted upon interpretation of the interviews. Critical consideration was given during theme progression with the wider research team and with the experts by experience. Alternative interpretations of participants' responses were also considered.

Sample

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. All participants were men from black or black British backgrounds and, therefore, may have faced particular barriers that we were able to explore in depth. The findings may be less relevant to individuals of other minoritised groups, however we were not expecting this research to provide a representation of every minoritised identity experience. The perspectives of women and individuals from other EM backgrounds, including white EM individuals, could however, have contributed a broader range of perspectives. 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).

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Clinical Implications

While there is significant documentation of the disparities in mental health needs of EM people within the prison system, and with awareness that uptake of psychological interventions is less compared to the white majority group, little has been done to understand the needs and perspectives of those this affects. 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. This is also in line with NHS and HMPPS current research agendas which aim to promote equality, diversity and inclusion.

There are several clinical implications that should be considered, that could help facilitate access. Several suggestions made by participants are already implemented by other organisations operating within prisons and could be incorporated in therapy services. The four main areas of consideration are presented in Table III.

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Table III
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: Participants frequently mentioned that having prisoner mentors from EM backgrounds would help increase accessibility to the service.	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.

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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.	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 4: Lastly, more thought should be given to how white therapists broach conversations with EM clients in order to acknowledge their differences in a respectful 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.

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

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recommendations which could be incorporated into service policy to ensure promotion of inclusivity.

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, Asian and other minoritised groups, as well as non-engager participants. 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 were acknowledged in the current study, but further exploration of the views of individuals who continue to perceive services as inaccessible is important.

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 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 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.

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Implications for Practice

- Including therapy service staff in prison induction sessions would enable therapy staff to reach many prisoners at once, when they first arrive to prison. This could help to inform on how to access services and demystify psychological interventions.
- Increasing therapy staff visibility on prison wings via assertive outreach may also help to facilitate engagement. This could include more informal 'open-door' sessions, as well as involvement in events (including religious and cultural celebrations) in the establishment to help build rapport with prisoners.
- Training prisoner mentors from an EM background may help other EM individuals access support more informally, before formal engagement.
- Training for white therapists on cultural humility may help facilitate conversations about culture and background with service users.

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

[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%.

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EM PRISONERS' PERCEPTIONS OF THERAPY

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Wordcount: 7959

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

ABSTRACT

Purpose: It is well-documented that there is disparity in uptake of prison interventions by ethnically minoritised (EM) individuals. It is not fully understood why uptake of prison interventions is lower, although research indicates that experiences of racism and a lack of representation in therapy services may negatively impact accessibility. There has been limited research to date exploring the low uptake of prison psychological interventions. 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 and make them more equitable.

Methodology: 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 in England were recruited.

Findings: Six superordinate themes were identified; *It Mattered Who I Worked With* and *Needing To Be More Visible* are explored in the current article.

Originality: The study builds upon the limited research looking at experiences of accessing therapy by EM prisoners. The study 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 Words: Ethnically minoritised, prison therapeutic services, barriers to access, cultural humility.

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INTRODUCTION

Background

Ethnically minoritised (EM) prisoners are over-represented in the British criminal justice system (CJS) (MOJ, 2016a [1]; Lammy Review, 2017). This significant, enduring issue arises from practices such as disproportionate targeting during 'stop and search' and subsequent harsher response throughout the CJS (Lammy Review, 2017; Youth Justice Board, 2012). For example, more aggressive treatment by police and prison staff and receiving harsher sentences in court, in comparison to their white ethnic majority counterparts (Jolliffe and Haque, 2017; Keeling, 2017). Keeling (2017) argues this has had "a lasting corrosive impact on young peoples' trust in the police" (p. 2).

Members of marginalised communities are also at greater risk of developing mental health problems which can increase the likelihood of encounters with the CJS (Saunders et al., 2013). They are 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).

Accumulating disadvantage can create a "sense of powerlessness, frustration and rage incurred by being locked into a cycle of deprivation" potentially worsened by CJS contact (Williams and Durrance, 2017, p. 378). Unsurprisingly, EM individuals are more likely to perceive authority figures as punitive or threatening, and to be mistrustful towards them (Lammy Review, 2017; Mauer, 1999). Wilson (2003) describes one perspective of how young black men adopt 'the Game', as a way to deal with authority figures. It involves either "going nuts" or "keeping quiet" depending on the situation (Cowburn and Lavis, 2009, p. 9) and may result from previous negative experiences (Jolliffe and Haque, 2017).

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> *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).

Condry et al. (2016) highlight that wider circumstances need to be seen as more than just the by-product of imprisonment, and that inequities experienced should be addressed directly. Indeed, for many, social circumstances contributed to offending behaviours. Condry and colleagues discuss the importance of considering "the very real consequences of imprisonment" (p. 1) and how the state's power to punish is used disproportionality against those who already experience social disadvantage.

EM Individuals in Prison

In March 2020, 27% of prisoners in England and Wales were from an EM background, compared with 13% of the general population. This was even starker for individuals identifying 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).

CJS overrepresentation may be the outcome of deeper social exclusion, marginalization, and systemic bias (Cavadino and Dignan, 2007; Spalek, 2007). Bennett (2013) goes further, stating that the UK CJS 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 social controls, including imprisonment, which is legitimized by its focus on minoritised groups. Similarly, Choak (2020) highlights how EM individuals have been othered and pathologized in the gang agenda (Home Office, 2016) which positions young black men as innately criminal.

Macpherson (1999) highlighted the "collective failure… to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin", that led to practices which disadvantage individuals who are not from a white ethnic majority background (p. 28). Yet, prison staff continue to underestimate the effect of racism in EM individuals' experiences of prison (Lammy, 2017).

Despite acknowledging that overt prejudice still exists, the UK government concluded that there is no longer evidence of institutional racism in the UK, (Commission on Race and Ethnic Disparities, 2021). This removes the onus to improve such disadvantage and the report prompted significant criticism (Gopal and Rao, 2021; Tikly, 2022).

EM prisoners report worse incarceration experiences and outcomes, including feeling invisible due to lack of cultural consideration and few staff of EM heritage (MOJ, 2016b). They report feeling less respected by prison staff (Jolliffe and Haque, 2017) and less able to access services (Jacobson et al., 2010) or are more distrustful of services (Mason et al., 2009). This is in addition to being less likely to see prisons as being rehabilitative (Bhui, 2009). The HMPPS annual equality report (2020) noted that the highest proportion of prisoners on Basic Incentives status, (the lowest level of access to privileges, allocated based on behaviour), were black or black British and dual heritage individuals. Similarly, Quinn et al. (2021) found that EM prisoners were less likely to report being treated with respect, whilst acknowledging variation between ethnic groups.

A thematic review (HMIP, 2020) reported some progress in promoting engagement in prison programmes. Successful programmes emphasised the importance of working flexibly and holistically, and recognised the importance of ethnic identity. They were valued by staff and prisoners, and demonstrated more positive ways to encourage EM individuals to engage with rehabilitation initiatives (HMIP, 2020).

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Prison Interventions

Seventy-three percent of prisoners in England and Wales are white (MOJ, 2020)[2], and they are the majority of prison intervention completers (75%). There seems to be disproportionate uptake for some programmes, with white prisoners accounting for 85% of sexual offending programmes and 95% of substance misuse programmes (MOJ, 2018).

EM individuals' lower intervention uptake is enduring (Cowburn and Lavis, 2009), with insufficient understanding of how to improve outcomes (MOJ, 2018). Yet, interventions that are culturally-aware, sensitive, inclusive and delivered by staff from similar ethnic backgrounds are preferred, and reduce the likelihood of feeling isolated or misunderstood (MOJ, 2018).

Although there have been efforts to operate prisons more fairly, they have been undermined by restricted regimes and significant cuts to staffing (Jolliffe and Haque, 2017). This includes the National Offender Management Service (NOMS) facing budget cuts of 20% between 2010-2015 (MOJ, 2022). To use resources most efficiently, prisons interventions are primarily offered as group-delivery. This reduces responsiveness 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 structural racism (Durrance and 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 and 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 similarly low

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uptake rates (e.g. Hunter et al., 2019). Some research has investigated how prison therapy is experienced by EM individuals who do access interventions (Brookes et al., 2012; Hunter et al., 2019; Jones et al., 2013), however, this research is in its infancy. More needs to be 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).

Meeting EM Individuals' Needs in Prison

EM prisoners are more likely to have experienced traumatic childhood events (Baglivio and Epps, 2016) of a more severe nature (Fox et al., 2015; Hamby et al., 2010) with potentially more complex needs (Sawrikar and Katz, 2017) in addition to the often overlooked trauma resulting from experiencing racism (Sanchez-Hucles, 1999). Fernando (1998) argues for a move away from pathologizing minoritised individuals and instead understanding difficulties in the context of persistent inequality and the understandable concomitant frustration.

Moreover, Andrews and Bonta (1994) highlight the importance of responsivity to both prisoners' criminogenic needs and non-criminogenic needs. Non-criminogenic needs include mental health and trauma which may be indirectly linked to recidivism (Leach et al., 2008).

Policy for Equal Access

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. The NHS (2021) research agenda aimed to focus on diversity and inclusion in delivering mental health services (MHS). This aligned with the research agenda for HMPPS (2019) which also classed intervention outcomes for EM prisoners as an area of priority

research. More and better-quality research was seen as needed, in order to learn how to make interventions "more responsive and appealing to individuals from different ethnic groups" (MOJ, 2018, p. 3). Despite recent initiatives, there were still barriers to accessing interventions in prisons.

Service Context

The current study focusses on the experiences of EM prisoners referred to an NHS provided, prison-based therapy service in England. It is primarily concerned with mental health and wellbeing outcomes (as opposed to offender rehabilitation) and provision is guided by NHS England Health & Justice Commissioning service specification (2018). Consistent with NICE guidelines (2011), 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).

The implementation of the trauma pathway better reflected the needs of a forensic population (Johnstone, 2018). Nonetheless, the service replicated national findings, with uptake of interventions by EM referees being lower than that of white majority referees. Trauma informed care has been critiqued for a lack of diverse consultation during development and questions have been raised about whether specific trauma experiences of discrimination and racism are properly embedded (Pihama et al., 2017).

Delivery during this fieldwork was also adapted in response to Covid-19 restrictions. Referred individuals received an initial psychology check-in appointment, and where appropriate had routine follow-up individual check ins. Group-based delivery was adapted to workbooks, which staff checked fortnightly. There were also a limited number of psychology telephone sessions offered.

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Rationale for the Current Study

More research is needed to improve services' responsiveness to EM individuals' needs (MOJ, 2018). Past research has primarily focused upon prison-led intervention programmes (MOJ, 2018) with even less attention directed towards psychological interventions within prisons, specifically those facilitated by NHS mental health staff.

Aims

The current study aimed to better understand the perspectives of EM individuals including people who chose to access therapy services or chose not access them. It considered factors that facilitate or dissuade engagement, intending to help inform future service provision.

METHOD

Qualitative data was collected through semi-structured interviews. As an under-researched research topic, it was felt that the study would benefit from in-depth and nuanced information from participants, that allowed for exploration of their perceptions of accessing therapy (Willig, 2008). As such, inductive, reflexive thematic analysis (TA) was used (Braun and Clarke, 2006, 2019).

Reflexive TA aims to facilitate identification, analysis and interpretation of patterns across a qualitative dataset (Braun and Clarke, 2006; 2022), with the purpose of reporting patterns of meaning across the data as themes (Braun and 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, reporting relevant themes could contribute to an emerging body of knowledge and practice supporting therapy for EM prisoners. Among other measures in place, including consultation with EBEs and regular supervision throughout the research, a reflective journal was used for the duration of the study.

The research took a critical realist (CR) epistemological stance, described as a contextualist method, which sits between essentialism and constructionism (Willig, 1999). This acknowledges the

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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.

Ethics

Ethical approval for the study was sought and received from the Health Research Authority (Wales REC 3 which has responsibility for research involving prisons and prisoners).

Ethical issues considered started first by acknowledging the context of the lead author being a white researcher interviewing EM individuals in prison, supported by an all-white, all female, supervisory panel. In addition to ongoing reflexivity of research team members, to include the perspectives of EM individuals in the design of the study, an organisation that works in several prisons to promote EM engagement was approached for assistance in recruiting two experts by experience as consultants to the project.

One consultant was a current prisoner who was an ambassador member of the organisation. The other was an ex-prisoner in the community who worked for the organisation. Regular meetings were held with the first author to discuss consultants' perspectives and incorporated their feedback from study design through to initial analysis and reporting.

Potential participants received the participant information sheet from therapy service staff (who were not otherwise connected to the research) 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 was also provided, as well as verbal description and opportunity to ask questions. This information was recapped prior to interviews starting.

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The potential advantages and disadvantages of taking part were discussed, including that topics in the interview may be emotive, although the questions would not probe deeply into distressing life events. Participants understood that they could choose how much to share, could stop or pause the interview at any time, and could choose not to answer questions.

Although it was stressed 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. It was therefore important to highlight to participants that no negative implications would result if they declined involvement. Participants were also provided with information on how to withdraw from the study.

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 and information on race-based trauma, a term used in the materials to describe and acknowledge psychological harm caused by racial discrimination. All participants were receptive to discussion around this and accepted material offered to them.

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, in line with duty of care. Participants were recruited from several prisons, so it would be harder for staff to backwards-identify de-individuated responses subsequently reported.

Procedure

Participants were recruited by purposive sampling, choosing participants 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.

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Table I

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
the	-Individuals who have previously worked with
-Adult prisoners	researcher in a therapeutic capacity
-Male or female	
-Still in prison at the time of recruitment	

Potential participants were identified via the therapy service referrals database. Staff 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 met the inclusion criteria and were still in prison were approached by therapy service staff. Although the researcher applied to recruit from all six prisons in the locality of the therapy service, due to Covid-19 restrictions, access was approved on a case-by-case basis (see Figure 1) and participants were recruited from four of the prisons.

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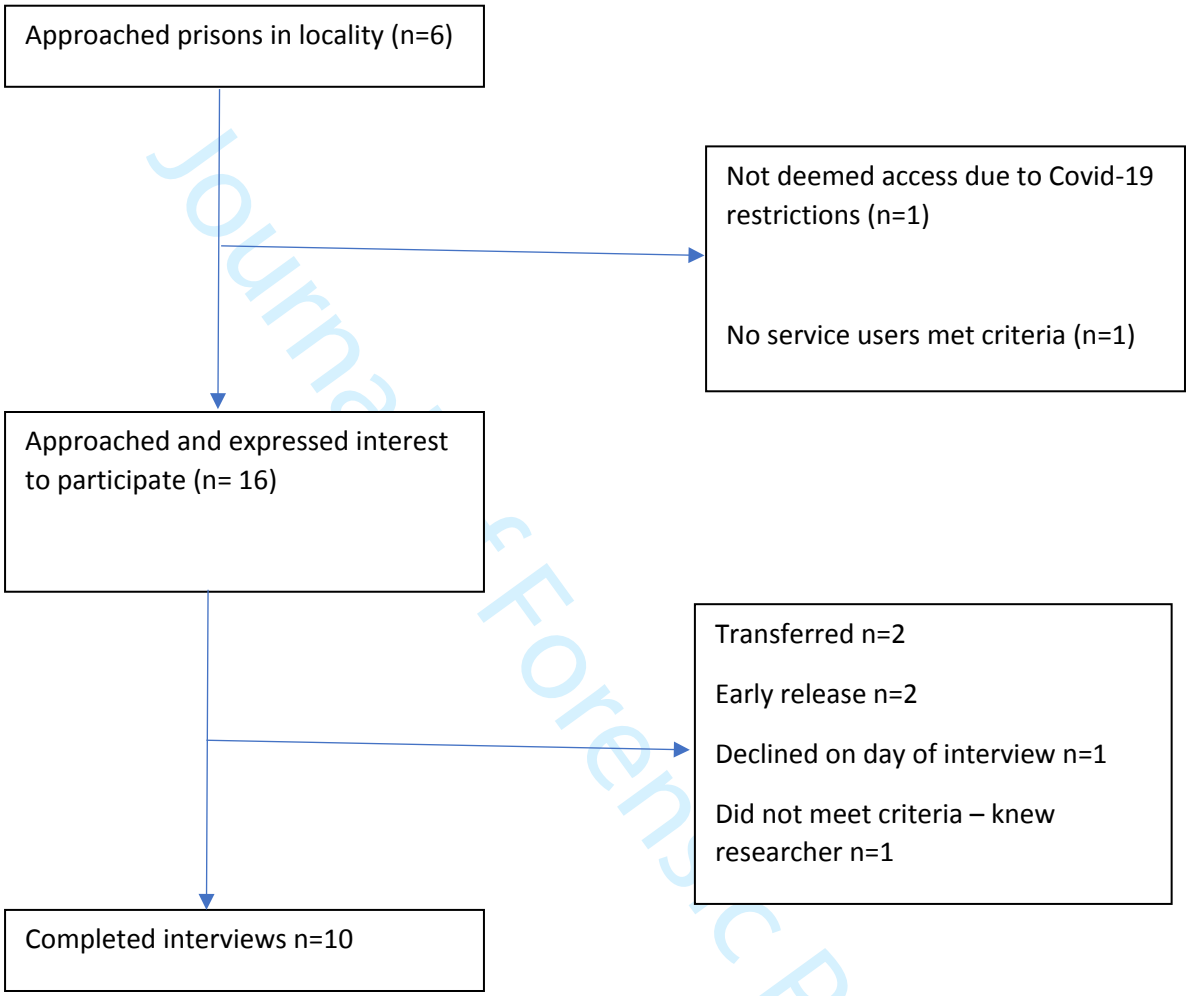
Figure 1

Recruitment Flowchart



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Participants

10 participants were recruited, each completing an interview that was approximately one hour long (ranging between 45 – 70 minutes). Demographic information and pseudonyms for participants are presented in Table II.

Table II

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

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 engaged in therapy in the context of COVID-19 restrictions. Nine of the ten participants had served previous prison sentences. Current sentence length ranged from one year to life sentences, with one participant on an indeterminate sentence. Details related to offences and forensic history was not collated for the study.

Although there was access to interpreters for the current study, all participants recruited spoke fluent English. Two further individuals were recruited but were subsequently transferred or released from prison were individuals who had chosen not to access therapy. Attempts were made unsuccessfully to identify and recruit female participants.

Materials

The study used semi-structured interviews, with prompt questions focussing on experiences as an EM prisoner, perceptions of therapy, exploration of why participants either had or had not engaged

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in offered intervention(s), whether there were any perceived barriers to participating, and whether there were any considerations participants felt would promote their engagement.

Interviews began with easier questions to attempt to help participants feel comfortable and familiarise them with the interview process, prior to moving onto potentially more emotive areas. Follow-up questions were used to gather further information about relevant comments. Participants were given the opportunity to add any additional comments at the end of the interview. Participants primarily took this as an opportunity to reiterate their positive experiences of engaging in therapy.

It was acknowledged that talking about experiences of being in prison could be difficult, and for most participants this 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.

Participants were advised to discuss topics in as much or little detail as they felt comfortable and that they could decline to answer, pause or end the interview at any point. The recording device was turned on at the start of interviews, after background information had been discussed, and participants were advised when recording started.

Data Analysis

Braun and Clarke (2022) argue that a reflexive researcher is fundamental to TA, which involves being a subjective, situated, aware and questioning researcher and requires critical reflection throughout the six stages of analysis (Braun and Clarke, 2019). Braun and Clarke's (2022) guidelines for recursive TA were followed, where themes were developed from initial codes, and conceptualised as patterns of shared meaning organised by a central underlying concept (Braun et al., 2014). TA also allows researchers to explore heterogeneity between participants (Braun and Clarke, 2022), avoiding homogenising individuals from different ethnic backgrounds, who may have different perspectives.

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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).

FINDINGS

Six themes and fourteen sub-themes emerged from data analysis as shown in the thematic map (Figure 2). This paper focusses on the findings potentially of most relevance to practice improvement: *It Mattered Who I Worked With* and *Needing To Be More Visible.* The additional themes and subthemes will be explored in subsequent publications concentrating more on intrinsic and extrinsic factors influencing individuals' decisions.

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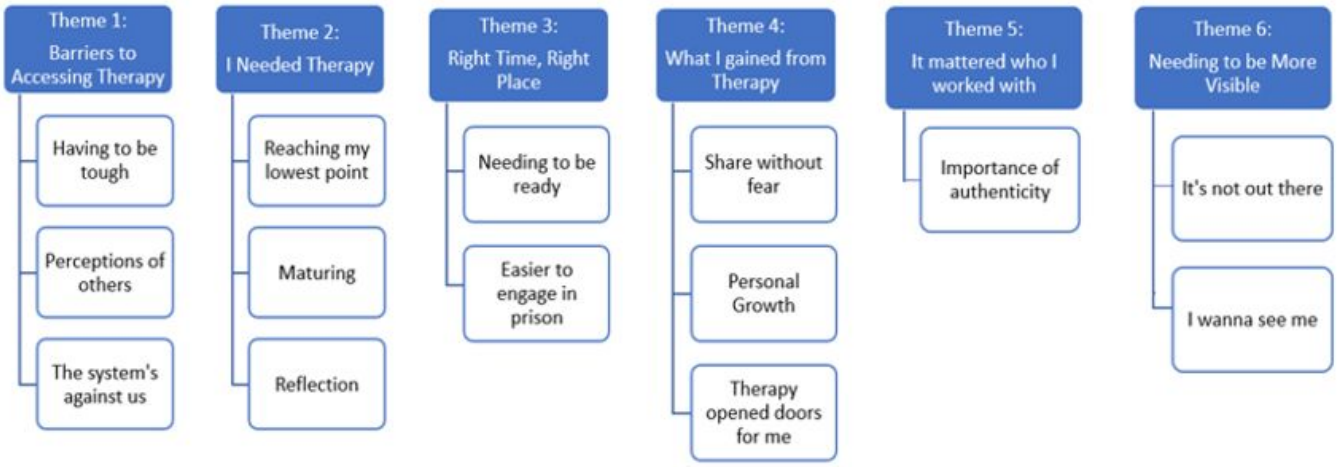
Figure 2

Thematic Map of Themes and Subthemes



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 have helped ease them into therapy, conferring relatability and credibility. Some participants explained how this can help individuals feel more comfortable engaging from the offset.

Tyler described feeling that he could learn more from someone similar to him. 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.

Participants who had worked with an EM therapist, found it positive and some partly attributed this to a sense of similarity. Tyler also 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?"*

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

> *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.*

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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 anxiety as he had hoped. Despite acknowledging he may have had less in common with a white woman, he felt that effort had been made to understand his circumstances.

Although participants who worked with a white therapist discussed their experiences positively, several highlighted that there was 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. However, he 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 name] *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 other participants, who had worked with white therapists, noted that the assumption of similarity to black staff could also be wrong as they may be from different socio-economic backgrounds and had different life experiences.

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Yet 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. Some participants pre-empted potential issues in working with a therapist of a different ethnic background but regardless of who they worked with, were happy with the sessions.

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 was a lack of information and out-reach to enable access. 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.

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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 a greater 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.*

Connor voiced that such efforts would demonstrate genuine care and support, perhaps going against individuals' prior expectations. Several participants also 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. It was felt that this would be beneficial so that prisoners were better informed about what therapeutic input was available when they arrived in prison.

Some participants voiced that there were several key messages that needed to be emphasised when sharing information about therapeutic interventions available. Elijah highlighted the importance of normalising mental health concerns in information conveyed and participants discussed the importance of giving more information about therapy so individuals could make an

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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. 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.

Overall, 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 their positive experiences of therapy, some participants noted the current lack of diversity in the therapy service.

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]. He 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.

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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.

Two participants were mentors for a highly regarded prison mentoring scheme. Elijah discussed why he felt having mentors was helpful to engagement: "*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 also felt this could be particularly important in encouraging younger men to engage.

In summary, participants described that although therapy services needed to be more visible in prisons, thought also should be given to ensure individuals feel comfortable accessing services. 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.

DISCUSSION

The findings build upon the limited research looking at experiences of accessing therapy by EM prisoners and adds to a small but growing body of research that challenges the narrative that EM

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men are hard to engage therapeutically. It offers an optimistic outlook for reparative, positive relationships with professionals.

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 better allowing conversations around race and cultural issues (Chang and 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 (Steinfeldt et al., 2020). 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 experience adverse socio-economic circumstances and life events even more markedly (Condry et al., 2016). Additionally, as noted in the current findings, possible disadvantages of cultural matching can include perceived overfamiliarity or less well-defined boundaries and concerns regarding confidentiality, suggesting that preferences in therapist characteristics are multi-faceted and nuanced. The findings highlight the importance of offering choice in who individuals work with therapeutically (Steinfeldt et al., 2020).

The importance of therapeutic alliance to intervention effectiveness has been well-researched, across modalities of therapy (Baier et al., 2020). Cultural humility seemed particularly important in building a therapeutic rapport in the current study. Cultural humility is defined as a learning-oriented approach to working with people from diverse cultural backgrounds and involves

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self-evaluation and critique (Tervalon and 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). This is arguably more prevalent in the context of prisoners' engagement with professionals (Blasko et al., 2018; Palombo, 1997). From the current findings it seemed that cultural humility was more important than culture itself.

Participants were also vocal in their shared perception that it is not the process of therapy itself that needed to improve. Rather, services need 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 effective in facilitating access to therapeutic services in several settings (e.g. Lu et al., 2021; Waid and Kelly, 2020). The findings 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 by white people. Previous research has also found that mentoring schemes can be particularly helpful in facilitating access to services and may contribute to reducing recidivism (Bradley Report, 2009).

The study suggests that not enough information is provided for informed choices to be made around engagement. 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. For those who are unsure whether psychological

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intervention will be helpful to them, it may be possible to facilitate engagement with less pressure than committing to a set number of formalised sessions. The combination of a flexible approach and more information, allows more choice and control by individuals. The current findings should prompt consideration of how this can be applied within the prison context.

Consideration of Research Quality

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 at a time when 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), 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 the process 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, this leads to a brief consideration of the lead author's self-reflections.

Researcher Reflexivity

Reflexivity was strongly considered throughout planning and conducting the research. As the interviewer had previously worked in the therapy service, she saw herself as both an insider and outsider researcher. Her knowledge of the prisons and therapy service may have helped to build a rapport with participants and perhaps conferred greater credibility. However, this would not

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mitigate her outsider status as a white woman and someone who has not personally experienced imprisonment, which may have been more prominent to participants.

The research team tried to remain mindful of power dynamics and that participants may have held expectations about interacting with someone they may have seen as a 'typical psychologist'. The interviewer tried to limit barriers this could create by situating herself in the research and working to prevent feelings of being 'done to' by highlighting the importance of their perspectives. Participants were receptive to discussions; responding openly to potentially sensitive questions, and seemed comfortable in her presence.

Although the researcher tried to check in with participants to avoid potential misinterpretations of their perspectives, her own lens and biases would have inevitably impacted upon interpretation of the interviews. Critical consideration was given during theme progression with the wider research team and with the experts by experience. Alternative interpretations of participants' responses were also considered.

Sample

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. All participants were men from black or black British backgrounds and, therefore, may have faced particular barriers that we were able to explore in depth. The findings may be less relevant to individuals of other minoritised groups, however we were not expecting this research to provide a representation of every minoritised identity experience. The perspectives of women and individuals from other EM backgrounds, including white EM individuals, could however, have contributed a broader range of perspectives. 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).

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Clinical Implications

While there is significant documentation of the disparities in mental health needs of EM people within the prison system, and with awareness that uptake of psychological interventions is less compared to the white majority group, little has been done to understand the needs and perspectives of those this affects. 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, that could help facilitate access. Several suggestions made by participants are already implemented by other organisations operating within prisons and could be incorporated in therapy services. The four main areas of consideration are presented in Table III.

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Table III
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: Participants frequently mentioned that having prisoner mentors from EM backgrounds would help increase accessibility to the service.	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.

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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.	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 4: Lastly, more thought should be given to how white therapists broach conversations with EM clients in order to acknowledge their differences in a respectful 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.

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

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recommendations which could be incorporated into service policy to ensure promotion of inclusivity.

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, Asian and other minoritised groups, as well as non-engager participants. 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 were acknowledged in the current study, but further exploration of the views of individuals who continue to perceive services as inaccessible is important.

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 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 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.

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

[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%.

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