



2019 programme report

Executive Summary

The Mindfulness in Prisons Project (MiPP) was developed to contribute towards efforts establishing a prison-standard for the use of mindfulness-based interventions within the Criminal Justice System. The UK Mindfulness All-Party Parliamentary Group (MAPPG) produced the Mindful Nation UK Report in October 2015, the first policy document seeking to address mental and physical health concerns within the criminal justice system; through the application of mindfulness-based interventions. Resulting from this report the Ministry of Justice Mindfulness Steering Group (MOJ-MSG) formed in 2016, and have since been collaborating with providers of such interventions via a Criminal Justice System mindfulness network (CJS-MN).

The Association of Mindfulness Arts C.I.C (AMA) established a plan for the MiPP in 2016-17 as a social enterprise-driven venture, aimed at introducing mindfulness practice into prison settings in Cambridgeshire. The proposed MiPP was based on the emerging research into the effects of mindfulness on health and well-being generally, and within prison populations. Our aims were to contribute to the reduction of re-offending, by developing a more mindful culture to support those in prison communities. We intended to work largely with the resident populations; to guide the understanding and experience of how living a little more mindfully may benefit them, and turn sentences into opportunities for self development. After some local fundraising over this period, we launched a project proposal, and began informally working with various departments and key individuals within the MOJ and local prisons. We trained a project facilitator, who completed the MOJ National Security Vetting Verification, and prison induction process.

At the end of 2018 we launched the first pilot groups of the programme, and have run the project throughout 2019, monitoring and surveying participants. Outcomes from the 2019 programme are promising, and a number of interesting results and recommendations have arisen from running groups this year. Accounting for results of programmes nationally since the 2015 report, benefits from including mindfulness-based support within

the CJS will need a continued delivery and review of programmes; to generate the required information and data to most successfully structure prison-standard interventions based on mindfulness use.

The AMA is now awaiting the Charities Commission's response to our application to convert into a UK charity. We aim to procure more significant funding to extend the current works across new sites, for residents of different category prisons, and to develop on the content and delivery of the programmes offered for the 2020-21 period. Depending on the risk category of residents at each site, it may become prudent to have mindfulness-based programmes tailored from the current UK standards – to suit the needs of sites specifically.

For now our intentions are to continue the fundraising efforts needed to enable the continuation of the development of these works, and to feed back into the CJS-MN with the outcomes of our 2019 programme.

- Association of Mindfulness Arts C.I.C Registered social enterprise no. 09800712. December 2019

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Mindfulness standards

There have been changes in the clinical standards for mindfulness use in the UK over the passed few decades, with current requirements for accredited and registered teachers of mindfulness courses, programmes and supervision to have minimum qualifications from accredited providers, annual CPD and ongoing supervision. These efforts have been to ensure that the 'spread' of mindfulness training adheres to the proven, research-backed foundations from clinical mindfulness; and to limit the perpetuation of ammendments to content, individual ideas and adaptations that may detract from the intent behind good practice guidelines to provide 'as authentic and helpful' a content as practical.

This being said, an individual approach to mindfulness training is important – as is true for the individual nature of learning such content; as long as the development and delivery of the course or programme is in-line with accredited and proven techniques and standards. With respect to a prison-standard for use of such exercises, the MOJ-steering group for using mindfulness within the CJS has a working first draft of a document 'Mindfulness Standards for HMPPS', that leans upon the industry good-practice guidelines, standards, and research findings from the early work in UK prison sites involving mindfulness-based interventions and training.

Delivering mindfulness-based support services, programmes and training within the prison environment appears to need careful consideration as to which aspects of currently accredited practices and course content maybe helpful to the population. Because the extent of these programmes in the UK is fairly limited at present, a greater provision and uptake of services must be a priority for those involved in the relevant current networks and programme providers. This is not to suggest that the UK clinical standards should be overlooked, but that there needs to be an increase in those developing programmes and training specifically to be delivered within the CJS, and accounting for the needs of the respective sites intended services are aimed at. This is something that will grow according to need, as the use of mindfulness-based

practices can be fairly broad, and certainly shouldn't be blindly applied as a blanket response to 'meeting the mental health needs' of UK prison residents. Within the CJS-MN there are variations in approaches, set-ups and programme up-take within respective prisons. The AMA has the intention of working towards some accredited programme for Her Majesty's Prison and Probation Service, if such a thing becomes viable, desirable and practical over time.

If nothing else, the outcomes from running programmes this year have suggested that there will certainly need to be closer association and information sharing between providers. Something else that will have to develop according to need, as at present the CJS-MN and subsequent mindfulness-based interventions in various UK prisons, are the remit of people with other real jobs, family and responsibilities.

Mindfulness in prisons

There is the acknowledgement that each site, their residents and staff are unique, and that programmes must be developed, delivered, monitored and adapted to fit each specific site engaging with the service accordingly. We have endeavoured to ensure that the 2019 programme ran along this vein.

We found that first groups are likely to have formed from interested individuals, who may have had some prior understanding or awareness of the use of mindfulness, had seen our posters; or to whom the programme was recommended by staff on-site. Subsequent groups appeared to develop as natural product of continued advertisement within the population, and as a result of referrals from early attenders. From around April this year many of the participants stated they knew someone on the earlier groups, who had recommended they attend for themselves.

We decided to continue to run a group for the early participants, who found the content helpful, useful, or who simply wished to continue some mindfulness practice after their initial programme. At times it was difficult to maintain effective monitoring of new-starters, as on a few occasions we had people join sessions towards the end of a previous group's programme. It was beneficial however, to have some of the repeat participants there; in support of inducting new members into groups – as this may have supported them to ease into the programme.

To continue to grow on the early works of the 2019 project, we aim to offer the service to subsequent groups who may not have initially come forward, and to extend the awareness raising and advertising of the programme within the prison population. It would be useful to have smaller workshops and sessions out on the wings, and to reach further into the community to offer the programme to residents. As part of the 2020-21 plan we aim to support the first 'mindful community' members; those who wish to continue to use some mindfulness on-site, who may desire further support and access to resources to do so. With guidance, and perhaps if it

comes to be of value, further training, we would like to support the development of such a 'mindful community' with those interested in becoming involved – so that residents can support each other and begin to run their own groups and workshops. This is something that has begun to occur, and we would certainly intend to support this, and to help residents build their own groups. Having our facilitator attend these, provide support and training or resources where appropriate would be steps along the process to guiding the community to self-regulate for the benefits of mindfulness practice. This approach has worked effectively at other sites, and coupled with on-site champions (staff and/or residents who have taken on some further training and mindfulness-based learning); has yielded quite positive results.

The key factor at more successful and established sites seems to be the development of the site, and it's mindful community, to be able to continue to run these training programmes from within the community – and not to have them delivered as 'another programme from within the system', or perpetuated the need for continued delivery from outside organisations.

2019 Project Outcomes

Our programme has been developed along the MBCT, or mindfulness-based cognitive therapy route, and our current voluntary facilitator is on the MBCT teacher development pathway. We are keen to procure some training, following the next successful rounds of fund-raising, to continue this development for the programme facilitator, and to look into the value of mindfulness-based relapse prevention training for the Cambridgeshire programme. Networking more heavily with the CJS mindfulness groups now coming together, we are glad and inspired to realise the approach in Cambridgeshire is similarly-formed to that of sites that are developed further along and have achieved some positive outcomes. We aim to feed into the works where possible, to grow an evidence-base for the validity of the use of mindfulness within HMPPS.

We used anonymised depression anxiety stress scale (DASS) scores, in willing group participants before, and at the end of the programme. DASS is a self-report instrument for measuring indicators of depression, anxiety and stress, and isn't a means of establishing a clinical diagnosis of mental health issues. It may be administered and scored by non-psychologists, but decisions based on particular score profiles should be made only by experienced clinicians who have also carried out an appropriate clinical examination; and interpretation of scores should be carried out by individuals with appropriate training in psychological science. As such, we have used the changes in scale outcomes to suggest changes for the individuals monitored during the programme, to ascertain an idea of the efficacy of this approach for helping with personal coping and resilience strategies - and not to point out particular states of mental health or suggest appropriate treatments thereof.

We also included a survey of participants at the end of their programme, for more open-ended feedback and responses on how they found the training, it's effects and outcomes for them individually. Because of the number of participants we haven't included all the data from these in this report, but have used them

all in the ongoing review of the programme. Copies can be provided for those interested; see contact details at the end of the report.

Scores before the programme			Scores after the programme			Decreased (d) or increased (i) scores		
Depression	Anxiety	Stress	Depression	Anxiety	Stress	Depression	Anxiety	Stress
20	17	17	18	14	14	d	d	d
19	18	14	15	15	9	d	d	d
21	13	18	20	19	13	d	i	d
8	7	13	5	6	12	d	d	d
15	6	15	10	5	12	d	d	d
13	5	18	8	1	10	d	d	d
2	0	2	1	0	3	d	s	i
11	9	11	9	6	7	d	d	d
13	11	19	4	11	10	d	s	d
3	0	5	2	2	0	d	i	d
0	2	1						
2	3	7						
7	0	5						
13	16	20						
0	3	2						
8	0	6						
3	4	9						
4	2	2						
0	0	3						
4	4	4						
15	7	12						
0	3	2						
2	6	8						
0	1	7	2	1	6	i	s	d
7	7	12	8	9	9	i	i	d
1	5	3	2	3	5	i	d	i
3	2	4	2	1	3	d	d	d
4	0	4						
0	4	5	0	2	7	s	d	i
4	5	5	4	3	6	s	d	i
10	10	11	9	8	9	d	d	d
4	4	4	0	1	0	d	d	d
13	11	13	11	9	9	d	d	d
10	9	16	3	2	7	d	d	d
			11	12	5			
			10	10	9			
4	4	5	0	3	0	d	d	d
14	6	12	6	1	5	d	d	d
			17	3	10			
1	0	0	1	1	0	s	i	s
			6	4	8			
6	3	5	1	0	5	d	d	s
			15	9	15			
10	5	10	6	3	4	d	d	d

Key: Grey blocks indicate no data is available
green that scores decreased, red that they increased, and
yellow that they stayed the same

Results

88% of those that took part* had the same or lower score for indicators of depression

84% of those that took part* had the same or lower score for indicators of anxiety

84% of those that took part* had the same or lower score for indicators of stress

56% of those that took part* had the same or lower scores for indicators of depression, anxiety and stress

*For whom we had a complete data set, i.e. measurements taken at least before and after the programme.

In total 77 participants were involved in the 2019 programme, with a further 12 that were arranged but didn't take part. 49 residents, and 10 staff completed the programme, with a further 7 staff attending a few drop-in sessions. As well as these 66 individuals, there were a further 11 residents who began but didn't complete the whole programme; and 10 placements were arranged but didn't start, due to conflicting commitments, or changes of mind. 2 arranged placements transferred before beginning their programme.

We had 19 incomplete data sets, where we obtained at least one DASS measurement for the participant; but not another enabling a comparison. We had 25 complete data sets, of measurements taken at least before and after the programme for that participant. There was some other data loss, whereby participants opted not to take part in the monitoring, or who were absent on both days that others in their group completed the self-report form.

Next steps

With respect to funding, the AMA is converting to UK charity; as there seems to be a greater availability of more significant grants to charities than social enterprises. This is with a view to ensuring the works from this point to combine outcomes, compare ideas and plan for developing mindfulness use within the CJS, is done so professionally and appropriately. We hope to avoid the situation that has often occurred where workshops are run, and then funding runs out.

Some programmes/providers are charging for their services, and many sites have been able to direct some budgets towards this; and a variety of other means have been used to raise funds to supplement the development, delivery and ongoing CDP involved in these various programmes. For a significant development in determining the place of mindfulness programmes within the CJS, a significant step is to be made to secure funding sufficient to establish and evidence effective use. Over the 2020 period we are focusing mainly on developing the trading arm of the organisation in support of the MiPP.

