

Participatory design guide for mental health promotion in prisons

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ABSTRACT:

Objetives: The main aim was to describe the issues and the participatory process required to design a Guide to promote mental health in prison through group activities.

Material and Method: We reviewed the bibliography, the mental health policies, the workshops about healthy mental habits, and a video about protection and risk factors. We identified the stakeholders and sought their points of view about the topics included in the Guide. We decided on the contents of the Guide and the incorporation of the health assets model and the perspectives provided by gender and cultural diversity. After the initial design of the modules and sessions, we started a pilot in the Prison of Valencia and the Prison of Zaragoza with women and men from different cultures, incorporating the suggested improvements, unifying contents and the discursive style.

Results: The guide is formed by: a preface, introduction, description, modules, sessions and evaluation. It has 6 modules and 19 sessions on: health and motivation; self-esteem; health and emotions; more assets to improve health: relax, positive thinking, keeping calm, communication and problem resolution; progress is possible: resilience and starring in my own change.

Each session consists of: activities (objectives, material, allocated time and development), theoretical material and tabbed sheets for activities. The guide is available in print and online versions.

Conclusions: A guide has been elaborated with involved stakeholders and the opinion of the prison population.

Key words: Health promotion; Social participation; Mental health; Psychological resilience; Prisons; Equity in health; Guide-line; Spain

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INTRODUCTION

Imprisonment is one of the most traumatic experiences that an individual can endure for it entails separation from family, isolation, no choice regarding pace of life or schedule and circulation constraints.

In addition to this, the characteristics of prison living conditions (overpopulation, stressing atmosphere, involuntary cohabitation, lack of resources, etc) provide a risk environment for the appearance of mental disorders. Prevalence of this disorders in the Spanish penal environment displays a percentage of 49,6% ac-

according to a study carried out in 2006 ¹, and 41,2% as reported by a second report dating from 2009 ². Both studies take drug dependence and abuse into consideration. The latter depicts that prevalence regarding psychiatric pathology is 5 times higher in prison than among the general population, indicating that foreign population is highly vulnerable to mental disorder.

Due to this, the Prison Healthcare Management Institution operated by the Ministry of Interior has put into practice the Comprehensive Assistance Program for Mental Patients ³ (PAIEM in Spanish) aimed at diagnosis, treatment and rehabilitation of inmates suffering from mental disease. Furthermore, it has set up multidisciplinary work groups in order to set forth proposals and initiatives to address mental disorders among prison population. One of these initiatives is to carry out activities aimed at promoting mental health among the population still free from disease.

The WHO ⁴ describes mental health as a “state of well-being in which the individual realizes his own aptitudes, confronts the daily pressure of normal life, can work in a productive and fruitful manner and is able of contributing to his community”. Thus, promoting mental health involves preparing individuals to be in control of their health, as well as being able to sustain it and improve it. This entails “action and advocacy to face the mental health factors which can be potentially modified” ⁴ Despite the prison environment being an adverse one, it can also be taken into account as a strategic setting for healthcare, where individuals can react and stimulate assets which enable them to improve their health. These health assets ⁵ consist of a series of resources which enhance the aptitudes of individuals, groups and communities to maintain and sustain health, along with contributing to reducing inequalities. The health asset model has its basis in the salutogenesis theory ⁶ formulated by Aaron Antonovsky, inferred from the key question “*What generates well-being?*” The theory focuses research and intervention on “health-ease”, the “origin” of health and well-being, rather than on “dis-ease”. The essential concepts developed by this theory are the Generalized Resistance Resources (GRRs) and the “Sense of Coherence” (SoC). GRRs are biological, material and psychosocial factors which make it easier for individuals to perceive their lives as coherent, structured and comprehensible. SOC is the personal inclination to assess events in life as “comprehensible”, “manageable” and “meaningful”. It depicts the ability to confront and value life experience in order to act in a beneficial way.

The health asset model development involves identifying and mapping this GRRs or assets, connec-

ting them and stimulating in a following stage, and finally, assessing the changes produced ⁵. Consequently, imprisoned individuals can uncover their particular talents, desires and resources in order to activate them and cope with their time in prison. To sum up, inmates can build up resilience ⁷, that is to say, they can increase their ability to cope with “adversity” within the prison environment, overcome it and learn from it, empowering themselves through this process. This work intends to detail the positive scope of mental health, related to the main concept of well-being and the attainment of abilities to adapt, which cover self-esteem, self-control, optimism and SOC ⁸.

Regarding this, the Prison Healthcare Management Deputy Directorate operated by the Spanish Ministry of Interior contacted the Equip Vincles Salut, widely experienced in terms of participatory interventions aimed at healthcare promotion in prisons ⁹, and proposed creating a guide with certain characteristics: 1) focusing on promoting health with a particular emphasis on mental health determining factors ¹⁰ (individual and environmental protection factors); 2) aiming the guide at prison population in a state of mental well-being; 3) working on the contents through participatory group techniques (workshop format); 4) making the guide available for people who are not professionals in the field of mental health. The goal of this article is to describe both the structure and the participatory process which led to the creation of this guide.

MATERIAL AND METHOD

It is a participatory-research-action ¹¹ aimed at creating a new resource: a guide to promote mental health targeted at groups, which is simultaneously devised and put into practice, within the prison context.

The guide was composed in order to be used in Spanish prisons by individuals and/or professionals (not necessarily committed to the mental health discipline) with certain experience in group dynamics. It is aimed at healthy prison population, especially to individuals who are imprisoned for the first time and, as a preventive measure, to the rest of the inmates. It may also be used in different contexts after suitable adaptations.

The guide was devised between 2009 and 2011 in line with a participatory process which consisted on identifying participants (*stakeholders*), setting up methods to record their opinion concerning the guide, achieving accuracy as far stages are concerned and sequencing tasks, along with distributing them, regarding the participation of such stakeholders.

The process was directed by the team from Vincles Salut, comprising seven professionals committed to the disciplines of Psychology, Nursing, Medicine and Statistics, specialized in promoting health, public health and clinical practice. The participants implicated in this process were: a) 6 technicians from the Prison Healthcare Management institution, who contributed to composing the contents of the guide; b) 5 professionals (civil servants, professionals specialized in mental health and staff members of the social work institution operated by the Church, (the Pastoral Penitenciaria) who work in the prison institution located at Zuera (Zaragoza) and contributed to putting the healthy mental habits program, along with two modules, into practice; c) 6 professionals working at the prison institution in Valencia (civil servants and staff member of HEDRA Association) who made it possible to organize male and female intern groups for the process; d) 7 female and 29 male interns from the previously mentioned prison institutions, from different cultures and who participated in the module implementation and proposed several improvements in the evaluation methods; e) the graphic designer who carried out the design and layout for the guide. Table no.1 depicts the stages, tasks and key stakeholders of the process.

GUIDE PREPARATION PROCESS

Firstly, the Vincles Salut team reviewed: 1) the healthy mental habits program workshops and the video concerning risk and protection factors related to mental health in prisons carried out in the Prison Institutions located at Zuera and Daroca (Zaragoza)¹⁰; 2) the Mental Health Strategy set up by the National Health Service⁴ and the different healthcare policies of the Spanish autonomous communities; 3) the Mental Health Promotion report carried out by the WHO; 4) the salutogenesis theory¹² and the health assets model⁵; and 5) literature regarding specific mental health topics. This analysis contributed to setting up the goals and contents to be developed, as well as designing the activities in order to adapt them to prisons. During the preparation of the guide, cultural diversity and gender-related perspectives were incorporated with the aim of reducing inequality as far as healthcare was concerned. Subsequently, a first draft of the contents index was produced and presented to a group of technicians from the Prison Healthcare Management institution, members of the NGO and professionals related to the experience put into practice in Zuera and Daroca (Zaragoza), recording the contributions and recommendations put forth. The work

began in 2009 with the design of two modules managed simultaneously in the prisons located at Zuera and Valencia, with a participatory assessment in which the recommendations of inmates and professionals who were involved were recorded. Table no.2 portrays the assessment method. The preparation of each session was carried out by the Vincles Salut team in line with a process of reflection-action-reflection¹¹. Two members of the team developed an activity proposal after reflection concerning documentation previously presented. The “action” was carried out managed with a group of male and female interns and the results were brought together, generating a second reflection round. After the first year, a second contents index proposal was presented to the Prison Healthcare Management institution, and the schedule for the period 2010-2011 was planned following the same layout: session design, management (this time only in Valencia), participatory assessment and introduction of improvements. Once all the modules and sessions ended, and after several style alterations, the design and layout of the guide were carried out, paying special attention to depicting a positive image (figure no.1), providing easy access to the contents and making its use practical.

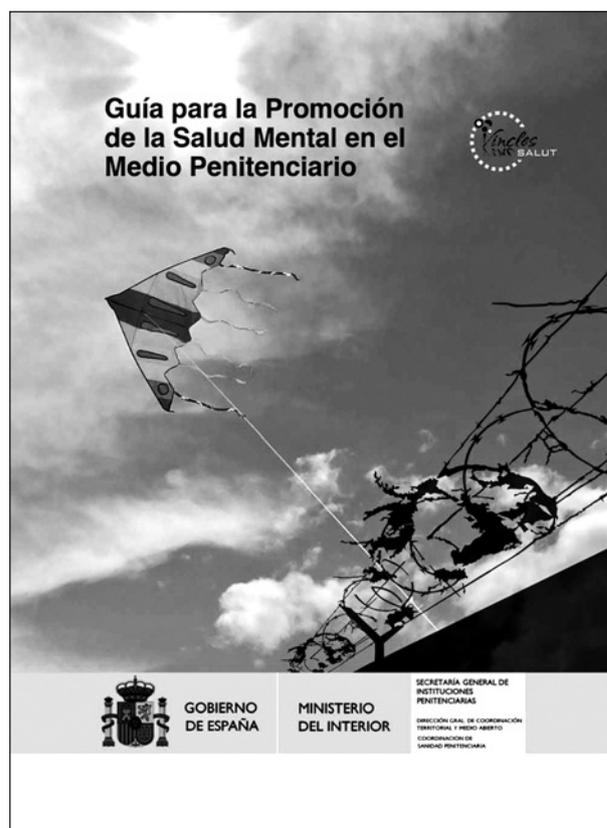


Fig. 1. Cover for the Mental Health Promotion Guide.

Table 1 Preparation process for the Guide for Mental Health Promotion in Prisons: tasks and stakeholders.

| TASKS | STAKEHOLDERS | | | | | | |
|---------------------------------------|--|------------------------------|-----------------------------------|-------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| | Equip Vincles Salut | Prison Healthcare Management | Professionals and NGO Zuera P.C.* | Professionals and NGO Valencia P.C. | Male and female interns Zuera P.C. | Male and female interns Valencia P.C. | Responsible for design and layout |
| 2009 Literature revision and planning | Document and literature revision | X | | X | | X | |
| | Preliminary goal and contents proposal | X | | | | | |
| | Prison Healthcare gathering | X | X | X | | | |
| | Zuera team gathering | X | X | X | | | |
| 2009-2011 Development | Session planning | X | | | | | |
| | Session implementation | X | | X (2009) | X | X (2009) | X |
| | Session assessment and reformulation | X | X | X | | | |
| 2011 Final writing and editing | Format, design and discourse style unification | X | | | | | |
| | Layout and later assessment | X | | | | | X |
| | Editing | X | X | | | | X |
| | Presentation | X | X | | | | X |
| | Dissemination | X | X | | | | |

*P.I. – Prison Center.

RESULTS

The guide starts with an introduction in which the main concepts are described (mental health promotion, health assets and resilience), along with the reason for the preparation of the guide and the fundamentals of the method put into practice. The contents are developed according to a meaningful and motivating learning approach¹³. The goal is to connect all protection factors through simple and entertaining participatory group dynamics, thus encouraging reflection, assimilation of contents, opinion exchange and the acquisition of abilities and attitudes open to

change. In a second section, the guide is described including the following: inception and preparation of the former, goals (table no.3), content layout and structure of the modules and sessions, tasks and members of the team who will implement it and recommendations on the session progress, along with guidance regarding any problematic situations which might take place. The third section gathers information concerning modules, sessions and activities, as well as the bibliographical references used. It comprises 5 modules: “Health and Motivation”, “Self-esteem”, “Health and Emotions”, “More assets to improve health” and “Progress is possible”, which are divided into 19 ses-

Table 2 Participatory Assessment Method regarding session implementation.

| Material | Implemented by | Indicators | Assessment |
|---|--|--|--|
| Assistance registry | Professionals who coordinate out the session | Number of participants per session | Quantitative |
| Session file | Professionals who coordinate out the session | Name of each activity Reasons for implementation/no implementation Expected and real duration Material and variation in its use or not Goal achievement Observations concerning incidences | Qualitative |
| Opinion questionnaire regarding the session | Professionals who coordinate out the session | Group participation level. Level of implementation concerning proposed activities. Time assigned to activities. Activity adaptation to goals. Satisfaction perception amongst the group. Goal success perception. Changes introduced into the session. | Quantitative (likert scale 1-5) Qualitative |
| Opinion questionnaire regarding the session | Male and female interns. | General opinion concerning the sessions. Interest shown regarding the subjects covered. Activity satisfaction. Information comprehension. Time assigned for activities. Content applicability. | Quantitative (likert scale 1-5) |
| | | Satisfaction concerning subjects covered. | Quantitative (1-10) |
| | | Positive aspects and those to be improved. | Qualitative |
| Work meeting | Male and female interns. | Improvement proposals for group activities adapted to the prison context. Suggestions regarding subjects of great interest to be introduced in the guide index. | Qualitative |

sions (figure no.2). Contents are designed to work in groups with 10 to 15 participants conducted by one or two coordinators. The printed edition of the guide includes a sixth module with a video on health and healthy mental habits promotion, developed at the Daroca and Zuera prison institutions.

The contents are presented in a logical order, starting with mental health determining factors and reaching the resources (health assets) which individuals can identify and stimulate in order to adapt to adversity in life and, in particular, within prisons. Consequently, the intention of the guide is to provide a circular meaning to the process of change, from the first module “Health and Motivation” to the last unit, which ends with the session entitled “Starring in my own change” (figure no.2).

Each module matches the following structure: introduction, goals and sessions. Each session includes a description of the activities, the theoretical documen-

tation for the coordinator and work sheets ready to be printed in order to carry out the activities with the group (indicated by a printer symbol). Each session lasts approximately 100 minutes.

Activities are identified through the session and activity number. Each one comprises a title, a list of goals to reach, a time limitation and a description of the material necessary for the activity. Figure no.3 features an example of the structure of activities. The last session in the guide is dedicated to assessing the whole process and suggests a possible continuity in the intervention through quarterly planning including monthly monitoring meetings.

All throughout the document, key motivational messages appear along with activity proposals aimed at improving emotional well-being. The expressions were taken from Aked and Thompson¹⁴ and adapted to the prison context. An example of these messages is: “Give. Do something nice for a friend or for so-

Table 3. Subjects and goal wording featured in the Mental Health Promotion Guide in Prison Contexts.

| Subject | Goal wording |
|---|---|
| Motivation. Identifying and stimulating assets. | Motivating individuals to take care of their mental health and to be the leading characters of a process of personal change which entails being able to identify and stimulate personal, group and environmental resources which promote mental well-being. |
| Self-esteem. | Acquiring positive feelings regarding one's self and awareness concerning personal value. |
| Identifying and expressing emotions. | Being able to identify and recognize individual emotions and those of other people, along with reaching their most suitable expression in every situation. |
| Handling emotions and interpersonal relationship abilities. Solving problems. | Developing activities aimed at regulating emotions, improving interpersonal relationships and problem solving abilities. |
| Resilience. Identifying changes in an ordinary context. | Reflection concerning the concept of resilience and how to implement it both in prison and community contexts, as well as identifying the changes which, after all sessions included in the guide, each individual intends to introduce in his own life. |

meone you do not know too much. Be grateful. Smile. Join the group. Look inside yourself. Connect to others around you”.

The guide is available in two different formats 1) printed in paper and presented as a filing cabinet which can be easily handled; 2) in a digital PDF document with fast access to each unit and session through links ¹⁵. The printed version of the guide has been delivered to prison institutions for its implementation, but it can also be downloaded for free at the website of the Ministry of Interior: http://www.institucion-penitenciaria.es/web/export/sites/default/datos/descargables/publicaciones/Guia_Promocion_Salud_Mental.pdf.

The guide was officially presented in November 2011 concurring with a lecture regarding mental health in the prison context and thus, with the presence of several professionals and volunteers from organizations both related to the mental health discipline and prison institutions.

DISCUSSION

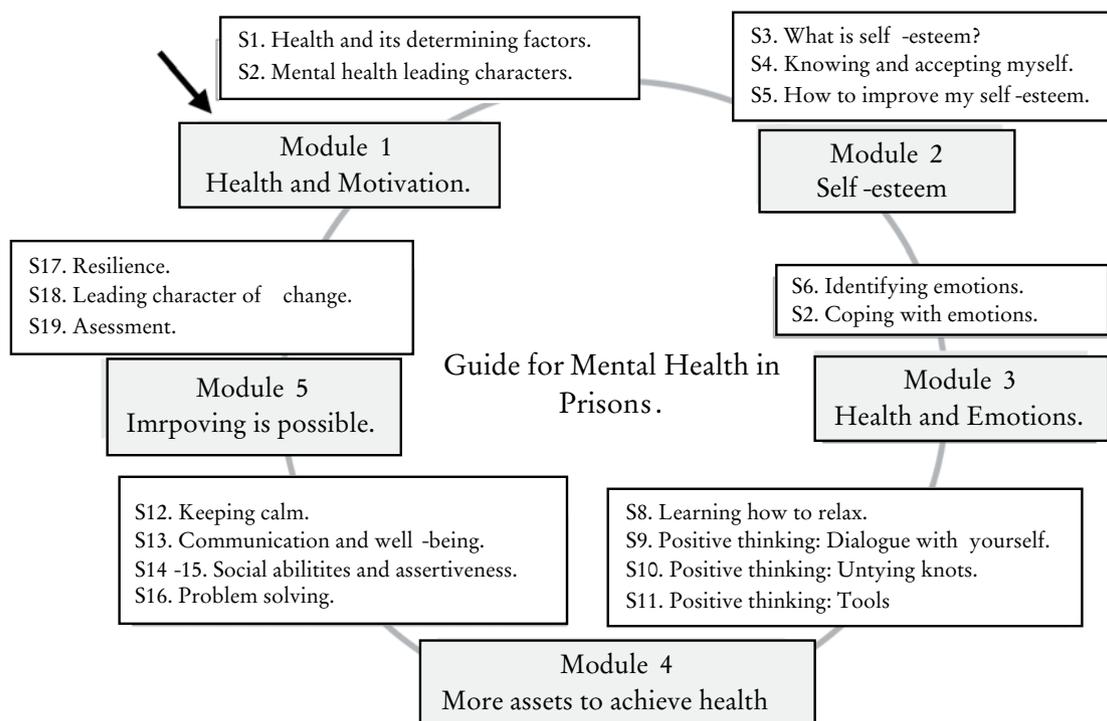
This guide proposes to address in an integral way the promotion of mental health among adult population in a particular situation, imprisonment. Its global aim and target population represent a new perspective, due to the lack of similar guides or manuals in both the national and the international context. Other documentation regarding certain aspects of mental

health such as social abilities ¹⁶, prosocial thought ¹⁷, self-esteem ¹⁸ is available, but it does not focus on prisons (despite this, some of them have been adapted and used to produce this guide).

Published in the late 90s, the Mental and Emotional Health Promotion Guide featured a similar approach but was aimed at young people within the educational context. In line with this publication, the European Youth Health Promotion Guide ²⁰ covered the influence of education on health. While sharing some of the contents (the concepts of health, self-esteem and communication skills) with the already mentioned publications, along with the aim of health promotion, our guide introduces the salutogenesis approach, the health assets model and the concept of resilience, as well as gender and cultural diversity perspectives which have been taken into consideration in different publications related to HIV/Aids ^{9,21}. A guide ²² with a similar layout was published in 2003, but only aimed at setting a common format for designing health education programs in the prison milieu. Despite it being extremely useful, the document is of a more technical character, it is aimed at professionals of the penal discipline and does not cover specifically mental health.

In order to make the implementation of the guide in prisons possible and its duration suitable, the contents were selected by highlighting the main mental health protection and determining factors⁴ within the prison context. With its current layout, the guide can be put into practice in only 10 weeks (a total number

Fig. 2 Guide's unit and session titles (from the digital edition)



*S: Session.

of 19 sessions, carried out with a frequency of 2 two-hour sessions per week).

Despite the fact that there are not many participatory planning and design examples of community health promotion interventions, the opinion and participation of the target population has been taken into consideration in the preparation of the guide. This has been done while identifying needs and protection factors (through the experience in Zuera and Daroca), choosing contents, designing activities and assessing the process (implementation in Valencia and Zuera). Evidence shows that this type of design enhances performance and increases the efficiency of the material used, and it stimulates empowerment among the population.

Another aspect shared by many guides (Lluna Guide²⁴, Mental and Emotional Health Promotion Guide¹⁹) is the participatory method put into practice in sessions, which differentiates the workshop format approach due to its sequenced, experiential and entertaining group activities which have its basis in meaningful learning. Additional experience carried out in prisons supports the results and adequacy of this sort of methods.²⁵⁻²⁷

The guide is a tool aimed at enabling any professional, despite not being specialized in mental health

(neither psychology nor psychiatry), to implement it with a group of male or female interns in the prison milieu. In order to achieve this, both the theoretical contents detailed and the dynamics proposed have been described in a simple and comprehensible language. Recommendations for group coordinators have been included, along with supplementary bibliography to further study the subjects covered by the guide. Its purpose is to be easily put into practice and transferred, and to enable the person who uses it to become a coordinator, that is to say, a figure which encourages participation of all group members and following the process. This is one of the keys to success and to the implementation of the proposed activities.

The main aspects of the assessment process are covered by session 19 in the guide, while sessions regarding “resilience”, “resources for life” and “starring in my own change” (figure no.3) are aimed at identifying changes the implementation of the guide has produced in the group members and which can therefore be tracked back to the intervention. It must be pointed out that, as a shortcoming, an assessment on the guide’s impact has not been carried out yet, nor has the guide been fully put into practice with a particular group of inmates. Despite it being a complex issue,

it will be necessary to demand an evaluation report on the results of the guide in the future, to further value its effect on participant's mental health. This assessment would be carried out with a both qualitative and quantitative approach, along with a participatory perspective²⁸, and based on mental health positive indicators²⁹ and mental health promotion quality criteria still to be set up and matching the European context.³⁰

In addition to this, it would be very important to improve the guide's reach through interactive presentations, workshops and lectures aimed at professionals or institution members in order to enhance its implementation.

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Figure 3. Structure example from an activity featured in the guide.

Activity 18.2: Changes in the path of life

🎯 Goals:
Identify the changes produced in your life on the account of sessions.

🕒 Time assigned: 40 minutes

✍ Material:

- “Changes in my path of life” sheet.
- “Rock-paper-scissors” sheet.
- Pens.

👉 Development:

Every participant is given the “Changes in my path of life” sheet so he can individually reflect over it and fill it in around 10 minutes.

After this, participants are prompted to gather in smaller groups comprising 4-6 people. For 20 minutes, they are asked to share the most relevant conclusion of their personal reflection and fill in the “Rock-paper-scissors” sheet. This is aimed at identifying the problems which inhibit success when trying to introduce new changes in their lives (“stones”), that is to say, those things which require “cutting”, getting rid of, for they act as impediments for change (“scissors”). Finally, they are asked to recognize which aspects are essential for introducing those desired changes (“paper”).

The activity can be simplified by appointing one aspect only to each smaller group: one reflects on “stones”, another on “scissors” and a last one on “paper”.

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