HOW PRISON OFFICERS SURVIVE PRISON

Alex South, 2017
## Contents

Acknowledgements .................................................................page 3  
Professional Experience & Executive Summary .............page 4  
Introduction to the Project ..............................................................page 5 – 8  
Aims & Approach and Methods .............................................page 9  
Report Overview ........................................................................page 10  
Findings ............................................................................................page 11 - 30  
Conclusion & Recommendations .......................................page 31 – 32  
References ......................................................................................page 33 - 34
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To all the correctional officers who shared with me their stories.
Professional Experience

My name is Alex South, and I started working in the criminal justice system when I was 21. I began by volunteering at HMP Littlehey with Trailblazers, an organisation that mentors young offenders in custody and on the outside. I went on to volunteer with SOVA (Supporting Others through Voluntary Action), working with ex-prisoners in the community. I also volunteered at HMP Peterborough, helping prisoners to maintain family ties and prepare for release.

I became a prison officer in 2012 at HMP Whitemoor. HMP Whitemoor is a maximum security prison in Cambridgeshire and houses adult men. The prison includes a Dangerous, Severe and Personality Disorder Unit and a Close Supervision Unit for those prisoners who pose a severe risk to others.

In 2015, I transferred to HMP Wormwood Scrubs in west London as a Supervising Officer. Wormwood Scrubs is a Category B establishment serving the local courts and houses over 1200 men, including 18-21 year olds. While at Scrubs I completed my Bachelor of Sciences degree in Criminology and Psychology with the Open University.

At the time of writing, I am a Supervising Officer at HMP Belmarsh in southeast London. Since completing my Winston Churchill Fellowship, I have enrolled on a Master’s degree in Forensic Psychology with the Open University.

Executive Summary

My Fellowship consisted of travelling to Canada, Australia and the USA.

I embarked on this trip hoping to discover how prison officers in these countries make sense of their work and what processes are in place to ensure their wellbeing. In particular, I hoped to learn about the impact of workplace stress and trauma on prison officers.

During my travels I visited numerous prisons, mental health hospitals and universities. I met with prison officers, senior managers, first responders, academics and psychologists who were able to give me an invaluable insight into their experiences of working in a correctional environment. I have developed a particular interest in how prison staff survive emotionally in these very challenging and unpredictable environments and what more can be done to support them.
Introduction to the Project

Background

Research into how prison officers experience prison is limited. There is a wealth of research into prisoners and the challenges they face in custody, but comparatively very little for the staff taking care of them. I have personally found this frustrating and I believe my concerns are echoed by prison officers around the country.

Prior to my travels, I was fortunate enough to meet with Alison Liebling, a criminologist at Cambridge University and author of ‘The Prison Officer’. Alison has developed a quality of life survey for prison staff and I was able to discuss with her the potential impact of prison work on prison officers’ emotional wellbeing.

The following extract is taken directly from The National Offender Management Service (NOMS) Annual Workforce Statistics Bulletin of 2017:

*The headcount number of band 3 to 5 officers leaving NOMS in the year to 31 March 2017 was 1,834, an increase of 290 (18.8%) compared to the 1,544 officers leaving in the previous year. Excluding periods where there were voluntary exit schemes, this was the highest number of leavers in a 12 month period in the time series.*

*Leaving rates across NOMS have been increasing since 2010/11.*

*The most common category of sickness absence in terms of days lost is mental and behavioural disorders, which includes stress related absences. In the last year, 31.9% of absences were for mental and behavioural disorders.*

*(NOMS Annual Workforce Statistics Bulletin, 2017)*

This extract demonstrates clearly the rising number of prison officers leaving the Prison Service since 2010/2011 and shows the ‘most common category of sickness’ to include stress related absences. I believe that these statistics in themselves reflect the importance of my Fellowship and how necessary this kind of work is. Officers are leaving the job at increasing rates, and many of those staying are feeling the impact of workplace stress on their mental health.

A 2014 independent survey of prison officers, led by Professor Gail Kinman, Dr Andrew Clements and Jacqui Hart found,

“...solid evidence that people working in prisons and in secure hospitals are at considerable risk of violence, work-related stress and emotional exhaustion. The finding that disclosing work stress to managers is highly stigmatised and little support is available is particularly concerning. There are clear implications, not only for the health of employees but also for the safety of prisoners and the functioning of the UK prison service in general.”

*(Kinman, G., 2014)*

The high levels of stressors that Kinman talks about can be understood as the constant state of hyper-vigilance that characterises a prison officer’s day, and the potential for violent
incidents to occur. The role of a prison officer can be enormously rewarding and enjoyable, but the growing increase in violent incidents has seen officers with less time to interact positively with the people in their care. Staff cuts and limited regimes have restricted prisoners’ access to purposeful activity, association and time out of cell, and in doing so have contributed to the toxic atmosphere present in many UK prisons today.

Official figures show that violence against prison staff and inmates has hit ‘record highs’ (The Guardian, 2018). Ministry of Justice data revealed a 23% increase in assaults on staff in 2017 and prisoner-on-prisoner assaults up by 11% (Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to March 2018 Assaults and Self-harm to December 2017, 2018).

"You've got the fear - am I going to make it home tonight?"
UK prison officer, BBC News, 2017

Frances Crook, chief executive of the Howard League for Penal Reform, said these figures were a ‘symptom of a prison system in crisis’ (The Guardian, 2018).

I hope that the newspaper headlines, quotations and statistics I have included here will help to illustrate the challenges facing prison officers. It seems essential for anyone dealing with violence, murder, self-harm, suicide, riots, etc should be supported by a comprehensive and psychologically informed care package. I believe that more can be done to look after prison officers, and in turn allow officers to support the prisoners in their care effectively. This is illustrated in Elaine Crawley’s book, ‘Doing Prison Work: The public and private lives of prison officers’, a sociological account of the social world of the English prison officer. Crawley considers incidents that have the potential to impact significantly on staff emotions and concludes,

‘in short, unsupported staff may be more likely to leave prisoners unsupported’
(Crawley, 2004)

In the Annual Report 2017-2018, the Chief Inspector of Prisons Peter Clarke writes, ‘

The year 2017–18 was a dramatic period in which HM Inspectorate of Prisons documented some of the most disturbing prison conditions we have ever seen – conditions which have no place in an advanced nation in the 21st century.

As a prison officer myself, this has personal resonance for me. I find these statistics and headlines just as alarming as anyone else, but I have also seen the very personal impact of prison officers struggling to cope with the things they have seen and dealt with. The benefits of providing appropriate staff support could include reduced staff sickness, prevention of mental health issues, increased morale, staff retention and all the associated positive effects these things would have on prisoners. Better supported staff allows for better supported prisoners who can address their own offending behaviour issues with consistency and structure.
While I was in Canada, I spent time with the former police chief of Calgary, Rick Hanson. We discussed at length the residual impact of exposure to violence and trauma on law enforcement staff. I talked about all the reasons I thought it was important to develop better care for UK prison officers, and Rick’s comment on this has stayed with me. Aside from all the stats and figures and headlines that suggest staff welfare is of crucial importance, we should be concentrating on this simply because ‘...it is the right thing to do’.
Riot at UK prison - chaos as inmates attack Long Lartin staff 'with pool balls'...

Dereham prison officer battled with depression before suicide

Prison violence in England and Wales hits record levels

Prisoner-on-prisoner assaults up 11% and assaults on staff up 23% in 2017, MoJ figures show

Prison officer: I drink bottle of spirits a day

"Peter" has worked for more than 30 years in the prison service.
He tells the Victoria Derbyshire programme about the toll it has taken on his mental health, and says criminals are wanting to go back in prison to make money from drugs.

His voice and name have been changed.
A Ministry of Justice spokesperson said it was "committed to building on the essential reforms that are already under way to make prisons places of safety and reform".

Prison officers' stress is four times average

Massive riot breaks out at one of the UK's biggest prisons
1) To recognise the psychological stresses of prison work and the need for targeted support to manage this.

2) To identify areas of good practice that can be developed in the UK to help prison staff cope with exposure to serious trauma and stress.

3) To contribute to research on the impact of stress on people who deal with violence and trauma through their work.

4) To provide a foundation on which to build further research and a starting point for how we can better support prison officers in the UK.

**APPRAOCH & METHODS**

My approach to the Fellowship consisted of 4 primary strands:

1) **Officers** - I spoke with correctional officers in several prisons in Canada, Australia and the USA. I spoke with officers both individually and in groups, and these conversations helped me to understand on a personal level what had helped officers to navigate the environments they worked in. I believe that speaking to the people who work on the ‘shop floor’ so to speak, and who deal with confrontation, violence, suicide and disorder directly, was key to my project. I have heard many stories where prison officers have told me about the initiatives that support them at work and have made a profound difference to their emotional wellbeing. In some cases, officers have told me quite clearly that they believe these initiatives saved their lives.

2) **Senior Management** – I met with Senior Managers in all 3 countries that I visited. Many of these managers had risen through the ranks, starting as a correctional officer and going on to become Wardens, Directors, and Executive Directors. I also met with the ex-Police Chief of Calgary. The knowledge that these people had of managing violent and unpredictable working environments has been invaluable to my Fellowship and given me a broader insight into implementing change.

3) **Psychology** - I was fortunate enough to visit several mental health centres and occupational stress clinics during my Fellowship. I spent time with psychologists and clinical therapists, including those who specialise in trauma, stress, and correctional environments. The value of their contributions to my project has been significant.

4) **Academics** – Prior to my travels and during my time abroad, I met with academics whose research interests included the effect of workplace stress on mental health, the impact of repeated exposure to trauma and the experiences of correctional staff. I was able to discuss their work with them and learn more about the studies they had conducted into these areas.

I believe that this collaborative approach has given my Fellowship greater depth and context. Though there are some statistics in my report, I have for the most part used a qualitative method. The role of a prison officer revolves largely around human interaction, social skills and personal experience and I wanted my Fellowship to reflect the significance of that.

**Report Overview**
I began my fellowship in September 2017. I was due to fly to Texas the month before, but this coincided with Hurricane Harvey and unfortunately I had to postpone my trip to the USA.

My travels started in Calgary, Canada. I had identified Calgary as a place of interest for my project for a few reasons. Calgary has quite a unique attitude to how first responders are treated; the mental health of police, paramedics, correctional officers and all first responders holds far less of a stigma than it appears to in the UK. There are various initiatives in place to support staff frequently exposed to trauma and violence, and there has been a real focus on normalising discussions around mental health and emotional wellbeing. I left Canada with a fresh sense of determination and feeling inspired by the people I had met.

I then flew to Sydney for 4 days, and onto Melbourne for 10 days. New South Wales University has developed guidelines for frontline emergency workers with PTSD and I was interested to see the relevance of these to prison staff. There were also a series of comprehensive processes implemented during and after the 2015 riots at Victoria prison to support staff involved. It was encouraging to see the emphasis on staff welfare following these incidents and this held particular resonance for my project given the increasing amount of UK prison riots.

My travels finished in Huntsville, Texas. Huntsville is home to seven prisons and the busiest execution chamber in the United States. I was able to visit the execution chamber and several of the prisons, and meet with key figures from the CRISP (Crisis Response Intervention Support Program) Team. The value of peer support was evident during my time in Huntsville and I consider this to be integral to my project. For the two weeks I was in Texas, I stayed at Sam Houston State University which holds an impressive Correctional Management Institute. I was able to use the Correctional Management Institute during my time at the university and I saw first-hand the emphasis on training and development for corrections staff.

During my travels, I found that three main themes were emerging in my project: staff training, peer support and mental health. I will discuss the experiences I had in each country I visited, and the particular contributions of that country, within the broader heading of these themes.

All three themes can be regarded as closely related and mutually beneficial, so there will be some overlap between them. Much of what I learned about peer support, for example, could be considered in the context of mental health. However, by structuring my report in this way I hope to emphasise the value of these themes in their own right and explore the specific contributions of each country to my Fellowship.
Findings

Staff Training

Australia

I am extremely grateful to Kevin White, Senior Operations Manager of Victoria Corrections, for everything he did for me in Australia. He arranged meetings with corrections staff from several different prisons in Melbourne, and drove me to each facility. He also picked up on the many hints I dropped about wanting to see a kangaroo, and drove me to kangaroo hotspots for over an hour until I saw some...

Thanks to Kevin, I visited the following establishments:

Melbourne Assessment Prison - a reception prison for men on remand
Metropolitan Remand Centre - a male prison where the 2015 riots took place
Barwon Prison - a high risk and maximum security men’s prison
Dame Phyllis Frost Centre - a maximum security women’s prison

While visiting Melbourne Assessment Prison, I met with several people involved in the implementation of the Women’s Leadership Programme there. The programme was still in its infancy and not yet functioning operationally, but I was impressed with both the concept and the potential impact of the idea. The Women’s Leadership Programme provides a forum for female correctional staff to come together and share their workplace experiences. This initiative also offers support and guidance for women’s career development in what is often a male-dominated environment.

I felt particularly encouraged at the thought of female staff having this structured, professional opportunity to talk about the challenges specific to women working in corrections, such as catcalling and harassment. In my experience working in male prisons I have encountered numerous examples of sexually inappropriate behaviour from prisoners, as have many of my female colleagues. A Women’s Leadership Programme would draw attention to these issues and any other themes in female staff experiences. New female staff can be closely supported as they learn how to challenge unacceptable behaviour and over-familiarity, and this in turn will help to protect those staff who are vulnerable to conditioning.

A Women’s Leadership Programme would not only act as positive direction for women keen to develop their careers in corrections, but also as a protective reinforcement to ensure female prison officers are supported and listened to.

It was also at the Melbourne Assessment Prison that Kevin showed me the ‘You Said, We Did’ board. This board depicts the response of senior management to staff concerns that had been raised. Kevin was keen to stress the importance of this kind of visual representation of management listening to staff issues.
Staff training was well promoted in the Australian prisons I visited. I spoke with Kevin about the importance of training opportunities to keep staff motivated and knowledgeable about the work they do. Investing in staff in this way helped to keep corrections officers feeling valued and recognising their own contribution to the effective running of the prison. There were multiple weekly training sessions available in the Melbourne prisons I visited, with topics ranging from ethics to incident management. Staff could volunteer to attend whichever session they wished, or could use this time to visit one of the peer support workers if they preferred. The training slots were fixed and the regime worked around these sessions, ensuring staff were able to attend and in doing so have a break from their usual workplace. The value of staff training is unquestionable, and I think that dedicating time to this demonstrates a clear commitment to staff welfare and development.

At Barwon prison, Kevin introduced me to General Manager Brett Ryan and members of the Senior Management team. Barwon prison is a maximum security facility housing high risk offenders. Brett and his team told me about an Australian publication titled Emale. Emale is a bi-monthly bulletin promoting male health and wellbeing. Barwon prison promotes Emale amongst its workforce in recognition of the particular pressures affecting men. We talked about the benefits of Emale in confronting the stigma that surrounds male vulnerability and sensitivity. This stigma can be exacerbated by the macho culture that often thrives in prisons, as fear of showing weakness or being perceived as ‘un-manly’ can prevent male officers from seeking help.

I was really impressed by this commitment to changing attitudes and appreciating the challenges specific to male officers. According to the 2014 University of Bedford study I referenced earlier, one in 10 prison officers reported, ‘that sometimes life was just not worth living’. The researchers who undertook the study stated that there were ‘unusually high levels of psychological distress’ in prison officers. Many prison workforces are predominantly male. Distributing a publication like Emale amongst staff is a simple act but it’s this kind of attention to staff welfare that makes people feel valued and cared for, not to mention the positive effect of encouraging conversations around mental health and promoting the support available.

**Canada**

My first stop in Canada was the 2017 First Responders Suicide Awareness Conference. It was a bitterly cold day, and I had not prepared for the fluctuating weather that Alberta is known for. The conference was held in the beautiful, and thankfully warm, Centre Street Church.

I wasn’t sure what to expect from the conference, having never attended anything like this before, and I found it to be perhaps the most humbling experience of my time in Canada. The conference is hosted by the Legacy
Place Society, in collaboration with the Calgary Police Service, the Calgary Fire Department, Alberta Health Services-Emergency Medical Services, Royal Canadian Mounted Police, and Calgary Emergency Management Agency.

These agencies come together to remember those first responders who have committed suicide either during or after service, and to share ideas on how to protect and support each other.

A wide variety of speakers took to the stage to discuss, amongst other things stress, trauma and recovery. John Conrad, a retired colonel in the Canadian Army, talked about the distinction between home and work for people working in law enforcement environments. He described the switch between noise and quiet as ‘very dislocating’, and said, ‘...the dichotomy between these worlds will wreak havoc on your mind’. I believe prison officers can relate directly to this statement – to go from the loud and often chaotic environment of a prison to the quietness of your own home can be strangely unsettling. John Conrad also said, ‘organisations cannot take care of their cities or communities if they don’t take care of their staff’. This is such a simple statement, but reflects very clearly the broader implications of staff stress. Prisons are communities themselves, albeit confined and dysfunctional. To take care of the prisoners living in these communities, we must take care of the officers working in them.

During the interval of the conference, attendees were invited to visit some of the stalls set up in the church to represent different agencies. One of these was the WorkSafeBC (British Columbia) organisation. The organisation is working with a steering committee consisting of representatives from the fire, police and paramedic services ‘to promote positive mental health and reduce work-related mental health injuries’ (Supporting Mental Health in First Responders: Recommended Practices, 2017). I took a copy of the Recommended Practices back to my hotel with me and found that almost everything I was reading had real relevance to prison officers back in the UK.

Education and training make up 4 of the key recommendations made in the Recommended Practices report. Resiliency training in particular is described having the potential to ‘enhance an employee’s mental health’, and equip staff with the skills to cope in adverse situations. The Canadian Armed Forces have developed a resilience and mental health training program called ‘Road to Mental Readiness’. The program is designed to reduce the stigma of mental illness and address mental health in a first responder workplace setting. At the time of my visit to Canada, the program was in the process of being adapted specifically for corrections officers though this hasn’t been completed yet.

The recommended practices also included equipping the families of first responders with the knowledge and skills to support their loved ones. This was a theme I would come across again in Calgary when I visited the Calgary Correctional Centre. There was a clear acknowledgement in Calgary of the role of the family in supporting the mental health of first responders. Families will often be the first to notice indicators of stress or deteriorating mental health in their loved one and can be central to their recovery. Education, training and outreach programs that are designed for family members are considered fundamental to the BC First Responders Mental Health committee and I saw this same attitude in the
corrections staff I spoke to in Calgary.

The following link directs to the committee’s website and I found this to be a very informative resource: https://bcfirstrespondermentalhealth.com/

The existence of these kinds of training programs and comprehensive reports, and of the First Responders Suicide Awareness Conference itself, demonstrates the commitment Canada has to its first responders and their emotional welfare. The First Responders Suicide Awareness Conference played a key role in supporting correctional officers, and I believe there is a place for this kind of event in the UK.

A memorial table for first responders who have committed suicide in Canada

During my first week in Calgary, I visited the Mathison Center for Mental Health Research and Education and was fortunate enough to meet with the Center Director, Dr Andy Bulloch. Andy and I spoke about the need to prioritise staff training in corrections environments. As well as advancing professional development, workplace training is a key opportunity to bring staff together and forge support networks. This seems to be particularly relevant to an environment like corrections; prison staff can be based on separate units such as wings, segregation, security, etc and so building cohesion and rapport can be difficult. Many staff will not work together and subsequently hardly come into contact at all. Feeling isolated and cut off can contribute to mental health issues and staff cohesion can help to alleviate this.

I share Andy’s views that staff training is a pivotal opportunity to support staff in their emotional wellbeing as well as their professional development. Education can help motivate people to achieve their full potential.

Texas, USA

I arrived in Texas in April 2018, more than six months after I was first due to visit. My original trip had been cancelled due to the devastating Hurricane Harvey, and on my return flight from Australia I developed a blood clot so the trip had to be postponed even further. It was well worth the wait though.
My two weeks in Huntsville, Texas were fascinating. Huntsville has the headquarters of the Texas Department of Criminal Justice (TDCJ), the agency that operates state correctional facilities for adults. My visit to Huntsville was coordinated by Doug Dretke, Executive Director of the Sam Houston State University Correctional Management Institute and former Texas prison warden. I am indebted to Doug for the time and support he has given me and my Fellowship. Doug and his colleagues, including Bree Patranella, Tracy Hutto, Bill Lewis and Tony O’Hare, went above and beyond to ensure I saw as much as possible of the TDCJ correctional system, and of Texas traditions (hog hunting, crawfish eating and gun shooting...) as possible. I cannot thank you enough for the amazing experiences I had in Texas.

I was extremely grateful to visit the following prisons while I was in Huntsville:

**The Byrd Unit** – the main intake and processing prison for male inmates.
**The Wynne Unit** – a men’s prison and the second oldest prison in Texas.
**The Eastham Unit** – a men’s prison with focus on agriculture and industry.
**The Huntsville Unit** – also known as ‘the Walls’, the oldest state prison in Texas, opened in 1849. This unit also houses the state’s execution chamber.

Doug had arranged a number of conference calls for me with people out of state, including with Ana Gamez, Professor of Psychology at the California Baptist University and Organisational Consultant for the Los Angeles County Sheriff’s Department. Ana’s academic areas of interest include the ‘Mental Health and Wellness in Law Enforcement Personnel’ and her role involves providing psychological support to police officers and corrections officers.

My conversation with Ana was fascinating. She responds to any issues corrections staff have, whether that is directly work-related or not, in her capacity as a psychologist. We talked about the impact of workplace stress on corrections staff and the effect this can have on their families. Ana facilitates relationship skills programs for corrections officers, and I understood this as a pivotal opportunity to educate prison officers on the wider implications of workplace stress. Trying to ‘switch off’ from an authoritative and disciplinary role to a normal home life is not always an easy transition, particularly if your day has involved a violent assault or suicide, for example. This can be confusing and frustrating for family members.

Ana’s work helps to teach corrections officer to recognise their own destructive behaviours and manage these in a constructive way. The more I spoke to Ana about this, the more obvious it became to me that this kind of staff training is essential. It isn’t enough to be aware of the increased likelihood of failed relationships and broken families that face prison staff, more needs to be done to actively address this.
In her role as a police and corrections officer psychologist, Ana has been involved in numerous debriefs after critical incidents. In a correctional environment a critical incident could include suicide, murder, serious assault or rioting. There is some contention around the benefits and potentially damaging aspects of debriefing, which I will acknowledge further in the Mental Health section of my report. However, I think it is worth noting that Ana’s approach requires staff only to show up, and not to actively participate if they would prefer not to. The purpose of the debrief is to normalise staff reactions to an abnormal event, and make clear that things such as changes in sleep patterns and diet, or flashbacks, are normal reactions to an abnormal event and should not cause alarm. If this were to continue long-term or escalate, that would be an indicator for staff to seek help. The debrief acts as an information session to clarify staff’s expectations of their own feelings following a traumatic event, as well as to share their views on what has happened.

I was also able to speak with Caterina Spinaris, founder of Desert Waters Correctional Outreach (DCWO). DWCO is a Colorado-based corporation ‘…with the mission to promote the occupational, personal and family well-being of the corrections workforce through the provision of evidence-informed resources, solutions, and support’ (ref for website http://desertwaters.com/).

DWCO offers training packages including, ‘From Corrections Fatigue to Fulfillment’ and ‘True Grit: Building Resilience in Corrections Professionals’. The organization also provides consultation services to set up resilience and wellness-promoting programs for corrections staff. Caterina is passionate about her work and committed to the support and welfare of prison staff. We talked about the unique aspect of corrections stress – prisons are physically very oppressive environments and this can contribute to an unhealthy workplace culture that does not encourage seeking help. Caterina believes that mental health conversations should have a place early on in corrections officer training. It has been some time since I did my initial training, but there was very little focus then on staff wellbeing. I agree with Caterina’s perspective on this; opening a dialogue around staff mental health from as early on as initial prison officer training will help to normalise this issue.

In Chapter 5, entitled ‘Emotion and performance: the presentation of self in prisons’ of Elaine Crawley’s book ‘Doing Prison Work’, Crawley examines the dangers of disclosure for prison staff struggling emotionally: ‘One officer made an interesting point in relation to the reluctance of staff to seek help – a point made to me on an earlier occasion by a prison governor: “[Uniformed staff] need to be educated to feel that it’s okay to speak to people about their problems” (senior officer, Garth). What this remark suggests is that discussions about the stresses of prison work, and the ways in which stress can be kept to a minimum, should be an in-built part of basic training’. (Crawley, 2004)

It is important to give new prison officers the tools to manage their own reactions to the serious incidents they will encounter in their role, and educate people about the symptoms of stress and burnout. An ounce of prevention is worth a pound of cure.

There is no UK equivalent of Desert Waters Correctional Outreach. The very existence of this corporation demonstrates the need for it. There are of course many differences, but also
many parallels between the role of US correctional officer and UK prison officer, and the need for mental health support is insistent for both. I felt very encouraged talking to Caterina, but also a bit deflated that no such organisation dedicated to the welfare of UK prison officers exists.

My trip to Huntsville was co-ordinated by Doug Dretke, Executive Director of the Sam Houston State University Correctional Management Institute. Doug began his career as a correctional officer, working his way up to Warden and then Regional Director of the Texas Department of Criminal Justice’s Correctional Institutional Division. Originally, there was no training course for staff progressing from one role to another. Doug devised a training package for officers rising through the ranks. Correctional officers complete a two week course in order to progress to the next rank, giving them skills such as incident management and staff supervision. The course finishes with a graduation ceremony to show recognition of their achievement that family are invited to. The Correctional Management Institute (of which Doug is now Executive Director) now facilitates numerous courses for law enforcement personnel designed to help staff achieve their full potential and feel competent in a new role.

Elaine Crawley talks about the challenges of adjusting to a new role in her book, ‘Doing Prison Work’, illustrating the lack of training and support in making that transition for English prison officers:

‘Many officers find it difficult to make the transition to the senior grade because the role is, at least in part, a managerial one...

“Basically you learn on the hoof, which is scary” (senior officer)  
(Crawley, 2004)

A training package like the one in place in Huntsville would provide UK prison officers with the skills to feel confident and capable when progressing to a new rank.

Peer Support

Calgary, Canada

Legacy Place Society

The 2017 First Responders Suicide Awareness Conference was co-hosted by the Legacy Place Society. The Legacy Place Society provides support to first responders, including corrections officers, and their families. The society’s vision is, ‘that all First Responder and Military Personnel have user friendly access to resources to build resiliency and reduce the stigma of mental health concerns as an individual and/or as a family’  
https://legacyplacesociety.com/about/.
The LPS operates temporary accommodation for first responders in times of crisis, whether that be emotional, medical or marital. So if a correctional officer is struggling to cope, perhaps they have been involved in a serious incident at work and need time away from their normal routine or from the hectic atmosphere of a busy family home, then they can come and stay at one of the LPS houses. These houses provide respite and support to staff for anything from a single night to weeks at a time, and are populated only by first responders.

During the conference these LPS houses were described as ‘homes from home’, at a cost of $15 a night. The speakers discussed the impact of traumatic incidents at work on a person’s family life, whether that manifests as arguments with a partner, shouting, shutting down emotionally or ‘putting a brave face on for the kids’. The LPS recognises the value of having somewhere quiet and confidential to go if things become too much, and encourages supportive conversation with others during a stay. I had never heard of anything like the Legacy Place Society houses before and I couldn’t believe that such a dedicated service even existed. It was clear from the conference that the accommodation they provide is in regular use and has been a lifeline for many people.

In addition to the houses, the LPS runs a ‘Peer Support and Family Assistance’ service. First responders can contact the service via telephone, and are connected to a volunteer. In this regard the service is quite similar to the Samaritans, for example. The crucial difference with the LPS program however, is that it is aimed specifically at first responders. The volunteers are able to talk knowledgeably about critical incident stress management and post-traumatic stress recovery in a way that someone unfamiliar with that kind of workplace environment may not be able to. Writing this report now and remembering how I felt when I first learned about the LPS houses, I feel both uplifted and frustrated.

The LPS houses are used because their doors are open, the peer support line is phoned because there are volunteers waiting to pick up.

The same stresses and psychological effects of being assaulted or responding to a person hanging are felt by UK prison officers, just as they are Canadian correctional officers. I want to return briefly to the statistics I used earlier in my report:

_In the last year, 31.9% of absences were for mental and behavioural disorders._

_(NOMS Annual Workforce Statistics Bulletin, 2017)_

_...people working in prisons...are at considerable risk of violence, work-related stress and emotional exhaustion._

_(Kinman, G., 2014)_

I wonder what the uptake would be if a similar kind of service to the Legacy Place Society existed in the UK.
Calgary Correctional Centre

My second week in Calgary started with a visit to the Calgary Correctional Centre. The centre accommodates male inmates sentenced to less than two years. I met with Officer Kris Kasper, who was extraordinarily helpful and candid with me about the pressures faced by Canadian correctional officers, also known as peace officers. According to a 1996 study conducted by Steven J. Stack and Olga Tsoudis, the risk of suicide among Canadian correctional officers is 39% higher than the rest of the working population (Stack, S. J. and Tsoudis, O., 1996).

The Calgary Correctional Centre operates a peer support program (PSP) for its staff that aims to confront the stigma around mental health and promote staff wellbeing. Kris introduced me to some members of the PSP and we talked about the growing culture in Canadian corrections of speaking out about psychological welfare. Staff are trained in peer support before they can take on the role of peer support personnel but are not counselors and cannot diagnose mental health problems. Their main duties are to provide emotional support during and after times of crisis, both personal and professional. Employees can express a need to use the PSP, or can be referred by managers who feel their staff may benefit from the program. The peer support personnel listen, give guidance and can direct staff to alternate resources if necessary.

HMPS operate a similar peer support program called the Care Team. However, I have seen little focus on the Care Team in my experience and I believe it could be improved by redevelopment and a renewed emphasis on the value of peer support for prison officers. I was really impressed by the energy and resources dedicated to the PSP at Calgary Correctional Centre; there were posters around the prison promoting the program, not just for staff who were finding work stressful but also for staff dealing with personal issues at home.

All the correctional officers I spoke to knew who the PSP personnel were and there are PSP staff detailed on shift at all times, in case they are needed.

Peer support workers are called to any critical incident to give support to officers involved, and are expected to conduct follow-up sessions with any staff they talk to. For particularly serious incidents, extra peer support personnel will be called in and are paid overtime to be present and visible. Staff are given time out to visit a peer support worker if they need to and are encouraged to engage with the service.
Correctional officers attend presentations given by the PSP workers that draw attention to symptoms of burnout, PSTD and stress. The presentations are friendly and informal, and educate staff about what they can do to take care of themselves and their colleagues. These sessions increase understanding of mental health issues amongst correctional officers and have become regular fixtures at Canadian correctional facilities. The staff chosen to become PSP workers are selected for their discretion and commitment to staff welfare and were widely respected within the prison.

Actions such as PSP posters, information sessions, compulsory staff detailing and promoting awareness have helped to normalise the function of the program and challenge the discomfort and embarrassment that is often associated with seeking help. All the correctional officers I met knew how to access PSP personnel and had no shame in doing so if they needed to. This attitude and transparency has enabled the PSP to become the exceptional resource that it is.

Melbourne, Australia

Melbourne’s prisons have a similar version of the Peer Support Program, known affectionately as the Posties. The Posties are a team of peer supporters, both officers and civilians, operating in the prison to provide support to staff alongside their normal duties. When I visited the Metropolitan Remand Centre with Kevin White, I met with members of the Posties team to learn more about the work they do.

There were some key attributes of this peer support program that stood out to me:

- **Posties are nominated for the role by other prison staff in a ballot**
  This means that staff who become Posties only do so if they are considered suitable for the role by the staff they may be potentially being supporting. Staff are able to nominate people they feel they can trust, that they would feel comfortable talking to, and who would exercise discretion and sensitivity when discussing difficult topics. This method of allocating peer support personnel makes the Posties peer support program unique out of all those I encountered during my Fellowship.

- **Posties undergo specialised training delivered by psychologists**
  Part of the training that potential Posties receive is led by psychologists with particular knowledge of the benefits of peer support in stressful work environments. Psychological input gives Posties a deeper understanding of the value of peer support work and how best to help their peers. I think that this contact with
psychologists also helps to normalise their place in prisons, and in turn reduce the stigma attached to seeking professional support.

- **Posties are debriefed themselves by psychologists**
  All Posties are debriefed regularly by a psychologist, giving them the opportunity to talk about anything they have encountered in their role as a peer supporter. Supporting the supporters is crucial and the fact that this is allocated both time and specialist supervision demonstrates the commitment to staff wellbeing in Melbourne prisons. This has a dual function of giving Posties an outlet to process any difficult things they may have heard, but also to discuss different ways of helping staff and to develop as an effective peer supporter.

- **Posties carry a Peer Supporters’ Pocketbook**
  The Posties carry a small Peer Supporters’ Pocketbook full of guidance and tips to help them navigate their role. This resource details the principles of peer support and gives information on communication skills, critical incident support, stress defusion and how to refer staff for specialised assistance.

- **Posties hold regular ‘coffee mornings’ for staff**
  These coffee mornings involve members of the peer support team handing out free drinks to staff as they turn up for their shift, and chatting with them about anything and everything. There are obvious benefits to this such as making staff feel valued and giving staff a pleasant start to their day, but to me, the most significant element of these mornings is that the Posties are visible to every member of staff that attends work that day. This minor change in an officer’s daily routine, being given a coffee and having a quick chat before he/she heads into work, are practical reminders of the support available to staff. Staff can see clearly who the peer supporters are and can associate that brief morning interaction with a team of people that care.

- **Posties run weekly group and individual sessions**
  In the Staff Training section of my report, I mentioned the weekly training sessions available in the Melbourne prisons I visited. These training slots are fixed and staff can choose which one they would like to attend. Posties run group sessions during this time that officers can attend, and there are also a number of Posties that will be available for one-to-one sessions should any officer prefer to have a private conversation. Giving the Posties fixed, weekly time slots to engage with staff has helped to embed the practice of peer support into prison culture in Melbourne.
**Texas, USA**

The peer support program in Texas corrections is called **CRISP (Crisis Response Intervention Support Program) Team**. I was fortunate enough to spend time with Tracy Hutto, Assistant Regional Director of the TDCJ’s (Texas Department of Criminal Justice) Correctional Institution Division. Tracy is heavily involved with the CRISP team and gave up her time to introduce me to key members of the CRISP team from various prisons and to visit the prisons themselves.

The CRISP model has a similar aim to the other peer support programs I have discussed: to provide emotional support to correctional staff. The model is an improvement on the TDCJ’s ‘Post-Trauma Staff Support Program’, which I had been researching when preparing for my Fellowship. I met with Tracy in my first week in Huntsville and she gave me an overview of the program, which offers immediate support to correctional staff affected by a traumatic event. CRISP team members are specially trained corrections personnel who have gone through a rigorous selection and training process, and are able to provide critical support following a traumatic incident. CRISP members are trained to be able to identify if an individual needs expert help rather than peer support, and direct them to the appropriate resources. Following a serious incident, team members will follow up with staff they have spoken to on a weekly basis to ensure staff are ok and aware they have the continued support of the CRISP team.

The CRISP program was the most structured and proactive peer support program that I came across in my Fellowship, for a few key reasons:

- **Team Development**

  Peer supporters are trained twice yearly in scenario-based activities to build confidence and resilience for operational situations. They are trained by their team leaders, who debrief team members following their peer support duties to ensure staff are supported at every stage of the process. CRISP members will also debrief amongst themselves following serious incidents. Members can go on to become CRISP team leaders, completing another training program that allows them to train new members as well as take on the supervisory responsibilities of the team leader role. This emphasis on training and development is characteristic of the TDCJ approach to corrections.

- **Provides support to staff affected by personal issues as well**

  I was taken aback by the resolute dedication of the CRISP program to ensuring staff wellbeing. The program does not just provide support for work-related issues, but for staff dealing with stress in their personal lives as well. The CRISP members are trained to recognise serious emotional problems whether work-related or not and can respond accordingly. Tracy told me about a number of instances where CRISP members had organised fundraising events for staff suffering personal crises, such as house fires, or brought food to the homes of employees suffering illness or bereavement.
- **Prioritised by senior management**

The CRISP program is utilised as a dynamic professional resource that can be mobilised immediately. Team members are among the first to be notified when a serious incident has taken place, and will often stay late or be on call to give assistance. TDCJ responded to a recent serious incident in a neighbouring district prison by sending a team of CRISP members to provide additional support and be visible within the facility. This kind of collaborative attitude is characteristic of the CRISP program, and their work is deemed as fundamentally important by senior management.

- **Active within local community**

The team is active not just within corrections, but within the wider community as well. Local business will donate prizes to the CRISP team for events and this has helped to bridge a gap between corrections and the community.

I met with some members of the CRISP team and their dedication to what they do was evident. They talked passionately about the program and about the satisfaction that being there for their colleagues gives them. Becoming a peer supporter as part of this team is a real privilege and a highly respected role within the TDCJ.

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**Mental Health**

The final section of my report considers the systems that have been implemented in Canada, Australia and Texas to protect the mental health of correctional staff.

**Calgary, Canada**

At the 2017 First Responders Suicide Awareness Conference, one of the speakers talked about annual, one-to-one mental health check-up sessions for first responders. When I met with Dr Andy Bulloch at the Mathison Mental Health Centre, I mentioned this idea. Andy was extremely positive about it and highlighted the potential value of this in normalising access to mental health services. Just as annual performance reviews or annual fitness tests are compulsory among UK prison officers, annual mental health check-ups would enable a medical professional (psychologist, GP, etc) to assess their emotional wellbeing. These check-ups could be a brief and informal chat about sleep patterns, appetite and other indicators of stress or depression. Officers could elaborate on any concerns they may have about their mental health in a confidential environment without having had to voluntarily seek that service. If a mental health check-up becomes as widely accepted as the physical fitness test, this could break down barriers around the stigma of mental health and help to prevent staff becoming ill in the first place. Andy was very enthusiastic about finding ways such as this to embed staff mental health services into prison culture.

Andy arranged for me to have lunch with him and Rick Hanson, the former police chief of
Calgary. Rick joined the Calgary Police Service in 1975, working his way up to sergeant, inspector, superintendent, deputy chief, and finally Chief of Police, and retired in 2015. His insight into the psychological challenges faced by law enforcement personnel highlighted to me the need for a coordinated approach to prison officer mental health. For these issues to be targeted effectively, the organisational structure of the workplace needs to really ‘buy in’ to mental health services. Compulsory yearly mental health check-ups would form a part of that organisational investment in staff.

Andy, Rick and I talked at length about critical incident debriefing. I had read an article in the Guardian newspaper about the harmful effects of critical incident debriefing on survivors of the Grenfell Tower fire. According to Dr Jenny McGillion, a clinical psychologist, ‘survivors of traumatic events used to be subjected to critical incident debriefing until research suggested it could do more harm than good’ (Guardian, 2017). I was interested to find out more about the negative effects of debriefing and if it could be a counter-productive practice for correctional staff following a serious incident. The Guardian article detailed recommended ‘watchful waiting’ measures for the first four weeks after a traumatic incident, such as monitoring, listening, teaching relaxation techniques and encouraging interaction as opposed to immediate critical incident debriefing. Any necessary psychotherapeutic intervention would then come after this phase. I agreed with Andy and Rick that the practice of debriefing needs to be done very carefully and by professionals trained in this area. In addition, we all felt that debriefing would be most productive when conducted by someone with knowledge of the prison environment and the specific pressures thereof.

I was particularly interested by Rick’s view that no other job could be more stressful than that of a prison officer – corrections staff have a constant and ongoing interaction with the prisoners in their care as opposed to the ‘arrest and put away’ role of the police. It felt almost like a relief to hear someone recognise the stresses that can come with that ongoing interaction. It isn’t just the serious incidents that can affect a prison officer’s mental health, but the persistent conflict, arguments, maintaining of order, remaining alert, etc that every day is made up of.

During my conversation with Andy and Rick, I mentioned that I had attended the 2017 First Responders Suicide Awareness Conference, and especially enjoyed the talk given by Patrick Baillie. Patrick Baillie is a psychologist and lawyer who has been a consulting psychologist for the Calgary Police Service for over 20 years, providing support to police officers. He has also served as Chair of the Mental Health Commission of Canada. It emerged that Rick knew Patrick very well, and he was able to set up a meeting between the three of us to discuss my Fellowship.

Meeting Patrick was fantastic. I was able to hear things from his perspective as a police psychologist, alongside Rick’s experiences as an operational police officer. Rick has a genuine commitment to ensuring that police have access to psychological support, and both him and Patrick consider this support to be invaluable. The Psychological Services Division of the Calgary Police Service provide comprehensive clinical services to both employees and their families, including psychological assessment, treatment, counselling and organisational wellness education. This is completely awe-inspiring to me, that a whole psychological
services division should be dedicated to the care of law enforcement personnel and their families. To Patrick and Rick, it was obvious. Of course police need specialised support considering the trauma and stress they are exposed to. And of course this should be as accessible as possible. I believe that prison staff deserve the same dedication and support.

The inclusion of staff’s families in the services the division provide struck me as especially impressive. Rick and Patrick saw this as essential. The family of a police officer or prison officer will often be the first to notice if an officer’s mental health is deteriorating. The Calgary Police Service recognises this and the need for support to extend to families as well. The Psychological Services Division also supports overall risk management by facilitating fitness for duty assessments, critical incident stress debriefings and psychological assessments for high-risk work areas.

According to the Calgary Police Service Psychological Services Division 2015 Annual Report:

“There are numerous additional benefits and savings in soft costs that are outlined below.

- Staff retention
- Reduced time and replacement time of training
- Increased utilization of experienced officers
- Decreased WCB and insurance claims
- Increased morale
- Fewer errors and liability issues
- Higher conviction rate
- Diminished mental health stigma
- Immediate, qualified and highly specialized professional response and support on an on-going basis
- Facilitation of over 669 referrals to 145 service providers.”

(Cesler, A., Kolodziej, M., 2015)

Patrick echoed my thoughts that any mental health service provider working in this area should be familiar with the culture and demands of the role. Mental health providers supporting correctional staff should be concentrated on corrections and aware of the unique pressures of this workplace. Opening up to a counsellor can be intimidating and difficult, and this would be compounded by spending part of the session explaining what prison is like.

Spending time with Rick and Patrick was a privilege. I went back to my hotel that evening feeling determined to prove what more we can do to support prison officers at home.

There seems to be a much greater acknowledgement of the stress suffered by first responders in Canada than there is in the UK. Before I travelled to Canada, I had been in contact with Marney Riendau who runs an Occupational Stress Clinic (OSI) in Calgary. The concept of the OSI is remarkable in itself; the clinic helps veterans, current and former Canadian Forces members, and members of the Royal Canadian Mounted Police suffering from an Operational Stress Injury who require specialized, intensive assessment and treatment. Psycho-therapy and counselling, skills training (for example, anger, pain and
stress management skills), group therapy and educational sessions, relationship and family counselling are just some of the services offered at the OSI.

I was able to visit the OSI and talk with Marney about the work the clinic does. Marney was enthusiastic about the idea of compulsory mental health check-ups and explained to me the ‘snowball’ concept of talking about mental health issues. The more a person thinks about something but doesn’t verbalise it, such as a prison officer suffering with flashbacks of a serious incident but not feeling able to talk about it, the more momentum and substance the ‘snowball’ gathers. The more a person talks about an issue and explores the layers of what they are feeling, the more the ‘snowball’ reduces. Opening up a dialogue around mental health is part of the solution.

I raised the issue of critical incident debriefing with Marney and was really interested to hear her perspective on it. She described a critical incident as one that leaves you feeling helpless, hopeless, or both. I can think of a number of examples of prison life that might affect an officer in this way, such as losing control of a wing, being unable to prevent or intervene in a serious assault, or finding a prisoner who has committed suicide.

Marney felt that critical incident debriefing could potentially be damaging if not conducted in the right way, particularly for someone experiencing a single trauma. Forcing a person to re-live and talk about a traumatic incident at length could be more harmful than helpful. However, prison officers experience repeated and accumulated exposure to trauma, that a person can only normalise for so long. The purpose of a critical incident debriefing in this context could be primarily informational, ‘don’t drink too much, eat well, sleep well, etc’. There is no insistence on discussing the intricacies of an event at length at this point, and staff are made aware of the symptoms of PSTD or stress injuries, and how to seek help should they experience them. Everyone experiences traumatic incidents in different ways, and everyone’s reaction can differ. A critical incident debrief should recognise this.

During my initial research for my Fellowship, I had read about ‘moral injury’ and thought how this could be relevant to the experiences of prison staff. Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses or fails to prevent acts that transgress their own moral and ethical values or codes of conduct. The term originated in relation to soldiers who had seen active service and witnessed things that violated their moral code, such as the killing of children or rape. Marney understood moral injury as being particularly exacerbated when a person has no control over it. I know of several officers who have been assaulted by prisoners at work, and subsequently had the assault referred to the police. However, the case is later judged as being not in the public interest and so not proceeded with. For most of us, inflicting violence on another person is unacceptable and contravenes our personal morals, so to suffer that violence but see the perpetrator(s) face no consequences can be devastating.

In my preliminary research I also learned about vicarious trauma – the emotional residue of working with damaged people and hearing their stories. This is often considered as an occupational hazard of a counsellor or therapist’s work as they become witnesses to the pain and fear that trauma survivors have endured, and I believe this concept could also be
applied to prison officers. The role of an officer involves interacting with the prisoners in your care, getting to know them and providing support. Many prisoners will come from troubled backgrounds and have experienced violence and disruption throughout their lives, so learning about their experiences can be shocking and difficult to hear. This might resonate particularly with prison officers who work with sex offenders. Vicarious trauma is recognised by the Canadian Mental Health Commission.

Marney explained to me that vicarious injury is less of a problem if you are helping people and seeing positive results, rather than just absorbing what they tell you. If you feel you are making a difference then that can reduce the harm of vicarious trauma. I don’t think that prison officers are able to benefit from that in a lot of cases. Prison officers will see the same people come in and out of prison, sometimes serving a few weeks and sometimes longer stints, and this can go on for years. Sometimes a prisoner may maintain their pattern of antisocial behaviour in custody, or regress, whether that be through drug misuse or violence. So in those instances, a prison officer is unlikely to feel protected from vicarious injury because they are not seeing positive progression in a person who has disclosed traumatic information to them.

Prison officers do not receive specific training to counsel or temper the effects of vicarious trauma, so there is little in place to deal with the reality of seeing people get worse, not better. Often prison staff do not have the resources to help in the way that we might want to, and so are just hearing these accounts knowing as we hear them that we are unlikely to be able to change things for that prisoner. Could this also be a moral injury on ourselves? Transgressing our own personal beliefs that we must help those in need?

I really enjoyed speaking to Marney about the work of the OSI and learned a lot from her. One of the key things I took from my visit to the OSI was how unique the corrections environment is as a workplace, and that ideally this would be recognised by any provider of mental health services. Mental health professionals providing support to prison staff should be familiar with the prison culture, the distinctive challenges of prison work and have a specialised knowledge of the impact of trauma on mental health.

Melbourne, Australia

Victoria corrections seem to be fairly advanced in appreciating the stresses concerned with male and female staff respectively. Kevin spoke to me about the adaptations Victoria corrections has made to staff stress management that consider gender differences, for example the Women’s Leadership Programme at Melbourne Assessment Prison and the Emale bulletin at Barwon prison. Women’s prisons generally have much higher volumes of self-harm, as is the case in the UK as well. It is worth noting the different type of stress that staff working in female prisons may be under, with regular exposure to serious incidents of self-harm, whereas male prisons tend to see more inter-personal violence. For male staff working in female prisons, it may be difficult at times to deal with the morality of restraining female prisoners. This associates with the cultural principle that men should not be violent
to women. This was a perspective that I hadn’t considered before. Many female prisoners will have been victims of domestic and/or sexual abuse, and this added factor could cause personal discomfort amongst male officers when having to restrain female prisoners. Could this personal conflict be considered a moral injury?

In 2015, the Metropolitan Remand Centre (MRC) saw one of the worst prison riots in Australian penal history. The riot lasted for 15 hours and saw 400 inmates storm the jail; the cost of damage to taxpayers is estimated to be $12 million (Yahoo News, 2017).

Kevin showed me round the prison, which is now fully operational again, and explained the tactics deployed to quell the disturbance. In the aftermath of the riot, several MRC officers spoke out about the impact of this incident on their mental health. I was keen to discuss this with Kevin and hear about measures taken to support staff at this time. He told me that in the months following the riot, a team of psychologists specialising in trauma were based at the prison during the core day. Staff were encouraged to see a trauma specialist if they felt it necessary and changes were made to the regime to facilitate this. In recognition of the potentially gradual and residual impact of trauma, the team stayed at MRC for several months. If staff developed symptoms of stress and deteriorating mental health over time, the team were still there to provide support. I visited MRC in the summer of 2017 and the final member of the trauma specialist team had left only recently.

I talked to Kevin and the team at MRC about how they used critical incident debriefing, and they were confident about the strategy they used. For minor incidents, informal debriefs are facilitated by local staff, and for any incident termed ‘critical’, i.e. a death of multiple staff assault, a formal debrief is held. The formal debrief is facilitated by a senior manager from the regional head office and/or a psychologist. The use of debriefs is commonplace and expected in Victoria corrections, and regarded primarily as an opportunity to look comprehensively at what was managed well during an incident and what areas need to be improved. I am very grateful that I was able to visit such a wide variety of prisons in Melbourne. It was a real privilege to meet so many staff and listen to their experiences of working in corrections. I left Australia feeling very encouraged by the progressive and forward-thinking attitude I saw to staff welfare.

**Texas, USA**

In the Correctional Management Institute at the Sam Houston State University, I met with Melinda Tasca and Daniel Butler of the Research Division. Melinda and Daniel are currently conducting a study examining the effects of correctional officer stress on the wellbeing of the officer and the prison workplace. They have identified emotional exhaustion and depersonalisation as two key issues they are encountering in their work.

Depersonalisation refers to a negative or excessively detached response to other people usually the recipient of one’s service or care. Within a prison context this could be understood as a form of self-preservation or coping mechanism – an officer trying to detach him/herself from the humanness of prisoners in order to cope with the violence and self-harm they encounter. Elaine Crawley touched on this in her book ‘Doing Prison Work’:
'An occupational ethos in which strategies of depersonalisation and emotional detachment are deemed to be important is...present in most prisons' (Crawley, 2004).

Melinda and Daniel talked about some of the key indicators of stress that they had identified and explained how this was helping them formulate a practical index of officer stress. Their study is still ongoing but it was interesting to hear that depersonalisation had already emerged as a noteworthy concept. Emotional detachment towards people or divesting a person of human characteristics is closely linked to desensitisation; repeated exposure to something can result in a diminished emotional response to it over time.

Both Alison Liebling and Elaine Crawley have highlighted desensitisation as a consequence of working in a prison environment:
‘That they had been ‘changed’ by prison work was a common perception amongst officers in every prison in this study. Most felt that they had become ‘harder’ since joining the Prison Service, in the sense that they had become desensitised to the distress and suffering of others’ (Crawley, 2004)

‘The desensitisation produced by exposure to prison...is another important theme. Officers may become numbed to experiences...’ (Liebling, 2011).

Emotional exhaustion seems to be a logical progression from depersonalisation as a means of coping with the psychological demands of prison work. Burnout is defined as a syndrome of reduced personal accomplishment, increased emotional exhaustion, and increased depersonalisation experienced by individuals that work closely with people (Maslach, et al., 1996).

Talking with Melinda and Daniel gave me an academic perspective on the effects of correctional stress on prison officers that I have been able to relate directly to my own experiences and that of my colleagues. Melinda and Daniel’s study is supported by the Sam Houston State University Correctional Management Institute and will contribute to the keen focus on staff wellbeing within the Texas Department of Criminal Justice.

In my final few days at Huntsville, Texas, I met with Angie McCown, the Victim Services Director of the TDCJ. Angie was instrumental in setting up CRISP and played a pivotal role in implementing the training structure of CRISP.

Angie is a firm supporter of providing comprehensive mental health services for people working in law enforcement environments. I talked about some of my own experiences, and my reactions to difficult situations, none of which surprised Angie. She was able to give me some context and theory to my experiences and her perspective on stress in correctional officers was eye-opening.

There are a few key points that I discussed with Angie which I would like to elaborate on:

**Staff Sickness:**
- Correctional officers learn to mask their fear and anxiety in order to protect themselves - a form of self-preservation. No outlet for that anxiety can be damaging
to a person’s mental health. Skills to manage and lower anxiety levels can be taught, and regular staff training sessions in emotional care will communicate these skills.

- A constant state of hyper-vigilance and alertness will result in a consistent presence of the ‘fight or flight’ response. Constant levels of adrenaline lower the immune system leaving people more vulnerable to illness. If an officer is feeling scared or anxious all day then they are operating at a low level of the ‘fight or flight’ response’.

**Staff Productivity:**
- When a person is emotionally unhealthy, they make bad decisions. In a correctional environment this could have devastating consequences such as causing risk to security, excessive use of force or vulnerability to conditioning.
- If an employee has good coping skills to deal with this kind of work they are likely to excel and provide better support to the prisoners in their care.

**Staff Retention:**
- Investment in staff mental health can show staff they are cared about and valued and boost their commitment to that job.
- People are less likely to leave a job if they feel emotionally healthy working there.

Angie prioritises mental health in her work with victims of crime and in how she has approached the CRISP model. Her perspective is hard to argue with; taking proactive and thorough steps to ensure staff wellbeing is an investment in a workplace. We already know that ‘...In the last year, 31.9% of absences were for mental and behavioural disorders.’ *(NOMS Annual Workforce Statistics Bulletin, 2017)*. Could staff training sessions in emotional health have helped some of these staff, and in doing so, prevented their absence? Last year, the leaving rate amongst band 3-5 prison officers was at 9.4%, an increase of 1.9% compared to the year before *(NOMS Annual Workforce Statistics Bulletin, 2017)*. I believe that a greater focus on staff mental health could boost staff retention and leave people feeling more valued in their job.
Conclusion

My visits to Canada, Australia and the USA have been truly inspiring. I have identified several areas of good practice in these countries that can be developed in the UK, such as developing peer support, staff training and increased provision of mental health services. I believe these have the potential to make a real difference for UK prison officers, their emotional wellbeing and that of their families.

I am extremely proud of my Fellowship and I hope that this report will contribute to the research on occupational trauma and workplace stress. In particular, I hope that my report will add to research on UK prison officers and their experiences.

My Fellowship provides a foundation on which further targeted research can be developed, looking specifically at ways to better support UK prison officers and recognise the enormous value of their work. I have been motivated by the work of Alison Liebling, Elaine Crawley and the University of Bedford researchers, and I would like for my Fellowship to be considered alongside these.

My findings are directly relevant to the UK. It is evident from my travels and the accompanying research that UK prison officers are linked to their peers in Calgary, Melbourne and Texas by the violence, conflict, suicide and disorder rife in prisons. Correctional officers in Calgary, Melbourne and Texas are supported by advancing initiatives in staff welfare that have seen positive change. UK prison officers deserve the same commitment to their personal wellbeing and my Fellowship demonstrates this.

Some prison officers survive prison, some only just and some do not.

Recommendations

• **Developed and increased staff training**

Staff training enables people to develop and achieve their full potential. In an environment as multi-faceted and complex as prison, it is essential for staff to come to work equipped with the skills to cope with violence and trauma. Staff training should take place as frequently as weekly, and include incident management, ethics, mental health awareness, resilience, and psychological first aid. Educating staff on how to protect their own emotional wellbeing, as well as identify deteriorating mental health in others, could increase staff productivity, boost morale, reduce staff sickness and improve retention rates. A training session would also provide a break from a demanding work environment and brings staff together, encouraging cohesion and forging support networks. Specific training should also be in place for staff transitioning through the ranks. This will enable staff to take on their new role with confidence and act as a personal development opportunity.

• **Overview of psychological support for prison workplace**

A new and revised psychological support program should be implemented for all prison staff, at no cost and with no time restrictions, i.e. six sessions a year. This provision of psychological services would recognise the complexity of mental health issues and that these cannot all be solved within an allotted timescale or through a ‘one size fits all’ approach. Interventions would include psychological assessment, treatment, counselling
and organisational wellness education. Mental health services providers such as psychologists and counsellors should be familiar within prison culture and the impact of critical incident stress. This is in contrast to a generalised Employee Assistance Program staffed by mental health providers with no knowledge of prison or expertise in exposure to trauma and violence.

• **Implement 1-to-1 annual mental health check-ups**

A compulsory, yearly 1-to-1 mental health check-up would provide staff with a confidential space to discuss their mental health with a medical professional. Making the annual check-up mandatory would avoid staff facing any stigma around seeking help. The annual frequency of the check-up will help embed mental health services provision into prison culture and normalise discussion around emotional wellbeing. In the same way that the compulsory annual fitness test encourages staff to take care of their physical health, the 1-to-1 mental health check-up would remind staff to prioritise their emotional wellbeing.

• **Develop, renew and standardise the peer support program for staff**

My experience working in several prisons has shown me that the current peer support program differs significantly depending on the establishment. This affects the efficacy and reach of any support initiative. The peer support program should be examined with psychological input, staff case studies and research data. The selection of peer supporters should involve a thorough application and interview process, and peer supporters should complete a comprehensive and in-depth training package that reflects the importance of their role. Peer supporters should receive additional supervision themselves. Prison staff must have access to peer supporters regularly, i.e. weekly drop-in sessions, and the service itself should be promoted and visible throughout the jail. Peers supporters should deliver training sessions explaining their work and encouraging discussion around emotional wellbeing.
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