

REPORT

Centre for
Mental Health



Restoring something lost

The mental health impact
of therapy dogs in prisons

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Rethink
Mental
illness.

Acknowledgements

Centre for Mental Health would like to thank all the managers and staff who supported the evaluation across HMPs Low Newton, Holme House and Deerbolt; Rethink Mental Illness; and Tees, Esk & Wear Valley NHS Foundation Trust (TEWV). In particular, we would like to mention:

Her Majesty's Prison & Probation Service (HMPPS)

Charanjit Kaur Mehat – Midlands Regional Safer Custody Team

Chris Barnett-Page – Head of Safer Custody - Safer Custody and Public Protection Group

Karen Galloway – Safer Custody - Prison Safety Team

Governing Governors

Gabrielle Lee – Low Newton

Chris Dyer – Holme House

Gavin O'Malley – Deerbolt

Safer Custody Governors

Eleanor Laing – Low Newton

Ian Snaith – Holme House

Julie Taylor – Deerbolt

Other key prison staff

Officer James Cason – Safer Custody - Holme House

Tees, Esk & Wear Valley NHS Foundation Trust:

Tracey Keaveney (Deerbolt)

Richard Hand (Holme House)

Joanne Pendleton (Low Newton)

Rethink Mental Illness

Jonathan Munro – Head of Prisons & Criminal Justice Services

Carolyn Houghton – Senior Psychological Wellbeing Practitioner

Linda Cummings – Therapy Dog Handler

Susanne Delves – Therapy Dog Handler

Centre for Mental Health

Jessica Stubbs – Researcher

Lauren Bear – Researcher

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Cooper and Magic, Rethink's therapy dogs

Executive summary

Animal Assisted Therapies (using animals including dogs to create a therapeutic environment) are widely used in health settings for those with physical, developmental, cognitive and mental difficulties. The research literature, though far from conclusive, is largely positive and shows its benefits.

In this evaluation, we sought to determine whether such an approach could be similarly effective with a prison population. This report describes the evaluation of a pilot therapy dog scheme introduced to three prisons in England's North East by Rethink Mental Illness. The project was provided with grant funding by Her Majesty's Prison & Probation Service (HMPPS) as part of an initiative to pilot, develop and test initiatives which may reduce the risk of self-harm or self-inflicted death in prison. Rethink therapy dogs worked with women and men (including young men). Rethink were commissioned by NHS England as a mental health service provider in the three prisons, and the pilot was a partnership between HMPPS, the NHS and Rethink Mental Illness.

Centre for Mental Health used a mixed method evaluation methodology to understand the impact of the therapy dog scheme. Both the quantitative and qualitative data collected indicated that the therapy dogs had brought about considerable, measurable, and statistically significant benefit to the scheme's participants, at least during the period of time the scheme operated (the evaluation was not able to collect data after the scheme had closed). The participants self-reported, both by validated measure and interview account, that the scheme had improved their wellbeing. Likewise, accounts from other stakeholders stated that there were observable benefits: these included professional/clinical ratings using a validated measure that showed a statistically significant reduction of the severity of need (including intentional self-harm).

Various themes emerged from the interviews and observational data, including that the therapy dogs had a calming influence, helped increase coping skills and strategies, supported engagement, and provided a safe space to explore other ways of expressing and processing emotions. The therapy dogs were felt by participants to form a special bond with them and a dog's non-judgemental nature was a key part of this. The therapy dogs also introduced some 'normality' into the lives of participants, particularly those who had left dogs behind when they had come into prison.

Centre for Mental Health, whilst being cautious in assigning all the change witnessed to the therapy dog scheme (the evaluation had limitations and many participants were in contact with other support, i.e. the mental health team), found that the weight of evidence suggests that the scheme was very beneficial and should be introduced more widely. The potential of therapy dogs should be further explored and that should include the benefits of group-based therapy dog sessions.

Recommendations

- HMPPS and prison governors should make therapy dog intervention, deployed with appropriately trained handlers, more widely available across our prisons.
- Providers of therapy dog intervention should consider group-based activity and its benefits should be explored through research and evaluation.
- Research funders should explore therapy dog intervention as an adjunctive therapy with a range of different evidence-based therapies.
- Prisons and prison health services should explore ways of tackling the stigma related to participation in wellbeing activities such as therapy dog interventions, as part of the developing rehabilitative culture in prisons.

Introduction

Prisons have become significantly less safe in recent times. Critically, this includes a long-term trend of rising numbers of suicides¹ and increasing prevalence of self-harm. Whilst self-inflicted deaths in prison recently dropped from what were the highest levels ever recorded – 119 in 2016, down to 78 in 2017 – in the year to September 2018 there was a 12% rise to 87 deaths. The incidence of recorded self-harm also increased in the 12 months to June 2018 by 20% to 49,564, equating to 560 incidents per 1,000 inmates (Ministry of Justice, 2018).

This report presents the evaluation findings of a pilot scheme funded by the Ministry of Justice, targeting people with histories of self-harm in three prisons in England's North East. Rethink Mental Illness (referred to as Rethink herein) provided the intervention that this pilot tested.

The pilot scheme involved the introduction of two therapy dogs handled by Rethink practitioners, who were experienced in working in prisons and with people with mental health problems, and who were also experts in dog handling and agility.

The intervention was simple and could involve no more than one of the scheme's participants either sitting and petting one of the therapy dogs or throwing a ball, playing the simple games one might see replicated in any park. Simple as the intervention was, it appeared to have a marked positive impact on participants' wellbeing, by their own accounts, from the evaluators' and other stakeholders' observations, and through gauging this change using validated measures. This report details these.



¹ Herein referred to as 'self-inflicted deaths', to reflect the language used by HMPPS

Therapy dog and other animal assisted therapies: the evidence

There is no question that humans can form very deep bonds and attachments with animals and that some animals appear to form very deep attachments with humans. The human/dog bond has a special place. There is a widely held perception (and some research – see Beck and Katcher, 2003) that these bonds can be beneficial, particularly to humans.

There have been a large number of studies on therapy dogs and other Animal Assisted Therapies (AAT) for mental health and related difficulties. The research has encompassed different populations, including those with severe mental health problems, those with more moderate problems with mental and emotional wellbeing, dementia sufferers, people with autistic spectrum disorders, those with learning disabilities, older age adults, young people and prisoners.

Recent systematic reviews of the research (primarily of randomised control trials) across the world (Kamioka *et al.*, 2014; Nimer and Lundahl, 2015; Charry-Sánchez *et al.*, 2018) have not been able to produce conclusive results. Kamioka and colleagues (2014) identified 11 studies meeting their quality criteria and suggested that AATs may have benefits for depression, schizophrenia and addictions. None of the 11 studies (nor the other 46 it reviewed but ultimately rejected) were for prison-based AAT schemes. More recently Charry-Sánchez and colleagues (2018) identified 23 studies meeting their quality criteria. These were largely studies of interventions with adults using dogs and horses for a range of physical and mental health problems (e.g. depression and post-traumatic stress disorder). None of these studies were conducted in a prison setting and whilst the results were mixed (particularly around depression), the authors were generally favourable. Nimer and Lundahl's

systematic review (2015) of some 49 studies meeting its criteria found that there was evidence of a positive impact for people with autistic spectrum disorders, medical difficulties, behavioural problems, and issues with emotional wellbeing. Additionally, the characteristics of participants and studies did not produce differential outcomes.

There is some literature on prison-based AAT, which mostly concerns therapy dog schemes (Allison & Ramaswamy, 2016). In a paper describing her case study research of a group AAT intervention with women prisoners with mental health problems, Jaspersen (2010) states that the backgrounds of many offenders mean that they have difficulties with attachment, and sees AAT, and therapy dogs in particular, as having a function in developing a “corrective relational experience” (page 426).

Within the research a range of different outcomes have been tested for, with mixed results in some areas (e.g. improved behaviour in prisoners). Although the quality of the evidence is variable, the consensus for both prison and non-prison AAT is that it has benefits or is likely to, particularly with regard to mental and emotional wellbeing. The research and evaluation of such schemes in prisons has almost exclusively come from the USA and there are very few examples in the UK.

A UK published study (Cooke & Farrington, 2014) surveyed USA-based providers of such schemes, and sought programme coordinators' views of the benefits of their schemes. This survey revealed reported improvements in impulsivity, self-efficacy, social skills, emotional intelligence, and employability. Allison and Ramaswamy (2016) reviewed the AAT evidence in prisons, with case studies of five such examples, and reached similar conclusions to Cooke & Farrington.

The only recent published study of a UK based prison AAT scheme (Mercer, Gibson & Clayton, 2015) was a very small-scale qualitative study of potential benefits, involving interviews and thematic analysis. This study included three prisoner participants and five staff.

The evidence, though limited, is strongly suggestive that interventions such as therapy dog schemes are likely to have a benefit even in the challenging setting of a prison. Centre for Mental Health's evaluation set out to explore the feasibility of deploying such a scheme and to provide some indication of likely benefits.

The evaluation

The aim of the evaluation was to test whether the pilot therapy dog sessions had observable and measurable benefits on those participating in terms of reductions in self-harm and improvements in wellbeing. It had been hoped that it might be possible to continue data collection after the conclusion of the scheme to identify if there was any continued duration of observed benefit. Ultimately, this was not possible, so the evaluation only measured any differences between wellbeing at the outset and at the end of the intervention.

The evaluation explored the following questions:

1. Does the intervention reduce the incidence of self-harm in those receiving it over the course of the intervention period?
2. Does the intervention improve wellbeing over the course of the intervention?
3. Are there other associated benefits (for example: improvements in behaviour or engagement with other activities)?
4. What are the impacts of the intervention on three distinct populations – adult males, adult females and young males – and, where possible, on sub-groups within these?
5. How do key stakeholders (e.g. those providing the intervention, prison mental health and general health care staff, prison staff and management – including Safer Custody staff) view the success of the intervention?
6. How do those who participate and receive the intervention view its impact on them?

Methodology

Consent and Ethics

Rethink staff and mental health practitioners asked those participating in the scheme if they also wished to participate in the evaluation and explained it was entirely their choice – whatever they decided would not impact on their involvement in the intervention. Each

was given an information leaflet explaining the evaluation, their participation and their rights. All those willing to take part were given a consent form which allowed them to opt in or out of elements of the evaluation. The consent process was managed by Rethink staff in the prison and Centre for Mental Health’s team only met those participants who had agreed to be interviewed by them. All data leaving the prison was anonymised.

Permission was granted to conduct the evaluation by the National Research Committee at the HMPPS.

Gauging change using validated measures of need and wellbeing

Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)

All those participating in the evaluation were given a short, validated measure of wellbeing – the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) (Stewart-Brown *et al.*, 2009) – to complete at the start and end of each session. This ensured that, at the very least, there was a validated self-report measure of wellbeing taken at the outset and at the end of the intervention.

The SWEMWBS consists of seven items, phrased as statements for the participant to rate their level of agreement with.

The items are:

- I’ve been feeling optimistic about the future
- I’ve been feeling useful
- I’ve been feeling relaxed
- I’ve been dealing with problems well
- I’ve been thinking clearly
- I’ve been feeling close to other people
- I’ve been able to make up my own mind about things

The participant rates themselves against each statement accordingly:

- None of the time
- Rarely
- Some of the time
- Often
- All of the time

A lower overall score indicates poorer wellbeing and a higher score indicates a more positive picture.

Threshold of Assessment Grid (TAG)

The evaluation also included a measure that could be rated by professionals/clinicians. This rating used a tool called the Threshold of Assessment Grid (TAG) (Slade *et al.*, 2000). This was originally designed to give a proxy for severity of need to aid decisions about acceptance of cases referred to community teams. For example, an overall score of 5 on the TAG would lend weight to accepting the referral into secondary mental health care. Like the SWEMWBS, it is a seven-item scale, each item being a broad domain which the professional/clinician would rate the participant on. The items are:

- Intentional self-harm
- Unintentional self-harm
- Risk from others
- Risk to others
- Survival (covering environmental factors and coping skills)
- Psychological (covering symptoms and mental, psychological and emotional wellbeing)
- Social (covering issues with relationships)

The professional rates the individual based on multiple sources, i.e. what the other professionals around that individual state, what the participant themselves states, what recent medical records state, and their own direct observation.

Just like the SWEMWBS, the TAG ratings style is a Likert type scale:

- No problem
- Mild problem
- Moderate problem
- Severe problem
- Very severe problem (only 3 items, 'intentional self-harm, 'risk to others' and 'survival').

The TAG was to be completed a minimum of twice (i.e. at the outset and on intervention completion), but ideally at the outset, after the third or fourth session and most importantly on completion.

Both of the above tools were chosen because they are validated by previous research, quick to complete, and had been used before by Centre for Mental Health who understood these measures well.

Centre for Mental Health provided the training for Rethink staff in the use of all the tools and in the consent-seeking process.

Observation

The evaluation team visited each prison on several occasions and, with the consent of participants, was able to directly observe the intervention on all three sites. Detailed notes were taken of these, with a focus on any visible change in the participant during the session.

Qualitative interviews

Semi-structured topic guides were designed, agreed and used to guide these interviews with scheme participants and other stakeholders. The aim in each case was to have a conversation which was as naturalistic as possible; which enabled participants to discuss the experience and its perceived impact.

Interviews with participants

The aim was to interview between 20 and 30 participants. Ultimately, 24 were interviewed across the three establishments. Most had experienced several therapy dog sessions, some had completed the intervention and a small number had withdrawn from the scheme.

Interviews with wider stakeholders

The aim was to interview between 10 and 15 key stakeholders such as Safer Custody staff; prison staff with a role working alongside the intervention; prison officers and governor grades; health, mental health and substance misuse providers; and Rethink staff. Ultimately, 12 stakeholders were interviewed.

Assessment Care in Custody and Teamwork (ACCT) data

ACCT is a case management system used in all prisons in England and Wales to provide support for individuals at risk of self-harm or self-inflicted death. When a prisoner is identified as being at risk, they are assessed and a multi-disciplinary team (including health care staff) meets to formulate a care and support plan that is designed to address the specific risk factors in their case. They are monitored and supported by staff, and regular case reviews are held until risk has been reduced and it is safe to close the ACCT document.

As part of the evaluation, Centre for Mental Health requested data on open and closed ACCTs be provided for all participants in the therapy dog intervention who gave consent, and overall figures from all three establishments.

This data would be provided for a period prior to the launch of the intervention and for a period after the launch of the intervention. It had been hoped that as well as the number of open and closed ACCTs, data about the number and severity of self-harm incidents might also be supplied. However, it proved impossible for HMPPS to provide this.

Background data

Rethink staff were asked to liaise with mental health staff and prison staff, as well as drawing from their own records, to provide Centre for Mental Health with the following for each consenting participant:

- Date of birth;
- Gender;
- Ethnicity;

- Date of entering prison;
- Date of sentence if different to the above;
- Sentence length;
- Offence committed;
- Whether they had been in prison before and if so, how many times;
- Diagnosis (primary);
- Any other diagnoses;
- How long they have had mental health/psychological or emotional problems for;
- Whether they are in contact with mental health inreach;
- Whether they are in contact with other health/wellbeing services, and if so, which services and what for.

Limitations

The ideal methodology might have included some controls, i.e. also assessing the wellbeing of those not receiving the therapy dog intervention compared with those who were, and some randomisation of who gets put into the control and intervention groups. However, funding and time available for the evaluation was limited and prohibited this. A trial type methodology would have taken longer to deploy and would also have been particularly challenging in a prison setting. The evaluation methodology as it stands cannot completely rule out other explanations for any observed change. However, Centre for Mental Health adopted a multi-method approach and was therefore not reliant on just once source of data, but could explore observed change from different sources.

It was not possible to collect data for a period of months after the completion of the intervention as had originally been hoped, and so the evaluation cannot say if the intervention had any impact beyond its life and, if so, for how long.

Although permission would eventually have been granted for audio recording equipment to be used in the three establishment for participant interviews, expediency dictated that these interviews be conducted sooner rather

than later (when sentences may have been completed or participants transferred) and whilst the therapy dog scheme was still 'live', and so interviews took place before this was possible. All interviews conducted within the prison were recorded by hand-written notes, by evaluators skilled in this; but nevertheless transcripts from handwritten notes may not be as accurate as those from digital recordings.

Analysis

All quantitative data was entered into Microsoft Excel and 'cleaned', before being exported to SPSS for Windows (version 25) for statistical analysis. The analysis included descriptive statistical analysis and significance testing of differences in outcomes between validated ratings taken at the outset and on completion of the intervention. The test used was the Wilcoxin Related Sample Test. This was used after a test of the data demonstrated it was not normally distributed (if it had been, then the Paired Sample T Test would have been used).

Qualitative analysis was performed using NVivo (a qualitative data analysis package), and via phrase and word searching in Microsoft Word and Excel. Thematic analysis was performed on the data, using the topic guide questions to form an initial coding framework.

Recruitment and participation in the evaluation

The evaluation set out to collect data, particularly quantitative data, on as many participants as possible. The Rethink therapy dog scheme aimed to have between 80 to 100 participants. Data collected for the evaluation shows that this was achieved, illustrated in Table 1.

The evaluation managed to collect data on the majority of those participating in the intervention, but the total number participating in the scheme may well have exceeded Rethink's target: taking part in the evaluation was a further choice for participants. There is a small amount of missing data; for example, background data was not provided for all of those who completed an initial SWEMWBS and TAG (this may be explained by some participants not consenting to background data being given or by early withdrawal from the scheme). However, data was available for virtually all those who had both an initial rating (SWEMWBS and TAG) and a follow-up rating. The vast majority of participants had had an open ACCT process in the period before or during the intervention, indicating that the therapy dog scheme had been well targeted within the three establishments.

Table 1: Quantitative data supplied and number of participants

What type of data?	Number of participants
Background data provided	88
Initial SWEMWBS completed	97
Initial and follow-up SWEMWBS completed	87
Initial TAG completed	96
Initial and follow-up TAG completed	74
Total number of participants with an open ACCT in the period before and during the intervention	71

Quantitative findings

The participants

Background data was available on 88 of the therapy dog scheme participants. 97 people initially took part in the scheme (these had at least one initial rating on the SWEMWBS), but follow-up ratings were only available for 87, i.e. approximately 90% of those who had initially taken part. The participants were drawn from three prisons: HMP Low Newton which serves female adults from 18 years of age upwards; and HMPs Holme House and Deerbolt which serve male adults. HMP Deerbolt serves younger men, largely 18-21 years of age, and is now taking young people up to 24 years. Background data was provided for a total of 48 women (all at Low Newton) and 40 men (18 at Holme House and 22 at Deerbolt).

Ethnicity of participants by establishment

The majority of inmates in all establishments were identified as 'White British'. In both Low Newton and Holme House, virtually all of the participants identified as 'White British', with some stating 'White Irish' and others just 'British'. At Deerbolt 23% (5) of participants were identified as being British and from Black and minority ethnic communities or 'White Other'.

Sentence length

The participants included a small number of prisoners on remand (unsentenced), and at the other extreme, a small number of those serving life or indeterminate sentences. The majority of those sentenced were serving long sentences; approximately 82% of all the participants were serving more than two years and 56% were serving more than four years.

Table 2: Age of participants by establishment

	Mean age	Median age	Age range	18-24 years	25-34 years	35-44 years	45-54 years	55 & older
Low Newton	35.1	34	19-55	14.6% (N=7)	35.4% (N=17)	29.2% (N=14)	16.7% (N=8)	2.1% (N=1)
Holme House	39.3	30	21-81	22.2% (N=4)	44.4% (N=8)	0.0% (N=0)	11.1% (N=2)	22.2% (N=4)
Deerbolt	19.7	20	18-21	100%	n/a	n/a	n/a	n/a

Table 3: Sentence length by establishment

	Remand	Fewer than 12 months	One to two years	Two to four years	More than four years
Low Newton	10.4% (N=5)	8.3% (N=4)	4.2% (N=2)	14.6% (N=7)	60.4% (N=29)
Holme House	0.0% (N=0)	11.1% (N=2)	5.6% (N=1)	50.0% (N=9)	33.3% (N=6)
Deerbolt	0.0% (N=0)	0.0% (N=0)	4.5% (N=1)	31.8% (N=7)	63.6% (N=14)

Offence committed

To preserve the anonymity of those taking part in the evaluation, it was decided that data on offending would not be presented for any offence where fewer than three participants had been convicted/charged with this offence. It was also decided that offences would not be presented by individual establishment for

the same reasons some offences have been grouped together.

The largest single category of offending concerned ‘crimes of acquisition’, which covered a range of offences, some of which would attract short sentences, but some much longer sentences. Those convicted with violent offences and those convicted with the most serious offences were also prominent.

Table 4: Offences committed – all participants

Offence	All participants
Crimes of acquisition	30.7% (N=27)
Drug related offences	4.5% (N=4)
Breaches of court orders, conditions and probation conditions	3.4% (N=3)
Possession of a weapon	4.5% (N=4)
Violence (non-fatal)	19.2% (N=17)
Other	6.8% (N=6)
Arson	11.4% (N=10)
Murder/manslaughter/serious sexual offences/other serious violent crime	18.2% (N=16)
Missing	1.1% (N=1)

Table 5: Mental health problems of participants

Diagnosis (Includes all diagnoses. Some participants had two or more)	Low Newton	Holme House	Deerbolt
Psychoses	8.3% (N=4)	11.1% (N=2)	0.0% (N=0)
Depression & Anxiety	87.5% (N=42)	61.1% (N=11)	72.7% (N=16)
Learning Disability & Autistic Spectrum	14.6% (N=7)	0.0% (N=0)	13.6% (N=3)
Personality Disorder	47.9% (N=23)	61.1% (N=11)	13.6% (N=3)
PTSD	12.5% (N=6)	16.7% (N=3)	9.1% (N=2)
Dementia (including suspected)	0.0% (N=0)	22.2% (N=4)	0.0% (N=0)
Other	0.0% (N=0)	5.5% (N=1)	4.5% (N=1)

Previous experience of prison

Over half of the female participants (52.1%, 25 people) at Low Newton had served a previous prison sentence, and this ranged from 1-15 times. Two-thirds of the participants from Holme House (66.7%, 12 people) had been to prison previously and this ranged from 1-10 times; and 40.1% (9) of the younger adult men participants had been to prison previously, ranging from 1-6 times.

Mental health problems

Depression, anxiety and mixed depressive and anxious states were the most significant problems experienced by participants in all three establishments (see table 5). Personality disorders were also prominent at Low Newton and especially at Holme House. Perhaps unsurprisingly given the age range of participants at Holme House (see table 2), there were a small number of confirmed and suspected dementia; this is a growing issue in prisons. There is some evidence of the efficacy of Animal Assisted Therapy with people suffering dementia.

Current prison mental health inreach service use and other service use

Over 80% of the total sample were in contact with the prison inreach team at the time of the intervention; at Low Newton 77.1% (37) of participants were on the inreach caseload, at Holme House it was 89.0% (16) and at Deerbolt

91.0% (20) of participants were on the inreach caseload.

Most participants were not using any services other than the Rethink therapy dog intervention and inreach team. At Low Newton eight women were using other services, and only three men were using another service (Holme House and Deerbolt combined).

History of poor mental health

Centre for Mental Health was provided with data on how long each participant had been experiencing mental health problems, detailed in table 6.

The majority of adult women had a known history of poor mental health for five years or more, and almost 60% of these women had a known history lasting 10 years or more.

Severity of need

The emerging picture of the participants across all three establishments is one of a complex group of individuals, most of whom were actively self-harming at some point immediately prior to and/or during the time of the intervention. The Threshold of Assessment Grid (TAG), which was primarily used to measure whether any improvement in wellbeing was associated with the intervention, can also be used to give an overview of the severity of need. Centre for Mental Health has previously used the TAG to profile the severity of need of mental health team caseloads (approximately

Table 6: Participants' histories of poor mental health by establishment

	Low Newton	Holme House	Deerbolt
10 years or longer	58.3% (N=28)	44.4% (N=8)	22.7% (N=5)
Between 5 and 10 years	14.6% (N=7)	5.6% (N=1)	13.6% (N=3)
Both of the above combined	72.9% (N=35)	50.0% (N=9)	36.4% (N=8)
Less than 5 years	6.3% (N=3)	38.9% (N=7)	40.9% (N=9)
Missing / unknown	18.8% (N=9)	11.1% (N=2)	22.7 (N=5)

80 team caseloads across England and Wales), predominantly in community mental health teams but also including prison primary and secondary care caseloads (12). The mean total scores (at the outset of the intervention) for participants from all three prison sites equated to those of secondary care community caseloads the Centre had previously profiled. Holme House had the highest severity of need, and this equated to a high deprivation inner-city community caseload, or that of an Assertive Outreach team. The mean TAG scores therefore confirm and contribute to the picture of complex and multiple need.

The results of the TAG as an outcome measure are discussed later in this chapter.

Assessment Care in Custody and Teamwork (ACCT) data

HMPPS/Ministry of Justice supplied data on open ACCTs² for the participants receiving the intervention and for all of the three establishments. This data covered a period before and after the intervention.

A total of 71 participants had an open ACCT at some point in the months before and/or during the data collection period, suggesting that the intervention had been well targeted. These 71 participants had a total of 328 open ACCTs, an average of 4.6 each. The range was between 1 and 24 open ACCTs, suggesting that some individuals with very high-risk of self-harm participated in the intervention. The data cover an 18-month period. These 71 participants' open ACCTs represented approximately 20% of all ACCTs opened across the three prison establishments over this 18-month period.

Analysis was conducted on open ACCTs in the five months pre-intervention and for the five months after the intervention had started. There were 55 participants who had open ACCTs in the period before the intervention and 51 in the period after. In the period prior there was a total of 146 open ACCTs and in the follow-up period 126 open ACCTs, a reduction of 20 or 14% approximately.

The limitations of the ACCT data supplied is that it only indicates whether an ACCT has

been opened (and how long for) but gives no detail of why it was opened, nor the severity of the incident/behaviour/perceived risk that prompted its opening.

Therefore, we can only conclude that there was moderate (14%) reduction in the opening of ACCTs in the period after the intervention started, compared to an identical period before the intervention.

Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)

Participants completed a SWEMWBS at every session. Follow up data was available for 87 participants (i.e. 87 participants had both an initial rating and a final rating on completion of the intervention). The SWEMWBS has seven items or statements; the results of each item can be tested individually, as can the total score. Statistical analysis was therefore conducted on the total participant groups for the total score, and for the scores on each item. This was then repeated by prison establishment. This meant that a total of 32 statistical tests were conducted. In each case the statistical test used was Wilcoxin Related Sample Test, the test appropriate according to the distribution of the data.

For each test, the result was that the SWEMWBS self-reports showed a statistically significant improvement at the end of the intervention compared with the start the intervention. So, whilst one must be cautious in attributing causality, at the very least it can be concluded that the period over which the therapy dog intervention took place was associated with statistically significant self-reported improvement in wellbeing.

Threshold of Assessment Grid (TAG)

The TAG is also a seven-item scale but is rated by professionals and clinicians rather than being self-reported. At least two ratings were made by professionals using the TAG, and the statistical analysis was performed comparing the scores at the end of the intervention with those at the outset. 74 participants had both the initial rating and a rating on completion of

² ACCTs may have been opened because of the identification of risk, even where a self-harm incident had not occurred.

the intervention. The statistical test used for the TAG was also the Wilcoxin Related Sample Test. As with the SWEMWBS, a total of 32 statistical tests were performed on the TAG results, that is: tests were performed on the total TAG scores, the individual TAG items for all the participants together, and then for each establishment. The results were that 29 of the 32 tests showed a statistically significant professional/clinician-rated improvement in the severity of need; i.e. the severity of need of those receiving the therapy dog intervention had significantly reduced by the end of the intervention. The non-significant results were for two individual items: unintentional self-harm for the women at Low Newton and young men at Deerbolt, and also for survival for the young men at Deerbolt. All the results for the participants at Holme House

showed statistically significant improvements, seven out of eight tests showed statistically significant improvement at Low Newton and six out of eight tests showed statistically significant improvement at Deerbolt.

The results of the TAG confirmed that of the SWEMWBS. Critically (given the reason for funding the pilot therapy dog scheme) the severity of need concerning intentional self-harm was significantly reduced. Once again, whilst being cautious in attributing causation given the necessary limitations of the evaluation design, at the very least it can be concluded that the period over which the therapy dog intervention took place is associated with a statistically significant reduction in the severity of mental health need.

Qualitative findings

This chapter details the combined findings from interviews with participants and stakeholders, and observations by the evaluation team of the scheme in practice.

There were 24 in-depth interviews conducted with participants drawn from all three establishments and a further 12 interviews conducted with a wider group of stakeholders. The evaluation team visited each prison several times and had opportunities to observe some therapy dog and participant interactions in person. The result of these three different qualitative data sources are synthesised in this section. Each of the subsections represent themes that have emerged from the analysis of the data.

Calming influence

On some occasions, interviews were conducted whilst a therapy dog session was in action and this became a combined opportunity to learn from the participants but also observe the interaction. An example of this involved a male adult participant. As part of the interview he described why he felt the way he did and gave an account of his early life. He had experienced several adverse and traumatic events in his early years and whilst giving his account, he became visibly increasingly distressed and agitated. At this point, the therapy dog approached him, licked his face and lay across the man's lap. The man began stroking the animal, and whilst continuing to describe traumatic life events, calmed and became less agitated; for example his speech slowed, and he was able to complete sentences.

A member of Safer Custody commenting on another male participant stated that he had observed a marked change since the introduction of the scheme and, in particular, was now more able to hold conversations with him.

"...he just would not engage with me before... and I have had similar accounts from other staff...he really really engages when the dog is around, but he is generally more approachable all the time now..."

Virtually all participants attested to the "calming" effect of the therapy dogs.

"...I don't know what it is, but even when I am running around with him (the therapy dog) I just feel better inside, calmer, more peaceful..."

[Participant]

"...Dogs have a magic effect on you, you can feel their love and that just makes you feel better inside you..."

[Participant]

Most participants stated that the calming effect of the therapy dog session was not limited to the session itself, but appeared (as one member of staff stated) "to have a half-life of quite some duration". Some staff stated that during the scheme several participants and possibly most they had observed were generally calmer. Participants stated that they experienced this calm for at the very least hours after a session or for one to two days.

"...I just walk around for the rest of the day on cloud nine..."

[Participant]

"...there is not much that can bother me after I have had a session with Magic..."

[Participant]

"...this place would be a lot calmer if there were more of these dogs about...It really makes a difference to me and I can think of loads of other guys that can benefit..."

[Participant]

Supporting engagement

Several staff Centre for Mental Health spoke to made similar observations to that made by the Safer Custody officer described above on being better able to relate and hold conversations with some participants.

"...I have spoken to her when the dog was there...there is a dramatic difference...I'd have the dog there all the time...but generally now, it is easier to get through to her..."

[Prison mental health clinician]

Several mental health practitioners saw therapy dogs as being significant adjunct to other therapies:

"...[the participant] has been much more willing to engage in his treatment since the scheme began...indeed, he talks much more now and a lot of it is about his experience of the therapy dog..."

[Prison mental health clinician]

Increasing coping skills

Related to the 'engagement' theme described above, staff and some participants felt that the therapy dog sessions coincided with and influenced changes in behaviour, and in how some participants addressed issues/problems.

"...I think [participant] is quite changed as a part of this, he seems less volatile...we are more able to explore things now and I can challenge his thinking on some things without him getting cross..."

[Mental health practitioner]

"...I don't know if I am calmer...but I do know I don't react in the same way, I don't 'fly straight off the handle' now...I think I consider things a bit more now...I don't know why..."

[Participant]

A safe place – a safe relationship

The relationship formed with the dog was believed by some participants and other stakeholders to help participants feel safe, secure, and to manage their emotions. Much as in the observed example described earlier in the chapter, the relationship with the dog allowed participants to discuss difficult and potentially distressing things that in other circumstances they might have been unable to.

Normalising

Many of us have pets and likewise many people who come into prison have or have had pets, and commonly pet dogs in the community. Like anyone else these pet dogs have often been experienced as important 'family members'.

But unlike actual family or friends, visits from a dog or any other pet are usually not possible. Coming into prison can mean not seeing a pet for very long periods and, given the shorter life span of animals, possibly never again. This can be all the more important for people who struggle with relating to other people, including for example some people with Autistic Spectrum Disorders.

A female participant described this:

"...my dogs are really important to me...I don't understand people and I don't get on with people...but I get on great with animals and find I understand them and they understand me better...not seeing them is really hard...quite distressing..."

Another participant stated:

"...I really was in two minds about taking part in this (the therapy dog scheme)...I thought it might be too upsetting, you know, bring back to me what I have missed...but actually it has really helped"

"...due to my condition I find relating to people difficult...my dogs are really important to me...the hardest part of being here is not being able to see them..."

[Participant]

"...having Cooper here has been so important for me...I love dogs...I was worried it would make me miss my own more, and it does but it's been brilliant all the same..."

For several of those that had pets prior to coming into prison, they described the experience as 'normalising' but possibly also restoring something they had lost by being in prison.

"...it is something I would do every day...you know...walk the dog, play with the dog, just sit with and stroke the dog...of course this is once a week and it's not the same, but it's something of that...in a small way...again..."

[Participant]

"...I can't describe it, but it takes me back to a happier place and somehow that helps me feel better about myself..."

Non-judgemental

Another prominent theme emerging from the evaluation was the “unconditional positive regard” and “non-judgemental” nature of the relationship.

“...he doesn't judge me...my past doesn't matter...what I did yesterday doesn't matter...”

[Participant]

“...that's the thing about animals, they don't give a shit about my history, just – have I got a treat in my hand? Am I going to throw the ball?... they take me as I am now...”

[Participant]

“...unlike a lot of people here – staff and inmates – Cooper doesn't have a hidden agenda and he doesn't judge me...I can't tell you just how different that is in this place...”

[Participant]

A unique relationship/a special bond

Related to the perceived non-judgemental nature of the therapy dogs, was a “special” relationship with the dog that was described by several female and male participants.

“...he knows me...there's a special understanding...”

[Participant]

“...I have only seen Cooper 3 or 4 times and so it might seem silly, but I feel like there is a special bond...”

[Participant]

“... we seem to 'pick up' where we left off each time...”

A small number of participants commented that they felt a sense of ‘ownership’ as part of their ‘special bond’ with the therapy dog:

“...obviously he is not mine, he is [the Rethink handler's], but he feels like mine ...it does feel like we have a special thing going...”

The ‘special’ bond may be similar to the sense of attachment described by Jaspersen (2010), but was reported by participants from all three establishments, and by those who had met the therapy dog only twice as well as those who had multiple contacts.

Confidence

‘Confidence’ was another theme, particularly in the conversations with men, both younger and older. Related to this the young adults we spoke to enjoyed being with the dogs, but some acknowledged that a more “acceptable” way to have contact was through gym sessions where they worked on agility training with the therapy dog. Some young adults were very sensitive to teasing for having therapy dog sessions, but the gym-based sessions were less prone to this. A bonus of the agility training was the sense of satisfaction, achievement and confidence in successfully training a therapy dog to perform a trick or task.

Some older men also enjoyed agility training and did this in their one-to-one sessions.

“...it seems really simple, but if you can get Cooper to walk backwards or whatever it's really satisfying...”

[Participant]

Challenges for young men's participation

The practitioners running the scheme stated that they experienced more drop-out from the young men in HMP Deerbolt than in the other establishments, and they saw two reasons behind this. Firstly, as previously mentioned some young men had experienced “teasing” from other inmates for participating in the scheme, and as one young participant stated “...you can be made to feel really stupid for coming...it's not exactly good for your street cred'...”.

Secondly, young men at Deerbolt participating in the scheme had to attend the health centre and the sessions were held in one of the rooms the mental health team used. This required that they be escorted to the health centre and then kept in a holding cell with other young people, until time for their dog therapy session. For some young people this meant that they could be subjected not only to teasing (regarding the dog therapy scheme participation) but also bullying, and be identified as having a mental health problem (and therefore being vulnerable) by other inmates.

Group therapy dog intervention

To address the issue for some young men at Deerbolt, the Rethink handlers worked with the prison's physical trainers and established group gym-based sessions with the therapy dog focused on agility training and fitness.

"...some young lads found this a more acceptable way of being with the therapy dog..."

[Rethink practitioner]

Jasperson (2010) suggests the presence of therapy dogs in groups helps individuals manage distress and be open to the value of the group experience, and makes the group a safer place to remodel relationship building. The vast majority of participants had individual therapy dog sessions but there were some other participants who opted to have group or joint sessions with a therapy dog.

Clearly group therapy sessions allow the potential for greater reach and exposing more participants to the potential benefits. This evaluation was not set up to explore the differences and this aspect begs further exploration.

Outside space

Several participants stated that the one thing they might change about the scheme was to be able to be outside with the therapy dogs:

"...it would be great just to see them run..."

[Participant]

"...going outside with the dog would make it more normal..."

[Participant]

Conclusion

As highlighted, one must once again be cautious in attributing causality given the limitations of the evaluation's methodology, and given the fact that most participants were in contact with or receiving help from other services, primarily mental health inreach. However, many had long term mental health problems and were likely to have been in contact with such sources of help for some time, and the period over which the therapy dog scheme ran was associated with significant positive change in most of the participants. The evaluation collected multiple sources and types of data, which all gave the same indication. There was a measurable change in the majority of participants' wellbeing, both by validated self-report and validated professional/clinician observation at the end of the intervention when compared to the beginning. On both measures used, there was a marked improvement in wellbeing and a marked reduction in the severity of need. This positive impact was statistically significant in 61 out of the 64 statistical tests performed. Interviews with participants and other stakeholders also highlighted positive changes and provided a narrative to these. Centre for Mental Health observed sessions and were able to witness immediate visible positive changes on several occasions. The evaluation supports the view that this intervention was beneficial to its recipients and represented a successful partnership between HMPPS, the NHS and Rethink Mental Illness.

Prisons are high risk environments, and never more so than in recent times with increased violence (both between prisoners and prisoners on staff), record levels of self-harm and high rates of self-inflicted death. The therapy dog intervention was targeted at some of the most vulnerable, at risk and complex individuals within those three environments. The right dogs needed to be carefully selected, as did the staff. Given these considerable challenges, Rethink wisely opted to use practitioners who were experienced in working with people with mental health problems and who were trained in working in a prison environment. Even so, this is a relatively cheap and simple intervention to deploy.

There is more to explore with Animal Assisted Therapies and therapy dogs, for example the potential to reach even more people within and without prisons through group sessions. The pilot scheme demonstrated that groups may be an acceptable way of engaging, particularly for some cohorts. In this pilot the therapy dogs were employed more or less as a therapy in their own right, and this was clearly beneficial. However, it was noted that at least some participants found sessions with a therapy dog helped with emotional regulation and they were able to talk about issues that they otherwise might have struggled to discuss. This indicates the potential of a therapy dog intervention as an adjunctive therapy, perhaps used alongside evidence based psychological interventions. This too warrants further exploration.

No 'therapy' can be a panacea for all ills, and such an intervention will not be appropriate for everyone, due to cultural reasons, allergic reactions to animals and those who simply do not feel comfortable near animals. However, the therapy dog intervention has a great deal to offer many high-risk individuals in prisons, both as a therapy in its own right and in conjunction with others.

Recommendations

- HMPPS and prison governors should make therapy dog intervention, deployed with appropriately trained handlers, more widely available across our prisons.
- Providers of therapy dog intervention should consider group-based activity and its benefits should be explored through research and evaluation.
- Research funders should explore therapy dog intervention as an adjunctive therapy with a range of different evidence-based therapies.
- Prisons and prison health services should explore ways of tackling the stigma related to participation in wellbeing activities such as therapy dog interventions, as part of the developing rehabilitative culture in prisons.

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Restoring something lost

Published December 2018

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