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Formative evaluation and feasibility trial of a collaborative care intervention for prison leavers with common mental health problems

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Introduction: The Engager intervention aims to improve the mental health of men being released from prison who have anxiety or depression, and often substance misuse as well as markers of personality disorder. The collaborative care intervention includes joint working with primary care, engagement to develop trust, mentalisation-based approach to work with rapid changes in emotion, development of a ‘shared understanding and plan’, and through the (prison) gate working.

Aims: To understand whether the Engager intervention is working and why, and to refine the intervention and its delivery (manual, training, supervision) for a subsequent RCT.

Methods: The latest guidelines in intervention process evaluation (MRC 2014) were used to refine the intervention. We used a realist approach to understand what works, for whom, and in what context. Of 60 recruited 40 prison leavers were randomised to the intervention. Data included: interviews (practitioners=9, participants=30), audio recordings, practitioner records, and health records.

Results: Engagement post release was high. Practitioners believed in the Engager model, and felt empowered to work in new ways. Role uncertainty, greater familiarity with practised ways of behaving in challenging situations, and local cultural/practical difficulties, meant practitioner behaviour was at times slow to change. Offenders trusted and engaged with Engager practitioners, against the expectations of some other services, describing their practitioner as a ‘mate with good contacts’. Refinements following evaluation included clarification of roles, development of the supervisor team leader role, changes to timings for shared understanding and goal-setting, practitioner self-care, crisis management to develop the ‘shared understanding’, and improving ‘good endings’.

Conclusions: The realist formative evaluation of Engager provided rich information about what was and was not working in the Engager intervention, who it was or was not working for, and in what context/s. This fed in to refinements of the Engager manual, training, and supervision for the main Engager RCT.